

Report on a full unannounced inspection
of

HMP Altcourse

15 – 22 January 2010

by HM Chief Inspector of Prisons

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Introduction

Altcourse is a local prison in Liverpool, run by G4S. It has always had good inspection reports, and this report, following a full unannounced inspection, is no exception. Levels of activity in particular remained exceptionally good for a local prison.

Altcourse was a safe prison, with good arrangements for newly arrived prisoners. Fewer prisoners than at other local prisons reported having felt unsafe, although more effective interventions were needed to tackle bullying when it arose. There was good support for prisoners at risk of self-harm, and services for substance users were developing.

Both the environment and prisoners' relationship with staff were excellent, though it was disappointing that the latter was not backed up by more effective personal officer work. Diversity work, however, needed more attention and resources – in particular, support for foreign nationals (who were one in 10 of the population) and for prisoners with disabilities. Healthcare was adequate, but staff shortages and a recent lack of leadership had impacted on services.

The amount of time out of cell for prisoners was outstanding, and for much of that time prisoners were engaged in purposeful activity. There was some very good and improved vocational training, and a range of educational opportunities, though allocation procedures needed attention. Access to the gym was good, with a range of courses available to prisoners.

The main area that required remedial attention was resettlement work. It was not guided by a strategy or current needs analysis, there were too few interventions to begin to challenge offending behaviour, and there was no effective custody planning for short-sentenced or remanded prisoners. Work to support the maintenance of family ties was underdeveloped.

The absence of effective reintegration services for English prisoners was thrown into sharp relief by the range of support available for prisoners from Wales and funded through the Welsh Assembly. These included assistance with housing, finance, an ID card system and a specific resettlement unit for those from North Wales. These are services that should be available for all prisoners. Many English prisoners were further disadvantaged by entirely futile moves, having been displaced from London to the West Midlands and then to Altcourse with very little time left to serve.

Altcourse remained an extremely effective local prison, providing prisoners with the kind of opportunities they need to improve skills and employability. In spite of its expansion, it was also a safe prison, buttressed by good staff-prisoner relationships and sufficient activity to keep prisoners occupied. Resettlement work needs further management attention within the prison – but the services available to Welsh prisoners also provide an example to the English authorities, outside the prison system, of the kind of support needed by all prisoners to aid their successful reintegration.

Anne Owers
HM Chief Inspector of Prisons

March 2010

Fact page

Task of the establishment

A category B core local prison holding sentenced and remand prisoners.

Area organisation

Contracted out. It is managed by G4S Custodial Services.

Number held

1,262 on 13 January 2010

Certified normal accommodation

794

Operational capacity

1,324

Last inspection

Short announced follow up inspection September 2007

Brief history

Opened in 1997 and restructured from a category A to a category B core local prison in June 2003. The prison subsequently expanded with the opening of a further house block holding a further 180 prisoners.

Description of residential units

There are seven house blocks divided into individual units. Units hold between 60 and 95 prisoners and are named after fences on the Grand National steeplechase course. Each unit is also colour coded to ease identification. The prison is divided down its centre by buildings containing the support services, such as the healthcare centre, resettlement unit, sports centre, education department, segregation unit and first night centre.

Beechers	Remand and short-term sentenced prisoners
Canal	Medium- to long-term sentenced prisoners and a structured regime for prisoners with behavioural difficulties
Furlong	Induction and detoxification unit
Melling	Short-term sentenced prisoners and a compact based drug testing unit
Reynoldstown	Sentenced prisoners carrying out full-time education and vulnerable prisoners
Valentines	Medium- to long-term sentenced prisoners working in industries and on an enhanced regime
Foinavon	Full mixture of prisoners wishing to take part in vocational training courses

Young adult prisoners live alongside prisoners over 21 on all units except the vulnerable prisoner unit.

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

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

HP2 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.

Safety

HP3 Many prisoners transferred to Altcourse from HMP Hewell because of overcrowding. Reception operated efficiently and first night procedures had a good focus on safety

but lacked confidentiality. Induction provided a useful introduction to the prison. Violence reduction and anti-bullying arrangements mostly operated well. There was good support for prisoners at risk of suicide and self-harm. Use of force was very low. The segregation unit was basic, but decent. Clinical management for substance users was appropriate. Most prisoners felt safe. Outcomes for prisoners were good against this healthy prison test.

- HP4 More than the comparator in our survey said they spent over four hours in escort vans, which reflected the number of prisoners who came from Welsh courts and those who had transferred from HMP Hewell because of overcrowding in the prison estate. Some of these had originally transferred from London prisons and a number of these transfers were inappropriate, including a significant proportion of men with very little time left to serve. Breakfast was served in reception for prisoners going out to courts. Men were not given enough notice of transfers and arrangements to check their medical fitness before they went were unsatisfactory.
- HP5 The admissions area was clean, but stark. Prisoners in our survey were positive about their treatment there. Nearly all said they had been given a reception pack and a free telephone call on arrival, but not all had been able to shower on the day they arrived. Some prisoners moved quickly to the residential wings, but others were delayed as there was no movement between 4.30pm and 6pm.
- HP6 Prisoners were generally positive about the help and support they received in their first 24 hours. All prisoners were interviewed by a first night officer, but these and the cell-sharing risk assessment interviews were not in private and were therefore unlikely to encourage men to disclose any confidential matters or ask for help. Night staff were aware of new arrivals and monitored them regularly.
- HP7 Induction arrangements were generally satisfactory and most prisoners agreed it covered all they needed to know. Helpful information was also provided on the prison television and radio channel. There was some local induction information in languages other than English and Welsh, but not enough to meet needs. A PowerPoint induction presentation was clearly delivered. During induction, all prisoners were interviewed in private and referrals were made to appropriate services.
- HP8 Good relationships and living conditions, peer support and high activity levels all helped provide a safe environment. Very few prisoners compared to other local prisons reported feeling unsafe. There was little indication of gang activity and there was a reasonably effective violence reduction strategy and good monitoring of relevant data. There were only limited interventions to tackle bullying, including a rather punitive period on the pre-entry level of the incentives and earned privileges (IEP) scheme. Concerns raised by vulnerable prisoners had led to improved supervision of movements from their unit but the location of the unit caused concern. A landing above healthcare used for non-sex offender vulnerable prisoners had a poor regime and its purpose was not sufficiently clear.
- HP9 Good support was provided for prisoners at risk of suicide and self-harm, particularly during the first days in custody. The overall quality of ACCT procedures was reasonably good, with some thorough assessments, but routine initial watches of five an hour was unnecessary in some cases. Entries in ACCTs supported prisoners' views that staff cared for prisoners at risk. Families were encouraged to attend reviews, but they were not always multidisciplinary. Prisoners at risk had good

support from counsellors and mental health services. Action plans from previous deaths in custody were not shared widely or reviewed periodically to promote learning.

- HP10 Physical security was good and positive relationships helped develop dynamic security. There was a good flow of intelligence and identified actions were carried out quickly. Generally, security decisions were proportionate, but too many prisoners were inappropriately placed on closed visits.
- HP11 Segregation unit staff were professional, but a limited regime restricted interactions with prisoners and segregation reviews lacked depth. Few prisoners stayed long. There were a high number of adjudications, some of which could have been dealt with more appropriately through the IEP scheme. A number of the written records did not indicate sufficient enquiries into charges. Use of force was relatively low, but records were not always well completed. There was virtually no use of special accommodation.
- HP12 Integrated drug treatment system (IDTS) substitution treatment had started in January 2009, but was not yet backed up by psycho-social programmes. Prescribing was not fully flexible. Methadone administration in the healthcare department was not sufficiently secure, but was better elsewhere. Interactions between IDTS nurses and prisoners were very good, but neither IDTS nurses nor counselling, assessment, referral, advice and throughcare (CARAT) workers attended clinical reviews. The positive random mandatory drug testing (MDT) rate was just over 11%. Supply reduction strategies were reasonably effective.

Respect

- HP13 The general environment, living conditions and relationships were excellent, but relationships were not sufficiently backed up by effective personal officer work. Prisoners were dissatisfied with food, which was often served cold. The pre-entry level of the IEP scheme was too punitive. Diversity work and in particular support for foreign nationals were under-developed. Health services were adequate, but progress had been hampered by a lack of leadership and staff shortages. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP14 Prisoners were generally positive about relationships with staff and significantly more than the comparator in our survey said that most staff treated them with respect and that they had a member of staff they could turn to for help. Interactions we observed were good with lots of use of first names between staff and prisoners, but there was relatively little formal consultation with prisoners.
- HP15 Just over half of prisoners in our survey said they had a personal officer which was better than the comparator. While this was an improvement from the last full inspection in 2005, few than in 2005 said they found them helpful. Prisoners said that personal officers did not usually introduce themselves or come to speak to them regularly. Personal officer guidance was succinct and comprehensive, but few wing files contained the expected weekly entries. In some cases, there were significant gaps between entries and most were simple descriptions of behaviour with little reference to resettlement objectives or family issues.

- HP16 The outside areas and the living accommodation were clean and of a very good standard. Some cells shared by three prisoners were too cramped. Access to showers, laundries and cleaning materials was good. All prisoners could wear their own clothes, but prisoners on the lowest level of the IEP scheme and in the segregation unit had to wear red jumpsuits, even those who were unconvicted. There was relatively good access to telephones, although this was more restricted at weekends as prisoners spent more time in cells.
- HP17 Prisoners were generally positive about the IEP scheme and many progressed to the enhanced level reasonably quickly. However, the lowest level of the scheme, called the pre-entry level, was extremely restrictive and punitive and operated too much like segregation without the appropriate monitoring and safeguards.
- HP18 There was relatively little satisfaction with the food, which was often served cold. A number of servery workers were inappropriately dressed and some serveries were poorly supervised. Prisoners could place shop orders twice a week and were generally satisfied with the product range. However, black and minority ethnic men were not so positive and there was no formal consultation with minority groups about the shop.
- HP19 There were services for most major faith groups, but no Mormon chaplain. The Muslim chaplain had only 10 hours a week, which was insufficient, but due to increase. Chaplaincy facilities were reasonably good and the chaplains were active in the general life of the prison.
- HP20 An up-to-date diversity policy covered the expected diversity strands, but diversity work was under-resourced and the diversity manager had to cover a number of roles, including disability liaison officer. There was a separate disability policy and a disability working group had just started, but without prisoner involvement. There appeared to be significant under-identification of prisoners with disabilities and there were few adaptations for prisoners with physical disabilities or links between wings and healthcare. One of the social workers led work on sexual orientation and supported individual prisoners, and had provided some useful training on sexual identity for Carers (peer supporters) and new staff. There was no strategy to meet the needs of older prisoners.
- HP21 Our black and minority ethnic group raised very few specific concerns about race issues. Racist incident reports were mostly adequately dealt with, but some more serious cases were not handled robustly enough. Prisoners were not always given a written reply and there was no external scrutiny. Ethnic monitoring had recently been expanded to cover some areas of concern to prisoners and some improvements had been made as a result. Race equality was reasonably well promoted, particularly through education. There were no general consultation meetings with black and minority ethnic prisoners or race representatives.
- HP22 Almost 10% of prisoners were foreign nationals and 18 were immigration detainees, many of whom remained too long in prison after the end of their sentence. There was no dedicated foreign national coordinator and only occasional meetings with foreign nationals. There was insufficient translated local written material and, other than in healthcare, little use of the telephone interpreting service. Arrangements to provide foreign national prisoners with monthly telephone credit were good, but credit was given only if they had not had a social visit. Immigration issues were a major concern

for prisoners and, while the UK Border Agency attended for information sessions each month, there was no independent immigration advice service.

- HP23 In our survey, prisoners were relatively positive about the application system, but less so about the handling of complaints. It was not always possible to track application replies. There was a good focus on ensuring that complaints were replied to quickly, but no formal analysis of data to identify and address any trends. Trained legal services officers saw all new prisoners and provided a reasonable service.
- HP24 A health needs analysis and action plan were regularly updated after each partnership board meeting. The absence of a senior healthcare manager, staff shortages and changes had impacted on service delivery, but a new operational manager had just been appointed. Primary care was reasonable, but some clinics were not held regularly due to staff shortages. Communal areas were generally clean, but treatment rooms were not cleaned daily. Reception procedures were good, but healthcare did not have an input to the induction programme. Dental services were of a high quality, with minimal waiting lists. Pharmacy services were satisfactory. Mental health provision was good and the two mental health teams worked well together, with effective support from visiting psychiatrists. In-patients had little to occupy their time and there was a lack of input from registered mental nurses. There was no day centre for prisoners with mental health problems.

Purposeful activity

- HP25 Time out of cell was outstanding on weekdays and backed up by a wide range of activity places in education, vocational training and work to meet the needs of most men. Some very good vocational training was provided and achievements were mostly good. However, allocation to activities was not sufficiently informed by assessed need. The library provided a basic but satisfactory service. Physical education facilities were good and well used, with a strong focus on matching training to employers' needs. Outcomes for prisoners were good against this healthy prison test.
- HP26 Time out of cell was very good on weekdays, but the national core day now operated at weekends, when prisoners spent more time locked up. During the week, few prisoners were locked up during the day and on one morning we found only 27 out of over 1200 locked in their cells. Prisoners had good regular access to association, but said they did not always get daily exercise periods. Some wing staff appeared to cancel exercise without the authority or knowledge of senior managers.
- HP27 The overall leadership and management of learning and skills were satisfactory, with effective quality assurance arrangements. Significant improvements had been made to the provision of vocational training. There were enough activity places and almost everyone was in some form of allocated activity. There was an appropriate range of courses in education and vocational training. Information, advice and guidance was not formalised so decisions about allocation to activity were based on wing allocation rather than assessed need.
- HP28 Initial education assessments were satisfactory, but there was no specific assessment for dyslexia. Altogether there were 322 full-time equivalent places in education. Prisoners were generally positive about their involvement and attendance

rates were good. There was a satisfactory range of courses, including to improve prisoners' personal and social development as well as in literacy, numeracy, English for speakers of other languages and ICT. Opportunities in drama helped develop interpersonal and communication skills. Teaching and coaching in the education centre were good, but on the wings there was too much reliance on individual resource-based learning. Some classrooms were cramped, but there was high achievement of qualifications and particularly good progress and skills development in art.

- HP29 There were opportunities to engage in a range of work activities with, in addition to education, over 600 activity places, including 180 vocational training places and 157 in commercial prison workshops. The workshops operated to a good commercial standard. Most provided structured training and accredited qualifications and helped prisoners develop a good work ethic. Most prisoners who completed their course achieved a qualification. There was good individual teaching and coaching, with effective use of peer mentors in vocational training. Prisoners also had opportunities to improve their literacy and numeracy skills in workshops. Quality assurance for vocational training was effective, but tracking and the use of achievement data needed improvement.
- HP30 The library provided a basic satisfactory service, but without the benefit of an inter-library facility and with only limited active promotion of literacy. Access was good and 40% of prisoners in our survey said they went once a week. The range of books to support literacy, numeracy, vocational training and education was limited and a relatively high book loss did not help. There was appropriate access to legal materials and Prison Service Orders.
- HP31 Access to the gym was very good and over 60% in our survey said they went to the gym at least twice a week. Physical education facilities were good, including an outdoor all-weather football pitch. A range of accredited and non-accredited programmes was run by well qualified staff with a strong focus on employment. Some of the teaching was outstanding. There were good links between physical education and healthcare and effective promotion of healthy lifestyles.

Resettlement

HP32 There was an insufficiently strategic approach to developing resettlement services and no up-to-date needs analysis. The quality of offender assessment system (OASys) and sentence planning was generally good, but hampered by the lack of interventions. Some prisoners, including lifers and those serving indeterminate sentences for public protection, waited too long for transfers. Public protection arrangements were reasonably good. There was no effective custody planning for shorter sentenced prisoners. Work against most of the resettlement pathways, including contact with families, needed further development. Drugs work and substance use programmes were good. Resettlement support and services for prisoners from Wales were much better than for others. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP33 There was a resettlement policy based on G4S prisons as a whole, underpinned by a reducing reoffending action plan based on the seven resettlement pathways. However, there was no needs analysis to inform strategic direction and how the

needs of particular groups of prisoners would be met. Some resettlement outcomes were reasonable, but services for those returning to Wales were much better. There were some links with local voluntary agencies, but their contribution to resettlement work was not coordinated. Resettlement provision was hampered by the large numbers discharged to the Midlands and the South East, some of whom arrived with just days left to serve.

- HP34 There were just under 250 prisoners in scope for offender management and cases were well managed. There was no significant backlog and offender supervisors maintained good contact with prisoners. The quality of sentence plans was reasonable, but with no multidisciplinary input. The range of interventions to meet targets was limited and there was no motivational work for prisoners who denied their offence. Induction officers started a custody plan, but there were no follow up reviews after the initial assessment of needs. A lack of suitable places meant some life-sentenced and indeterminate-sentenced prisoners spent too long before moving to training prisons. Public protection arrangements were sound.
- HP35 There were no specific resettlement pathway meetings to develop reintegration services. Resettlement officers interviewed all new arrivals about housing needs and could assist with accommodation agencies locally and nationally. A specific service for Welsh prisoners ensured they all had accommodation to go to on release. There was no record of any prisoner leaving without accommodation, but this was unlikely to be the case, particularly as there was no check on addresses given for release on end of custody licence.
- HP36 Two JobCentre Plus workers saw all new prisoners to give benefit advice, information on jobs and training opportunities on release, and help with community care grants. There was no general finance advice, or help to deal with debts or money management courses. Despite efforts by the prison, prisoners could not open bank accounts. Some specific services had been provided for Welsh prisoners.
- HP37 There were few established links between education and training and resettlement services. Information, advice and guidance was provided before release through nextstep, but the service was not organised well to ensure equal access. Some opportunities to develop a CV and make job applications were provided in education and links were made with employers. A community development officer helped find placements for prisoners suitable for release on temporary licence. A North Wales resettlement unit had a good focus on meeting the resettlement needs of prisoners returning to Wales.
- HP38 All visitors said they were well treated and there was a good number of visits sessions, including in the evenings. First-time visitors were given little support in the visitors' centre. Visits did not always start on time and some visitors were therefore unable to stay for the full hour. Visitors indicated by the drug dog or a Barringer test were offered the choice of a closed visit or leaving, without any supporting intelligence. The almost blanket use of Barringer testing was disproportionate and potentially compromised medical confidentiality. Closed visits facilities were very poor. There was no supervised play area in the visits hall and nothing to occupy children. There were no regular children and family days and no family support worker. Although some work was beginning, this area was underdeveloped.
- HP39 The short duration programme and the substance treatment and offending programme (STOP) were the only accredited programmes, but without an up-to-date

needs analysis it was difficult to know which interventions would best suit the needs of the population. A number of useful local courses and interventions had been developed, but nothing had been run for some months.

HP40 The CARAT team was well organised to work with prisoners from the different regions to ensure continuity of contact with drug intervention programmes and resettlement agencies. While the CARAT service was not funded to work with prisoners with alcohol problems alone, several good programmes were run to help address alcohol problems. The drug programmes were operating well and prisoners were particularly positive about the STOP programme.

Main recommendations

- HP41 Prisoners in segregation should have a more progressive and motivational regime, with increasing opportunities to leave their cell and interact with officers and other prisoners.
- HP42 Personal officers should receive specific guidance and training about the scheme and what is required of them, including examples of effective interviews and wing files entries.
- HP43 Diversity work should be sufficiently resourced to ensure the development of action plans and appropriate services for all relevant minority groups in consultation with representative prisoners.
- HP44 An appropriately trained dedicated foreign nationals coordinator should be responsible for overseeing all issues relating to foreign national prisoners and ensuring that their specific needs are met and fully taken into account at race and diversity equality meetings.
- HP45 A reducing reoffending strategy should be developed in consultation with prisoners and voluntary sector partners, based on an up-to-date assessment of the needs of the prisoner population, together with an action plan outlining how their needs, including those of particular groups, will be met.
- HP46 An effective custody planning process for unconvicted and shorter sentenced prisoners should be implemented.
- HP47 Regular children and families pathway meetings should be held to measure progress against an action plan and develop services, including improved visits arrangements, telephone contact with children, relationship counselling, children and family days, increased use of release on temporary licence for fathers and involvement of families in resettlement procedures.

Section 1: Arrival in custody

Courts, escorts and transfers

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. In our survey many responses were better than the local prison comparators and the court service was efficient. Many prisoners transferred to Altcourse from HMP Hewell with little account taken of their individual needs. Prisoners transferring to other prisons from Altcourse did not receive 24-hours notice. Hot drinks were introduced in admissions during the inspection week.

- 1.1 Effective relationships between prison and escort staff ensured an efficient court service. More than the comparator in our survey said they had spent over four hours in a van, reflecting the number of prisoners arriving on overcrowding drafts from the Midlands and the distance prisoners travelled from some North Wales courts. Insufficient notice was given of transfers and arrangements to check medical fitness were unsatisfactory.
- 1.2 Many prisoners transferred to Altcourse on overcrowding drafts from HMP Hewell in the Midlands, including some who had already been transferred there from London prisons for the same reason. In a recent three-month period, 540 men had arrived from Hewell. Many were far from their home areas. Little account was taken of their individual needs and many arrived just days or weeks before release. Of 87 prisoners received from Hewell in October 2009, 42 had between one and five weeks left to serve. Many men complained of being told of their move only on the morning of transfer. Prisoners transferring to other prisons from Altcourse were also told of their move only on the morning of their transfer, leaving them no time to tell family or legal advisers. Prisoners waiting for transfer were 'fitted' by a member of healthcare. This involved a nurse speaking to them through a locked gate in the sight and hearing of others in the holding room and was unsatisfactory.
- 1.3 Prisoners waiting to go to court or transfer were given cereal and milk in reception, and hot drinks were introduced during the inspection week. Prisoners took most property to court with them, but cash and valuables had to be collected if they were released from court, or a cheque could be sent to them.
- 1.4 Most prisoners arrived before 7pm, but some arrived later. One man booked into the prison at 1.15pm did not arrive until 6.30pm. Some prisoners arriving close to lock-up were not taken through all the planned first night procedures (see section on first days in custody).

Recommendations

- 1.5 Prisoners from HMP Hewell should not be transferred to Altcourse except in exceptional circumstances. When necessary, the suitability, including length of time left to serve, and the individual needs of prisoners should be fully assessed and appropriate notice given.
- 1.6 All prisoners should receive 24 hours notice of planned transfers unless there are well-evidenced security concerns.

- 1.7 Interviews to determine a prisoner's fitness for transfer should be undertaken appropriately and in private.
- 1.8 Private cash and valuables should accompany unsentenced prisoners to court.

First days in custody

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.

- 1.9 In our survey, many responses to questions on first days in custody were better than the comparator. The admissions area was very clean, but nothing was provided to help pass the time and some areas were not well supervised. Peer support was provided by a Carer in admissions. Interviews did not take place in private. Not all prisoners were able to shower on their day of arrival. Prisoners went to an identified first night unit, where staff and Carers provided peer support and information. Induction arrangements were generally satisfactory and most prisoners agreed the programme covered all they needed to know.

Reception

- 1.10 Admissions and escort staff dealt efficiently with the exchange of documents and property. As elsewhere in the prison, admissions prison custody officers (PCOs) wore name badges and were polite and friendly. In our survey, more than the comparator said they had been well treated in reception.
- 1.11 The admissions area was clean, but stark. Prisoners were strip-searched in cubicles opening directly onto a large separate area that included the property room. No curtains or other screening were used and some new arrivals said other officers, including one female officer, had walked through the area when they were being searched.
- 1.12 Vulnerable prisoners were held securely in separate holding rooms. Two of the large holding rooms contained a wide range of written information. Televisions in holding rooms were not used and nothing else was provided to help pass the time. All holding rooms had access to a clean toilet and hand washing facilities, although none had a seat, toilet paper or soap and only some had working hand driers.
- 1.13 Holding rooms near the office area where most officers were based were easily supervised, but supervision of other holding rooms and the dining area was not so good. Graffiti and evidence of smoking in some holding rooms indicated some lack of effective supervision.
- 1.14 Many prisoners moved quickly through admissions, but there was no movement between 4.30pm and 6pm so prisoners arriving around this time were delayed. Prisoners were given an evening meal if necessary, but PCOs said all the meat used was halal when this was not the case. A Carer in admissions every afternoon introduced himself to new arrivals and explained his role, and spoke to them again on their allocated unit.

- 1.15 A PCO interviewed new arrivals to complete a cell-sharing risk assessment (CSRA) and a first night PCO started the initial custody pack/action plan document. Interviews did not always take place in private, which was unlikely to encourage men to express any anxieties or ask for help. Prisoners were asked a good range of appropriate questions, including about dependants, but not all officers checked that prisoners understood all the terminology used, such as 'schedule one offender' and 'homophobic'.
- 1.16 Prisoners received a free two-minute telephone call on arrival and were able to buy a smoker's or non-smoker's pack and telephone credit.

First night

- 1.17 Most prisoners went to Furlong unit for their first night and induction. Most men needing detoxification or stabilising went to Furlong Red, but because of numbers some went to Furlong Green with other new arrivals. Vulnerable prisoners went directly to Reynoldstown Blue or, if that was full, to the segregation unit or H2 landing.
- 1.18 As well as bedding and other necessities, each prisoner was also given a well-produced information booklet, although this was available only in English and Welsh. Information in English about the prison was also given on in-cell televisions and through the prison radio. Information on anti-bullying, incentives and earned privileges, self-harm procedures, international telephone calls and the complaint procedure was available in nine languages, but these did not meet all language needs.
- 1.19 Most new arrivals could shower on the unit and use the association equipment, but those arriving close to lock-up could not shower or make a telephone call until the next day. To help new arrivals settle in, all other prisoners on the unit apart from those on the enhanced regime were locked up at 6.30pm. Carers visited the unit every evening to support new arrivals. New arrivals were checked every half hour during their first night.
- 1.20 Most responses in our survey to questions about the first night were better than the comparator. Seventy-five per cent, more than the comparator, said they had felt safe on their first night.

Induction

- 1.21 Induction on Furlong Green began the day after arrival and lasted three to five days. All men new to prison and those who had not been in the prison in the previous six months were given a presentation by two induction officers in a dedicated room. Prisoners who had been at Altcourse within the previous six months attended a shorter presentation delivered by an induction orderly.
- 1.22 A large amount of information was clearly delivered using PowerPoint and prisoners were encouraged to ask questions, but were not given materials to take notes. Further presentations were delivered by a variety of staff, including a member of the independent monitoring board and drugs workers. Prisoners also visited the chapel, had a gym induction, took an education assessment and saw a GP. Each new prisoner was seen by an accommodation PCO, a JobCentre Plus worker and, if remanded, a bail officer. Between induction activities, new arrivals were free to mix with others on the unit, use unit facilities or go to the gym.
- 1.23 All new prisoners were seen in private by an induction officer to complete the custody pack/action plan started in admissions. The interviews we saw were well conducted and the

officer engaged well with prisoners and asked pertinent questions. The PCO made referrals to other agencies in the prison such as social workers, counsellors and resettlement staff as necessary. Initial targets were identified and recorded in the initial custody plan section. The intention was that targets were reviewed monthly and updated as necessary, but reviews did not take place (see section on offender management).

- 1.24 Vulnerable prisoners on Reynoldstown Blue were met by the unit Carer, who delivered a DVD induction presentation in a dedicated room. Induction arrangements for prisoners on the detoxification/stabilisation unit (Furlong Red) were unclear. Some officers said they attended the programme alongside other prisoners and others said separate presentations were delivered. Most prisoners' files we looked at from Furlong Red and Green and other units indicated that prisoners had received induction information soon after arrival and had been interviewed by an induction officer.
- 1.25 Prisoners were generally positive about induction. Significantly more than the comparator in our survey said they had attended induction and that it had covered everything they needed to know.

Recommendations

- 1.26 **All admissions areas should be effectively supervised.**
- 1.27 **Admissions interviews should take place in private.**
- 1.28 **Appropriate food should be provided in admissions to meet diverse cultural and religious requirements.**
- 1.29 **Local induction information should be available in languages relevant to the population.**

Housekeeping points

- 1.30 Soap, toilet paper and hand drying facilities should be provided in all holding rooms.
- 1.31 Televisions in all holding rooms should be used to help prisoners pass the time and provide information for those who cannot read.
- 1.32 Privacy should be improved in the strip-search area.
- 1.33 Interviewing staff should ensure that prisoners understand the terminology used in interviews.
- 1.34 All prisoners should be able to shower and use the telephone before being locked-up on their first night.
- 1.35 Pens and paper should be provided to prisoners during induction presentations.

Section 2: Environment and relationships

Residential units

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.

- 2.1 The grounds of the prison and living accommodation were of a very good standard and kept clean, though some cells were overcrowded. There was excellent access to showers, clean clothing and bedding.
- 2.2 The prison was divided between East and West sides by a central range of buildings containing support services such as the healthcare centre, resettlement unit, sports centre, education department and segregation unit.
- 2.3 There were seven residential house blocks (see fact page). House units had a mix of single, double and triple cells. Most double cells had originally been designed for one and four cells on each unit had been certified as suitable for three prisoners. These were cramped and did not have chairs for each prisoner. Cells had televisions and prisoners had their own cupboards, but these were not lockable. Cells were light, well decorated and had privacy locks. Some mattresses were thin, but could be replaced on request. The offensive displays policy was not enforced consistently across all units.
- 2.4 The design of the units provided good sight lines. There were no staff offices on the living units and most of the unit could be observed from a central console on the ground floor where an officer was usually based. In some cells, observation points to toilet areas were blocked, including in one where the prisoner had been identified as at risk of suicide or self-harm.
- 2.5 Pressure on accommodation meant some prisoners who did not smoke had to share with smokers. We were assured this was kept to a minimum and prisoners were moved when cells became available.
- 2.6 Information displayed on wing notice boards varied across units. Some display boards, such as those relating to safer custody, were consistently good across all units, but others were poorly ordered. There were no notices in languages other than English and prisoners who did not speak English were unaware of what information could be made available on request.
- 2.7 The cell call system was checked daily. When pressed, the alarm sounded in the central office between residential units and was not always clearly audible on the units. If staff on the wing failed to respond to the cell lights, they were contacted by staff in the office and most cell alarms were responded to quickly.
- 2.8 The prison was kept very clean and facilities were good. Prisoners could eat meals in communal dining areas on the units. There was a good range of leisure activities during evening association periods. With the exception of the segregation unit, units were calm and quiet during our night visit. In our survey, significantly more prisoners than the comparator said it was normally quiet enough to relax or sleep in their cell at night.

- 2.9 Telephones were in booths and provided privacy. Prisoners could use the telephones at any time when not in work or other activities and they reported few problems. Although still better than most other prisons, this was not as good as previously in our survey, reflecting the more restricted time unlocked at weekends.

Clothing and possessions

- 2.10 Prisoners could wear their own clothes and new arrivals could have clothes handed in during their first 14 days. Unconvicted prisoners on stage two of the anti-bullying scheme, those on the pre-entry level of the incentives and earned privileges scheme and those in segregation had to wear red jumpsuits, which appeared contrary to Prison Rules.
- 2.11 Each unit had a laundry that operated throughout the day and prisoners could have personal clothing washed daily. Towels could be exchanged daily and sheets and duvet covers washed weekly. The amount of property in cells was monitored and rules were applied reasonably.

Hygiene

- 2.12 Most cells were clean and tidy and cleaning cupboards were mainly well ordered, with brushes and mops colour coded for use in different areas. Units had good supplies of cleaning materials and in our survey, 91% of prisoners, against a comparator of 61%, said they could get cell cleaning materials each week.
- 2.13 Ninety-nine per cent of prisoners said they could take a shower daily. Showers were clean and there were good supplies of basic personal toiletries.

Recommendations

- 2.14 Cells should be used for the number of prisoners they were originally designed for.
- 2.15 Lockable cupboards should be provided for each prisoner.
- 2.16 All observation points should be kept clear.
- 2.17 Unconvicted prisoners should be allowed to wear their own clothes at all times unless considered an escape risk.

Housekeeping points

- 2.18 The offensive displays policy should be enforced consistently across all units.
- 2.19 Unit notice boards should include notices in a range of languages used by prisoners advising where they can get help.

Staff-prisoner relationships

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.

2.20 Relationships between staff and prisoners were very good. The majority of prisoners said most staff treated them with respect and that they had a member of staff they could turn to for support if they had a problem. Consultation arrangements were underdeveloped.

2.21 Relationships between staff and prisoners were very positive. Prisoners in groups and individually said staff treated them well and were respectful, although some said a small minority of staff had a poor attitude. In our survey, 77% and 79% respectively, significantly better than the comparator, said most staff treated them with respect and that there was a member of staff they could turn to if they had a problem. Prisoners on the vulnerable prisoner unit also reported positively about staff.

2.22 There were a number of opportunities for staff to engage with prisoners, and the central console area on units meant officers were visible and available to prisoners. Most interactions we observed were positive. Officers wore name badges so they could be identified and many used prisoners' first names when talking to them. Participation in association was high and more than the comparator in our survey said staff spoke to them most of the time during association.

2.23 Although some prisoners acted in representative roles such as Carers and prisoners were consulted about some arrangements, there was no prisoner council or other regular formal meeting where prisoners could take on responsibilities as wing representatives and have an input into areas that affected their day-to-day lives. Some consultation meetings had been held in May, June and November 2008, but the minutes gave little indication of what had been done to resolve issues raised.

Recommendation

2.24 A prisoner council should be established, led by a senior manager, with agreed terms of reference and a standing agenda covering all important areas.

Personal officers

Expected outcomes:

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

- 2.25 Most prisoners said they had a personal officer. Formal personal officer guidance was adequate, but wing file entries were sparse and most were restricted to comments about behaviour.
- 2.26 Most prisoners in focus groups said they knew who their personal officer was. In our survey, significantly more prisoners than the comparator said they had a personal officer, but only 60%, compared to 77% in 2005, said they were helpful. Prisoners said personal officers did not usually introduce themselves or speak to them regularly.
- 2.27 Personal officer training was provided to all staff during their initial training and a succinct but comprehensive document provided further guidance, including the need for personal officers to be familiar with prisoners' family circumstances and sentence planning needs. Despite this, few wing files contained regular weekly entries about prisoners as expected. Most had at least one a month, but in some cases the gaps between entries were significant. Entries that were recorded lacked depth and were little more than an observational record of a prisoner's behaviour. Few included an entry to say the personal officer had introduced themselves.

Recommendation

- 2.28 **Personal officers should introduce themselves to prisoners and make regular good quality entries in wing files, which should include resettlement issues, any relevant family matters and progress with identified custody or sentence plan targets.**

Section 3: Duty of care

Bullying and violence reduction

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 Most prisoners felt safe. Staff–prisoner relationships, the environment, peer support, levels of activity and a generally positive culture all contributed to safety. The overall violence reduction strategy was reasonably effective, but the procedures for responding to anti-social behaviour and bullying lacked an individualised and challenging approach. Vulnerable prisoners on H2 landing had too restrictive a regime.
- 3.2 A monthly safer custody meeting was chaired by the head of safer custody. Nominated people did not attend consistently and attendance by healthcare, particularly mental health nurses, was poor. Prisoners were represented by two Carers. The meeting used a standing agenda and minutes reflected good levels of discussion, including identifying prisoners about whom there were particular concerns.
- 3.3 The safer custody team included a full-time violence reduction manager and a suicide prevention coordinator. They were supported by a part-time administrative officer and reported to the head of safer custody. Safer custody liaison officers had been identified on each wing, but this role was yet to be developed.
- 3.4 The violence reduction strategy was reasonably effective, with good monthly monitoring of relevant data of indicators of violence, and managers were alert to any developing trends. The nature and location of violent incidents was monitored and possible explanations considered. The number of violent incidents over the previous three years had shown a slight downward trend. Unexplained injuries were investigated and there had been 14 investigations in the previous six months.
- 3.5 In our survey, significantly fewer than the comparator said they had felt unsafe in the prison at some time and a number of responses were better than when we had last surveyed in 2005. Prisoners were also positive about safety in the last measuring the quality of prison life (MQPL) survey in April 2009. The design of residential units and the location of staff on the central console, visible to all prisoners, helped supervision of the units and improved feelings of safety.
- 3.6 The prison's own survey of anti-social, violent and bullying behaviour conducted in November 2009, while not yet formally analysed or discussed at the safer custody meeting, had also been generally very positive. Some prisoners had identified movements as an area of concern and in response, improved supervision has been provided. There had been further consultation with prisoners through prisoner violence reduction forums, three of which had taken place in the previous 10 months. This had led to the introduction of prisoner safer custody representatives (see below) and had highlighted some areas, such as admissions, where

prisoners said they felt unsafe. The forum had also made suggestions to improve support for victims.

- 3.7 Altcourse held young offenders on remand from the Liverpool area who had been involved in gangs. Work to manage gang activity was being developed, but there was little indication that this was a significant issue in the prison. Any issues were discussed at weekly violence reduction meetings and the safer custody meeting was alert to any emerging tensions. Young offenders were mixed with older prisoners on units, which managers believed led to a calmer environment.
- 3.8 There was a telephone helpline for visitors to report concerns about prisoners. A log kept by the safer custody team indicated it had been used frequently.
- 3.9 The anti-social and bullying behaviour strategy (ABS) had been reviewed in July 2009. It outlined the procedures for investigating and monitoring prisoners suspected of, or involved in, anti-social behaviour. Suspected incidents were investigated by unit managers, who decided on what further action would be taken. Most investigations were satisfactory, but some were cursory. All staff received some training in the violence reduction strategy during their initial training. The anti-bullying register recorded details of suspected bullies and victims. On average, 14 prisoners a month were placed on the strategy.
- 3.10 The strategy had three stages. Prisoners suspected of bullying or anti-social behaviour were placed on the first stage and were monitored for 14 days. They also lost weekend association and evening association on the day canteen was distributed, which was too restrictive when the behaviour was not proven. Where bullying or anti-social behaviour was established, prisoners were placed on the second stage and had to wear identifying red jumpsuits. Cell-sharing risk assessments were reviewed and they were also moved to a ground floor cell, lost all association and had restricted movements around the prison. Continued poor behaviour or a serious incident resulted in the third stage, which required the authority of the duty director. Prisoners on the third stage were placed on the restrictive pre-entry regime of the incentives and earned privileges scheme, initially for 28 days. Behaviour was monitored in a pre-entry booklet, but many of the targets set were standard, such as 'comply with the regime', and the focus on anti-bullying was lost. This was a punitive regime (see section on incentives and earned privileges).
- 3.11 Interventions for bullies were limited, although a two-day 'anti-social behaviour and bully awareness' course had been developed and three had been run in the previous 12 months. Victims were interviewed and support plans developed, but some were superficial. Requests from victims to move location were considered and often appeared to be preferred to moving the perpetrator.
- 3.12 A violence reduction committee meeting met weekly chaired by the violence reduction manager and attended by residential managers and security staff. The committee reviewed prisoners placed on the strategy, but this was largely based on mostly superficial observations recorded in the monitoring booklet. There was no input from education staff or instructors. Prisoners were informed of any changes to levels of monitoring decided by the committee, but there was little evidence of any ongoing discussion of why they had been placed on the strategy or challenge of behaviour. Prisoners on the pre-entry regime were not reviewed until they had completed this.
- 3.13 The committee also reviewed information about recent violent incidents and finds of drugs and mobile telephones. Individuals and groups highlighted by security were discussed. This was a

useful forum to identify emerging concerns. The committee also reviewed the cases of men deemed by the cell-sharing risk assessment to require a single cell.

- 3.14 The anti-social behaviour strategy was covered at induction and the information on sources of help was reinforced through safer custody notice boards. The anti-bullying week had been well promoted. The introduction of prisoner safer custody representatives was a positive initiative. Representatives helped new arrivals settle on residential units following induction, interviewed them and explained the help available. Records of interviews were kept in prisoners' wing files.

Vulnerable prisoners

- 3.15 Most vulnerable prisoners, primarily those charged with or convicted of sex offences, were located on Reynoldstown Blue. If the unit was full, they were placed initially in the segregation unit or on H2 landing of the healthcare centre, which had no clearly stated role. This landing also held prisoners who were vulnerable for a range of reasons, such as being in debt to other prisoners or due to poor mental health, and most were not sex offenders. There were no clear plans for prisoners on this landing, some of whom had been there several months, and the regime was extremely poor.
- 3.16 Brief policy documents (January 2007) outlined the arrangements for the assessment and management of vulnerable prisoners. Many of those on Reynoldstown said they felt unsafe when being escorted off the wing and particularly when walking to work in the laundry, which was some distance from the unit. Supervision of their movements from the unit had been improved, but its location increased their exposure to other prisoners.

Recommendations

- 3.17 Attendance at the safer custody meeting should be improved and should include mental health trained nurses.
- 3.18 Prisoners should not be punished by loss of association based only on suspicion of bullying or anti-social behaviour.
- 3.19 Officers should work individually with prisoners placed on the anti-social behaviour strategy to challenge and review their behaviour and record this in monitoring booklets.
- 3.20 A clear role should be agreed for H2 landing and a full regime provided.
- 3.21 Managers should review the location of the vulnerable prisoner unit, with a view to reducing vulnerable prisoners' movement to work and education.

Self-harm and suicide

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.

- 3.22 Good attention was given to the risks of suicide and self-harm, particularly in the early days of custody. Assessment, care in custody and teamwork procedures worked well and demonstrated some good care for prisoners at risk, although not all reviews were multidisciplinary. Action plans from previous deaths in custody were not reviewed periodically. Staff were trained regularly and there was an effective peer support scheme.
- 3.23 The suicide prevention coordinator provided a report to the monthly safer custody meeting that focused mainly on statistical data such as the location and nature of self-harm, although it was used to consider potential links between self-harm and bullying or with mental health issues. This had replaced a previous more comprehensive report that had provided a more qualitative overview, although individual prisoners who were at high risk were still discussed.
- 3.24 The assessment, care in custody and teamwork (ACCT) policy was comprehensive and clearly written. The policy highlighted the particular risks in the early days of custody and staff and Carers (peer supporters) were alert to these risks and acted on them.
- 3.25 All new arrivals shared a cell on their first night and were checked twice an hour throughout the night. Prisoners from groups known to have a higher risk of self-harm, such as licence recalls, were identified and, where appropriate, Carers were allocated to share cells with these prisoners for their first night and provided ongoing support as necessary. New prisoners were also supported by the safer custody representatives on each unit. The importance of effective communication with outside agencies was recognised and there had been some useful contact with solicitors to alert them to potential risks when passing on bad news.
- 3.26 Safer custody had a good profile across the prison. It was included at induction and prisoners were told where they could get help. The prison had held a suicide awareness day and the prison's radio station had been used to raise awareness.
- 3.27 There had been four self-inflicted deaths in the previous four years. Investigation reports had included some repeated recommendations, indicating that not all had been fully implemented. Updates on outstanding investigation reports were provided to the safer custody meeting, but action plans were not shared widely or reviewed to promote learning. Investigations following serious incidents of self-harm were completed by the suicide prevention coordinator. She considered what action was required to reduce the risk of similar incidents and reported her findings to the safer custody meeting.
- 3.28 On average, 47 ACCTs were opened monthly. Overall procedures were good and initial assessments were thorough and completed promptly. Unit managers acted as ACCT case managers and usually chaired the reviews of prisoners they were responsible for. Many reviews were attended by only the case manager, a unit officer and the prisoner, even when others, including mental health and other healthcare staff, were working with the prisoner. Previous investigations following deaths had recommended a more multidisciplinary approach but this had not been achieved.
- 3.29 The quality of support plans varied. Some were detailed, updated after each review and nominated staff to follow up elements of the plan, but it was almost routine for initial support plans to include watches of five times an hour, which was usually too frequent. Some prisoners on ACCTs and their cell mates found these disturbing at night. Prisoners were routinely asked if they wanted officers to contact their family or friends and some family members had attended ACCT reviews. Entries in ACCT documents supported prisoners' views that staff cared for prisoners at risk. Officers received annual refresher training in ACCT procedures.

- 3.30 There was good access to counsellors and supportive mental health services. Most prisoners at risk continued to attend activities, which was helpful. Prisoners on open ACCTs said they felt supported and cared for by staff. Unlike most prisons, there were no Samaritan trained Listener peer supporters, but the alternative Carer scheme was well established and they supported prisoners who found prison life difficult. Carers were allocated to prisoners considered at high risk of self-harm and in some cases had supported prisoners at ACCT reviews. A range of departments contributed to their training and this had included some input from the Samaritans.
- 3.31 Carers had monthly support meetings with the suicide prevention coordinator. The minutes suggested an effective scheme where Carers felt valued and where problems were resolved quickly. Most Carers lived on Foinavon unit, but all were issued with pass books and could move easily around the prison. They felt accepted and supported by staff generally, although less so in healthcare. All were paid for their work and four worked full-time. A full-time Carer lived on Reynoldstown Blue (vulnerable prisoners) and specific Carers had been identified for young adult prisoners. Carers had recently contributed to the initial training course for staff. A Carers' cell in healthcare was used about four times a month. A second Carers' suite was being developed on Valentine unit.
- 3.32 Samaritans visited weekly to support prisoners. There were no portable telephones to provide direct contact with the Samaritans during lock up, but local policy allowed a prisoner to be unlocked at night to use the unit telephone to contact the Samaritans free of charge.
- 3.33 Cells on Foinavon, the newest unit, had a number of in-built safety features to reduce ligature points and some cells on Furlong had strips fitted to cell doors to reduce risks. There were no cells built to the current safer cell specifications.
- 3.34 An observation cell in the healthcare unit was used for prisoners assessed as at high risk of self-harm, but offered little privacy. We were told it had been used on average six times a month in 2009, usually for only short periods. Some prisoners held there were placed in protective clothing. Although staff supervising prisoners in this cell were expected to interact with prisoners, we saw little evidence of this for the one prisoner there at the time of the inspection. The circumstances in which this cell was used were not monitored by the safer custody meeting and the log to record its use was not being completed.
- 3.35 All staff carried ligature knives, which were held in the gatehouse and issued with officers' security keys. Radio codes alerted staff to the nature of incidents. Night procedures allowed cells to be opened by one member of staff if there was immediate danger to life. We were impressed by the knowledge and attitudes of night staff when asked how they would respond to incidents of self-harm at night.

Recommendations

- 3.36 **Action plans in response to recommendations from deaths in custody investigations should be discussed at the safer custody meeting and reviewed periodically to ensure that recommendations have been implemented and changes to practice have been sustained.**
- 3.37 **Case managers should plan reviews to ensure that relevant staff involved with prisoners at risk of self-harm are present or have made a contribution to the review.**

- 3.38 The safer custody meeting should monitor all use of the observation cell on healthcare and the need to hold prisoners in protective clothing.
- 3.39 The initial level of observations a prisoner is placed on each hour should not be routine, but based on individual assessment of each case.

Applications and complaints

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.

- 3.40 Prisoners were reasonably positive about the application system in our survey, but less positive about complaints. Complaints were answered promptly and responses were quality checked, but there was no formal analysis of complaint data to identify and address any trends.
- 3.41 The system for making applications and complaints was explained during induction. Further information was available on wing notice boards, but this was in English only and was hard to find among around 40 other notices held on a single clip. Prisoners in healthcare were less sure than others how to make an application or complaint. Records of applications on residential units did not include the outcome and date of response, but significantly more prisoners than the comparator in our survey said they were responded to promptly.
- 3.42 Applications had to be requested and submitted before 9am and wing staff tried to resolve matters before passing them on to a manager. Complaint forms and envelopes were not always readily available on all residential units. On some wings, Independent Monitoring Board (IMB) envelopes had to be requested. There was a secure box for complaints and applications for the IMB and race equality officer in each residential area and this was emptied each night by the night operational manager. In our survey, significantly more prisoners than the comparator said applications were dealt with fairly.
- 3.43 Complaints were responded to promptly. We identified property and healthcare as the two main subjects of complaints, but there was no formal analysis of complaint data to identify trends and address any issues. The complaints clerk quality checked responses to ensure they were appropriate and answered the issue raised. The director also checked 10% each month. In our survey, significantly fewer than the comparator said that complaints were dealt with fairly or that they were given information on how to appeal.

Recommendations

- 3.44 Information about how to make applications and complaints and appeal against decisions should be displayed in clearly accessible notices and posters in English and other languages throughout the prison.
- 3.45 Managers should regularly analyse complaint data to identify trends and, where possible, rectify repeated issues.

Housekeeping points

- 3.46 Applications should be accepted at any time of the day.
- 3.47 There should be a ready supply of complaint forms and envelopes, including for the Independent Monitoring Board, available in all residential areas at all times.

Legal rights

Expected outcomes:

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

- 3.48 Good legal services were provided by two trained legal services officers, but no refresher training was provided. Prisoners were able to use special legal letters and were also allowed telephone calls to solicitors where appropriate.
- 3.49 There were two trained legal services officers (LSOs) and a third on another staff group acted as cover for leave or absence. The LSOs had been trained in 2004, but had not had refresher training since. Prisoners knew who the LSOs were and how to contact them. LSOs interviewed all prisoners on induction, but they did not routinely see those returning from court with a change of circumstances. Officers said prisoners rarely asked for help with family or child care proceedings and there were no obvious notices on wings advising prisoners who to contact for advice about parental rights or child welfare. However, two trained social workers worked alongside the LSOs and offered support with child custody issues.
- 3.50 A record was kept of prisoners seen and action taken and there was no backlog of applications. In December 2009, the LSOs had seen 136 prisoners on bail issues and there had been 22 bail applications, of which three were granted bail following reports submitted by LSOs. Prisoners were referred to ClearSprings, a private company providing bail support and accommodation services.
- 3.51 Legal visits were available each weekday morning in the main visits hall, with eight booths available on request. Additional letters for use in legal correspondence were freely available and LSOs had the authority to allow access to telephones for prisoner use where appropriate.

Recommendation

- 3.52 Legal services officers should receive periodic refresher training.

Faith and religious activity

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.

- 3.53** There was a reasonably sized chaplaincy team, with services for most major faith groups except Mormons. The Muslim chaplain had only limited time, but this was due to increase. Facilities were reasonably good. Chaplains were active in the life of the prison and ran a number of chaplaincy classes. There were good links with external Christian faith communities, but fewer with other faith traditions.
- 3.54** The chaplaincy team was reasonably well integrated into prison life. Areas dedicated to worship were good, although there was a lack of dedicated washing facilities for Muslims before Friday prayers. There were full-time chaplains representing free church/Methodist, Roman Catholic and Church of England denominations. There were also nine sessional chaplains for Muslims, Chinese speaking Christians, Welsh Presbyterians and several other faiths, but no Mormon chaplain. The Muslim chaplain had only 10 hours a week, which was insufficient, but due to increase to 20.
- 3.55** Chaplains regularly attended a range of prison meetings. Several were ACCT assessors and the team worked closely with healthcare and the segregation unit. They received a list of all prisoners on ACCTs, but were not always immediately informed of suicide attempts. Chaplains were sometimes involved when a prisoner was near to death or dying, but recognised this was an underdeveloped area.
- 3.56** New arrivals were given information about the services in a leaflet in reception and chaplains saw all prisoners on induction and noted their religion. Prisoners had to apply to attend services and there was only limited information about chaplaincy services in languages other than English.
- 3.57** Services for the main Christian faiths were held on Sunday mornings and Muslim prayers were held on Fridays in the multi-faith room. There were few resources for faiths that were less represented at the prison such as Hindu and Sikh. Prisoners were allowed certain permitted religious artefacts, but the range of such items in the shop was limited so prisoners often relied on family and friends to send them in. The Muslim chaplain had a supply of scented oils, but these were not available from the shop.
- 3.58** The chaplaincy ran a range of classes, including bible study, a discussion group about the Christian faith, a meditation group, a Buddhist group and a Muslim teaching group. The supporting offenders through restoration inside (SORI) group was also run.
- 3.59** Prisoners could celebrate the major religious festivals. Two Muslim, two Sikh and a Pagan festival had been celebrated, and food flasks had been provided during Ramadan for breaking the evening fast. The chaplaincy team had links with a range of external Christian faith communities, but less so with other faith groups.

Recommendations

- 3.60** All prisoners should have appropriate access to a chaplain of their faith.
- 3.61** Suitable washing facilities should be provided in the multi-faith area for Muslims to use before Friday prayers.
- 3.62** Prisoners should be able to access items important for worship, such as scented oils, through the shop.

Substance use

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.

- 3.63 Integrated drug treatment system (IDTS) substitution treatment had started, but was not yet backed up by psycho-social programmes. Prescribing was not sufficiently flexible. Methadone administration in the healthcare department was insufficiently secure, but was much better elsewhere. Neither IDTS nurses nor counselling, assessment, referral, advice and throughcare workers were present at clinical reviews. The positive random mandatory drug testing (MDT) rate was just over 11.26%. Supply reduction strategies were reasonably effective.
- 3.64 Opiate substitution treatment provision had started in January 2009 as part of the move towards providing IDTS, but the 28-day psycho-social programme had yet to be introduced (see section on resettlement pathways). There were plans to bring it in once a full clinical staff team had been established.
- 3.65 Substance misusers were identified and screened by IDTS nurses in reception, seen by a GP and taken directly to the stabilisation unit on Furlong Red.
- 3.66 There were three treatment rooms on the wings and one in the healthcare facility. Each was equipped with 'Methasoft' computers and pumps with iris recognition devices to identify patients. In healthcare, prisoners waited directly outside the treatment room and the gateway became crowded as prisoners jostled to get in. One officer stationed outside the room opened the gate to allow prisoners through one at a time and then remained outside with the gate locked. Prisoners' identity was confirmed using the iris scanner and they were then expected to sit down to receive their methadone. However, not all prisoners sat down and nurses did not insist on it. The arrangements were unsatisfactory. They did not allow prisoners privacy from each other and posed a potential risk to the officer, the nursing staff and the security of the treatment room.
- 3.67 Methadone administration on the wings was much better. Prisoners waited further down the corridor behind a gate and were taken individually into the treatment room by the officer, who then remained until administration was complete. Each prisoner was specifically asked to sit down. Interactions between staff and prisoners during medication administration were excellent. Of those receiving methadone treatment, 96 were on maintenance doses, 45 were on reducing doses for detoxification and one was stabilising. Thirty-one prisoners were receiving alcohol detoxification treatment and 27 were on diazepam detoxification regimes.
- 3.68 Subutex (buprenorphine) was not prescribed as an alternative to methadone, although staff said this was under review and would change once a full clinical team was established. Secondary detoxification was similarly not available. We were told that the local primary care trust wanted IDTS to become fully operational with a full clinical team before expanding the service.
- 3.69 The GP and the pharmacist no longer offered 2ml minimum doses of methadone, so the minimum dose was to be 5ml. While this was not contrary to Department of Health clinical guidelines, some prisoners found the final step to abstinence from a dose of 5ml to zero

difficult. Other establishments and many community-based clinics offer the 2ml minimum dose as a psychological rather than a pharmacological step.

- 3.70 Clinical reviews were conducted at five and 28 days after opiate substitution treatment began, but involved only the GP and the prisoner, with no IDTS nurse or counselling, assessment, referral, advice and throughcare (CARAT) worker present. IDTS and CARAT workers contributed to case notes, but this was unsatisfactory.
- 3.71 Dual diagnosis cases and blood-borne virus inoculations and treatment needs were dealt with well by the mental health team and healthcare clinics respectively.

Drug testing

- 3.72 The positive random MDT rate was 11.26% for the six months from June to November 2009. In our survey, 30% of prisoners, similar to the comparator but higher than the 23% in 2005, said it was easy or very easy to get illegal drugs in the prison.
- 3.73 The MDT suite was clean, but the strip searching area was a crowded room full of large cardboard boxes. There was no floor mat for prisoners to stand on during the search. The holding rooms were reasonably clean, but had bare walls and no drugs or services information was displayed.
- 3.74 Prisoners who tested positive for class A drugs or who refused a test were inappropriately given an automatic imposition of three months of closed visits before any confirmation tests and adjudications unless there were mitigating circumstances. In cases where negative confirmations were received and/or the case was otherwise dismissed, the closed visit regime was rescinded.
- 3.75 Supply reduction strategies were reasonably effective. Between July and December 2009, 785 drug-related security information reports (SIRs) had been submitted, along with 507 SIRs for mobile telephones and 32 for alcohol. Drug finds for the period amounted to 211 confirmed, 283 mobiles and 39 SIM cards. Of the 316 suspicion tests conducted, 126 were positive, giving a positive rate of approximately 40%. Slippage of suspicion tests outside the required 72-hour window appeared to be small, but it was not specifically monitored.

Recommendations

- 3.76 Opiate substitution medication in the healthcare unit should be administered safely and appropriately.
- 3.77 The prison, in partnership with the primary care trust, should develop secondary detoxification provision.
- 3.78 Prescribing and dosing regimes for substance-dependent prisoners should be flexible and based on individual need.
- 3.79 CARAT workers and IDTS nurses should undertake joint clinical reviews alongside the GP.
- 3.80 Prisoners should not automatically be placed on closed visits as a result of a positive mandatory drug test.

Housekeeping points

- 3.81 A floor mat should be used at all times when conducting strip searches.
- 3.82 Substance awareness and available services information should be displayed and made available in the mandatory drug testing holding rooms and testing areas.
- 3.83 A mechanism to monitor target testing should be developed to ensure they are all undertaken within the required timeframe.

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.

4.1 There was a reasonable overarching diversity policy but the area was under-resourced and most of the diversity strands were under-developed.

4.2 An up-to date diversity policy covered race, nationality, disability, faith and belief, age, gender, sexual orientation and gender reassignment, but faith, older persons and sexual orientation were not supported by an action plan. The prison's overarching diversity action plan was reviewed quarterly at the race equality action team (REAT) meetings, which became a diversity equality action team (DEAT) every third meeting. There were no prisoner diversity representatives and little regular consultation with prisoners. Diversity work was under resourced and the diversity manager had to cover too many roles, including that of the disability liaison officer.

Race equality

4.3 Race equality was reasonably well promoted. REAT/DEAT meetings were focused and reports were made to the senior management team. There was a lack of consultation with black and minority ethnic prisoners and no race or diversity representatives. Black and minority ethnic prisoners raised few concerns about race issues. Most staff had received some diversity training. Action taken as a result of ethnic monitoring had resulted in some improvements. Some racist incident report forms were not thoroughly investigated, and impact assessments were of poor quality.

4.4 Black and minority ethnic prisoners accounted for about 13% of the population. The largest groups were Other White (mainly Polish), Other Asian (mainly Chinese and Vietnamese) and Caribbean, all forming about 2% of the population respectively. Only seven out of 608 staff in contact roles were from black and minority ethnic backgrounds. The prison did not undertake any monitoring relating to Gypsies and Travellers, although 5% in our survey identified themselves as Gypsy/Romany/Traveller.

4.5 The monthly REAT meetings were chaired by the deputy governor. REAT/DEAT meetings were focused, with good reports to senior management team, but not all members attended consistently and departments such as healthcare, kitchen, education and vocational training were consistently under-represented. The only community involvement at meetings was through Liverpool Prisons Visiting Group (LPVS) and the Independent Monitoring Board, but again attendance was irregular. Foreign national prisoner representatives attended, but there were no dedicated trained diversity or race representatives. REAT meetings were mainly concerned with the race equality and foreign national action plans, ethnic monitoring, impact assessments and racist incident report forms (RIRFs).

- 4.6 A dedicated race equality officer (REO) allocated 70% of his time to the role. He was supported by the community liaison and diversity manager, who also acted as foreign national coordinator and disability liaison officer.
- 4.7 Our black and minority ethnic group raised very few specific concerns about race issues apart from the lack of diversity of food and goods stocked in the shop. Ninety-two per cent of staff had received some diversity training. Every PCO was trained in diversity on their initial training course (ITC) and many had refresher training annually.
- 4.8 Ethnic monitoring took place in all eight mandatory areas and had been usefully expanded to cover some areas of concern to prisoners, such as access to particular jobs. Some improvements have been made as a result, notably in representation of black and minority ethnic prisoners as servery workers. The process worked well in identifying those out of range, but not enough was done to identify what was going to be done to address anomalies.

Managing racist incidents

- 4.9 Over 200 RIRFs had been submitted in 2009. Although most were dealt with in good time, not all were well handled. Many RIRFs concerned name calling and were dealt with by simple investigation. Too many were from staff reporting being called racist, but the prison had taken steps to address this.
- 4.10 Some more complex cases involving serious racist behaviour were not handled robustly enough. Prisoners who submitted RIRFs did not always get a written response. The only external scrutiny of RIRFs was undertaken by the Independent Monitoring Board, but there was no evidence that it had raised any concerns or made any comments. Staff acknowledged that there was a lack of confidence among prisoners in the RIRF system.
- 4.11 There were no specific interventions for challenging racism and protecting victims of racist bullying, which was dealt with under generic anti-bullying measures and by using the discipline and incentives and earned privileges procedures. A victims' charter advised prisoners what support they could expect if they witnessed or experienced a racist incident, but this mainly involved informing them about the RIRF system and the complaints process.

Race equality duty

- 4.12 There were no prisoner race equality representatives and no consultation meetings with prisoners on race issues. Posters across the prison publicised the REO and diversity manager and there was some general promotion of race equality through the *Altcourse Bugle* magazine, prison radio, information on wings in wing files and particularly effectively through education.
- 4.13 A good range of cultural celebrations had taken place in the previous year around black history month, Eid, Guru Nanak's birthday, Chinese New Year, Holocaust Memorial Day and international day against homophobia. Some links had been made with community groups locally and LPVS were invited to REAT/DEAT meetings (see also section on foreign nationals). A range of race equality impact assessments had been completed in six areas, but their quality was generally poor and little action had been taken as a result.

Recommendations

- 4.14 Attendance at race equality action team meetings should be improved and all areas listed as members should attend or send a representative.
- 4.15 Formal consultation meetings should be held and trained prisoner race representatives appointed to improve engagement with black and minority ethnic prisoners.
- 4.16 The quality of impact assessments should be improved in consultation with prisoners and the results used to improve services.
- 4.17 The quality of racist incident report forms should be improved and include some external scrutiny. All those involved should receive a written response.

Religion

- 4.18 Religious diversity issues were covered at the diversity equality action team meetings, but strategic management of religious diversity was underdeveloped.
- 4.19 The chaplaincy team attended the race and diversity equality action team (REAT/DEAT) meetings and provided a regular briefing to DEAT meetings. There was no religious monitoring for equality purposes and no strategies for preventing and dealing with discrimination on the grounds of religion.

Foreign nationals

- 4.20 There was no dedicated foreign national coordinator and the role was filled by the director manager. There was a foreign national policy and issues were covered at REAT/DEAT meetings. Only occasional meetings of foreign national prisoners were held. Surgeries were held with the UK Border Agency, but a number of detainees remained in prison after their sentence was complete. There was no independent immigration advice service. There were few translated materials and except in healthcare, little use of interpreting services. As a result, some prisoners were unaware of the services available.
- 4.21 The diversity manager was also the foreign national coordinator. He was supported by two foreign national prisoner representatives and two records clerks. There was a foreign national policy and actions were identified in the race equality action plan and reviewed at REAT/DEAT meetings. Almost 10% of prisoners (118) were foreign nationals, including significant numbers of Chinese, Vietnamese and Polish men. Eighteen were held beyond their sentence, but delays appeared to be due to the UK Border Agency (UKBA) rather than the prison. When chaplains saw new arrivals who were foreign nationals, they asked about their first language and made a rough assessment of their proficiency in English. This information was passed to the diversity manager, but it was not clear how it was used. Occasional meetings of foreign national prisoners were held to identify their needs.
- 4.22 In groups, foreign national prisoners said their lack of English meant they could not interact with staff or the prison regime. They said staff did not use translation and interpreting services to communicate with them. Most were unaware that they could have free international

telephone calls in lieu of a visit and said there was a need for a dedicated foreign national coordinator. Immigration issues were a major concern and, while the UKBA attended the prison for information sessions each month, there was no independent immigration advice service.

- 4.23 The previous foreign national representative had done some excellent work including developing some very good guidance with some frequently asked questions, but this was in English only. Progress of individual prisoners was tracked through a foreign national prisoner 'dashboard system', which showed their status in relation to deportation orders, asylum claims, IS91 authorities to detain and facilitated return scheme applications.
- 4.24 Foreign nationals were not well supported in terms of translated written materials or use of a professional telephone interpreting service. Very little translated material could be accessed without submitting a request and almost all use of interpreters was by healthcare. Those with little or no English had to be assisted by peers when completing menu choices and canteen sheets. Peer interpreters were used extensively and there were attempts to co-locate nationalities. Arrangements to provide foreign national prisoners with five-minute monthly telephone credit were good as they did not have to apply each month, but credit was provided only if they had not had a social visit.
- 4.25 The prison provided classes in English for speakers of other languages and there were some good links with external agencies such as Liverpool Prison Visitors Scheme, who came in on an ad hoc basis and supported foreign nationals with asylum claims. Contact had also been made with the local Chinese community and a Chinese pastor came in weekly to support Chinese detainees. A representative group for Polish people in Liverpool supported Polish detainees.

Recommendations

- 4.26 Foreign national detainees should be moved to an immigration removal centre once their sentence has been served.
- 4.27 An on-site independent immigration advice service should be provided.
- 4.28 Foreign national prisoners should be made aware of the free monthly telephone call overseas and should receive these irrespective of whether or not they have social visits.
- 4.29 All staff, particularly wing staff, should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English and more local information should be provided in a range of relevant languages.

Disability

- 4.30 There was a local disability policy, but the action plan lacked substance and detail. A disability liaison meeting, coordinated by the diversity manager, who was also the disability liaison officer, was in its infancy and there were no prisoner representatives. There was under-identification of prisoners with disabilities and few adaptations to meet their needs. Prisoners with disabilities responded more negatively on a range of issues in our survey.

- 4.31 There was a local disability policy, but the action plan lacked substance and detail. The diversity manager was also the disability liaison officer (DLO), but had received no specific training. He collated the information given on the disability questionnaire attached to the initial custody paperwork and acted as coordinator for involving various departments. There were inadequate links with healthcare and no assessment of those with dyslexia or learning difficulties. Little information was available in other than written English and nothing in Braille or easy read formats, although induction tapes were available for those with sight impairment. A disability liaison meeting, coordinated by the diversity manager, was in its infancy. It comprised representatives from gym, healthcare and health and safety, but there were no prisoner representatives.
- 4.32 There were no disability representatives or formalised consultation arrangements. There appeared to be significant under-identification of prisoners with disabilities, with 17% in our survey saying they had a disability, which would have represented 214 prisoners, against the prison's identified 30 prisoners. Facilities for prisoners with severe physical disabilities were limited to four adapted cells on Foinavon Green, but there were no adapted cells on other residential locations.
- 4.33 In our survey, prisoners with disabilities reported more negatively about a range of regime issues. Ninety-two per cent of people with disabilities, compared to 62% of other prisoners, said they had problems when they first arrived. Many more prisoners with a disability said they felt unsafe in the prison and that they had been victimised by another prisoner or a member of staff. Sixty-seven per cent of those with a disability, compared to 21% of other prisoners, said they had emotional well being or mental health issues.
- 4.34 Not enough support was provided on the wings, but some services had been improved, for example some gym cardio equipment had been moved downstairs to enable greater access. Prisoners with mobility problems could access the library, chapel and some gym facilities. The prison had recently started monitoring allocation to jobs for prisoners with disabilities, but there was no wider monitoring. Disability impact assessments had taken place for allocation and accommodation, work allocation and the sports centre regime, but they were not sufficiently detailed. There was a database of prisoners with disabilities, but no care plans or recognised carer/mentor scheme and no clear evacuation plans.

Recommendations

- 4.35 **A clear strategy should be developed, in consultation with prisoners with disabilities, to help meet their specific needs.**
- 4.36 **Improved identification procedures for prisoners with disabilities should be introduced and each should have an individualised and multidisciplinary care plan.**

Older prisoners

4.37 There was little provision for older prisoners and no strategic approach to identifying and meeting their needs.

- 4.38 There were 36 prisoners over the age of 60. There was no strategic approach to identifying and meeting their needs. They were not restricted in terms of work, as long as they were assessed fit enough. There were specific gym classes for the over 40s, but little else

specifically provided. The needs of older prisoners were considered alongside those of prisoners with disabilities at the diversity equality action team meetings and older prisoners were not dealt with as a distinct group.

Sexual orientation

4.39 There was no policy or action plan in relation to sexual orientation, but some good individual support was provided to gay and bisexual prisoners.

4.40 There was no policy or action plan to cover sexual orientation. One of the social workers had a brief for sexual orientation and provided good individual support to gay and bisexual prisoners. Carers and new staff received some training in this area and a presentation had been delivered to raise awareness within the REAT and DEAT. There were no support groups in the prison, but some support had been identified for prisoners on release. There were some attempts to promote awareness through events such as gay history month and international day against homophobia.

Recommendation

4.41 An action plan to support and meet the needs of prisoners who are gay or bisexual should be developed, with strategies to prevent and deal with discrimination on the basis of sexual orientation.

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.

5.1 Health services were provided by an in-house team, most employed by G4S. A health needs assessment had been completed and was regularly updated. A range of health services was available. There had been a lack of senior management due to the long-term absence of the healthcare manager. Primary care was basic, with little chronic disease management. GP provision was comprehensive, but waiting times were too long. Dental services were very good and a full range of treatment was offered. Pharmacy services were satisfactory, but some attention to medicine management and administration was needed. Mental health services were good, with some very good joint working between primary and secondary services. In-patient services were only basic. There was no day centre.

General

- 5.2 A comprehensive health needs assessment had been completed in September 2009 and the health improvement plan was updated after every quarterly partnership board meeting. Relationships with the Liverpool City Primary Care Trust (PCT) were very good and there was a good interface with local NHS facilities. Extensive and contemporaneous company and NHS policies and guidelines were available for reference and guidance. A prison health partnership agreement had been developed in July 2009.
- 5.3 The ground floor healthcare building allowed good access to prisoners with disabilities. A prisoner cleaner kept general areas very clean, but could not access clinical rooms unsupervised. The treatment and consulting rooms were untidy, some were grubby and none were cleaned regularly. Not all had proper hand washing facilities or soap dispensers.
- 5.4 The administrative office was too small and was co-located with the nurses' station. The room in which paper clinical records were held was untidy, with many old prescription and administration charts awaiting filing. The room used to administer medication was also the focal point for nursing administrative activity. It was very congested and noisy at times, which was potentially distracting. The room lacked storage, was untidy and not suitable for its purpose.
- 5.5 The pharmacy room was clean and tidy, but there were security concerns over its proximity to where methadone administration was undertaken, especially when pharmacy supplies were being delivered. The room contained a refrigerator suitable to hold thermolabile medicines and pharmacy staff recorded the temperature daily.
- 5.6 The dental surgery was well ventilated, but the cabinetry was very old. The dental chair and x-ray machine were in good working order. An amalgam separator was incorporated. The surgery floor was inadequately sealed at the edges and around a covered conduit. There was no washer/disinfector, although disposable instruments were used in accordance with guidelines. Clinical and hazardous waste were appropriately stored, but had not been collected for several months. There were no service records for the compressor or autoclave, which had

no printer and daily parameters were not recorded. There was no radiation protection file. Only a few policy documents were available and no COSHH or risk assessments specific to the dental surgery. Dental instruments were adequate, but stored incorrectly. The amalgamator had been non-functional for about six months. An infection control audit had been completed in 2009, but the report was unavailable.

- 5.7 The in-patient unit contained 12 beds and a care suite. An observation cell on the main thoroughfare was not consistent with NHS privacy and dignity principles. Cells were in reasonable order. Paint on the walls in the shower area was peeling off and the shower seat for prisoners with disabilities was broken. There was a bath and chair hoist. The dining and day rooms were both rather austere and uninviting. The day room was particularly bare, with books and board games locked away rather than freely available. A care suite used for prisoners needing extra peer support was very small but comfortable.
- 5.8 There were up to 12 areas where medicines were administered. The wing rooms were basic and not fit for purpose. Most of the areas were carpeted and not in a good state of decoration. Hand washing facilities were generally good. All medicines trolleys we saw were secured to the wall and other medicines were stored well. The admissions healthcare room was clean and well equipped. SystemOne was used in all clinical areas.
- 5.9 A booklet outlining healthcare services and other information had been produced in several languages in November 2009 and health information points were being established, but were not yet working. Interaction we observed between prisoners and healthcare staff was good, although prisoners complained that some nurses were off-hand. A lead nurse for older prisoners had just been appointed and work was just beginning to develop services. A professional telephone interpreting service was used regularly for consultations with non-English speaking prisoners.

Clinical governance

- 5.10 Most staff were employed by G4S, which had taken over responsibility for health provision in August 2009. There was no clinical lead due to illness. An interim operational manager had just been appointed, but general staff morale was low. Staffing levels appeared inadequate and, despite a satisfactory skill mix, clinics were being cancelled through lack of staff. Bank and agency staff were used when necessary. The list of nursing staff and their professional registration dates was out of date.
- 5.11 The operational manager was supported by a clinical team of four senior nurses, who were either registered general nurses (RGNs) or registered mental nurses (RMNs). Twenty-two other RGNs and RMNs completed the nursing team. Some nurses held additional qualifications or had attended short courses in specific nursing specialities, including sexual health and diabetic nursing. Six healthcare assistants (HCAs) and six prison custody officers (PCOs) assisted trained staff.
- 5.12 Staff said there had traditionally been few opportunities to access professional training and one nurse said she had previously self-funded a professional course. However, they said this had improved considerably under G4S and all staff had some training booked for 2010, including venepuncture and cannulation. The PCT commissioner for prisons was due to visit to discuss professional training needs. All nursing staff had completed the RCGP 1 course. The pharmacist and one of the nurses were nurse prescribers.

- 5.13 GP cover was very good and a lead GP and two other GPs provided 24-hour cover. Ten sessions were available Monday to Friday and one of the GPs was in the prison at weekends, but did not hold routine clinics then. Two further GP sessions were planned to reduce the waiting list, which stood at three weeks. An additional GP supported the substance misuse service. The GPs met with the G4S head of medical services quarterly and the lead GP was a member of the regional action team.
- 5.14 The dentist provided the equivalent of five sessions each week, supported by a dental surgery assistant who also worked in general healthcare administration. The dentist was contracted by G4S and the surgery assistant was employed by G4S. There was no cover for the dentist's annual or sick leave.
- 5.15 A psychiatrist from a local secure unit provided one clinical session a week. Other visiting health professionals included a podiatrist, optician and a physiotherapist. Waiting lists for these clinics were within acceptable limits. The physiotherapist worked closely with the gym, which had developed some excellent programmes to improve prisoners' health.
- 5.16 Administrative staff comprised a manager working three half days a week, a typist four days a week and an administrator for two days a week. Another administrator was on maternity leave. Given the size of the prison and the rapid turnover of prisoners, this seemed inadequate.
- 5.17 Clinical supervision was supported for those wishing to participate, but some staff appeared unwilling to engage. Others said they participated regularly in peer supervision.
- 5.18 Emergency equipment was held in three grab bags and all staff had been trained in its use. The equipment was checked and recorded daily. The grab bags were difficult to transport across the large site and arrangements were under review. Two defibrillators in healthcare were checked daily. Staff said there were another three on residential units, but could not confirm where. Occupational therapy equipment was available through local NHS services.
- 5.19 Paper clinical records were not in regular use because SystmOne was used, but there was no tracer card system to identify the whereabouts of files that were not in the cabinets. SystmOne clinical records were well documented and appropriate. Old records were sent and stored through external contractors. The system worked well and records were retrieved very quickly when needed. A log of F213 injury forms was held in healthcare. Unexplained injuries were seen and recorded by the GP.
- 5.20 There was no dedicated healthcare patient forum. Patient complaints were dealt with by a senior nurse, who investigated and replied to the complainant, with a further appeal to the director, but no further opportunity for independent clinical assessment.
- 5.21 There were good relationships with external agencies including the Health Protection Agency. All eligible prisoners had been offered appropriate vaccinations. Information sharing protocols with various relevant partners were in place. Prisoners were asked to give consent to share information with relevant interested parties at the time it was needed.

Primary care

- 5.22 Meetings between the new healthcare manager and GPs had begun in an effort to improve the service. However, the level of care was basic for most patients and only 42% of prisoners in our survey, compared to 61% in 2005, said the overall quality of healthcare was good or very good. Perceptions of the overall quality of care delivered by nurses, doctors and the dentist

also showed a steep decline from 2005, although the dental service was considered to be significantly better than the comparator. All care was delivered in the main department, although work was under way to move many nursing services to wing-based medical rooms.

- 5.23 An RMN assessed all new admissions, many of whom arrived directly from court. An initial health assessment was completed on SystemOne and any prisoner needing to see a health professional was referred directly. One of the GPs remained at the prison until all prisoners had arrived and saw any whose mental or physical health the nurse was concerned about. All prisoners on medication were automatically seen by the GP. Any on medication or with long-standing illnesses were asked for their consent to contact their home GP. Secondary health screening was completed within 72 hours. There was no healthcare input to the induction programme.
- 5.24 Once on the wings, access to healthcare staff was quick. Nurses were on the wings twice a day to administer medication and to carry out triage. A third triage session was available in the main healthcare department at 1pm, but recognised triage algorithms were not used. The system did not function properly and this was reflected in long delays for GP appointments. Many patients referred to the GPs could have been dealt with earlier by nurses.
- 5.25 There was plenty of health promotion information. There was no identified nurse lead for health promotion, but national health campaigns were supported wherever possible, including a Chlamydia screening campaign about to begin. Two senior nurses held regular sexual health clinics. Prisoners with HIV and Hepatitis B and C were managed in house with expert support from local specialist teams. Condoms were not available.
- 5.26 Chronic disease management had deteriorated and there were very few regular nurse-led clinics. Asthma, chronic heart disease and hypertension clinics were not held regularly. Diabetic patients were followed up with support from the GP and community specialist nurses and were sent out to local facilities for retinopathy screening.
- 5.27 Doctors visited the segregation unit three times a week and saw all residents, and nurses visited every day to administer medication. The primary mental health team went most days even if they were not involved with any of the residents. Support for staff was described as very good. When use of force was required, healthcare staff attended and remained with the prisoner until he became settled.

Pharmacy

- 5.28 Pharmacy services were provided in-house, managed by a full-time pharmacist, two part-time pharmacy technicians and a part-time dispensary assistant. Nursing staff were responsible for the supply and administration of medicines. There were no pharmacy-led clinics, but the pharmacist was available for consultation if required. There had been little demand for medication usage reviews.
- 5.29 Most patients received medicines twice daily at 7am and 6pm from wing treatment rooms, with a third treatment time at 1.30pm in healthcare for supervised medication. In-possession medication was supplied by nurses during the evening treatment time. In-possession risk assessments were carried out and documented on SystemOne. Medicines in the treatment rooms were securely stored, but medicines in the pharmacy were in unlocked dispensary drawers. All medicine stocks were regularly checked.

- 5.30 Prescriptions were appropriately issued, but there were a number of blank spaces on administration charts so it was not always clear whether or not a medicine had been given. Most medicines were dispensed for named patients, but some general stock was used and the decision-making process for this was unclear. Patient medication records were maintained for all prescribed medication. Requests for repeat medication were managed by nurses, with no repeat prescription request forms for prisoners.
- 5.31 Controlled drugs were requisitioned correctly and records were maintained using a combination of paper and electronic controlled drugs registers. Methadone was dispensed from a number of treatment rooms, including one adjacent to the pharmacy.
- 5.32 A limited list of medication was available to supply for prisoners reporting sick, including packs of 16 paracetamol tablets. Use of an out-of-hours cupboard for urgent medication was monitored and recorded. Access to the pharmacy was possible out of hours only in the presence of a doctor and a nurse and records of this were kept.
- 5.33 Methameasure equipment used for supplying methadone mixture was regularly cleaned and calibrated, but this was not recorded. During administration, the methadone mixture was 'rebottled' by pouring it from bottles into large plastic containers to feed the machines. The containers were insecure and unfit for purpose.
- 5.34 No meetings of the medicines and therapeutic committee had been held for some time. There were written policies for in-possession medication, special sick and out-of-hours provision. All were dated September 2007 and were in need of review. There was a prescribing formulary. Pharmacy data were collated for cost reimbursement, but the absence of an active medicines and therapeutics committee meant no data were used for medicines management.

Dentistry

- 5.35 Written or verbal applications for the dentist were accepted at wing treatment times and appointments were made by administrative staff. No one on the list had been waiting longer than three weeks and there were few, if any, outstanding appointments by the end of the dentist's five-day working pattern. Urgent out-of-hours cover was provided by the GP or local facilities. About 25 to 30 patients were seen at each clinic and there were few failures to attend. Courses of treatment were completed whenever possible and patients were told the date of their next appointment. A full range of dental treatments was offered. The standard of treatment was good and patients were treated with care and courtesy.
- 5.36 The dental surgery assistant did not wear a mask or protective eye wear during the treatment session observed. Some oral health education was delivered at the chair side, but no oral health promotion literature was available.
- 5.37 Dental records were entered directly on to SystemOne. There were no paper dental records or signed, dated medical history sheets. Records were satisfactory within the limitations of SystemOne, which did not have a facility for the detailed dental charting necessary for patients undergoing full courses of treatment.
- 5.38 Radiographs were stored in a box in the dental surgery. Radiograph management was otherwise satisfactory, although there was no documented quality assurance programme.

In-patients

- 5.39 There were written protocols for the admission of prisoners to the in-patient unit. There were eight prisoners on the unit, one of whom was there because there were no facilities for prisoners with disabilities on the vulnerable prisoner wing. Prisoners could be out of cell for most of the day except at weekends, but most chose to remain in their cells except at lunchtime. Of the seven actual patients on the unit, six were under the care of the mental health team. Despite this, RMNs were not usually allocated to in-patients. They visited every day but did not routinely spend quality time with patients.
- 5.40 There was little educational or therapeutic activity for patients and little interaction with staff. The day room was rarely used and patients were not encouraged to socialise. Many were not well enough to attend education and there was no education input on the unit. Chaplains and probation staff visited regularly and prisoners were able to attend religious services on request, but otherwise had nothing to occupy their time. All staff had received some mental health awareness training, but there were no regular updates. Care plans were basic.

Secondary care

- 5.41 External NHS appointments were generally well managed, with few cancellations. Four prisoners daily were able to attend NHS appointments. In December 2009, 76 planned appointments were made and 68 undertaken. The eight appointments cancelled were due to other prisoners taking priority. There were good systems to monitor referrals and appointments. Where appropriate, prisoners with an arranged appointment at a local hospital were placed on medical hold.

Mental health

- 5.42 Mental health support was generally good. Primary services were provided by an in-house team and secondary services were provided by a contracted-in company. The primary team comprised four full-time and two part-time RMNs, including a registered nurse for learning disabilities. The teams worked well together and discussed clients daily. New arrivals were given a mental health assessment by an RMN as part of the general initial health assessment. Where possible, anyone showing signs of mental illness or at risk of self-harm was seen immediately or at least within 48 hours by an RMN. Prisoners already known to community mental health teams were referred to the mental health in-reach team (MHIRT).
- 5.43 The primary team accepted referrals from across the prison and the prisoners themselves. Care was primarily delivered by the RMNs with support from the GPs and a forensic psychiatrist from a local medium secure unit. There was no group work and all contact was one to one. There were no day care services. Five counsellors employed by G4S were available on weekdays. The routine waiting list was up to 10 weeks, although urgent referrals were seen quickly. Each counsellor had a caseload of up to 20 clients and referrals were accepted from staff and prisoners. The counsellors linked well with the mental health teams, but did not regularly attend the weekly multidisciplinary team meetings.
- 5.44 The MHIRT comprised a full-time RMN team leader, two other RMNs and a non-clinical care programme approach (CPA) coordinator. The RMNs had specialisms in dual diagnosis, cognitive behavioural therapy and personality disorder. A general adult psychiatrist held one clinic a week and there were five sessions from a clinical psychologist each week. All clients

were on CPA and this continued until they were transferred or released. On average, 112 prisoners were on CPA. There was no group work and one-to-one work was based on client need. Three prisoners were waiting for in-patient beds in secure units, the longest having waited 39 days so far.

- 5.45 All teams had excellent relationships with residential staff and were visible on the units. They also had very good relationships with the courts and police custody systems, which contacted them if they had concerns about an incoming prisoner.
- 5.46 A 'snoozelum' had the potential to be beneficial to some prisoners with mental illness, but was not used.

Recommendations

- 5.47 There should be regular nurse led clinics for men with chronic diseases or lifelong conditions.
- 5.48 All clinical areas, including those in the wider prison, should be kept clean.
- 5.49 Rooms in the healthcare department should be used efficiently and appropriately, with an emphasis on separating clinical and administrative functions so that clinical interventions such as medicine administration are not compromised.
- 5.50 Healthcare medicine administration points should ensure the safe delivery, storage and management of medicines.
- 5.51 A dedicated healthcare forum should be introduced for prisoners at which prisoners' perceptions of healthcare should be discussed.
- 5.52 Complaints about clinical treatment should be dealt with by health professionals, with the opportunity for independent assessment if required.
- 5.53 There should be healthcare input to the induction programme, covering information about services and advice about how to keep healthy in prison.
- 5.54 The plan to introduce wing-based nursing should be expedited.
- 5.55 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice given to prisoners.
- 5.56 The medicines and therapeutics committee should meet at least four times a year and ensure all procedures and policies are formally reviewed and adopted. Staff should read and sign the agreed adopted procedures.
- 5.57 Larger stock bottles of methadone mixture should be sourced or more suitable containers found for use with the Methameasure machines.
- 5.58 Full records of the administration of medicines should be made, including all occasions where the patient refuses medication or fails to attend, which should be followed up where appropriate.

- 5.59 Pharmacy staff should provide in-possession medication to improve contact with patients and provide opportunity for counselling.
- 5.60 In order to comply with the essential requirements of HTM 01-05 in the dental surgery, there should be plans in place for attainment of best practice.
- 5.61 RMNs supported by RGNs should be responsible for the management of the in-patient unit, and should ensure appropriate therapeutic activity including education input, and obtain occupational therapy support and advice in order to improve the regime for in-patients.
- 5.62 Regular mental health awareness training should be provided to keep staff up to date with emerging practice.
- 5.63 Sufficient counselling services should be provided to meet identified need without long waits.
- 5.64 Day care services should be provided for prisoners who have difficulty coping with life on the wings.

Housekeeping points

- 5.65 Barrier protection should be freely available to prisoners accompanied by appropriate health information advice.
- 5.66 G4S should satisfy itself that nurses' registrations are up to date.
- 5.67 Sufficient defibrillators should be strategically placed throughout the prison and staff made aware of their location and trained in their use.
- 5.68 Hand washing supplies should be checked daily and replenished where necessary.
- 5.69 A review of all healthcare equipment should be undertaken to ensure items are regularly checked and repaired or replaced as necessary.
- 5.70 Administrative staff should allocate protected time to ensure all documentation is filed as soon as possible.
- 5.71 Pharmacy drawers should be locked when not in use.
- 5.72 Prisoners receiving in possession medication should be able to reorder it themselves.
- 5.73 Named patient medication should be used wherever possible and general stock used only if unavoidable.
- 5.74 When not in use, prescription forms should be stored securely so that access is restricted.
- 5.75 A washer/disinfector should be installed in the dental surgery.
- 5.76 There should be a functional amalgamator in the dental surgery.
- 5.77 Oral health literature should be available to prisoners.

- 5.78 Dental staff should wear the recommended personal protective equipment.
- 5.79 Physical parameters on the autoclave should be recorded at the beginning of each clinical session.
- 5.80 Dental instruments should be stored in bags or covered trays.
- 5.81 The floor in the dental surgery should be replaced.
- 5.82 Written schemes of examination and documentation relating to servicing of the dental autoclave and compressor should be available.
- 5.83 Copies of dental waste disposal contracts should be available.
- 5.84 The radiation protection file should be in place, with a documented quality assurance programme and radiographs should be stored in a lockable, fireproof facility.
- 5.85 Signed and dated medical history sheets should be initiated by the dentist, with enhanced paper or electronic record-keeping facilities to enable full dental chartings to be recorded.
- 5.86 There should be protocols in place for dentist annual and sick leave cover.
- 5.87 The in-patient shower area should be repainted.
- 5.88 Mental health and counselling teams should meet formally and regularly.
- 5.89 The G4S head of medical services should review the use and location of the snoozelum to ensure it is used appropriately.

Section 6: Activities

Learning and skills and work activities

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.

6.1 The strategic direction of learning and skills was clear, with a focus on improving prisoners' employability, but data were insufficiently analysed and links between learning and skills, the library and resettlement were underdeveloped. There were enough activity places, with almost everybody in some form of allocated activity. An appropriate range of courses was offered in education and there was an excellent range of vocational training. Equality and diversity were well promoted. Initial assessment of numeracy and literacy was satisfactory, but there was not enough information, advice and guidance and links to sentence planning were insufficient. Prisoners had good opportunities to improve their literacy and numeracy in education, vocational training and workshops. Workshops were of a good commercial standard and most had accredited courses. Teaching and coaching were good, with effective use of peer mentors in vocational training. Achievement on courses was good. The library held only a limited range of books to support vocational courses.

Leadership and management

- 6.2 The overall leadership and management of learning and skills were satisfactory. The strategic direction was clear, with a strong focus on improving prisoners' employability. There were effective quality improvement arrangements and the development of a dedicated vocational training unit had made a significant difference. Data were collected by the education provider and the vocational unit, but not well analysed to develop services. Collaborative working between the different functions of the prison was insufficiently developed, with poor links between learning and skills, the library and resettlement. Staff development was good and staff were well qualified.
- 6.3 There were enough activity places, with almost everyone in some form of allocated activity. There was an appropriate range of courses in education and an excellent range of vocational training for this type of prison, although the vocational training opportunities for vulnerable prisoners were insufficient (see paragraph 6.8). Attendance at learning and skills activities was good. There was no contracted provider for information, advice and guidance.
- 6.4 Equality of opportunity was well promoted, with a good range of externally supported activities to increase awareness for staff and learners about different cultures, faiths and age groups. These included African drumming, the Holocaust, different faiths and Victory in Europe day. Some education tutors actively used the curriculum to promote equality and diversity and there was a high level of mutual respect between tutors, instructors and prisoners. In art, prisoners' cultural backgrounds were reflected in the range of subjects and art genres represented, while prisoners attending English for speakers of other languages (ESOL) classes were invited to tell

others about the customs of their countries. Access to education and vocational training was satisfactory for prisoners with restricted mobility.

- 6.5 The self-assessment process for education and the vocational unit was inclusive and the report was broadly accurate. Actions identified in the action plan were clear and updated regularly. However, a combined self-assessment for the whole learning and skills provision had not been completed.

Induction

- 6.6 Prisoners' literacy and numeracy needs were appropriately assessed, but they were not screened for dyslexia, for which there was a reliance on self-disclosure. New arrivals were given a good quality induction guide outlining the range of activities available, but this was too detailed for prisoners with poor literacy skills. Information, advice and guidance was not available to provide essential assessment of learning and skills needs at the start of sentence. Information and direction to activities were provided by learning and skills staff only after prisoners were allocated to residential wings and prisoners were usually allocated to activities linked to what was available on their wing rather than assessed need. The allocation board did not have enough information to ensure that prisoners were directed to the correct activity. Links between learning and skills and sentence planning were insufficient.

Work

- 6.7 There were 157 full-time places in commercial workshops and 268 further work places across the prison. Workshops offered work in plastic recycling, book distribution, engineering, fabrics, prison recycling and the prison shop. Other work was available in the gardens, kitchens and wing serveries and as cleaners and orderlies. Work activities for vulnerable prisoners were limited to the laundry, where an accredited qualification was available.
- 6.8 Most workshops were of a good commercial standard and provided structured training. Good use was made of peer mentors in most workshops and many developed good supervisory skills. Attendance was consistently high, with rates above 90%. In four of the five commercial workshops, prisoners could follow accredited courses, but skills development was not sufficiently recognised in workshops where there was no formal accreditation. Prisoners in workshops had opportunities to receive literacy and numeracy support and links with education were good. In the engineering workshop, prisoners could develop a range of skills helping design and plan projects commissioned by external companies, such as the design and manufacture of recycling bins.
- 6.9 Pay rates were fair. Although pay was considerably more in commercial workshops, there was no evidence that this acted as a disincentive for prisoners who wanted to attend education.

Vocational training

- 6.10 There were 180 accredited vocational training places. Accredited courses were offered in plastering, joinery, painting and decorating, bricklaying and motor vehicle repair. The Manchester College also provided opportunities for accredited training in CD editing and sound and radio. Prisoners could develop their skills in the popular prison radio station, which broadcast throughout the day. Prisoners in the staff mess had opportunities to gain NVQs up to level 2 in food preparation and cooking. Prisoners in the prison kitchen could work towards NVQ level 1 in food preparation and cooking.

- 6.11 Teaching and coaching were good and peer mentors were used very effectively to support prisoners. Peer mentors were well trained and accredited courses were in place to recognise their skills development. Tutors were good role models.
- 6.12 Prisoners took pride in the work they produced, developing self-esteem and self-confidence alongside their vocational skills. Prisoners worked to a good standard and recognised that their skills development improved their employment opportunities. In joinery, high quality items were provided for good causes in the community. Achievement was good, with most prisoners who completed courses successfully achieving their qualification. Tracking and monitoring of learner progress was taking place, but was not sufficiently well used to give a clear picture of prisoners' overall progress on individual courses.

Education

- 6.13 There were 322 full-time equivalent places in education. Most places were on the wings and only around 70 prisoners attended classes in the prison's college unit. The range of education was satisfactory, offering progression routes from entry level up to level three in areas such as information and communication technology (ICT). The range of courses included literacy, numeracy, ESOL, ICT, art and crafts, drug and alcohol awareness, GOALs and Dads Away. Open University and distance learning courses were available. Prisoners with very basic literacy needs were effectively supported through the 'read to learn' scheme. Support for prisoners with dyslexia was available through links with The Manchester College.
- 6.14 Achievements were high and most prisoners who took external qualifications achieved them. Many made good progress, achieved more than one qualification and often progressed to higher levels. In 2009, more than half of those entering for the external Koestler awards were successful. Drama work, initially developed to help with role play on offending behaviour programmes, developed prisoners' confidence, communication and interpersonal skills. Through a link with a police community liaison officer, prisoners helped highlight to young people the ultimate consequences of offending behaviour.
- 6.15 Much wing-based provision was based on workbook completion, linked to a qualification. Standards were satisfactory, but, while workbooks enabled prisoners to work at their own pace, they were prescriptive and did not actively support wider reading, discussion or group learning activities.
- 6.16 The standard of coaching and teaching in classroom-based sessions was good. Lessons were well planned and paced, offering a good range and balance of teaching, and learning strategies included the use of information and learning technology (ILT) and individual and group discussion. Lessons were interesting, highly interactive and provided opportunities for deeper learning and the exploration of topics. Good and some outstanding work was produced in areas offering more scope for creativity. Artwork helped provide props for drama productions and one prisoner had begun to make very creative puppets. The art department had designed and produced sets for an Eisteddfod, while prisoners on a Dads Away course made customised books for their children to accompany a CD of the story to send home.
- 6.17 The quality of resources and accommodation varied. The best facilities were well designed and spacious, with very good teaching and learning resources. However, some rooms were too small and prisoners sometimes worked in corridors. Accommodation used on the wings was often noisy and tutors working there did not have enough access to resources that could enhance the range of teaching strategies used. Peer mentors were under-used to support learning.

- 6.18 Assessment was satisfactory and met awarding body requirements. Individual learning plans were produced and reviewed, but the quality of their use varied. In the better examples, targets were personalised, clear and specific, linking clearly to diagnosed needs. Learner progress was reviewed at appropriate intervals and well recorded. Other examples had targets that were too broad, sometimes whole units or an activity, and vague review dates. Where reviews dates had been set, it was not always possible to confirm that the review had taken place. Few learning plans included personal or social goals.

Library

- 6.19 The library was in the education department, but there were few formal links between the two. It was staffed by a qualified librarian and two prison orderlies and was open during the day, in the evenings and at weekends. In our survey, 40% of prisoners said they visited the library once a week.
- 6.20 The library operated predominantly as a recreational facility and encouraged reading for pleasure. Some easy read and audio books were available alongside a limited range of journals and magazines. There was also a suitable range of legal books, Prison Service Orders, and immigration law and practice for foreign national prisoners. Books and resources to support literacy, numeracy, vocational training and education were limited. There were no inter-library loan arrangements.
- 6.21 Book loss was high and initiatives to reduce loss had been unsuccessful. The library offered only a limited range of activities to promote literacy.

Recommendations

- 6.22 An effective system should be introduced to collect and analyse data from across the prison to inform the planning of learning and skills.
- 6.23 An effective information, advice and guidance service should be provided.
- 6.24 The range of vocational training for vulnerable prisoners should be extended.
- 6.25 The quality of tracking and monitoring of learners' progress in vocational training should be improved.
- 6.26 Tutors should expand the range of teaching strategies they use in wing-based education.
- 6.27 Appropriately-sized rooms should be provided to accommodate classes.
- 6.28 More effective links between resettlement, learning and skills and the library should be developed.
- 6.29 The range of books to support education and vocational training should be increased and an inter-library loan facility developed.

Housekeeping points

- 6.30 The mentor role in education should be better used to support prisoners' learning needs.

- 6.31 The setting and monitoring of personalised targets in education should be improved.
- 6.32 Book stock loss should be reduced.

Physical education and health promotion

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.

- 6.33 Prisoners had good access to the gym. Accommodation, equipment and outdoor facilities were of a good standard. The range of activities was appropriate. Accredited courses focused strongly on employment and achievements were good. There were links with education and healthcare, and courses to promote healthy living. Overall teaching was good and some was outstanding.
- 6.34 The prison had a main gym and a smaller facility in the vocational training unit that provided weights, resistance equipment and cardiovascular machines. The main facility had a sports hall and prisoners had opportunities to take part in a range of outside activities on an all-weather football pitch. Access to the gym was good and over 60% of prisoners in our survey said they went to the gym at least twice a week. A range of activities reflected the needs of the population. All prisoners' suitability to exercise was assessed before they first used the gym and there was an effective referral system between the gym and healthcare. Prisoners who needed an individual fitness programme due to injury or illness received support. Staff were well qualified and most had teaching qualifications.
- 6.35 Accommodation was good and much of the equipment had been improved and updated. The resistance equipment area could become over-crowded at busy times. Shower and changing facilities in the main gym were satisfactory, but most prisoners chose to shower on the units as this meant they could extend their session by 10 minutes. Clean gym kit was provided daily.
- 6.36 A wide range of accredited courses up to level 3 and non-accredited courses was offered. Courses appropriately focused on improving the employment prospects of prisoners aiming to work in the fitness industry on release and prisoners had opportunities to improve their numeracy and literacy skills. There were links with healthcare, providing courses to promote healthy lifestyles.
- 6.37 Prisoners were highly motivated and made excellent progress. Achievement of accredited courses was good and most prisoners who completed courses achieved their qualification. Some teaching was outstanding. Schemes of work and lesson plans were of a high quality. Data were collected, but not used sufficiently well to monitor participation or achievement over time for different groups of prisoners.

Recommendation

- 6.38 Data should be better used to monitor participation and achievement for different groups of prisoners.

Housekeeping point

- 6.39 The resistance training areas should be better monitored to avoid overcrowding at popular times.

Time out of cell

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.

- 6.40 Time out of cell was very good on weekdays, but less so at weekends. Managers believed daily exercise was offered to all prisoners, but this was not backed up by the exercise logs and some prisoners during the inspection were not offered an exercise period.
- 6.41 Overall time out of cell was excellent, with the prison reporting an average of over 10 hours a day, which appeared to be accurate. The maximum time possible on a weekday was 12 hours a day, available to all but the small number of prisoners on the two lowest levels of the incentive and earned privileges scheme. We found only 27 out of a population of over 1200 locked in their cells when we conducted a random check, which was an outstanding figure for a local prison. Time out of cell decreased at weekends when the prison operated the national core day.
- 6.42 Managers said association and exercise were rarely cancelled and that they had to authorise such cancellations. Prisoners we spoke to said association was rarely cancelled, but not exercise. We saw staff disregard scheduled exercise times during the week without a clear explanation. Exercise logs kept in the control room did not record that exercise was offered every day.

Recommendation

- 6.43 All prisoners should be offered the opportunity to spend one hour in the open air every day.

Section 7: Good order

Security and rules

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.

7.1 Both physical and dynamic security were sound. Security arrangements were proportionate, apart from some decisions to place prisoners on closed visits. Rules were publicised, but only in English.

Security

- 7.2 Physical security was sound and the prison had performed well in a recent security audit. Dynamic security was also good. Strong relationships between staff and prisoners resulted in a good flow of intelligence, with an average of 719 security information reports (SIRs) a month submitted by staff over the previous six months. Managers said the main security issues were drugs and mobile telephones, and these were the subject of the highest number of SIRs.
- 7.3 The security committee met monthly and was well attended, with managers who were unable to attend invariably ensuring functional representation in their absence. A team of four formally trained analysts produced a monthly report from which security objectives were identified and actions were then assigned to relevant functions. Required target searching and suspicion drug testing identified by the analysts were recorded on a board in the security manager's office. Security officers and mandatory drug testing (MDT) staff then carried out regular cell searching and drug tests respectively based on this list. Although formal data relating to the ratio of completed outcomes were not kept, we observed a regular turnover of names throughout the inspection.
- 7.4 A total of 104 prisoners were subject to closed visits arrangements. This total fluctuated from month to month, with the lowest monthly total over the previous six months being 48. Managers said the criteria for such restrictions were negative conduct directly linked to visits (or strong intelligence suggesting such conduct was likely) or a positive drug test for opiates or similar class A drug, supported by further security intelligence linking the prisoner to illicit drug activity. However, the records indicated that most prisoners were placed on closed visits for a single positive drug test, often for cannabis, with no further supporting security intelligence. We were also concerned about the appropriateness of drug indication processes on visitors (see section on resettlement pathways).
- 7.5 Apart from the arrangements for closed visits, security arrangements were not overly restrictive, which contributed to a relaxed atmosphere. Risk assessments for activity allocation were commendably individualised, and high risk prisoners were not prevented from working in high risk areas if the reasons for the security status were not pertinent to the activity.
- 7.6 Guidance for staff on the appropriate circumstances for strip searching of prisoners was provided through the local security strategy, which did not refer to squat searching. Managers said it did not happen and there was no evidence that it did.

Rules

- 7.7 General prison rules were included in the induction booklet and wing rules were clearly displayed on notice boards. Prisoners said staff applied the rules consistently and sensibly. As with much other local information, the rules were available only in English, despite a number of prisoners who did not speak English (see section on foreign nationals).

Recommendation

- 7.8 Prisoners should be placed on closed visits only when it has been demonstrated that they are attempting to, or have attempted to, smuggle drugs through visits.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 7.9 Levels of adjudications were high and records indicated insufficient investigation in a number of cases. Force was little used, but records were not well completed. Use of special accommodation was commendably low. The segregation unit was a clean and decent environment with professional staff, but the regime was limited and there was little interaction or motivational work.

Disciplinary procedures

- 7.10 Adjudication levels were high, with 1430 in the previous six months. The three most common charges were disobeying a lawful order, positive mandatory drug tests and being in possession of an unauthorised article, predominantly drugs and mobile telephones. Managerial monitoring of adjudication data took place in the quarterly segregation monitoring and review group meeting, primarily a breakdown of charges and ethnicity of prisoners charged. Minutes indicated that no action was taken to reduce the number of charges laid and adjudicators we spoke to appeared resigned to the consistently high number put before them. Many could have been dealt with through the incentives and earned privileges scheme. Monitoring covered only the previous three months, so was insufficient to analyse trends.
- 7.11 The adjudication room was bright and adjudications were conducted in a non-intimidating way, with prisoners escorted by only one officer unless a risk assessment indicated the need for more. Written records of a large proportion of adjudications were insufficiently detailed to evidence sufficient examination and investigation by adjudicators. There were no formal quality assurance processes to address this deficiency.
- 7.12 The punishment tariff took into account the seriousness of each charge and any mitigating circumstances and was regularly reviewed. Punishments were generally proportionate.

Use of force

- 7.13 Levels of use of force were low, with 105 incidents in the previous six months. Data collated were comprehensive and well analysed by the safer custody manager, who presented any emerging patterns and trends for further discussion and action at the monthly safer custody meeting.
- 7.14 Use of force records were not well completed, often with unresolved conflicting accounts of circumstances or an incomplete summary of events. It was therefore difficult to judge in some cases whether the use of force was appropriate. The head of safer custody, under whose remit the use of force fell, had identified this as an issue and taken steps to address it, primarily through an increased emphasis on completing records and in control and restraint refresher training. There had been a slight improvement over the previous month, but recording of use of force still needed some attention.
- 7.15 All planned removals were recorded, but were not reviewed by prison managers. We found examples of poor technique on the part of staff and insufficient attempts at de-escalation.
- 7.16 The use of special accommodation, specifically two unfurnished cells in the segregation unit, was commendably very low. The last time such a cell had been used was November 2008 and records showed this had been for less than 10 minutes.

Segregation unit

- 7.17 The segregation unit was clean, well maintained and well lit. It could accommodate 22 prisoners and had 15 prisoners at the time of the inspection, which was consistent with the daily average. Although this was a relatively high number, few prisoners stayed more than seven days and only three had stayed longer than a month in the previous six months. None had exceeded three months.
- 7.18 All prisoners were routinely strip searched on relocating to the segregation unit, including vulnerable prisoners held there temporarily while awaiting a space on Reynoldstown's vulnerable prisoner unit. All prisoners, regardless of their regime level and including unsentenced men, but with the exception of vulnerable prisoners, were required to wear the red jumpsuits worn by prisoners on the pre-entry level of the IEP scheme. All were subject to a minimum two officer unlock, regardless of their status, and there was no formal ongoing risk assessment for those deemed to require more than two staff to unlock them.
- 7.19 Prisoners were given a copy of the segregation unit rules and routines, but these were only in English. Staff said they explained the rules to prisoners who could not read or wanted clarification on any matter. All prisoners were offered a shower, an hour in the open air and a telephone call every day, but anyone who declined these when asked at morning unlock could not change their mind later even if the scheduled time for these had not yet passed.
- 7.20 Staff were professional and polite and all prisoners we spoke to said they were treated well. However, apart from those awaiting a place on Reynoldstown, who could access the daily regime on that unit, the regime in segregation was limited and interaction between staff and prisoners infrequent. A small stock of books was kept, which was sufficient given the short time most spent there. In-cell education was provided by a teacher who visited two or three times a week, but this was limited to basic skills. Only three cells had televisions, even though there

were sometimes more than three vulnerable prisoners awaiting relocation and many standard-level prisoners. Prisoners could attend visits and scheduled religious services subject to risk assessment.

- 7.21 Entries in wing files were frequent, but reflected the limited interaction and were often little more than a sentence on whether each prisoner had been compliant. There was no personal officer scheme and no record of prisoners being visited by their unit personal officer or manager. Review boards were well attended, but not recorded in sufficient detail and targets for prisoners reaching their second review (after one week) were too generic. No care plans had been raised for prisoners remaining in the segregation unit for more than a week.
- 7.22 A segregation committee met quarterly and monitored an appropriate range of data.

Recommendations

- 7.23 Adjudication records should evidence thorough investigation of all charges and consideration of associated mitigating circumstances.
- 7.24 Formal quality assurance processes should be established for use of force records and appropriate action taken when inconsistencies arise.
- 7.25 Prisoners relocating to the segregation unit should not be strip-searched routinely unless a risk assessment indicates otherwise.
- 7.26 Unless indicated by a risk assessment, or where there is a clear control problem, prisoners in the segregation unit should normally be unlocked by one member of staff.
- 7.27 Subject to risk assessment, prisoners located in the segregation unit should have access to education, work and offending behaviour programmes and facilities appropriate to their regime level.
- 7.28 Care plans should be raised for all prisoners remaining in the segregation unit beyond their second review board.
- 7.29 Entries in segregation wing files should evidence interaction between prisoners and staff and the prisoners' well being.
- 7.30 Prisoners should be able to have exercise, showers and telephone calls regardless of whether or not they have expressed a wish to do so at morning unlock.

Housekeeping points

- 7.31 Recordings of planned removals should be reviewed by prison managers for quality assurance purposes.
- 7.32 Segregation unit rules and routines should be available in a range of relevant languages.

Incentives and earned privileges

Expected outcomes:

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

7.33 Prisoners were generally positive about the incentives and earned privileges (IEP) scheme and could progress through the levels without undue hindrance. The lowest level of the scheme was overly punitive and there were insufficient monitoring and safeguards to ensure each prisoner's welfare.

7.34 IEP policy provided clear guidance for staff and a notice to prisoners described how to progress through the levels. In our survey, significantly more prisoners than the comparator said they had been treated fairly on the scheme and were on its highest level. One per cent of prisoners were on pre-entry, 2% were on basic, 53% were on standard and 44% were on enhanced.

7.35 The pre-entry level was too punitive and amounted to segregation without the formal monitoring and safeguards usually employed. Once demoted, prisoners remained on pre-entry for a minimum of four weeks, for the first two weeks of which they had no association and could not attend education or workshops. They were unlocked only for one hour's exercise, a telephone call and a shower each day, just as if they were segregated. In the second two weeks, they were allowed limited association and could return to their allocated activity in the fourth week if they had complied with the regime. All prisoners, including unconvicted men, had to wear a red jumpsuit, which managers and staff said was to 'shame' them into conforming.

7.36 The lack of safeguards was highlighted by one case where a young prisoner with attention deficit hyperactivity disorder had made threats to kill himself after being demoted to pre-entry. He had been placed on an assessment, care in custody and teamwork document, but there had been no formal assessment of whether it was appropriate or safe for him to be locked up for 23 hours a day for two weeks, as there would have been if he had been segregated.

7.37 In our survey, significantly more prisoners than the comparator said there were sufficient differences between levels to encourage good behaviour. Records indicated that prisoners were promoted or demoted based on patterns of behaviour over time and not for single acts of poor behaviour.

Recommendation

7.38 The punitive nature of the pre-entry scheme should be removed. Prisoners should not be prevented from attending education or workshops and should be given sufficient opportunities to interact with staff and other prisoners to demonstrate improvements in their behaviour.

Section 8: Services

Catering

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 The kitchen was clean, food was appropriately stored and prepared and equipment was well maintained. Prisoners were very dissatisfied with the quality of the food, which was often left uncovered for too long and was served cold. Food serving was not well supervised and servers were not all properly dressed. Food comment books were little used.
- 8.2 The kitchen was clean, food was appropriately stored and prepared and equipment was well maintained. Staff and prisoners working in the kitchen were health screened and had received health and hygiene and food handling training. Not all servery workers had received the expected basic food handling training.
- 8.3 Many prisoners complained about the food and only 17% in our survey, against a comparator of 24%, said it was good or very good. The menu was based on a four-week cycle and prisoners could generally have two hot meals a day except at weekends. The menu indicated healthy options, vegetarian and halal choices, and other diets were catered for as necessary. Meal times were appropriate and a breakfast of cereals, milk, toast and preserves was served each morning. At weekends, a cooked brunch was provided. Kettles and flasks were not automatically provided in cells to allow prisoners to make a hot drink at night. Both items could be bought from the shop.
- 8.4 Every unit had a dining area with a servery used by prisoners on one side and a bain-marie serving trolley used by prisoners on the other. The wiring of the bain-marie equipment was a trip hazard, which had been identified but not resolved.
- 8.5 Servery workers were not properly dressed. Some wore white jackets, hats and gloves, but few wore white trousers and none wore safety shoes. Many served food in their usual clothes just with the addition of a pair of gloves. Some said they served food in the same clothes they had worn as unit cleaners.
- 8.6 Food was taken to the units in heated trolleys. Food temperatures were taken before leaving the kitchen and on arrival on the units, but not at the point of serving. Temperature records showed that some food had not been at the required temperature when it arrived on the units, but nothing appeared to have been done. The food was often removed from the heated trolleys and placed uncovered on serveries while servery workers ate their meals. It was rarely served within 30 minutes of arrival and this could be delayed further if there was an incorrect roll count. We saw one lunch served 45 minutes after it had arrived on a unit.
- 8.7 The food we sampled was satisfactory, although it was often cold and the quality was impaired. Prisoners did not receive the recommended five items of fresh fruit and vegetables daily. Fruit was always available at the evening meal, but only as an alternative to pudding. Many prisoners complained about insufficient quantities of food and one food comment book contained comment from prisoners and staff about not enough food being sent to the unit or

items running out. Food serving was not well supervised to ensure equality of portion control and prevent bullying.

- 8.8 Monthly catering meetings, which often included shop issues, were held with prisoner servery representatives from each wing and usually one or two catering staff. The diversity and shop manager attended occasionally. Action points were generally, but not always, recorded, but there was often no record of resolution or feedback to prisoners. The issue of lack of appropriate clothes for servery workers had been raised several times. Many food comment books could not be found and those that could contained few comments or responses. Some books were kept in unit offices rather than by the serveries. Annual catering surveys were carried out, but the response rate was poor.

Recommendations

- 8.9 All servery workers should be trained and appropriately dressed for serving food.
- 8.10 Food temperature checks should be logged at the point of serving and temperatures effectively monitored by catering staff to ensure they are acceptable.
- 8.11 Prisoners should receive five portions of fruit and vegetables each day.
- 8.12 Serveries should be effectively supervised.

Housekeeping points

- 8.13 Kettles should be provided in cells.
- 8.14 The wiring of bain-maries should be made safe during use.
- 8.15 Minutes of catering meetings should include feedback from action points from previous meetings.
- 8.16 Food comment books should be freely available by all serveries and comments should be responded to by catering staff.

Prison shop

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.

- 8.17 Prisoners could place shop orders twice a week and were generally satisfied with the range of goods stocked. However, black and minority ethnic prisoners were not so positive that the range of goods met their needs and there was no specific consultation with them.

- 8.18 In our survey, many more than the comparator said they were satisfied with the range of goods offered by the shop. In our group, black and minority ethnic prisoners said they were dissatisfied with the range of goods stocked. There had been no general prisoner survey about

the shop for over 12 months and there was no specific consultation with black and minority ethnic prisoners about their needs.

- 8.19 Prisoners had good opportunities to use the shop, with shop orders issued twice weekly. Prisoners were also issued with account statements twice weekly. Publications and newspapers could be ordered a week at a time. Prisoner groups raised issues over the cost of goods, as the local pricing policy was set against prices in convenience stores rather than supermarkets.

Recommendations

- 8.20 There should be regular formal consultation with prisoners, including minority groups, about the range of goods stocked in the shop.
- 8.21 The price of items in the shop should be comparable to that of a local supermarket.

Section 9: Resettlement

Strategic management of resettlement

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 reducing reoffending strategy was reasonably up to date and covered the resettlement pathways, but was not informed by a needs analysis and mostly described current provision. The resettlement policy committee lacked strategic direction and there was no regional steer. There were links with a range of voluntary and community groups, but no coordination of their work. Services for prisoners discharged to Wales provided by the Welsh authorities were good. It was difficult to meet resettlement needs of other prisoners transferred from out of the area on overcrowding drafts, some of whom had little time left to serve.
- 9.2 The resettlement strategy was called the care and justice resettlement policy. This covered all prisons run by G4S and had been adapted to cover Altcourse. The policy set out how the structures of resettlement would be set up in each prison and some guidelines about how offender management, public protection, recategorisation and release on temporary licence (ROTL) should operate in the four prisons. It was underpinned by a local reducing reoffending development and action plan, which described all pathways, each of which was linked to an action plan and had a named pathway lead. Many of these action plans were out of date.
- 9.3 Three resettlement meetings had been held in January, May and September 2009. They were reasonably well attended with input from most pathway leads, but the areas covered were mostly about service delivery and there was no discussion about strategic direction or overview of progress against action points linked to the individual pathways. Following the reorganisation of the area structures, there had been little input from the region about the North West strategy. There was no current needs analysis and no mention in the strategy or action plan of the needs of particular groups, such as young adults or prisoners from the Midlands. Of the last 130 discharges, almost a fifth of prisoners were discharged to the West Midlands or the South East. The impact of this on resettlement services had not been addressed.
- 9.4 No use was made of the offender assessment system (OASys) to identify offending behaviour needs. Offender management staff had identified a lack of provision in areas such as domestic violence, but no information was collected to evidence this. It was not clear whether the interventions offered met the needs of the population and no local courses had been run for six months (see section on resettlement pathways).
- 9.5 Resettlement services for prisoners from North Wales (about a third of the population) were better than for other prisoners based on additional funding from the Welsh Assembly. Resettlement staff described this as a 'two-tier' service, with prisoners from other areas getting much less support. The prison had some good local links with the voluntary sector, but there was no coordinator for this and the role of the voluntary sector was not mentioned in the action plan or strategy. Arrangements with most agencies were largely informal.

- 9.6 There were no exit surveys other than pre-discharge information collected by housing workers and there had been no consultation with prisoners about resettlement provision. In our survey, fewer prisoners than the comparator said they knew who to go to for advice for pre-release information on housing, debt, relationships and education and training, although fewer believed they would have problems on release. Awareness about resettlement provision among residential staff was limited and there was little or no mention in prisoners' history files about resettlement plans.

Recommendations

- 9.7 There should be a regional strategy that links Altcourse into the wider provision in the area and provides some clarity about the role of the establishment.
- 9.8 The reducing reoffending meeting should adopt a strategic approach to the development of resettlement services and progress against action plans for each of the reducing reoffending pathways should be reviewed and updated at each meeting.
- 9.9 Services for prisoners discharged to Wales should be replicated for English prisoners.

Offender management and planning

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.

9.10 Offender management arrangements were well embedded. Around 240 prisoners were formally in scope. Offender supervisors maintained good contact with prisoners and relationships with offender managers in the community were largely positive, although some areas engaged better than others. Only those serving more than four years had formal sentence planning and planning for short-term prisoners was limited to initial needs assessments, which were not reviewed. Public protection arrangements were sound. Population pressures made it difficult to move some prisoners to appropriate prisons and some prisoners spent too long at Altcourse.

9.11 There were around 240 prisoners covered by offender management arrangements, including 44 prisoners serving sentences for public protection. In addition there were 14 life-sentenced prisoners. The offender management team comprised prison custody officers who acted as offender supervisors and OASys assessors plus a small team of probation staff who managed higher risk and indeterminate-sentenced prisoners and there were no significant backlogs. The unit had recently moved to a dedicated area where most resettlement staff were based and this aided communication. However, the work of the unit was not well integrated with the rest of the prison. Staff from other areas contributed to sentence planning through a written contribution, but most residential staff had little involvement in sentence plans and there was little about targets in history sheets. Offender supervisors maintained regular contact with prisoners, but some, particularly those working with indeterminate-sentenced prisoners, found the lack of progress in transferring prisoners frustrating.

- 9.12 Offender management unit staff did not report undue pressure or unmanageable caseloads. Links with offender managers in the community varied and staff sometimes had to contact offender managers several times before getting a response. However, most offender managers attended review meetings either in person or occasionally by video link or telephone conferencing.
- 9.13 Offender supervisors were allocated very quickly following sentencing and were responsible for carrying out the initial risk assessment used to inform public protection management and subsequent sentence planning. Potential life-sentenced prisoners were also identified and followed up by probation staff, although they did not fall into the formal offender management structure. All licence recalls were seen by a probation officer and the system was explained to them.
- 9.14 Prisoners serving over 12 months and subject to OASys had targets set. In most cases, this took place within eight weeks. Those serving over 12 months and those covered by offender management arrangements had a sentence plan and were encouraged to contribute to it in writing. Sentence plans were mostly of reasonable quality, although the lack of interventions at the prison meant objectives could not always be met.
- 9.15 All prisoners serving under 12 months had an initial needs analysis/custody plan completed by an induction officer. This highlighted areas such as housing, employment and substance misuse needs and referrals were made to appropriate agencies in the prison. The plan was placed on the prisoner's wing history file and was supposed to be reviewed every month, but none of those we looked at had subsequently been looked at and staff believed it had been discontinued. Prisoners were seen before discharge to identify housing and other immediate needs.
- 9.16 In our groups, there was some awareness of sentence planning, but this was not widespread. Fifty per cent of sentenced prisoners, against a comparator of 38% in our survey, said they had a sentence plan, but this had dropped from 64% in 2005. More prisoners than in other local prisons said they were involved in their sentence plan.

Public protection

- 9.17 Public protection was managed through offender management staff and risk meetings were held every week. Relevant prisoners were quickly identified and allocated a risk level. Residential staff were aware of their responsibilities in terms of mail monitoring and observation. There was good involvement with external agencies when higher risk cases were released. Prison staff attended boards in the community, but often sent reports in less high risk cases. A total of 538 prisoners were monitored under public protection arrangements, but few had confirmed multi-agency public protection arrangement (MAPPA) details.
- 9.18 The prison dealt with a high volume of prisoners eligible for home detention curfew (HDC), which fluctuated between 50 and 100 a month. Most prisoners went out on their eligible date, but in some cases this was superseded by end of custody licence. Prisoners were often transferred from HMP Hewell in the middle of the HDC process and paperwork was sometimes missing or incomplete, which caused delays. The risk assessment process was the responsibility of a single PCO and there was no organised cover, which also built in delays.

Categorisation

- 9.19 Most sentenced prisoners were categorised quickly and 90% were category C. The prison moved approximately 60 prisoners a week, mostly to training prisons in the North West. Sentenced young offenders were generally moved very quickly to HMYOI Stoke Heath, but adult prisoners could remain for some time.
- 9.20 There were formal re-categorisation boards for those at the prison long enough and these included the prisoner and the offender supervisor. Over 600 reviews had been held in 2009, but only 10% were subsequently downgraded. Most reviews took place as part of OASys reviews, but prisoners could also apply.

Indeterminate prisoners

- 9.21 There were 44 men serving indeterminate sentences for public protection and 14 life-sentenced prisoners. The number of such prisoners had risen in the previous 12 months. All were managed by offender supervisors who sometimes found it difficult to arrange transfers to suitable training prisons.
- 9.22 Problems with moving prisoners to training prisons to begin to address their sentence planning targets were largely due to caps on the numbers of indeterminate-sentenced prisoners at training prisons, compounded by the parole process starting so prisoners could not then be moved. There was no specific lifer manager and information available for life-sentenced prisoners was out of date, although there were some useful leaflets about indeterminate-sentenced prisoners. Potential lifers were seen by probation staff in the early days. Almost half of indeterminate-sentenced prisoners had been at the prison for more than one year after sentence and 12 had been received in 2006 or 2007, which was too long.
- 9.23 A number of indeterminate-sentenced prisoners had passed their tariff date. Those in the vulnerable prisoner wing were difficult to move, particularly if they did not admit their offence. There were few interventions at Altcourse and long waiting lists for courses such as healthy relationships at other prisons, which was frustrating for prisoners who wished to address offending behaviour before their parole date. Two life-sentenced prisoners had been transferred to Altcourse after disturbances at HMP Ashwell in April 2009 and their progress appeared to have stalled as a result through no fault of their own. Both men had previously been participating in town visits as preparation for open conditions. No one ensured that their cases were prioritised.

Recommendations

- 9.24 Life-sentenced prisoners should transfer to first stage lifer prisons no later than six months after sentence.
- 9.25 Life-sentenced prisoners transferred from HMP Ashwell as a result of the disturbances there should be returned to category C conditions as a matter of urgency.
- 9.26 Sufficient places for IPP prisoners should be provided in training prisons to allow them to move quickly from local prisons and fulfil their sentence planning objectives before their tariff has expired.

Housekeeping points

- 9.27 Prisoners sentenced to mandatory life sentences should receive written information about their sentence.
- 9.28 There should be designated cover arrangements in place for home detention curfew risk assessments.

Resettlement pathways

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

- 9.29 There had been no recent pathways meetings to develop services. Housing needs were assessed on arrival but services were not well provided. Prisoners from Wales received very good support services funded through the Welsh Assembly. Links between education and training and resettlement were poor. The information, advice and guidance service was underdeveloped, but prisoners got some help to apply for jobs. All prisoners were able to see a GP before release and the discharge of those under the care of the mental health in-reach team was well planned. A JobCentre Plus worker gave advice on benefits, but there were no specialist debt management or finance advice services for prisoners.

Accommodation

- 9.30 The action plan for the accommodation pathway contained no time-bound targets and there had been no recent pathways meetings to develop services. In our survey, fewer than the comparator said they had housing problems when they first arrived, although fewer than the comparator said they knew who to contact in the prison to get help with accommodation. Resettlement officers did not contribute to the induction programme and prisoners were not told about the accommodation help available. The accommodation service was not well advertised across the prison.
- 9.31 One of six accommodation PCOs from the resettlement team completed an initial assessment with new prisoners the day after arrival, identifying those with housing needs or who were likely to be homeless or of no fixed abode on release. They helped safeguard or close tenancies as necessary. The aim of the accommodation interview was not always well explained. Accommodation officers worked with remanded prisoners and those not in scope of offender management arrangements whose accommodation needs were met. Offender supervisors were not aware of particular problems for this group.
- 9.32 Four of the six accommodation officers had received a two-day training on housing legislation delivered by Shelter. The remaining two were expecting to attend the next available course.

- 9.33 A North Wales resettlement unit comprised a range of staff who worked only with Welsh prisoners. All prisoners from Wales were guaranteed accommodation on release by the Welsh Assembly. They were interviewed by a worker from Shelter Cymru, who gave accommodation information and advice, and liaised with any agencies the prisoner had been in contact with before custody, such as probation, for support on release. In addition to accommodation help, Welsh prisoners were also seen by a worker from the Transitional Support Scheme (TSS). This was aimed principally at prisoners with a substance misuse issue and provided a mentor pre-release and for 12 weeks post-release. Since 2006, all prisoners returning to North Wales had been able to get an identity card recognised by all North Wales benefit offices and the six North Wales councils. This gave them quick access to necessary services on release and was funded by the North Wales drug intervention programme team.
- 9.34 Many prisoners and officers we spoke to were aware that they could speak to resettlement staff about accommodation issues, but some officers believed such support was available only to Welsh prisoners.
- 9.35 Contacts had been made with many local accommodation providers and with providers in the Midlands and London. Altcourse was able to send referrals of men returning to London to the St Giles Trust 'meet at the gates service'. Resettlement officers interviewed prisoners before discharge and could make further referrals as appropriate. In the previous six months, about 243 prisoners a month had been released, all of whom were recorded as released with accommodation. This was unlikely to be a realistic picture and many men were released on end of custody licence with addresses that had not been assessed. Resettlement staff knew that some of these prisoners had declared themselves as having no fixed abode on arrival.

Education, training and employment

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

- 9.36 Insufficient information, advice and guidance (IAG) was available for prisoners before release to help them prepare for entry to education, training and/or employment. IAG was provided by nextstep, with some informal support from resettlement staff, but this was not sufficiently well coordinated to provide an adequate service. A pre-release course ran for prisoners serving less than one year, but had stopped for prisoners serving longer sentences due to staff shortages. An 'out to stay' course provided opportunities for prisoners to develop a CV and make job applications. A community development officer had linked with community projects to give prisoners the opportunity to develop their employment skills through release on temporary licence (ROTL). The range of vocational courses in the prison gave prisoners opportunities to improve their employment prospects. Support for prisoners accessing employment on release was provided by agencies such as Progress to Work. Resettlement staff contacted employers or training providers of prisoners serving short sentences in an effort to retain employment or training places after release.
- 9.37 Links between learning and skills, the library and the resettlement department were insufficient. Resettlement training needs of prisoners did not inform planning of the curriculum and the availability of courses focusing on preparing prisoners for employment on release were insufficient.
- 9.38 Resettlement arrangements for Welsh prisoners were good and provided in the North Wales resettlement unit. A prison link worker provided support including help with employment on release for prisoners serving sentences of less than a year. A transitional support worker funded by the Welsh government worked in the prison identifying those who matched the criteria. A 'future skills' course run jointly by the North Wales probation service and Community Justice Wales provided an accredited programme to help prepare prisoners for release.

Community links such as the Phoenix Project provided opportunities for prisoners from North Wales who were eligible for ROTL to work with the fire service.

Mental and physical health

- 9.39 All prisoners were invited to attend healthcare before release and see the GP to discuss any health issues and medication. A supply of any medication required was provided in reception on the day of release and prisoners were given a letter for their home GP. Those not registered with a GP were told how to do so and given a list of GPs in their area.
- 9.40 Prisoners under the care of the mental health in-reach team had discharge planning starting up to four weeks ahead of the planned release. Community mental health teams were invited to a pre-release meeting with the team to discuss the care programme approach and ongoing mental health support.
- 9.41 There were links with local palliative care agencies, but we were unaware of any palliative care policy.

Finance, benefit and debt

- 9.42 One of the JobCentre Plus workers was the pathway lead for finance, benefit and debt. The action plan had no time-bound targets and there had been no recent pathway meetings. In our survey, 18% of prisoners said they had money worries on arrival, but only 10% said they knew who to go to in the prison for help with finances. Prisoners were not given any information about the services available from JobCentre Plus and the service was not well advertised. As with accommodation services, some officers believed that support was available only to Welsh prisoners.
- 9.43 All prisoners were seen the day after arrival by one of two JobCentre Plus workers. They advised on the closing and claiming of outstanding benefits, provided information about employment and training opportunities on release and on various loans and grants available from the social fund. They dealt with about 70 to 80 applications for community care grants each month. Prisoners were not yet helped to open bank accounts, but this was being investigated. Appointments were made at job centres in the community for prisoners to attend on release to claim jobseekers allowance. Those returning to Wales could obtain an identity card recognised by a range of agencies (see section on accommodation).
- 9.44 No local statistics were kept so it was unclear how many job searches had been made and how many resulted in job applications, prisoners obtaining employment or going into education and training on release.
- 9.45 There was no specialist debt management/advice service for all prisoners. Resettlement officers had attended a money management course, but could only refer prisoners on to, or liaise on their behalf with, Citizens Advice in the community. Only Welsh prisoners could access a Citizens Advice worker every two months. No courses on budgeting and finance were run.

Recommendations

- 9.46 There should be an up-to-date action plan to support the development of the accommodation pathway.
- 9.47 All prisoners should have access to a specialist accommodation service.
- 9.48 A palliative/end of life policy should be developed.
- 9.49 There should be an up-to-date action plan to support the development of the finance, benefit and debt pathway, with specialist help for prisoners and courses on budgeting and finance.
- 9.50 Prisoners should be able to open a bank account before release.

Housekeeping point

- 9.51 Accommodation and JobCentre Plus services should be better promoted to staff and prisoners throughout the prison.

Drugs and alcohol

- 9.52 The counselling, assessment, referral, advice and throughcare team was organised to work with prisoners from different regions to ensure continuity of contact with resettlement agencies. The service was not funded to work with prisoners with alcohol problems alone and there was no specific alcohol care pathway, but there were some good programmes to address alcohol issues. Drug programmes included the short duration programme and the substance treatment and offending programme (STOP). STOP was performing particularly well. Some compact based drug testing (CBDT) suites were untidy and mandatory drug testing officers were inappropriately involved in CBDT processes.
- 9.53 The drug strategy briefly mentioned alcohol, but did not provide a detailed action plan or care pathway to address prisoners' alcohol-related needs. This was unfortunate as there were several good interventions available for prisoners with alcohol-related needs. A drug-related needs analysis had been completed in December 2009.
- 9.54 The counselling, assessment, referral, advice and throughcare (CARAT) service had a caseload of 346 open cases, with 43 suspended. The enthusiastic team of 13 officer workers and a team leader completed most comprehensive substance misuse assessments (CSMA) within five days. The case files we looked at were in good order and all care plans had been signed by the prisoner.
- 9.55 The CARAT team was not yet delivering the IDTS 28-day psycho-social group work programme, although it was planned to do so later in 2010. One-to-one work using workbooks and in-cell packs formed the backbone of the team's drug awareness work with prisoners, although CARAT workers also referred prisoners to other drug-related group work programmes, including the short duration programme (SDP) and STOP. Nine peer supporters had been trained and were due to start co-facilitating in the early stages of the STOP programme. Prisoners spoke very highly of the courses and many who completed STOP said

it had been a life-changing experience. Narcotics Anonymous meetings were also available for prisoners with drug-related problems.

- 9.56 The resettlement approach for CARAT clients nearing the end of their sentence was well organised. The CARAT team was divided up to work with prisoners from the different regions to ensure continuity of contact with community-based drug intervention programmes (DIPs) and other resettlement agencies. One CARAT worker had a specific remit to work with priority and prolific offenders (PPO). Many local DIP workers visited the prison and, unusually and commendably, CARAT workers regularly went out to visit DIPs in the community. As with other areas in the country, local DIPs worked only with class A users, so community services for other drug users were not so good. The exception to this was in North Wales, where an agency called Transitional Support Services specifically catered for resettling and supporting non-class A users.
- 9.57 In our survey, 37% of prisoners, against a comparator of 22% and 10% higher than in 2005, said they had an alcohol problem. The CARAT team was not funded to work with those with an alcohol only problem, but did work effectively with poly-users. There was no specific strategic alcohol care pathway, but there was more available for all prisoners with alcohol problems than at many other prisons. The alcohol group work programmes, while not accredited, appeared helpful and were popular with prisoners. These included DARE (drinking awareness reduction education, with 12 places per course and seven courses run each year), ARVOP (alcohol related violent offender programme) run in partnership with probation, with 10 places per course and usually five to six courses each year, and alcohol awareness, which delivered more factual information than therapeutic input. The ARVOP programme had just begun again, often a gap of some months. Alcoholics Anonymous meetings were also run, although vulnerable prisoner meetings had recently been suspended due to lack of demand.
- 9.58 There were 460 CDBT compacts with testing 1.5 times a month. A CDBT (drug-free) unit was located on Melling Blue, where the testing suite was untidy, crowded with stores and with litter on the floor. CDBT compacts were available to prisoners on other locations, so there were also testing suites in a disabled toilet on Foinavon, which was dirty with unacceptable quantities of litter on the floor, and Valentine Red, which was clean and tidy. The CDBT positive rate from June to November 2009 was 6.56%. Most officers had been trained to conduct CDBT, but often up to 300 tests a month were conducted by mandatory drug testing (MDT) officers in an effort to complete the required number of tests. This was a breach of CDBT guidelines and the MDT officers were inappropriately involved in the collation of CDBT positive test records.

Recommendations

- 9.59 The drug strategy document should be updated to include alcohol services, an alcohol care pathway and detailed action plans with performance measures.
- 9.60 The IDTS 28-day psychosocial group work programme should be introduced as soon as possible to ensure support for prisoners engaging in IDTS.
- 9.61 Mandatory drug testing officers should not be involved with compact based drug testing or the collation of compact based drug test results.

Housekeeping point

- 9.62 Compact based drug testing suites should be kept clean and tidy at all times.

Good practice

- 9.63 *Alcohol programmes provided useful help for the increasing number of men with alcohol problem.*

Children and families of offenders

- 9.64 The visitors' centre was run as a booking-in facility rather than a supportive resource. Visits did not start on time. Visitors were placed on a closed visit on the indication of a drug dog or a positive drug test without supporting intelligence. Barringer drug testing of visitors was disproportionate and indiscriminate and potentially compromised the medical confidentiality of some visitors. There was no supervised play area. There was a named pathway lead, but no pathway meetings had taken place for some time and, while some good work was beginning, the pathway was underdeveloped.
- 9.65 Prisoners were told about visits arrangements during induction and more than the comparator in our survey said a member of staff had asked them in their first 24 hours about any help needed in contacting their family. More than the comparator said they had received a visit in their first week.
- 9.66 Unconvicted prisoners on the standard level of the incentives and earned privileges scheme could have four visits a week and those on enhanced could have five. This compared to four visits a month for standard-level convicted prisoners and five a month for enhanced convicted prisoners. Basic and pre-entry remand prisoners were restricted to three visits a week and convicted prisoners one visit every fortnight. Prisoners could exchange five unused visiting orders for £2 telephone credit and were told this at induction.
- 9.67 Some visitors complained about problems getting through to the booking line, but we spoke to a booking clerk on our first attempt one weekday morning. Visits could also be booked in person, although not all visitors knew this. Visits sessions lasted one hour. Many visitors who had travelled from the Midlands and Wales said they would appreciate longer visits. Two-hour visits could be booked, but two visiting orders had to be used. Staff and prisoners said these visits were only for those 'a far distance from home', although no specific distance was stated in the visits policy.
- 9.68 All visitors had to book in at the visitors' centre outside the prison, which was managed by a local charity Personal Social Service (PSS). The centre had toilets and comfortable seating. Local and national information was displayed. There were two vending machines for refreshments, but only one containing cold drinks was working. The lack of refreshments was little changed since previous inspections in 2005 and 2007.
- 9.69 First time visitors were not identified on arrival at the centre and offered any information about the visits process. The centre functioned as a booking-in and waiting facility rather than a supportive resource. Centre staff said visitors had to bring photographic identification and advised anyone without it to buy a bus pass with a photograph costing about £12. This was incorrect and other forms of identification were acceptable. Visitors could hand property in whenever the centre was open and leave cash for prisoners with centre staff when they came for a visit.
- 9.70 Twelve visit slots were available at 1pm and two slots every five minutes from 1.15pm. Visits finished at 4.30pm and were available again on Monday to Thursday evenings from 6pm to

8.30pm. Visits were also run on weekend mornings and afternoons. Visitors were asked to arrive 30 minutes before their visit, but visits did not start on time. Irrespective of the booked visit time, all visitors were processed and given a number when they arrived at the visitors' centre and were called into the prison in numbered sequence from about 1.15pm. At one session we observed, the first visitors did not arrive in the visits room until 1.50pm. This delay meant some prisoners could not stay for the full one-hour visit as they had other commitments, such as collecting children from school.

- 9.71 A drug dog was used to search visitors and anyone indicated was offered the choice of a closed visit or leaving without any other security intelligence. A Barringer drug testing machine was also used and a positive test also resulted in the choice of a closed visit or leaving. One member of each visiting group was tested, although the prison described this as 'random'. In the six months from June to November 2009, 14,602 tests had been completed, with an average of 2,434 tests a month. The average positive rate for the period was just 6.09%. The use of the machine was disproportionate and indiscriminate and potentially compromised the medical confidentiality of some visitors who might have to disclose prescribed opiate-based medication to explain a positive test. There was no evidence of links to possible drug smuggling. Three of the six closed visits cubicles were clearly overlooked by other visitors in the visits room. The other three were partially screened. Closed visits could not be private when more than one cubicle was in use. Audibility was very poor in five of the six cubicles, so prisoners and visitors had to shout. We reported similar problems previously. Visitors on closed visits could have refreshments, but the prisoners they were visiting could not.
- 9.72 The large visits room contained regimented hard seating and was noisy when busy. There was no play area and no toys, books, paper or crayons to occupy children. Suitable refreshments were available from a staffed refreshment bar. Prisoners had to wear identifying bibs, some of which were grubby, although all male visitors had their hand stamped with ultraviolet ink. Staff in the visits room were aware of prisoners subject to child and/or public protection protocols.
- 9.73 We were told there was little demand for accumulated visits at other prisons. The video link was used for some inter-prison visits with partners and family members at other prisons and some unit files referred to inter-prison telephone calls.
- 9.74 Two prison social workers worked primarily with remanded prisoners and those serving less than 12 months. They dealt with referrals concerning contact with family, child care and child protection issues from prisoners and staff across the prison and had dealt with 43 such referrals in a recent three-month period.
- 9.75 One social worker attended the regular public protection meetings and was the lead for the children and families pathway. He had recently formed a steering group that included staff from education, the visitors' centre manager, the Barnardo's worker and a worker from a local children's centre. A scoping exercise carried out in 2009 across the G4S prisons had highlighted good practice in other prisons and managers were aware that children and family work needed to be developed at Altcourse. There was an action plan for the pathway, but no dates for the completion of targets and there had been no recent pathway meetings. No survey of the needs of children and families had been undertaken to guide the development of any plans. A worker funded by Barnardo's had recently been appointed to work with prisoners and their families and was awaiting clearance to work in the prison.
- 9.76 Families were not invited to participate in sentence planning, but some had been involved in ACCT reviews. There was no opportunity for prisoners to undertake general relationship counselling with their immediate family and no provision for prisoners to receive incoming calls from children or to deal with arrangements for them. Two family days had been run in 2009

and another was planned for Easter 2010. These had been open only to prisoners involved in the 'dads away' course offered through education. This two-day-a-week, six-week course covered topics including child development, the impact of the imprisonment of a parent, and parenting skills. Prisoners could record a story for their children onto a CD as part of the course. Prisoners were not told about the course during induction or about the help available from social workers.

- 9.77 Visitors could send a request through the visitors' centre to Altcourse radio for music and a dedication for a prisoner, such as birthday greetings, to be read out on the air. Prisoners could buy a CD of the dedication as a memento.
- 9.78 Release on temporary licence was not used to allow primary carers to keep in touch with their children and there was no family support worker.

Recommendations

- 9.79 There should be no upper limit on the number of visits an unconvicted prisoner can have and all prisoners should be able to have at least one visit a week.
- 9.80 Visits should start at the advertised time.
- 9.81 Barringer testing of visitors should be discontinued.
- 9.82 Closed visits should be authorised only when there is a significant risk justified by security intelligence rather than only on the basis of a drug dog or drug test indication.
- 9.83 Visitors' centre staff should engage with visitors to offer support and information.
- 9.84 A supervised play area should be provided in the visits room.
- 9.85 Regular family days open to all prisoners should be introduced.
- 9.86 A qualified family support worker should be employed.
- 9.87 Visitors' centre staff should be made aware that photographic identification is unnecessary.

Housekeeping points

- 9.88 The vending machines in the visitors' centre should be replaced by a more reliable refreshment facility.
- 9.89 Prisoners should not have to wear bibs in the visits rooms.
- 9.90 Audibility in closed visits should be improved and it should be possible to make these visits in private.
- 9.91 Prisoners using closed visits should be able to have refreshments.
- 9.92 Prisoners should be made aware of the dads away course and the support available from social workers during induction.

Attitudes, thinking and behaviour

- 9.93 The only accredited courses were those linked to drugs. A range of non-accredited interventions included those based on victims, restorative justice and alcohol, but these had not run for the last half of 2009 due to staff shortages. Some prisoners could spend their entire sentence at Altcourse without being required to tackle their offending behaviour.
- 9.94 There was a named pathway lead for attitudes, thinking and behaviour, but there were no pathway meetings of staff and the action plan was focused on what was available rather than any future planning based on deficits in provision and unmet needs.
- 9.95 The enhanced thinking skills (ETS) course had been discontinued some years previously and the only accredited programmes were the STOP and SDP programmes for drug users. There was no psychology team in the prison and interventions were geared towards short-term offenders. Non-accredited courses were available in victim awareness, restorative justice (through the chaplaincy) and alcohol, but many had not run since June 2009 due to staff shortages. They had just re-started following an increase in staffing levels. Prisoners were referred to courses by their sentence planning targets and many also chose to refer themselves. The range of interventions available was not based on any structured needs analysis and was geared around what the prison was able to offer.
- 9.96 The prison had made a business case for having ETS (now TSP) and controlling anger and learning to manage it (CALM) in 2007, but had not been successful and some prisoners were unreasonably delayed in transferring to prisons that offered appropriate offending behaviour courses. Many staff identified domestic violence as a significant concern, but there had been no assessment of the demand for an intervention.
- 9.97 There were some good links with other establishments. HMP Wymott provided some spaces for prisoners willing to engage in programmes and there were similar links with other prisons in the area offering programmes, but this was based on local arrangements rather than a North West strategic plan. The prison also had good links with prisons further afield offering more specialist provision, such as Gartree (for lifers), Grendon therapeutic community and Rye Hill.
- 9.98 No staff were trained to carry out assessments for courses such as the sex offender treatment programme or CALM and many prisoners, particularly on the vulnerable prisoner wing, spent long periods at the prison without addressing offending behaviour. Staff believed that a significant proportion of prisoners serving sentences for sex offences were in denial and/or lacking motivation but there was no strategy for dealing with this.

Recommendations

- 9.99 A needs analysis should establish the demand for interventions for domestic violence and other offending behaviour needs that could be addressed at Altcourse and these should be provided.
- 9.100 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 Altcourse and prisoners moved to appropriate prisons to address their offending behaviour needs.
- 9.101 The prison should establish the number of prisoners who are in denial of their offence and devise a strategy to address this and motivate prisoners.

Section 10: 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.

Main recommendations

To the governor

-
- 10.1 Prisoners in segregation should have a more progressive and motivational regime, with increasing opportunities to leave their cell and interact with officers and other prisoners. (HP41)
 - 10.2 Personal officers should receive specific guidance and training about the scheme and what is required of them, including examples of effective interviews and wing files entries. (HP42)
 - 10.3 Diversity work should be sufficiently resourced to ensure the development of action plans and appropriate services for all relevant minority groups in consultation with representative prisoners. (HP43)
 - 10.4 An appropriately trained dedicated foreign nationals coordinator should be responsible for overseeing all issues relating to foreign national prisoners and ensuring that their specific needs are met and fully taken into account at race and diversity equality meetings. (HP44)
 - 10.5 A reducing reoffending strategy should be developed in consultation with prisoners and voluntary sector partners, based on an up-to-date assessment of the needs of the prisoner population together with an action plan outlining how their needs, including those of particular groups, will be met. (HP45)
 - 10.6 An effective custody planning process for unconvicted and shorter sentenced prisoners should be implemented. (HP46)
 - 10.7 Regular children and families pathway meetings should be held to measure progress against an action plan and develop services, including improved visits arrangements, telephone contact with children, relationship counselling, children and family days, increased use of release on temporary licence for fathers and involvement of families in resettlement procedures. (HP47)

Recommendation

To Ministry of Justice

Strategic management of resettlement

- 10.8 Services for prisoners discharged to Wales should be replicated for English prisoners. (9.9)

Recommendations

To NOMS

Courts, escorts and transfers

- 10.9 Prisoners from HMP Hewell should not be transferred to Altcourse except in exceptional circumstances. When necessary, the suitability, including length of time left to serve, and the individual needs of prisoners should be fully assessed and appropriate notice given. (1.5)

Offender management and planning

- 10.10 Life-sentenced prisoners should transfer to first stage lifer prisons no later than six months after sentence. (9.24)
- 10.11 Life-sentenced prisoners transferred from HMP Ashwell as a result of the disturbances there should be returned to category C conditions as a matter of urgency. (9.25)
- 10.12 Sufficient places for IPP prisoners should be provided in training prisons to allow them to move quickly from local prisons and fulfil their sentence planning objectives before their tariff has expired. (9.26)

Recommendation

To the UK Border Agency

Foreign nationals

- 10.13 Foreign national detainees should be moved to an immigration removal centre once their sentence has been served. (4.26)

Recommendations

To the governor

Courts, escorts and transfers

- 10.14 All prisoners should receive 24 hours notice of planned transfers unless there are well-evidenced security concerns. (1.6)
- 10.15 Interviews to determine a prisoner's fitness for transfer should be undertaken appropriately and in private. (1.7)
- 10.16 Private cash and valuables should accompany unsentenced prisoners to court. (1.8)

First days in custody

- 10.17 All admissions areas should be effectively supervised. (1.26)
- 10.18 Admissions interviews should take place in private. (1.27)

- 10.19 Appropriate food should be provided in admissions to meet diverse cultural and religious requirements. (1.28)
- 10.20 Local induction information should be available in languages relevant to the population. (1.29)

Residential units

- 10.21 Cells should be used for the number of prisoners they were originally designed for. (2.14)
- 10.22 Lockable cupboards should be provided for each prisoner. (2.15)
- 10.23 All observation points should be kept clear. (2.16)
- 10.24 Unconvicted prisoners should be allowed to wear their own clothes at all times unless considered an escape risk. (2.17)

Staff-prisoner relationships

- 10.25 A prisoner council should be established, led by a senior manager, with agreed terms of reference and a standing agenda covering all important areas. (2.24)

Personal officers

- 10.26 Personal officers should introduce themselves to prisoners and make regular good quality entries in wing files, which should include resettlement issues, any relevant family matters and progress with identified custody or sentence plan targets. (2.28)

Bullying and violence reduction

- 10.27 Attendance at the safer custody meeting should be improved and should include mental health trained nurses. (3.17)
- 10.28 Prisoners should not be punished by loss of association based only on suspicion of bullying or anti-social behaviour. (3.18)
- 10.29 Officers should work individually with prisoners placed on the anti-social behaviour strategy to challenge and review their behaviour and record this in monitoring booklets. (3.19)
- 10.30 A clear role should be agreed for H2 landing and a full regime provided. (3.20)
- 10.31 Managers should review the location of the vulnerable prisoner unit, with a view to reducing vulnerable prisoners' movement to work and education. (3.21)

Self-harm and suicide

- 10.32 Action plans in response to recommendations from deaths in custody investigations should be discussed at the safer custody meeting and reviewed periodically to ensure that recommendations have been implemented and changes to practice have been sustained. (3.36)

- 10.33 Case managers should plan reviews to ensure that relevant staff involved with prisoners at risk of self-harm are present or have made a contribution to the review. (3.37)
- 10.34 The safer custody meeting should monitor all use of the observation cell on healthcare and the need to hold prisoners in protective clothing. (3.38)
- 10.35 The initial level of observations a prisoner is placed on each hour should not be routine, but based on individual assessment of each case. (3.39)

Applications and complaints

- 10.36 Information about how to make applications and complaints and appeal against decisions should be displayed in clearly accessible notices and posters in English and other languages throughout the prison. (3.44)
- 10.37 Managers should regularly analyse complaint data to identify trends and, where possible, rectify repeated issues. (3.45)

Legal rights

- 10.38 Legal services officers should receive periodic refresher training. (3.52)

Faith and religious activity

- 10.39 All prisoners should have appropriate access to a chaplain of their faith. (3.60)
- 10.40 Suitable washing facilities should be provided in the multi-faith area for Muslims to use before Friday prayers. (3.61)
- 10.41 Prisoners should be able to access items important for worship, such as scented oils, through the shop. (3.62)

Substance use

- 10.42 Opiate substitution medication in the healthcare unit should be administered safely and appropriately. (3.76)
- 10.43 The prison, in partnership with the primary care trust, should develop secondary detoxification provision. (3.77)
- 10.44 Prescribing and dosing regimes for substance-dependent prisoners should be flexible and based on individual need. (3.78)
- 10.45 CARAT workers and IDTS nurses should undertake joint clinical reviews alongside the GP. (3.79)
- 10.46 Prisoners should not automatically be placed on closed visits as a result of a positive mandatory drug test. (3.80)

Race equality

- 10.47 Attendance at race equality action team meetings should be improved and all areas listed as members should attend or send a representative. (4.14)
- 10.48 Formal consultation meetings should be held and trained prisoner race representatives appointed to improve engagement with black and minority ethnic prisoners. (4.15)
- 10.49 The quality of impact assessments should be improved in consultation with prisoners and the results used to improve services. (4.16)
- 10.50 The quality of racist incident report forms should be improved and include some external scrutiny. All those involved should receive a written response. (4.17)

Foreign nationals

- 10.51 An on-site independent immigration advice service should be provided. (4.27)
- 10.52 Foreign national prisoners should be made aware of the free monthly telephone call overseas and should receive these irrespective of whether or not they have social visits. (4.28)
- 10.53 All staff, particularly wing staff, should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English and more local information should be provided in a range of relevant languages. (4.29)

Disability

- 10.54 A clear strategy should be developed, in consultation with prisoners with disabilities, to help meet their specific needs. (4.35)
- 10.55 Improved identification procedures for prisoners with disabilities should be introduced and each should have an individualised and multidisciplinary care plan. (4.36)

Sexual orientation

- 10.56 An action plan to support and meet the needs of prisoners who are gay or bisexual should be developed, with strategies to prevent and deal with discrimination on the basis of sexual orientation. (4.41)

Health services

- 10.57 There should be regular nurse led clinics for men with chronic diseases or lifelong conditions. (5.47)
- 10.58 All clinical areas, including those in the wider prison, should be kept clean. (5.48)
- 10.59 Rooms in the healthcare department should be used efficiently and appropriately, with an emphasis on separating clinical and administrative functions so that clinical interventions such as medicine administration are not compromised. (5.49)

- 10.60 Healthcare medicine administration points should ensure the safe delivery, storage and management of medicines. (5.50)
- 10.61 A dedicated healthcare forum should be introduced for prisoners at which prisoners' perceptions of healthcare should be discussed. (5.51)
- 10.62 Complaints about clinical treatment should be dealt with by health professionals, with the opportunity for independent assessment if required. (5.52)
- 10.63 There should be healthcare input to the induction programme, covering information about services and advice about how to keep healthy in prison. (5.53)
- 10.64 The plan to introduce wing-based nursing should be expedited. (5.54)
- 10.65 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice given to prisoners. (5.55)
- 10.66 The medicines and therapeutics committee should meet at least four times a year and ensure all procedures and policies are formally reviewed and adopted. Staff should read and sign the agreed adopted procedures. (5.56)
- 10.67 Larger stock bottles of methadone mixture should be sourced or more suitable containers found for use with the Methameasure machines. (5.57)
- 10.68 Full records of the administration of medicines should be made, including all occasions where the patient refuses medication or fails to attend, which should be followed up where appropriate. (5.58)
- 10.69 Pharmacy staff should provide in-possession medication to improve contact with patients and provide opportunity for counselling. (5.59)
- 10.70 In order to comply with the essential requirements of HTM 01-05 in the dental surgery, there should be plans in place for attainment of best practice. (5.60)
- 10.71 RMNs supported by RGNs should be responsible for the management of the in-patient unit, and should ensure appropriate therapeutic activity including education input, and obtain occupational therapy support and advice in order to improve the regime for in-patients. (5.61)
- 10.72 Regular mental health awareness training should be provided to keep staff up to date with emerging practice. (5.62)
- 10.73 Sufficient counselling services should be provided to meet identified need without long waits. (5.63)
- 10.74 Day care services should be provided for prisoners who have difficulty coping with life on the wings. (5.64)

Learning and skills and work activities

- 10.75 An effective system should be introduced to collect and analyse data from across the prison to inform the planning of learning and skills. (6.22)
- 10.76 An effective information, advice and guidance service should be provided. (6.23)

- 10.77 The range of vocational training for vulnerable prisoners should be extended. (6.24)
- 10.78 The quality of tracking and monitoring of learners' progress in vocational training should be improved. (6.25)
- 10.79 Tutors should expand the range of teaching strategies they use in wing-based education. (6.26)
- 10.80 Appropriately-sized rooms should be provided to accommodate classes. (6.27)
- 10.81 More effective links between resettlement, learning and skills and the library should be developed. (6.28)
- 10.82 The range of books to support education and vocational training should be increased and an inter-library loan facility developed. (6.29)

Physical education and health promotion

- 10.83 Data should be better used to monitor participation and achievement for different groups of prisoners. (6.38)

Time out of cell

- 10.84 All prisoners should be offered the opportunity to spend one hour in the open air every day. (6.43)

Security and rules

- 10.85 Prisoners should be placed on closed visits only when it has been demonstrated that they are attempting to, or have attempted to, smuggle drugs through visits. (7.8)

Discipline

- 10.86 Adjudication records should evidence thorough investigation of all charges and consideration of associated mitigating circumstances. (7.23)
- 10.87 Formal quality assurance processes should be established for use of force records and appropriate action taken when inconsistencies arise. (7.24)
- 10.88 Prisoners relocating to the segregation unit should not be strip-searched routinely unless a risk assessment indicates otherwise. (7.25)
- 10.89 Unless indicated by a risk assessment, or where there is a clear control problem, prisoners in the segregation unit should normally be unlocked by one member of staff. (7.26)
- 10.90 Subject to risk assessment, prisoners located in the segregation unit should have access to education, work and offending behaviour programmes and facilities appropriate to their regime level. (7.27)
- 10.91 Care plans should be raised for all prisoners remaining in the segregation unit beyond their second review board. (7.28)

- 10.92 Entries in segregation wing files should evidence interaction between prisoners and staff and the prisoners' well being. (7.29)
- 10.93 Prisoners should be able to have exercise, showers and telephone calls regardless of whether or not they have expressed a wish to do so at morning unlock. (7.30)

Incentives and earned privileges

- 10.94 The punitive nature of the pre-entry scheme should be removed. Prisoners should not be prevented from attending education or workshops and should be given sufficient opportunities to interact with staff and other prisoners to demonstrate improvements in their behaviour. (7.38)

Catering

- 10.95 All servery workers should be trained and appropriately dressed for serving food. (8.9)
- 10.96 Food temperature checks should be logged at the point of serving and temperatures effectively monitored by catering staff to ensure they are acceptable. (8.10)
- 10.97 Prisoners should receive five portions of fruit and vegetables each day. (8.11)
- 10.98 Serveries should be effectively supervised. (8.12)

Prison shop

- 10.99 There should be regular formal consultation with prisoners, including minority groups, about the range of goods stocked in the shop. (8.20)
- 10.100 The price of items in the shop should be comparable to that of a local supermarket. (8.21)

Strategic management of resettlement

- 10.101 There should be a regional strategy that links Altcourse into the wider provision in the area and provides some clarity about the role of the establishment. (9.7)
- 10.102 The reducing reoffending meeting should adopt a strategic approach to the development of resettlement services and progress against action plans for each of the reducing reoffending pathways should be reviewed and updated at each meeting. (9.8)

Resettlement pathways

- 10.103 There should be an up-to-date action plan to support the development of the accommodation pathway. (9.46)
- 10.104 All prisoners should have access to a specialist accommodation service. (9.47)
- 10.105 A palliative/end of life policy should be developed. (9.48)

- 10.106 There should be an up-to-date action plan to support the development of the finance, benefit and debt pathway, with specialist help for prisoners and courses on budgeting and finance. (9.49)
- 10.107 Prisoners should be able to open a bank account before release. (9.50)
- 10.108 The drug strategy document should be updated to include alcohol services, an alcohol care pathway and detailed action plans with performance measures. (9.59)
- 10.109 The IDTS 28-day psychosocial group work programme should be introduced as soon as possible to ensure support for prisoners engaging in IDTS. (9.60)
- 10.110 Mandatory drug testing officers should not be involved with compact based drug testing or the collation of compact based drug test results. (9.61)
- 10.111 There should be no upper limit on the number of visits an unconvicted prisoner can have and all prisoners should be able to have at least one visit a week. (9.79)
- 10.112 Visits should start at the advertised time. (9.80)
- 10.113 Barringer testing of visitors should be discontinued. (9.81)
- 10.114 Closed visits should be authorised only when there is a significant risk justified by security intelligence rather than only on the basis of a drug dog or drug test indication. (9.82)
- 10.115 Visitors' centre staff should engage with visitors to offer support and information. (9.83)
- 10.116 A supervised play area should be provided in the visits room. (9.84)
- 10.117 Regular family days open to all prisoners should be introduced. (9.85)
- 10.118 A qualified family support worker should be employed. (9.86)
- 10.119 Visitors' centre staff should be made aware that photographic identification is unnecessary. (9.87)
- 10.120 A needs analysis should establish the demand for interventions for domestic violence and other offending behaviour needs that could be addressed at Altcourse and these should be provided. (9.99)
- 10.121 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 Altcourse and prisoners moved to appropriate prisons to address their offending behaviour needs. (9.100)
- 10.122 The prison should establish the number of prisoners who are in denial of their offence and devise a strategy to address this and motivate prisoners. (9.101)

Housekeeping points

First days in custody

- 10.123 Soap, toilet paper and hand drying facilities should be provided in all holding rooms. (1.30)
- 10.124 Televisions in all holding rooms should be used to help prisoners pass the time and provide information for those who cannot read. (1.31)
- 10.125 Privacy should be improved in the strip-search area. (1.32)
- 10.126 Interviewing staff should ensure that prisoners understand the terminology used in interviews. (1.33)
- 10.127 All prisoners should be able to shower and use the telephone before being locked-up on their first night. (1.34)
- 10.128 Pens and paper should be provided to prisoners during induction presentations. (1.35)

Residential units

- 10.129 The offensive displays policy should be enforced consistently across all units. (2.18)
- 10.130 Unit notice boards should include notices in a range of languages used by prisoners advising where they can get help. (2.19)

Applications and complaints

- 10.131 Applications should be accepted at any time of the day. (3.46)
- 10.132 There should be a ready supply of complaint forms and envelopes, including for the Independent Monitoring Board, available in all residential areas at all times. (3.47)

Substance use

- 10.133 A floor mat should be used at all times when conducting strip searches. (3.81)
- 10.134 Substance awareness and available services information should be displayed and made available in the mandatory drug testing holding rooms and testing areas. (3.82)
- 10.135 A mechanism to monitor target testing should be developed to ensure they are all undertaken within the required timeframe. (3.83)

Health services

- 10.136 Barrier protection should be freely available to prisoners accompanied by appropriate health information advice. (5.65)
- 10.137 G4S should satisfy itself that nurses' registrations are up to date. (5.66)

- 10.138 Sufficient defibrillators should be strategically placed throughout the prison and staff made aware of their location and trained in their use. (5.67)
- 10.139 Hand washing supplies should be checked daily and replenished where necessary. (5.68)
- 10.140 A review of all healthcare equipment should be undertaken to ensure items are regularly checked and repaired or replaced as necessary. (5.69)
- 10.141 Administrative staff should allocate protected time to ensure all documentation is filed as soon as possible. (5.70)
- 10.142 Pharmacy drawers should be locked when not in use. (5.71)
- 10.143 Prisoners receiving in possession medication should be able to reorder it themselves. (5.72)
- 10.144 Named patient medication should be used wherever possible and general stock used only if unavoidable. (5.73)
- 10.145 When not in use, prescription forms should be stored securely so that access is restricted. (5.74)
- 10.146 A washer/disinfector should be installed in the dental surgery. (5.75)
- 10.147 There should be a functional amalgamator in the dental surgery. (5.76)
- 10.148 Oral health literature should be available to prisoners. (5.77)
- 10.149 Dental staff should wear the recommended personal protective equipment. (5.78)
- 10.150 Physical parameters on the autoclave should be recorded at the beginning of each clinical session. (5.79)
- 10.151 Dental instruments should be stored in bags or covered trays. (5.80)
- 10.152 The floor in the dental surgery should be replaced. (5.81)
- 10.153 Written schemes of examination and documentation relating to servicing of the dental autoclave and compressor should be available. (5.82)
- 10.154 Copies of dental waste disposal contracts should be available. (5.83)
- 10.155 The radiation protection file should be in place, with a documented quality assurance programme and radiographs should be stored in a lockable, fireproof facility. (5.84)
- 10.156 Signed and dated medical history sheets should be initiated by the dentist, with enhanced paper or electronic record-keeping facilities to enable full dental chartings to be recorded. (5.85)
- 10.157 There should be protocols in place for dentist annual and sick leave cover. (5.86)
- 10.158 The in-patient shower area should be repainted. (5.87)
- 10.159 Mental health and counselling teams should meet formally and regularly. (5.88)

10.160 The G4S head of medical services should review the use and location of the snoozelum to ensure it is used appropriately. (5.89)

Learning and skills and work activities

10.161 The mentor role in education should be better used to support prisoners' learning needs. (6.30)

10.162 The setting and monitoring of personalised targets in education should be improved. (6.31)

10.163 Book stock loss should be reduced. (6.32)

Physical education and health promotion

10.164 The resistance training areas should be better monitored to avoid overcrowding at popular times. (6.39)

Discipline

10.165 Recordings of planned removals should be reviewed by prison managers for quality assurance purposes. (7.31)

10.166 Segregation unit rules and routines should be available in a range of relevant languages. (7.32)

Catering

10.167 Kettles should be provided in cells. (8.13)

10.168 The wiring of bain-maries should be made safe during use. (8.14)

10.169 Minutes of catering meetings should include feedback from action points from previous meetings. (8.15)

10.170 Food comment books should be freely available by all serveries and comments should be responded to by catering staff. (8.16)

Offender management and planning

10.171 Prisoners sentenced to mandatory life sentences should receive written information about their sentence. (9.27)

10.172 There should be designated cover arrangements in place for home detention curfew risk assessments. (9.28)

Resettlement pathways

10.173 Accommodation and JobCentre Plus services should be better promoted to staff and prisoners throughout the prison. (9.51)

10.174 Compact based drug testing suites should be kept clean and tidy at all times. (9.62)

- 10.175 The vending machines in the visitors' centre should be replaced by a more reliable refreshment facility. (9.88)
- 10.176 Prisoners should not have to wear bibs in the visits rooms. (9.89)
- 10.177 Audibility in closed visits should be improved and it should be possible to make these visits in private. (9.90)
- 10.178 Prisoners using closed visits should be able to have refreshments. (9.91)
- 10.179 Prisoners should be made aware of the dads away course and the support available from social workers during induction. (9.92)

Example of good practice

- 10.180 Alcohol programmes provided useful help for the increasing number of men with alcohol problem. (9.63)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Hayley Folland	Inspector
Martin Owens	Inspector
Paul Rowlands	Inspector
Anita Saigal	Inspector
Bridget McEvilly	Healthcare inspector
Paul Tarbuck	Healthcare inspector
Paul Roberts	Substance use inspector
Jen Davies	Dental inspector
Steve Gascoigne	Pharmacy inspector
Stephen Miller	Ofsted team leader
Susan Bain	Ofsted inspector
Julie Pomone	Ofsted inspector
Louise Falshaw	Head of Research, Development and Thematics
Hayley Cripps	Researcher
Amy Pearson	Researcher

Appendix II: Prison population profile¹

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	845	67%
Convicted but unsentenced	90	7%
Remand	234	19%
Civil prisoners	0	0
Detainees (single power status)	18	1%
Detainees (dual power status)	75	6%
Total	1262	100%

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	153	17%
6 months to less than 12 months	130	14%
12 months to less than 2 years	133	15%
2 years to less than 4 years	269	29%
4 years to less than 10 years	169	18%
10 years and over (not life)	9	1%
Life	58	6%
Total	920*	100%

*Includes 75 detainees dual power status.

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	160	17%	123	36%
1 month to 3 months	246	27%	134	39%
3 months to 6 months	159	17%	69	20%
6 months to 1 year	215	24%	14	4%
1 year to 2 years	102	11%	2	1%
2 years to 4 years	34	4%		
4 years or more	4	-%		
Total	920	100%	342	100%

(iv) Main offence	Number of prisoners	%
Violence against the person	273	22%
Sexual offences	82	6%
Burglary	158	13%
Robbery	112	9%
Theft and handling	81	6%
Fraud and forgery	36	3%
Drugs offences	184	14%
Other offences	286	23%

¹ Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Civil offences	-	-
Offence not recorded/holding warrant	50	4%
Total	1262	100%

(v) Age	Number of prisoners	%
18 years to 21 years	188	15%
21 years to 29 years	468	37%
30 years to 39 years	331	25%
40 years to 49 years	205	16%
50 years to 59 years	44	4%
60 years to 69 years	17	2%
70 plus years	9	1%
Maximum age	85	-
Total	1262	100%

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison		
Between 50 and 100 miles of the prison	Information not available.	
Over 100 miles from the prison		
Overseas		
NFA		
Total		

(vii) Nationality	Number of prisoners	%
British	1144	91%
Foreign nationals	118	9%
Total	1262	100%

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	1105	88%
Irish	2	-%
Other white	29	2%
<i>Mixed</i>		
White and black Caribbean	12	1%
White and black African	1	-%
White and Asian	1	-%
Other mixed	4	-%
<i>Asian or Asian British</i>		
Indian	13	1%
Pakistani	8	1%
Bangladeshi	-	-%
Other Asian	27	2%
<i>Black or black British</i>		
Caribbean	23	2%
African	10	1%
Other black	14	1%

<i>Chinese or other ethnic group</i>		
Chinese	11	1%
Other ethnic group	2	-%
Total	1262	100%

(ix) Religion	Number of prisoners	%
Baptist	1	-%
Church of England	249	20%
Roman Catholic	234	18%
Other Christian denominations	75	6%
Muslim	40	3%
Sikh	5	1%
Hindu	3	-%
Buddhist	25	2%
Jewish	1	-%
Other	38	3%
No religion	591	47%
Total	1262	100%

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

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 13 January 2010, the prisoner population at HMP Altcourse was 1230. The sample size was 223. Overall, this represented 18% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS 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. Fifteen respondents refused to complete a questionnaire.

Methodology

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
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- 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

In total, 176 respondents completed and returned their questionnaires. This represented 14% of the prison population. The response rate was 79%. In addition to the 15 respondents who refused to complete a questionnaire, 21 questionnaires were not returned and 11 were returned blank.

Comparisons

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 2010 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2003.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Altcourse in 2005.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. 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

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	18 (10%)
	<i>21 - 29</i>	69 (40%)
	<i>30 - 39</i>	52 (30%)
	<i>40 - 49</i>	26 (15%)
	<i>50 - 59</i>	7 (4%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	1 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	119 (68%)
	<i>Yes - on recall</i>	15 (9%)
	<i>No - awaiting trial</i>	16 (9%)
	<i>No - awaiting sentence</i>	23 (13%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	40 (23%)
	<i>Less than 6 months</i>	17 (10%)
	<i>6 months to less than 1 year</i>	26 (15%)
	<i>1 year to less than 2 years</i>	18 (11%)
	<i>2 years to less than 4 years</i>	29 (17%)
	<i>4 years to less than 10 years</i>	22 (13%)
	<i>10 years or more</i>	4 (2%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	11 (6%)
	<i>Life</i>	4 (2%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	40 (26%)
	<i>6 months or less</i>	63 (41%)
	<i>More than 6 months</i>	51 (33%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	31 (18%)
	<i>1 to less than 3 months</i>	51 (29%)
	<i>3 to less than 6 months</i>	38 (22%)
	<i>6 to less than 12 months</i>	30 (17%)
	<i>12 months to less than 2 years</i>	13 (8%)
	<i>2 to less than 4 years</i>	9 (5%)
	<i>4 years or more</i>	1 (1%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	16 (9%)
	<i>No</i>	157 (91%)
Q1.8	Is English your first language?	
	<i>Yes</i>	142 (86%)
	<i>No</i>	24 (14%)

Q1.9	What is your ethnic origin?			
	<i>White - British</i>	148	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)
		(85%)		
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i>	2 (1%)
	<i>White - other</i>	8 (5%)	<i>Mixed race - white and black Caribbean</i>	2 (1%)
	<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>	1 (1%)	<i>Mixed race - white and Asian</i>	0 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	0 (0%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Chinese</i>	2 (1%)
	<i>Asian or Asian British - Pakistani</i>	0 (0%)	<i>Other ethnic group</i>	3 (2%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	<i>Yes</i>			8 (5%)
	<i>No</i>			158 (95%)
Q1.11	What is your religion?			
	<i>None</i>	55 (32%)	<i>Hindu</i>	2 (1%)
	<i>Church of England</i>	59 (34%)	<i>Jewish</i>	1 (1%)
	<i>Catholic</i>	36 (21%)	<i>Muslim</i>	2 (1%)
	<i>Protestant</i>	2 (1%)	<i>Sikh</i>	0 (0%)
	<i>Other Christian denomination</i>	6 (3%)	<i>Other</i>	4 (2%)
	<i>Buddhist</i>	6 (3%)		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/straight</i>			165
				(97%)
	<i>Homosexual/gay</i>			1 (1%)
	<i>Bisexual</i>			4 (2%)
	<i>Other</i>			0 (0%)
Q1.13	Do you consider yourself to have a disability?			
	<i>Yes</i>			29 (17%)
	<i>No</i>			142 (83%)
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>
	48 (28%)	26 (15%)	52 (30%)	48 (28%)
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>	
	106 (64%)	49 (30%)	10 (6%)	
Q1.16	Do you have any children under the age of 18?			
	<i>Yes</i>			90 (51%)
	<i>No</i>			85 (49%)

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?	7 (4%)	80 (47%)	31 (18%)	32 (19%)	15 (9%)	3 (2%)	1 (1%)
Your personal safety during the journey?	13 (8%)	93 (56%)	22 (13%)	22 (13%)	12 (7%)	2 (1%)	2 (1%)
The comfort of the van?	0 (0%)	25 (15%)	17 (10%)	54 (33%)	68 (41%)	0 (0%)	2 (1%)
The attention paid to your health needs?	5 (3%)	43 (27%)	48 (30%)	32 (20%)	26 (16%)	3 (2%)	5 (3%)
The frequency of toilet breaks?	4 (2%)	28 (17%)	24 (15%)	34 (21%)	45 (27%)	4 (2%)	26 (16%)

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>
	34 (20%)	85 (50%)	42 (25%)	10 (6%)	0 (0%)

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>
	11 (6%)	98 (58%)	38 (22%)	15 (9%)	5 (3%)	3 (2%)

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?	136 (79%)	34 (20%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	30 (18%)	130 (78%)	7 (4%)
When you first arrived here did your property arrive at the same time as you?	132 (79%)	32 (19%)	4 (2%)

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>	20 (12%)	<i>Money worries</i>	18 (11%)
<i>Loss of property</i>	14 (9%)	<i>Feeling depressed or suicidal</i>	98 (60%)
<i>Housing problems</i>	31 (19%)	<i>Health problems</i>	108 (66%)
<i>Contacting employers</i>	17 (10%)	<i>Needing protection from other prisoners</i>	38 (23%)
<i>Contacting family</i>	96 (59%)	<i>Accessing phone numbers</i>	82 (50%)
<i>Ensuring dependants were being looked after</i>	23 (14%)	<i>Other</i>	6 (4%)

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>	49 (33%)	<i>Money worries</i>	27 (18%)
<i>Loss of property</i>	15 (10%)	<i>Feeling depressed or suicidal</i>	28 (19%)
<i>Housing problems</i>	29 (20%)	<i>Health problems</i>	40 (27%)
<i>Contacting employers</i>	11 (7%)	<i>Needing protection from other prisoners</i>	7 (5%)
<i>Contacting family</i>	41 (28%)	<i>Accessing phone numbers</i>	33 (22%)
<i>Ensuring dependants were looked after</i> ..	10 (7%)	<i>Other</i>	2 (1%)

Q3.3	Please answer the following questions about reception:	Yes	No	Don't remember
	Were you seen by a member of health services?	157 (92%)	11 (6%)	3 (2%)
	When you were searched, was this carried out in a respectful way?	112 (68%)	49 (30%)	4 (2%)
Q3.4	Overall, how well did you feel you were treated in reception?			
	<i>Very well</i>	17 (10%)	96 (56%)	30 (18%)
	<i>Well</i>			19 (11%)
	<i>Neither</i>			8 (5%)
	<i>Badly</i>			1 (1%)
	<i>Very badly</i>			
	<i>Don't remember</i>			
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>			97 (60%)
	<i>Information about what support was available for people feeling depressed or suicidal</i>			100 (62%)
	<i>Information about how to make routine requests</i>			76 (47%)
	<i>Information about your entitlement to visits</i>			84 (52%)
	<i>Information about health services</i>			93 (57%)
	<i>Information about the chaplaincy</i>			94 (58%)
	<i>Not offered anything</i>			27 (17%)
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)			
	<i>A smokers/non-smokers pack</i>			157 (92%)
	<i>The opportunity to have a shower</i>			72 (42%)
	<i>The opportunity to make a free telephone call</i>			146 (86%)
	<i>Something to eat</i>			131 (77%)
	<i>Did not receive anything</i>			4 (2%)
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.)			
	<i>Chaplain or religious leader</i>			113 (68%)
	<i>Someone from health services</i>			137 (82%)
	<i>A Listener/Samaritans</i>			61 (37%)
	<i>Did not meet any of these people</i>			16 (10%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?			
	<i>Yes</i>			14 (8%)
	<i>No</i>			156 (92%)
Q3.9	Did you feel safe on your first night here?			
	<i>Yes</i>			127 (75%)
	<i>No</i>			36 (21%)
	<i>Don't remember</i>			6 (4%)
Q3.10	How soon after your arrival did you go on an induction course?			
	<i>Have not been on an induction course</i>			21 (12%)
	<i>Within the first week</i>			134 (78%)
	<i>More than a week</i>			9 (5%)
	<i>Don't remember</i>			7 (4%)
Q3.11	Did the induction course cover everything you needed to know about the prison?			
	<i>Have not been on an induction course</i>			21 (13%)
	<i>Yes</i>			98 (59%)
	<i>No</i>			38 (23%)
	<i>Don't remember</i>			10 (6%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:							
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>	
	Communicate with your solicitor or legal representative?	13 (8%)	61 (37%)	28 (17%)	39 (24%)	15 (9%)	8 (5%)	
	Attend legal visits?	17 (11%)	81 (52%)	23 (15%)	14 (9%)	7 (4%)	15 (10%)	
	Obtain bail information?	10 (7%)	31 (21%)	29 (20%)	27 (18%)	16 (11%)	33 (23%)	
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?							
	<i>Not had any letters</i>						21 (12%)	
	<i>Yes</i>						65 (38%)	
	<i>No</i>						83 (49%)	
Q4.3	Please answer the following questions about the wing/unit you are currently living on:							
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>			
	Are you normally offered enough clean, suitable clothes for the week?	89 (53%)	51 (30%)	6 (4%)	22 (13%)			
	Are you normally able to have a shower every day?	169 (99%)	1 (1%)	0 (0%)	0 (0%)			
	Do you normally receive clean sheets every week?	163 (96%)	6 (4%)	1 (1%)	0 (0%)			
	Do you normally get cell cleaning materials every week?	154 (91%)	14 (8%)	1 (1%)	1 (1%)			
	Is your cell call bell normally answered within five minutes?	75 (45%)	70 (42%)	18 (11%)	4 (2%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	121 (74%)	41 (25%)	0 (0%)	1 (1%)			
	Can you normally get your stored property, if you need to?	59 (35%)	57 (34%)	34 (20%)	18 (11%)			
Q4.4	What is the food like here?							
	<i>Very good</i>	4 (2%)	<i>Good</i>	25 (15%)	<i>Neither</i>	31 (18%)	<i>Bad</i>	53 (31%)
							<i>Very bad</i>	57 (34%)
Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?							
	<i>Have not bought anything yet</i>						4 (2%)	
	<i>Yes</i>						103 (62%)	
	<i>No</i>						60 (36%)	
Q4.6	Is it easy or difficult to get:							
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>	
	A complaint form?	55 (32%)	76 (44%)	15 (9%)	7 (4%)	3 (2%)	18 (10%)	
	An application form?	55 (34%)	77 (47%)	11 (7%)	8 (5%)	3 (2%)	10 (6%)	
Q4.7	Have you made an application?							
	<i>Yes</i>						139 (82%)	
	<i>No</i>						31 (18%)	

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?	31 (20%)	78 (49%)	49 (31%)		
	Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	31 (20%)	73 (47%)	52 (33%)		
Q4.9	Have you made a complaint?					
	Yes.....				50 (32%)	
	No.....				108 (68%)	
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?	108 (68%)	11 (7%)	39 (25%)		
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	108 (68%)	20 (13%)	30 (19%)		
	Were you given information about how to make an appeal?	108 (68%)	19 (12%)	32 (20%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	Not made a complaint				108 (68%)	
	Yes.....				10 (6%)	
	No.....				40 (25%)	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	Don't know who they are	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	29 (19%)	10 (6%)	57 (37%)	30 (19%)	18 (12%)	10 (6%)
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is				14 (9%)	
	<i>Enhanced</i>				66 (42%)	
	<i>Standard</i>				64 (41%)	
	<i>Basic</i>				4 (3%)	
	<i>Don't know</i>				10 (6%)	
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is				14 (9%)	
	Yes.....				94 (62%)	
	No.....				28 (18%)	
	<i>Don't know</i>				16 (11%)	
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	Don't know what the IEP scheme is				14 (9%)	
	Yes.....				84 (54%)	
	No.....				58 (37%)	
	<i>Don't know</i>				0 (0%)	
Q4.16	Please answer the following questions about this prison?					
		Yes	No			
	In the last six months have any members of staff physically restrained you (C&R)?	8 (5%)	158 (95%)			
	In the last six months have you spent a night in the segregation /care and separation unit?	17 (10%)	146 (90%)			

Q4.17	Please answer the following questions about your religious beliefs?	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	89 (54%)	29 (18%)	46 (28%)
	Are you able to speak to a religious leader of your faith in private if you want to?	84 (55%)	20 (13%)	50 (32%)
Q4.18	Can you speak to a listener at any time, if you want to?			<i>Don't know</i>
	<i>Yes</i>		<i>No</i>	
	95 (57%)		14 (8%)	59 (35%)
Q4.19	Please answer the following questions about staff in this prison?		Yes	No
	Is there a member of staff you can turn to for help if you have a problem?		129 (79%)	35 (21%)
	Do most staff treat you with respect?		126 (77%)	37 (23%)

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?			
	<i>Yes</i>	59 (35%)		
	<i>No</i>	109 (65%)		
Q5.2	Do you feel unsafe in this prison at the moment?			
	<i>Yes</i>	18 (11%)		
	<i>No</i>	150 (89%)		
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>	109 (68%)	<i>At mealtimes</i>	15 (9%)
	<i>Everywhere</i>	11 (7%)	<i>At health services</i>	9 (6%)
	<i>Segregation unit</i>	4 (2%)	<i>Visit's area</i>	10 (6%)
	<i>Association areas</i>	15 (9%)	<i>In wing showers</i>	9 (6%)
	<i>Reception area</i>	12 (7%)	<i>In gym showers</i>	2 (1%)
	<i>At the gym</i>	11 (7%)	<i>In corridors/stairwells</i>	3 (2%)
	<i>In an exercise yard</i>	7 (4%)	<i>On your landing/wing</i>	20 (12%)
	<i>At work</i>	8 (5%)	<i>In your cell</i>	18 (11%)
	<i>During movement</i>	23 (14%)	<i>At religious services</i>	3 (2%)
	<i>At education</i>	10 (6%)		
Q5.4	Have you been victimised by another prisoner or group of prisoners here?			
	<i>Yes</i>	38 (22%)		
	<i>No</i>	131 (78%)		
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)			
	<i>Insulting remarks (about you or your family or friends)</i>	23 (14%)	<i>Because of your sexuality</i>	1 (1%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	13 (8%)	<i>Because you have a disability</i>	3 (2%)
	<i>Sexual abuse</i>	0 (0%)	<i>Because of your religion/religious beliefs</i>	3 (2%)
	<i>Because of your race or ethnic origin</i>	1 (1%)	<i>Because of your age</i>	4 (2%)
	<i>Because of drugs</i>	7 (4%)	<i>Being from a different part of the country than others</i>	10 (6%)
	<i>Having your canteen/property taken</i>	7 (4%)	<i>Because of your offence/crime</i>	7 (4%)
	<i>Because you were new here</i>	12 (7%)	<i>Because of gang related issues</i>	6 (4%)

Q5.6	Have you been victimised by a member of staff or group of staff here?					
	Yes.....	31 (18%)				
	No.....	137 (82%)				
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)					
	<i>Insulting remarks (about you or your family or friends).....</i>	13 (8%)	<i>Because you have a disability</i>	1 (1%)		
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	6 (4%)	<i>Because of your religion/religious beliefs</i>	1 (1%)		
	<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	4 (2%)		
	<i>Because of your race or ethnic origin.....</i>	1 (1%)	<i>Being from a different part of the country than others.....</i>	8 (5%)		
	<i>Because of drugs</i>	11 (7%)	<i>Because of your offence/crime</i>	4 (2%)		
	<i>Because you were new here</i>	2 (1%)	<i>Because of gang related issues.....</i>	2 (1%)		
	<i>Because of your sexuality.....</i>	0 (0%)				
Q5.8	If you have been victimised by prisoners or staff, did you report it?					
	<i>Not been victimised</i>	116 (70%)				
	Yes.....	20 (12%)				
	No.....	30 (18%)				
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes.....	45 (27%)				
	No.....	120 (73%)				
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes.....	25 (15%)				
	No.....	141 (85%)				
Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	28 (17%)	21 (13%)	21 (13%)	8 (5%)	10 (6%)	78 (47%)

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?	21 (13%)	16 (10%)	28 (17%)	13 (8%)	52 (31%)	37 (22%)
	The nurse?	16 (10%)	35 (21%)	60 (37%)	14 (9%)	25 (15%)	13 (8%)
	The dentist?	27 (17%)	7 (4%)	23 (14%)	14 (9%)	45 (28%)	46 (28%)
	The optician?	64 (40%)	6 (4%)	13 (8%)	13 (8%)	34 (21%)	30 (19%)
Q6.2	Are you able to see a pharmacist?						
	Yes.....						71 (47%)
	No.....						79 (53%)
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?	29 (17%)	23 (14%)	45 (27%)	23 (14%)	27 (16%)	21 (13%)
	The nurse?	27 (16%)	27 (16%)	47 (28%)	26 (16%)	18 (11%)	20 (12%)
	The dentist?	54 (34%)	15 (9%)	27 (17%)	23 (14%)	22 (14%)	20 (12%)
	The optician?	85 (54%)	10 (6%)	15 (10%)	22 (14%)	11 (7%)	13 (8%)

Q6.4	What do you think of the overall quality of the health services here?	<i>Not been</i> 17 (10%)	<i>Very good</i> 18 (11%)	<i>Good</i> 46 (27%)	<i>Neither</i> 25 (15%)	<i>Bad</i> 33 (20%)	<i>Very bad</i> 29 (17%)
Q6.5	Are you currently taking medication?						
	<i>Yes</i>						78 (46%)
	<i>No</i>						90 (54%)
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?						
	<i>Not taking medication</i>						90 (54%)
	<i>Yes</i>						38 (23%)
	<i>No</i>						40 (24%)
Q6.7	Do you feel you have any emotional well-being/mental health issues?						
	<i>Yes</i>						47 (28%)
	<i>No</i>						121 (72%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)						
	<i>Do not have any issues/not receiving any help</i>						130 (83%)
	<i>Doctor</i>						19 (12%)
	<i>Nurse</i>						8 (5%)
	<i>Psychiatrist</i>						8 (5%)
	<i>Mental health in-reach team</i>						10 (6%)
	<i>Counsellor</i>						10 (6%)
	<i>Other</i>						8 (5%)
Q6.9	Did you have a problem with either of the following when you came into this prison?						
						<i>Yes</i>	<i>No</i>
	Drugs					57 (38%)	92 (62%)
	Alcohol					55 (37%)	95 (63%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?						
	<i>Yes</i>						11 (7%)
	<i>No</i>						152 (93%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?						
	<i>Yes</i>						62 (38%)
	<i>No</i>						22 (14%)
	<i>Did not/do not have a drug or alcohol problem</i>						78 (48%)
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?						
	<i>Yes</i>						51 (31%)
	<i>No</i>						35 (21%)
	<i>Did not/do not have a drug or alcohol problem</i>						78 (48%)
Q6.13	Was the intervention or help you received while in this prison helpful?						
	<i>Yes</i>						48 (30%)
	<i>No</i>						21 (13%)
	<i>Did not have a problem/have not received help</i>						91 (57%)

Q6.14	Do you think you will have a problem with either of the following when you leave this prison?	Yes	No	Don't know
	Drugs	22 (14%)	115 (73%)	20 (13%)
	Alcohol	15 (10%)	114 (74%)	25 (16%)

Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	Yes.....	37 (22%)
	No.....	31 (19%)
	N/A.....	99 (59%)

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	73 (45%)
	Vocational or skills training	32 (20%)
	Education (including basic skills).....	63 (38%)
	Offending behaviour programmes.....	20 (12%)
	Not involved in any of these	35 (21%)

Q7.2	If you have been involved in any of the following, whil in this prison, do you think it will help you on release?	Not been involved	Yes	No	Don't know
	Prison job	46 (35%)	38 (29%)	33 (25%)	14 (11%)
	Vocational or skills training	51 (44%)	43 (37%)	15 (13%)	7 (6%)
	Education (including basic skills)	42 (33%)	54 (42%)	23 (18%)	9 (7%)
	Offending behaviour programmes	55 (52%)	31 (30%)	15 (14%)	4 (4%)

Q7.3	How often do you go to the library?	
	Don't want to go	28 (17%)
	Never.....	25 (15%)
	Less than once a week.....	38 (23%)
	About once a week.....	38 (23%)
	More than once a week.....	27 (17%)
	Don't know.....	7 (4%)

Q7.4	On average how many times do you go to the gym each week?						
	Don't want to go	0	1	2	3 to 5	More than 5	Don't know
	29 (18%)	23 (14%)	5 (3%)	9 (6%)	68 (42%)	24 (15%)	4 (2%)

Q7.5	On average how many times do you go outside for exercise each week?					
	Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
	18 (11%)	62 (39%)	38 (24%)	17 (11%)	19 (12%)	4 (3%)

Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	Less than 2 hours.....	10 (6%)
	2 to less than 4 hours.....	6 (4%)
	4 to less than 6 hours.....	10 (6%)
	6 to less than 8 hours.....	26 (16%)
	8 to less than 10 hours.....	35 (21%)
	10 hours or more.....	67 (41%)
	Don't know.....	10 (6%)

Q7.7	On average, how many times do you have association each week?					
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	2 (1%)	7 (4%)	10 (6%)	21 (13%)	113 (71%)	7 (4%)
Q7.8	How often do staff normally speak to you during association time?					
	<i>Do not go on association</i>					6 (4%)
	<i>Never</i>					27 (16%)
	<i>Rarely</i>					39 (24%)
	<i>Some of the time</i>					56 (34%)
	<i>Most of the time</i>					23 (14%)
	<i>All of the time</i>					14 (8%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					78 (48%)
	<i>In the first week</i>					40 (25%)
	<i>More than a week</i>					28 (17%)
	<i>Don't remember</i>					17 (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>
	75 (47%)	18 (11%)	33 (21%)	21 (13%)	7 (4%)	6 (4%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					40 (25%)
	<i>Yes</i>					61 (38%)
	<i>No</i>					61 (38%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					100 (62%)
	<i>Very involved</i>					17 (11%)
	<i>Involved</i>					24 (15%)
	<i>Neither</i>					8 (5%)
	<i>Not very involved</i>					8 (5%)
	<i>Not at all involved</i>					4 (2%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					100 (63%)
	<i>Yes</i>					44 (28%)
	<i>No</i>					15 (9%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					100 (63%)
	<i>Yes</i>					27 (17%)
	<i>No</i>					32 (20%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>					40 (26%)
	<i>Yes</i>					37 (24%)
	<i>No</i>					79 (51%)

Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes.....				28 (18%)
	No.....				127 (82%)
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....				54 (33%)
	No.....				98 (59%)
	Don't know.....				13 (8%)
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....				33 (20%)
	No.....				128 (78%)
	Don't know.....				3 (2%)
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				5 (3%)
	Yes.....				84 (51%)
	No.....				68 (41%)
	Don't remember.....				8 (5%)
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	5 (3%)	67 (42%)	85 (53%)	1 (1%)	1 (1%)
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>				40 (24%)
	<i>Very well</i>				19 (12%)
	<i>Well</i>				59 (36%)
	<i>Neither</i>				22 (13%)
	<i>Badly</i>				12 (7%)
	<i>Very badly</i>				3 (2%)
	<i>Don't know</i>				9 (5%)
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	Yes.....				64 (40%)
	No.....				95 (60%)
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)				
	<i>Don't know who to contact</i>	90 (64%)	<i>Help with your finances in preparation for release</i>		14 (10%)
	<i>Maintaining good relationships</i>	25 (18%)	<i>Claiming benefits on release</i>		31 (22%)
	<i>Avoiding bad relationships</i>	15 (11%)	<i>Arranging a place at college/continuing education on release</i>		14 (10%)
	<i>Finding a job on release</i>	25 (18%)	<i>Continuity of health services on release</i>		16 (11%)
	<i>Finding accommodation on release</i>	28 (20%)	<i>Opening a bank account</i>		13 (9%)
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)				
	<i>No problems</i>	61 (41%)	<i>Help with your finances in preparation for release</i>		38 (26%)
	<i>Maintaining good relationships</i>	23 (15%)	<i>Claiming benefits on release</i>		39 (26%)
	<i>Avoiding bad relationships</i>	19 (13%)	<i>Arranging a place at college/continuing education on release</i>		25 (17%)
	<i>Finding a job on release</i>	66 (44%)	<i>Continuity of health services on release</i>		21 (14%)
	<i>Finding accommodation on release</i>	54 (36%)	<i>Opening a bank account</i>		37 (25%)

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?	
	<i>Not sentenced</i>	40 (25%)
	<i>Yes</i>	52 (33%)
	<i>No</i>	66 (42%)



Prisoner survey responses HMP Altcourse 2010

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

		HMP Altcourse 2010	Local prisons comparator	HMP Altcourse 2010	HMP Altcourse 2005
	Any percent highlighted in green is significantly better.				
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	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		176	4137	176	76
SECTION 1: General information					
2	Are you under 21 years of age?	10%	5%	10%	15%
3a	Are you sentenced?	77%	66%	77%	65%
3b	Are you on recall?	9%	11%	9%	0%
4a	Is your sentence less than 12 months?	25%	17%	25%	12%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	4%	6%	0%
5	Do you have six months or less to serve?	41%	32%	41%	32%
6	Have you been in this prison less than a month?	18%	21%	18%	
7	Are you a foreign national?	9%	14%	9%	7%
8	Is English your first language?	86%	88%	86%	93%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	9%	27%	9%	8%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	5%	5%	
11	Are you Muslim?	1%	12%	1%	
12	Are you homosexual/gay or bisexual?	3%	3%	3%	
13	Do you consider yourself to have a disability?	17%	20%	17%	
14	Is this your first time in prison?	28%	29%	28%	25%
15	Have you been in more than five prisons this time?	6%	9%	6%	
16	Do you have any children under the age of 18?	51%	55%	51%	59%
SECTION 2: Transfers and escorts					
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?	52%	50%	52%	32%
1b	Was your personal safety during the journey good/very good?	64%	60%	64%	49%
1c	Was the comfort of the van good/very good?	15%	13%	15%	7%
1d	Was the attention paid to your health needs good/very good?	30%	29%	30%	37%
1e	Was the frequency of toilet breaks good/very good?	19%	15%	19%	15%
2	Did you spend more than four hours in the van?	6%	4%	6%	4%
3	Were you treated well/very well by the escort staff?	64%	66%	64%	71%
4a	Did you know where you were going when you left court or when transferred from another prison?	79%	72%	79%	79%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	15%	18%	12%
4c	When you first arrived here did your property arrive at the same time as you?	79%	82%	79%	83%

Key to tables

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	9%	13%	9%	
1c	Housing problems?	19%	30%	19%	
1d	Problems contacting employers?	10%	13%	10%	
1e	Problems contacting family?	59%	49%	59%	
1f	Problems ensuring dependants were looked after?	14%	14%	14%	
1g	Money problems?	11%	18%	11%	
1h	Problems of feeling depressed/suicidal?	60%	53%	60%	
1i	Health problems?	66%	62%	66%	
1j	Problems in needing protection from other prisoners?	23%	21%	23%	
1k	Problems accessing phone numbers?	50%	40%	50%	
2	When you first arrived:				
2a	Did you have any problems?	67%	78%	67%	64%
2b	Did you have any problems with loss of property?	10%	13%	10%	5%
2c	Did you have any housing problems?	20%	23%	20%	19%
2d	Did you have any problems contacting employers?	8%	7%	8%	3%
2e	Did you have any problems contacting family?	28%	33%	28%	20%
2f	Did you have any problems ensuring dependants were being looked after?	7%	8%	7%	5%
2g	Did you have any money worries?	18%	24%	18%	14%
2h	Did you have any problems with feeling depressed or suicidal?	19%	22%	19%	11%
2i	Did you have any health problems?	27%	28%	27%	12%
2j	Did you have any problems with needing protection from other prisoners?	5%	9%	5%	11%
2k	Did you have problems accessing phone numbers?	23%	31%	23%	
3a	Were you seen by a member of health services in reception?	92%	87%	92%	96%
3b	When you were searched in reception, was this carried out in a respectful way?	68%	71%	68%	83%
4	Were you treated well/very well in reception?	66%	58%	66%	68%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	60%	43%	60%	49%
5b	Information about what support was available for people feeling depressed or suicidal?	62%	44%	62%	41%
5c	Information about how to make routine requests?	47%	35%	47%	28%
5d	Information about your entitlement to visits?	52%	42%	52%	37%
5e	Information about health services?	57%	46%	57%	
5f	Information about the chaplaincy?	58%	44%	58%	

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SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	92%	83%	92%	79%
6b	The opportunity to have a shower?	42%	34%	42%	56%
6c	The opportunity to make a free telephone call?	86%	55%	86%	76%
6d	Something to eat?	77%	81%	77%	83%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	68%	47%	68%	62%
7b	Someone from health services?	82%	72%	82%	82%
7c	A Listener/Samaritans?	37%	25%	37%	31%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	18%	8%	23%
9	Did you feel safe on your first night here?	75%	71%	75%	77%
10	Have you been on an induction course?	88%	75%	88%	96%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	67%	57%	67%	65%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	45%	41%	45%	
1b	Attend legal visits?	62%	60%	62%	
1c	Obtain bail information?	28%	24%	28%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	41%	38%	34%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	53%	48%	53%	56%
3b	Are you normally able to have a shower every day?	99%	78%	99%	99%
3c	Do you normally receive clean sheets every week?	96%	80%	96%	87%
3d	Do you normally get cell cleaning materials every week?	91%	61%	91%	90%
3e	Is your cell call bell normally answered within five minutes?	45%	36%	45%	43%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74%	64%	74%	68%
3g	Can you normally get your stored property if you need to?	35%	27%	35%	49%
4	Is the food in this prison good/very good?	17%	24%	17%	16%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	62%	42%	62%	63%
6a	Is it easy/very easy to get a complaints form?	75%	80%	75%	80%
6b	Is it easy/very easy to get an application form?	81%	86%	81%	80%
7	Have you made an application?	82%	84%	82%	78%

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	61%	55%	61%	60%
8b	Do you feel applications are dealt with promptly? (Within seven days)	58%	48%	58%	63%
9	Have you made a complaint?	32%	44%	32%	53%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	22%	31%	22%	55%
10b	Do you feel complaints are dealt with promptly? (Within seven days)	40%	35%	40%	50%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	20%	25%	20%	27%
10c	Were you given information about how to make an appeal?	12%	24%	12%	45%
12	Is it easy/very easy to see the Independent Monitoring Board?	44%	25%	44%	54%
13	Are you on the enhanced (top) level of the IEP scheme?	42%	27%	42%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	62%	53%	62%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	45%	54%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	8%	5%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	10%	11%	10%	
13a	Do you feel your religious beliefs are respected?	54%	54%	54%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	56%	55%	66%
14	Are you able to speak to a Listener at any time if you want to?	57%	60%	57%	47%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	69%	79%	64%
15b	Do most staff, in this prison, treat you with respect?	77%	69%	77%	72%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	35%	41%	35%	31%
2	Do you feel unsafe in this prison at the moment?	11%	19%	11%	
4	Have you been victimised by another prisoner?	23%	22%	23%	29%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	14%	11%	14%	10%
5b	Hit, kicked or assaulted you?	8%	8%	8%	14%
5c	Sexually abused you?	0%	1%	0%	4%
5d	Victimised you because of your race or ethnic origin?	1%	4%	1%	5%
5e	Victimised you because of drugs?	4%	4%	4%	3%
5f	Taken your canteen/property?	4%	5%	4%	3%
5g	Victimised you because you were new here?	7%	6%	7%	4%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	2%	3%	2%	
5j	Victimised you because of your religion/religious beliefs?	2%	3%	2%	
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	6%	4%	6%	7%
5m	Victimised you because of your offence/crime?	4%	5%	4%	
5n	Victimised you because of gang related issues?	3%	3%	3%	

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	Percentages which are not highlighted show there is no significant difference.				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	19%	27%	19%	14%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	8%	12%	8%	3%
7b	Hit, kicked or assaulted you?	4%	5%	4%	1%
7c	Sexually abused you?	1%	1%	1%	0%
7d	Victimised you because of your race or ethnic origin?	1%	5%	1%	0%
7e	Victimised you because of drugs?	7%	4%	7%	1%
7f	Victimised you because you were new here?	1%	6%	1%	1%
7g	Victimised you because of your sexuality?	0%	1%	0%	
7h	Victimised you because you have a disability?	1%	3%	1%	
7i	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	5%	4%	5%	4%
7l	Victimised you because of your offence/crime?	2%	5%	2%	
7m	Victimised you because of gang related issues?	1%	3%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	40%	33%	40%	37%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	27%	25%	27%	
10	Have you ever felt threatened or intimidated by a member of staff in here?	15%	23%	15%	
11	Is it easy/very easy to get illegal drugs in this prison?	30%	32%	30%	23%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	26%	26%	26%	
1b	Is it easy/very easy to see the nurse?	58%	48%	58%	
1c	Is it easy/very easy to see the dentist?	19%	10%	19%	
1d	Is it easy/very easy to see the optician?	12%	11%	12%	
2	Are you able to see a pharmacist?	47%	44%	47%	
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:					
3a	The doctor?	49%	46%	49%	64%
3b	The nurse?	54%	59%	54%	67%
3c	The dentist?	39%	33%	39%	63%
3d	The optician?	35%	36%	35%	42%
4	The overall quality of health services?	42%	41%	42%	61%

Key to tables

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Healthcare continued					
5	Are you currently taking medication?	46%	48%	46%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	49%	58%	49%	
7	Do you feel you have any emotional well being/mental health issues?	28%	34%	28%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	29%	42%	29%	
8b	A doctor?	50%	31%	50%	
8c	A nurse?	21%	15%	21%	
8d	A psychiatrist?	21%	19%	21%	
8e	The mental health in-reach team?	26%	28%	26%	
8f	A counsellor?	26%	10%	26%	
9a	Did you have a drug problem when you came into this prison?	38%	32%	38%	23%
9b	Did you have an alcohol problem when you came into this prison?	37%	22%	37%	10%
10a	Have you developed a drug problem since you have been in this prison?	7%	9%	7%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	74%	82%	74%	
12	Have you received any help or intervention whilst in this prison?	59%	71%	59%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	70%	77%	70%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	27%	32%	27%	20%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	26%	26%	26%	24%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	54%	59%	54%	60%

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		HMP Altcourse 2010	Local prisons comparator	HMP Altcourse 2010	HMP Altcourse 2005
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	45%	44%	45%	
1b	Vocational or skills training?	20%	11%	20%	
1c	Education (including basic skills)?	38%	26%	38%	
1d	Offending behaviour programmes?	12%	8%	12%	
2ai	Have you had a job whilst in this prison?	65%	66%	65%	71%
For those who have had a prison job whilst in this prison:					
2aii	Do you feel the job will help you on release?	45%	40%	45%	43%
2bi	Have you been involved in vocational or skills training whilst in this prison?	56%	53%	56%	66%
For those who have had vocational or skills training whilst in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	66%	50%	66%	55%
2ci	Have you been involved in education whilst in this prison?	67%	63%	67%	84%
For those who have been involved in education whilst in this prison:					
2cii	Do you feel the education will help you on release?	63%	60%	63%	65%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	48%	49%	48%	69%
For those who have been involved in offending behaviour programmes whilst in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	62%	49%	62%	56%
3	Do you go to the library at least once a week?	40%	37%	40%	38%
4	On average, do you go to the gym at least twice a week?	62%	41%	62%	63%
5	On average, do you go outside for exercise three or more times a week?	23%	39%	23%	34%
6	On average, do you spend ten or more hours out of your cell on a weekday?	41%	8%	41%	40%
7	On average, do you go on association more than five times each week?	71%	48%	71%	77%
8	Do staff normally speak to you most of the time/all of the time during association?	22%	17%	22%	26%
SECTION 8: Resettlement					
1	Do you have a personal officer?	52%	43%	52%	44%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	60%	63%	60%	77%
For those who are sentenced:					
3	Do you have a sentence plan?	50%	38%	50%	64%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	67%	58%	67%	70%
5	Can you achieve some/all of your sentence plan targets in this prison?	74%	59%	74%	
6	Are there plans for you to achieve some/all your targets in another prison?	46%	47%	46%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	32%	26%	32%	
8	Do you feel that any member of staff has helped you to prepare for release?	18%	14%	18%	
9	Have you had any problems with sending or receiving mail?	33%	44%	33%	30%
10	Have you had any problems getting access to the telephones?	20%	32%	20%	10%
11	Did you have a visit in the first week that you were here?	51%	35%	51%	42%
12	Did you receive one or more visits in the last week?	55%	40%	55%	

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Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	63%	48%	63%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	40%	36%	40%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	18%	14%	18%	
15c	Avoiding bad relationships?	11%	10%	11%	
15d	Finding a job on release?	18%	32%	18%	38%
15e	Finding accommodation on release?	20%	35%	20%	46%
15f	With money/finances on release?	10%	22%	10%	40%
15g	Claiming benefits on release?	22%	36%	22%	55%
15h	Arranging a place at college/continuing education on release?	10%	21%	10%	34%
15i	Accessing health services on release?	11%	27%	11%	42%
15j	Opening a bank account on release?	9%	20%	9%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	16%	13%	16%	
16c	Avoiding bad relationships?	13%	14%	13%	
16d	Finding a job?	44%	51%	44%	
16e	Finding accommodation?	36%	44%	36%	
16f	Money/finances?	26%	42%	26%	
16g	Claiming benefits?	26%	35%	26%	
16h	Arranging a place at college/continuing education?	17%	26%	17%	
16i	Accessing health services?	14%	20%	14%	
16j	Opening a bank account?	25%	34%	25%	
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?	44%	48%	44%	62%



Key questions (disability analysis) HMP Altcourse 2010

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.

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Number of completed questionnaires returned		29	142
1.3	Are you sentenced?	59%	81%
1.7	Are you a foreign national?	7%	7%
1.8	Is English your first language?	100%	85%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	0%	11%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	4%
1.11	Are you Muslim?	0%	1%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	17%	29%
2.1d	Was the attention paid to your health needs good/very good?	22%	31%
2.3	Were you treated well/very well by the escort staff?	61%	65%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	75%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	50%	60%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	54%	63%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	64%	67%
3.2a	Did you have any problems when you first arrived?	92%	62%
3.3a	Were you seen by a member of healthcare staff in reception?	100%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	56%	71%
3.4	Were you treated well/very well in reception?	62%	68%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	89%	81%
3.9	Did you feel safe on your first night here?	56%	78%
3.10	Have you been on an induction course?	86%	88%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	47%

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4.3a	Are you normally offered enough clean, suitable clothes for the week?	43%	54%
4.3b	Are you normally able to have a shower every day?	100%	99%
4.3e	Is your cell call bell normally answered within five minutes?	36%	46%
4.4	Is the food in this prison good/very good?	30%	15%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	63%
4.6a	Is it easy/very easy to get a complaints form?	72%	76%
4.6b	Is it easy/very easy to get an application form?	80%	82%
4.9	Have you made a complaint?	50%	29%
4.13	Are you on the enhanced (top) level of the IEP scheme?	32%	45%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	58%	64%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	56%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	10%
4.17a	Do you feel your religious beliefs are respected?	54%	55%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	48%	56%
4.18	Are you able to speak to a Listener at any time, if you want to?	56%	58%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	83%
4.19b	Do most staff, in this prison, treat you with respect?	77%	78%
5.1	Have you ever felt unsafe in this prison?	56%	31%
5.2	Do you feel unsafe in this prison at the moment?	22%	9%
5.4	Have you been victimised by another prisoner?	37%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	1%
5.5i	Victimised you because you have a disability?	11%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	2%
5.6	Have you been victimised by a member of staff?	33%	15%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
5.7h	Victimised you because you have a disability?	4%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	0%

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5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	44%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	12%
5.11	Is it easy/very easy to get illegal drugs in this prison?	30%	30%
6.1a	Is it easy/very easy to see the doctor?	37%	24%
6.1b	Is it easy/ very easy to see the nurse?	68%	57%
6.2	Are you able to see a pharmacist?	39%	49%
6.5	Are you currently taking medication?	74%	42%
6.7	Do you feel you have any emotional well-being/mental health issues?	67%	21%
7.1a	Are you currently working in the prison?	25%	49%
7.1b	Are you currently undertaking vocational or skills training?	13%	21%
7.1c	Are you currently in education (including basic skills)?	54%	36%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	13%
7.3	Do you go to the library at least once a week?	46%	39%
7.4	On average, do you go to the gym at least twice a week?	61%	63%
7.5	On average, do you go outside for exercise three or more times a week?	9%	26%
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.)	42%	42%
7.7	On average, do you go on association more than five times each week?	63%	73%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	17%	24%
8.1	Do you have a personal officer?	42%	53%
8.9	Have you had any problems sending or receiving mail?	46%	31%
8.10	Have you had any problems getting access to the telephones?	35%	16%