

Report on an unannounced inspection of

# **HMP Altcourse**

by HM Chief Inspector of Prisons

**13–23 November 2017**

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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### **Glossary of terms**

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at:  
<http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

# Introduction

HMP Altcourse is a local prison in Liverpool run by G4S Custodial and Detention Services. At the time of this inspection it held 1,148 men, including around 100 young adults. At our last inspection in June 2014, we reported mixed prisoner outcomes after many years of very positive reports. Despite the challenging operational context, it was good to see at this inspection clear signs of improvement in many key areas.

The prison had, in recent years, faced similar challenges to other local prisons with increased levels of violence and self-harm, including a homicide and three self-inflicted deaths. Use of illegal drugs, particularly new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) had been a significant factor in levels of disorder, poor behaviour, debt and bullying. While all these issues were still prevalent at Altcourse, violence and self-harm were decreasing year on year, and there was evidence that NPS use had also declined considerably. The prison had been particularly proactive in addressing these challenges, making good use of excellent data. During the visit, I was able to join a group of prisoners in a workshop looking at the dangers associated with the drug Spice. The workshop was well facilitated by peer mentors and was an energetic and very positive initiative.

Other good initiatives, such as the Brook unit, were being used to stabilise the behaviour of men involved in disorder. Security arrangements were strong and positive behaviour was being rewarded through the incentives and earned privileges (IEP) scheme. Risk assessments on arrival and general care for men at risk of self-harm were good. There were still some areas for improvement, particularly relating to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, the management of adult safeguarding arrangements and the use of force. Nevertheless, the overall progress in making the prison safer was encouraging.

There was an excellent staff culture and nearly all the interactions between staff and prisoners that we saw were positive. Despite some overcrowding in cells, the environment was generally good, and the prison benefited from a spacious and open site where prisoners could move around in the open air. Men were particularly positive about their ability to live decently, get access to basic amenities and resolve problems informally. They were negative, however, about the food. Equality and diversity work was reasonable, but managers needed to pay more attention to consulting with prisoners with protected characteristics. The health care provision had been disrupted in recent months, and some aspects were not as consistently good as they should have been. This was particularly the case with prescribed medication, which was often delayed.

Purposeful activity was excellent for a local prison. Men had a good amount time out of their cells, and the regime was delivered consistently with very few curtailments. This was unusual in this type of prison and most welcome, demonstrating what can be achieved with full staffing and a commitment from leaders. Learning, skills and work activity provision was good, and there was enough available for every prisoner to be offered something constructive to do. While attendance, punctuality and pay differentials needed attention, this remained a very strong area for the prison.

It was therefore disappointing to see serious problems with offender management and aspects of public protection work. There was a significant backlog in offender assessment system (OASys) documents that the National Probation Service was responsible for, all of which were for the riskiest men in the population. Prison offender supervisors also managed high-risk men, but did not receive sufficient support to do so confidently. Ongoing contact with many of these men was minimal, and processes for identifying and managing those subject to multi-agency public protection arrangements (MAPPA) were weak. In contrast, children and families work was very strong, and we were particularly impressed by the work in the family unit, Foinavon Blue. Resettlement support for those being released was generally good.

Overall, Altcourse was in some key areas bucking the trend when compared to other local prisons. While it still faced significant challenges around safety, the downward trend in violence and anti-social behaviour was highly creditable. This was in no small part due to the energetic and proactive approach taken by the prison. Levels of self-harm, while still high, were also decreasing and there had been a real focus on ensuring men with these vulnerabilities were identified and cared for. This had been supported by a positive staff culture, a good focus on decency, and an excellent regime that was being delivered consistently. Some areas requiring improvement remained, particularly where offender management and public protection were concerned. Nevertheless, the director and his team were providing strong leadership, enabling a highly positive staff culture and delivering good outcomes in many key areas. Overall, Altcourse showed that a local prison can provide fundamentally decent treatment and conditions for prisoners, despite facing many of the same challenges as the rest of the prison service. There was much here from which others could learn.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

January 2017

# Fact page

## Task of the establishment

A category B core male local prison holding sentenced and remanded adults and young adults.

## Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 1,148 on 13 November 2017

Certified normal capacity: 794

Operational capacity: 1,164

## Notable features from this inspection

*Altcourse is a local prison serving courts in the Northwest of England and North Wales.*

*It introduced a smoking ban in September 2017.*

*The prison held an unusually high number of men recalled to prison (16% in our survey).*

*In our survey, 79% said they arrived at the prison with a problem, 51% reported a mental health issue and over a third said they had a disability.*

*Effective measures had been introduced to create stability and levels of violence and self-harm were decreasing year on year.*

*Relationships between staff and prisoners were good and sometimes excellent.*

*Men were held in decent conditions and the overall living environment was relatively good.*

*Men were unlocked for sufficient periods and had ample opportunity to use their time constructively.*

*The prison had problems in the way force, the administration of medication and oversight of public protection were carried out.*

## Prison status and key providers

Private – managed by G4S Custodial and Detention Services

Physical health provider: G4S Health Services UK

Mental health provider: G4S Health Services UK and Primecare

Substance misuse provider: G4S Health Services UK and G4S Custodial and Detention Services

Learning and skills provider: Novus

Community rehabilitation company (CRC): Merseyside Community Rehabilitation Company

Escort contractor: GEOAmey

## Region

North West

## Brief history

Opened in December 1997 as a category A prison, Altcourse was turned into a category B core local prison in June 2003. It subsequently expanded in 2007 when a further house block holding an additional 180 prisoners opened.

### **Short description of residential units**

There were seven house blocks divided into individual units. Units held between 60 and 90 prisoners and were colour coded. The prison was divided by buildings containing support services, such as the health care centre, the sports centre, the education and chaplaincy departments and the segregation unit.

Reynoldstown Brown: first night centre and induction unit.

Reynoldstown Blue: a second induction unit for prisoners completing the final stages of their induction.

Furlong Red: first night centre for prisoners requiring substance detoxification or stabilisation.

Beechers Green: vulnerable prisoner unit housing a mixture of prisoners.

Melling Blue and Brown: vulnerable prisoner units for sex offenders.

Beechers Blue: Brook reintegration unit. A specialist unit for prisoners demoted to the basic regime, peer mentors and a small group of prisoners on the standard regime.

Foinavon Red: unit for prisoners on the enhanced regime.

Foinavon Blue: the family unit, linked with the visits group and the community engagement team, housing a mix of prisoners.

Canal Blue and Green, Valentines Green and Red and Foinavon Green: a mixture of prisoners.

Furlong Green: substance recovery unit.

### **Name of director and date in post**

Steve Williams – September 2016

### **Independent Monitoring Board chair**

Maureen Lewis

### **Date of last inspection**

9–20 June 2014



# About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons 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 tests are:

**Safety** Prisoners, particularly 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.

**Rehabilitation and release planning** Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

- **Outcomes for prisoners are good.**

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

- **Outcomes for prisoners are reasonably good.**

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.**

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.**

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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.<sup>1</sup> The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>2</sup>

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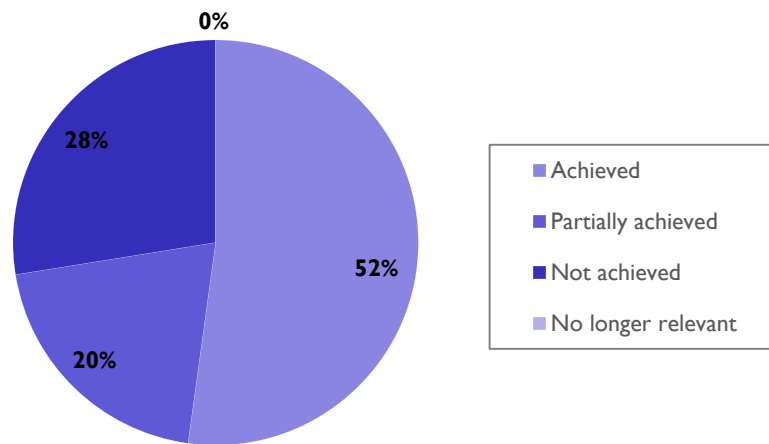
<sup>1</sup> <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

<sup>2</sup> The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# Summary

- S1 We last inspected HMP Altcourse in 2014 and made 69 recommendations overall. The prison fully accepted 64 of the recommendations and partially (or subject to resources) accepted two. It rejected three of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 36 of those recommendations, partially achieved 14 recommendations and not achieved 19 recommendations.

Figure 1: HMP Altcourse progress on recommendations from last inspection (n=69)



- S3 Since our last inspection outcomes for prisoners stayed the same in Respect and Purposeful activity. Outcomes for prisoners had improved in Safety but had declined in Rehabilitation and release planning. Outcomes were good in Purposeful activity, reasonably good in Safety and Respect, and not sufficiently good in Rehabilitation and release planning.

Figure 2: HMP Altcourse healthy prison outcomes 2014 and 2017<sup>3</sup>



<sup>3</sup> Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

## Safety

**S4** *Early days support was generally good. Levels of violence were high but decreasing. Proactive work was being carried out to address poor behaviour which had started to decline. The adjudication process was well managed. Use of force was also declining, but we found some cases where de-escalation had not been used effectively. The average time spent in segregation was generally not excessive, but the regime was limited. Security arrangements were proportionate, but problematic drug use was high. There were flaws in the way assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were completed, but men vulnerable to self-harm told us they were well cared for. Peer workers were used well to improve safety but required better management oversight. Adult safeguarding was underdeveloped.*  
**Outcomes for prisoners were reasonably good against this healthy prison test.**

**S5** *At the last inspection in 2014 we found that outcomes for prisoners in Altcourse were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of safety.<sup>4</sup> At this inspection we found that 15 of the recommendations had been achieved, one had been partially achieved and two had not been achieved.*

**S6** Reception processes were swift and the area was bright and spacious, but prisoners in holding rooms did not have anything to keep them occupied. Initial risk assessment structures were good and assessments were conducted in private. Some first night cells were grubby and poorly prepared. Prisoners in the Reynoldstown Brown first night centre spent too long locked in their cells and association time was too limited. A comprehensive induction was delivered the day after arrival. Peer support during prisoners' early days was very good.

**S7** Levels of violence had decreased significantly since the last inspection but remained too high. There had been a downward trend over the year, which was encouraging. New behaviour management strategies to deal with the most violent and complex individuals were imaginative and the specialist Brook unit, although not fully developed, was a positive response to the prison's main challenges. Positive behaviour was encouraged and it was good that good behaviour could earn prisoners extra privileges at all levels of the incentives and earned privileges (IEP) scheme.

**S8** The adjudications process was well managed. The use of force was lower than we often see in local prisons. A new scrutiny panel was operating, and paperwork was usually completed reasonably well, but video evidence showed that de-escalation was not always used effectively. Body-worn video cameras were worn, but often not used. The use of segregation had decreased significantly since the last inspection and governance arrangements were good. Planning for prisoners' return to residential units was well developed and the time prisoners spent in segregation was comparatively short, although there were some exceptions. Although relationships between staff and prisoners were good, the regime was impoverished.

**S9** The prison's security was supported by good relationships between staff and prisoners. Intelligence was well managed. Security-led meetings were well attended, and links between the security and drug strategy and safer custody teams were particularly strong. Risk management systems were well integrated and effective. The mandatory drug testing positive rate was high, but evidence indicated a reduction in the use of new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as

<sup>4</sup> This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

cannabis, heroin or amphetamines and may have unpredictable and life threatening effects). The prison now had comprehensive supply reduction strategies and an up-to-date action plan to address identified risks. Suspicion drug testing arrangements were good.

- S10 There had been three self-inflicted deaths and a homicide since the last inspection. Most recommendations made by the Prisons and Probation Ombudsman had been addressed. There had been 427 incidents of self-harm in the previous six months, which was high, but lower than in the previous year. The collection and analysis of safer custody information had improved and was good. The quality of ACCT documentation was mixed. Although initial ACCT assessments were generally good, care mapping was often inadequate and officers' recorded observations lacked detail. Prisoners we spoke to were generally positive about the support they received from staff, who knew their individual circumstances well. Peer mentors provided valuable support but required more oversight, and training.
- S11 An adult safeguarding policy was in place. However, there were no links with the local safeguarding adult board.

## Respect

**S12** *There was an excellent staff culture. Staff-prisoner relationships were very good and underpinned much that was positive about the prison. Living conditions were generally good and men were able to live decently. The food was unpopular, but shop arrangements were appreciated. General consultation arrangements were good, and the applications and complaints processes were well managed. Equality and diversity work was reasonable overall, although consultation with some groups needed to be stronger. Health care was mixed – the provision of medication needed immediate attention, but most other care was appropriate and timely. **Outcomes for prisoners were reasonably good against this healthy prison test.***

**S13** *At the last inspection in 2014 we found that outcomes for prisoners in Altcourse were reasonably good against this healthy prison test. We made 28 recommendations in the area of respect. At this inspection we found that 15 of the recommendations had been achieved, two had been partially achieved and 11 had not been achieved.*

- S14 The staff group was well motivated and committed, and staff-prisoner relationships were strong. Most staff were interested in the prisoners and keen to help them and survey results reflected these findings. Interactions we observed between staff and prisoners were positive, and in some areas, such as the Brook reintegration unit and Foinavon Blue (the family unit), exceptional.
- S15 Living conditions in the Foinavon unit for men on the enhanced level, where prisoners occupied single cells, were good, and for most other prisoners, they were at least reasonable. Most of the shared accommodation was cramped. Prisoners appreciated having phones in their cells. Survey responses to questions about key aspects of everyday life were better than at comparator prisons. The grounds were spacious and well maintained, which contributed to the positive atmosphere.
- S16 Prisoners were negative about the quality and quantity of the food. Following prisoner consultation, toasters and microwaves had recently been installed in the units. Prisoners could still eat together, which was good. Prisoners were positive about the shop.
- S17 Consultation arrangements were good and we found evidence of changes being made in response to prisoners' suggestions. More prisoners in our survey than the comparator

thought applications were dealt with fairly and promptly. Complaints were dealt with promptly and the replies we examined were helpful and respectful. Legal services were reasonable.

- S18 Equality work was reasonable overall. The equality action team met regularly and data collection was good. Data on some protected characteristics were analysed effectively and concerns were explored. However, not all groups were covered systematically. Systems for identifying men from protected groups on reception were good. Efforts had been made to increase men's awareness of the discrimination incident reporting form system, but prisoners lacked confidence in the process. Forums had lapsed and consultation with prisoners with protected characteristics needed developing. Equality representatives were not visible and their role needed to be clarified.
- S19 Prisoners from protected groups were generally identified well. Black and minority ethnic men we spoke to were more negative about their experiences than white prisoners, which the prison needed to explore. Foreign national prisoners had good access to Home Office staff, but no other support was available for this group. Detainees were often told shortly prior to their expected release date that they would continue to be held in custody. Older men and those with disabilities were particularly positive about the support they received from staff. There were some positive developing initiatives for young adults, but a more strategic approach was needed. Support for veterans was excellent.
- S20 Chaplains were well integrated into prison life and in our survey, men were positive about the religious support they received. The chaplaincy ran a range of courses, including victim awareness programmes and bereavement support.
- S21 Providing consistent health care input had been problematic and many prisoners expressed frustration about services. Recent changes in medical provision and better managerial oversight were beginning to improve patient outcomes. The health care environment was poor and the waiting area for vulnerable patients was wholly inadequate. There was a clear commitment to health promotion activities.
- S22 The prison had a range of appropriate and accessible primary care services. Prisoners experienced delays in obtaining routine repeat prescriptions, which led to inappropriate breaks in treatment. The role of the inpatient unit was unclear and the environment was drab. Nevertheless, men with physical health care needs received responsive care, although activities and support for men with mental ill-health was more limited. Palliative care pathways had been developed and were used effectively. One man who met the threshold for a social care assessment received an appropriate service.
- S23 Mental health support was generally adequate, but there were no specialist psychological therapies and a small number of men had experienced significant delays before being transferred to hospital under the Mental Health Act.
- S24 Joint working between the substance recovery and clinical teams was improving, but services were not fully integrated. Prisoners could access an impressive range of interventions and benefited from a recovery unit providing structured support. Most drug- and alcohol-dependent prisoners were in the designated stabilisation unit, which provided a supportive environment, but first night observations were not sufficient and clinical treatment lacked flexibility.

## Purposeful activity

**S25** *Time out of cell was much better than we usually see in local prisons and the regime ran reliably with virtually no curtailments. Ofsted rated education, skills and work activities as good overall. There were sufficient places to occupy all men and allocations were prompt. The range of activities was good and appropriate for the population, although not all men were fully occupied. Teaching and learning were generally good, and achievements were high. Attendance and punctuality needed to be improved. **Outcomes for prisoners were good against this healthy prison test.***

**S26** *At the last inspection in 2014 we found that outcomes for prisoners in Altcourse were good against this healthy prison test. We made nine recommendations in the area of purposeful activity. At this inspection we found that two of the recommendations had been achieved, five had been partially achieved and two had not been achieved.*

**S27** The regime was predictable and in our survey, 88% of men knew what time they should have been unlocked. During our roll checks we found an average of 20% men locked up, which was lower than normal. Most men were in full-time activities and would generally have nine to 10 hours out of their cells and those in some workshops had more. Access to time in the open air was good and all men on the IEP basic level or who were unemployed received an hour's association.

**S28** The library was welcoming and well used and in our survey, 27% of prisoners said they visited it at least twice a week compared with 5% in other local prisons. The library was not part of a wider community service, which limited the variety of material in stock. Access to the gym and its facilities were good. They included outdoor pitches for team sports, which the men appreciated. A reasonable range of employment-related qualifications was available, as well as a wide variety of activities supporting healthy living.

**S29** A broad range of education and skills courses and some good work opportunities were available in prison workshops. Prisoners with low abilities in English or maths had to improve their skills before attending other activities. Unusually for a local prison, there was sufficient education, skills and work provision for the population. Allocations to activities were prompt and appropriate. The information advice and guidance worker from Novus, the learning and skills provider, liaised well with employers and supported prisoners to progress to suitable education, training and employment on release. Teaching accommodation for some vulnerable prisoners was poor and access to vocational courses limited. Good links with local and national companies meant the prison could provide employment in prison and work opportunities on release. Pay rates were not equitable and did not encourage prisoners to participate in education. Too many prisoners did not attend allocated activities regularly and frequently arrived late.

**S30** Teaching and learning on most courses was good. Prisoners developed good vocational skills and mentors were used effectively to support learning. Written feedback was not always detailed enough to enable learners to progress and individual learning plans were not always completed well enough and did not have meaningful improvement targets. Lessons did not always sufficiently challenge more able learners.

**S31** The behaviour of most prisoners was good – they worked well together and were respectful of each other and of prison staff. Prisoners developed good team-working and social skills, improved their confidence and increased their chances of success. Good commercial standards of work were produced to deadlines in the industries workshops. In a small minority of work areas there was insufficient work and a lack of contingency planning.

- S32 Prisoners' achievements of education and vocational qualifications was high. Learners progressed well and developed good knowledge and skills compared with their starting points. Too many short-stay prisoners on courses left the prison without a record of what they had achieved.

## Rehabilitation and release planning

**S33** *Support to help men maintain contact with their families was very good. There was a good focus on keeping up to date with offender assessment system (OASys) reports that were the responsibility of the prison, but there was a large backlog of reports produced by the National Probation Service in the community. Some other aspects of offender management work were seriously deficient, including the level of ongoing contact with men and multi-agency public protection arrangement (MAPPA) liaison work. There were gaps in the range of interventions offered and the prison needed a more strategic focus on meeting the needs of men they could not move to a training prison, including those of the many men convicted of sexual offences. Release planning and 'through-the-gate' support was generally good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

**S34** *At the last inspection in 2014 we found that outcomes for prisoners in Altcourse were reasonably good against this healthy prison test. We made 14 recommendations in the area of resettlement.<sup>5</sup> At this inspection we found that four of the recommendations had been achieved, four had been partially achieved and six had not been achieved.*

- S35 Opportunities for family and friends to visit were good and included four evening sessions a week. The visitors' centre continued to provide visitors with a wide range of useful support and information. The introduction of separate visit sessions for vulnerable prisoners had led to an increase in uptake. There was a well-established programme of family days. The range of specialist interventions in the Foinavon Blue family unit was impressive and helped men maintain healthy relationships with their families. The approach could also have benefited prisoners elsewhere in the prison.
- S36 The reducing reoffending policy was appropriate and was supported by reasonably well-attended meetings. Overall the strategic approach was reasonable but focused too much on process rather than outcomes. The prison exceeded its target for completing basic custody screening tool assessments and there was no backlog of prison officers' OASys documents. However, about 105 probation officers' OASys reports were incomplete. These were all high or very high risk cases. Overall, completed OASys documents were reasonable and those completed by the National Probation Service were generally good.
- S37 All indeterminate sentenced prisoners and men assessed as posing a high risk of harm with sentences over 10 years were allocated to probation officer offender supervisors. In most cases, these prisoners were seen frequently and were appropriately managed. Prison officer offender supervisors, however, generally had very little ongoing contact with prisoners. This was particularly a concern for the large number of high risk of harm cases allocated to them. In addition, they still did not receive regular casework supervision.
- S38 Prisoners subject to child protection restrictions or harassment procedures were appropriately identified and managed through weekly child protection meetings. However,

<sup>5</sup> This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.



arrangements for identifying and managing prisoners subject to MAPPA were weak and required urgent attention.

- S39 Around 35% of all prisoners assessed were released on home detention curfew. Our review of cases found decisions appropriate. There were often delays in moving category B prisoners to training prisons.
- S40 The only accredited programmes available were the Thinking Skills programme and the Pillars of Recovery substance misuse programme, which had a total target of 112 completions a year. The prison's own needs analysis suggested more provision was required to address reoffending, including domestic violence. Probation officer offender supervisors undertook some one-to-one offence work, but overall only a small number of men had this support.
- S41 Support for prisoners with housing needs was generally good despite around 12% of prisoners being released without an address. Staff made considerable efforts to find appropriate provision despite limited availability. Finance, benefit and debt support was reasonable.
- S42 Staff from Shelter saw nearly all prisoners within the last 12 weeks of their sentence to plan their resettlement. We generally found resettlement plans to be better than we often see. Some through-the-gate mentoring support was available, but it tended to be specific to certain projects and there was little generic provision. We were concerned about the lack of post-release information on outcomes, which was required to ensure resettlement provision at Altcourse was appropriate.

## Main concerns and recommendations

- S43 Concern: There were ongoing deficiencies in the use of force. We saw cases where there was not always clear evidence of de-escalation. Body-worn video cameras were worn but not used frequently when spontaneous conflicts were managed, undermining their deterrent impact. As a result, managers could not be confident that force was being used appropriately.

**Recommendation: Use of force should be proportionate and de-escalation techniques and body-worn video cameras used.**

- S44 Concern: There were significant delays in prisoners receiving their prescribed medications.

**Recommendation: Prisoners should receive their prescribed medications promptly.**

- S45 Concern: Over 100 probation officer OASys documents were incomplete. They were all MAPPA cases and consequently the most dangerous prisoners were among them. Prison officer offender supervisors generally had very little ongoing contact with prisoners, which was a particular concern for the large number of high risk of harm cases allocated to them. They also still did not receive regular casework supervision. Arrangements for identifying and managing prisoners subject to MAPPA were weak and required urgent attention.

**Recommendation: Offender managers should ensure that high risk of harm prisoners have an up-to-date assessment and a regularly reviewed sentence plan and that all public protection and MAPPA arrangements are robust.**



# Section 1. Safety

**Prisoners, particularly the most vulnerable, are held safely.**

## Early days in custody

### Expected outcomes:

**Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.**

- I.1 During our inspection prisoners told us they faced long delays in court cells before being transported to Altcourse, which meant some men arrived late in the day. The vans we inspected were clean and appropriately stocked, but there was graffiti on holding cell walls. Escort staff we observed were polite and respectful towards prisoners and those we spoke with were aware of risk factors and how to manage them during escorts. Vehicles were not delayed once they arrived at the prison and prisoners were disembarked promptly. They were not routinely handcuffed.
- I.2 In our survey, 83% of prisoners said staff treated them well in reception. The reception area was bright and spacious, but holding rooms were sparse, prisoners had nothing to do while they waited and the TV was switched off during our inspection, even when prisoners were waiting there. Staff could observe the holding room for mainstream prisoners and there was a toilet, which offered privacy. However, the vulnerable prisoners' holding rooms were very small and had no toilet. It was difficult for staff to observe prisoners in these rooms and prisoners waiting there also had nothing to keep them occupied.
- I.3 Reception processes were swift and most prisoners generally spent around two hours in reception. All new arrivals, other than those from other prisons, were routinely strip-searched. We observed good relationships between reception staff and prisoners. All reception interviews were conducted in private. Interviews were comprehensive and appropriately focused on risks and vulnerabilities. Prisoners were assessed by a first night risk officer and health care staff completed a health screening. Safer custody mentors provided good peer support through a 'meet and greet' service in reception. All prisoners were offered a free phone call and shower in reception. Prisoners could also have a drink and hot meal before transferring to one of the two first night centres.
- I.4 Mainstream prisoners spent their first night in the Reynoldstown Brown unit and prisoners who were vulnerable because of their offence went to the Beechers Green unit. Prisoners identified as needing stabilisation from the effects of drugs or alcohol were usually located in the Furlong Red detoxification or stabilisation unit, although there were occasional delays before they were admitted (see paragraph 2.77). First night cells we inspected in Reynoldstown Brown unit were not adequately prepared. Toilets were dirty and did not have seats, there was graffiti on the walls in the cells and some men did not have a TV or kettle. Staff we spoke to in the first night unit were aware of all new arrivals, provided support and carried out additional first night observations.
- I.5 Time out of cell for new arrivals in the Reynoldstown Brown unit was poor. They had no evening association and at weekends, time out of cell was very limited. Although prisoners usually only stayed in the unit for 24 hours before transferring to the Reynoldstown Blue unit, where they could have evening and weekend association, we found several prisoners had been there for more than five days.

- 1.6** Induction started on the first working day after prisoners' arrival and lasted five days. In our survey, 94% of prisoners said they had had an induction, higher than the comparator (76%). Of those who had been on an induction, 62% said it covered everything they needed to know. Prisoners who were sent to the stabilisation and detoxification unit received their induction after they had been stabilised, which was good.
- 1.7** Peer support in the first night units was very good. They supported prisoners through the induction process and escorted them to their new units afterwards, introducing them to the peer worker on that unit, who also offered support. Induction peer workers routinely followed up prisoners four to six weeks after their arrival to offer further support and obtain feedback. (See also paragraph 1.3.)

## Recommendations

- 1.8 Prisoners should be escorted to the prison promptly after they have been dealt with by the courts.** (Repeated recommendation 1.5)
- 1.9 First night cells should be clean, free of graffiti and properly equipped.**
- 1.10 Time out of cell for prisoners in the first night centre should be improved and should include evening and weekend association.**

## Managing behaviour

### Expected outcomes:

**Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.**

### Encouraging positive behaviour

- 1.11** Although still too high, levels of violence had declined since the last inspection and the prison's records showed a further, month-on-month reduction during the past year. The prison reported a total of 157 assaults in the six months prior to our inspection, which included 34 assaults on staff and 123 on prisoners. Even accounting for a large spike in incidents shortly after the smoking ban, which came in from September 2017, the number was lower than we often see in local prisons, and much lower than at the last inspection, when we found a total of 210 assaults. However, in our survey, 49% of respondents said they had felt unsafe at some time, 21% said they felt unsafe during the inspection and 31% said they had been threatened or intimidated by other prisoners.
- 1.12** A full review of the prison's violence reduction strategy had taken place following our last inspection and, as a result, a new violence reduction policy document and action plan had been published. The prison's strategic and operational focus on violence reduction had now improved and new strategies to deal with antisocial behaviour had been introduced.
- 1.13** Data on violence were recorded and analysed well, so patterns and trends could be identified. Investigations of incidents conducted by the full-time violence reduction manager were good.
- 1.14** Links with the security and safer custody departments had improved since the last inspection and were good. The safer custody team received a good number of intelligence and security

reports. A safer custody committee met each month to monitor the progress of the violence reduction and suicide prevention strategies. Meetings were well attended and minutes reflected properly focused discussions about all forms of violence.

- I.15 A multidisciplinary incident review meeting, chaired by the prison's director, was held every week to discuss recent incidents of violence and plan necessary action. Attendance by managers from across the prison was very good and agreed actions were followed-up and implementation monitored.
- I.16 The strategy for dealing with the most violent and complex prisoners through the creation of specialised units was developing, and the establishment of the Brook reintegration unit in March 2017 was a positive response to the prison's main challenges. The unit provided a structured regime for prisoners on the basic level of incentives and earned privileges (IEP) scheme because they had committed acts of violence. The regime helped them deal with their behaviour through a range of interventions, target setting and support from peer mentors. However, aspects of the regime were underdeveloped and the lack of purposeful activity meant many prisoners were locked in their cells for much of the day. Mediation was integrated into the management of conflict in the unit and the use of peer supporters was extensive, although staff oversight of their work was weak (see paragraph 2.4 and recommendation 2.5).
- I.17 The IEP scheme was well managed and used strategically to help promote and reward good behaviour. Reviews were timely and comprehensive, and behaviour improvement plans were used effectively for prisoners on the basic level. Prisoners who displayed good behaviour could earn extra privileges across all levels of the IEP scheme.
- I.18 Relationships between staff and prisoners were very good and we saw poor behaviour being consistently challenged in residential units and in education. Minor disruptions were dealt with swiftly and prisoners were made aware of appropriate boundaries.
- I.19 Vulnerable prisoners were accommodated in the Beechers Green and Melling units.

## Recommendation

- I.20 **The regime in the Brook unit should be improved and include a full programme of purposeful activity.**

## Adjudications

- I.21 There had been 1,183 adjudications in the six months prior to the inspection. Although this was similar to the last inspection, it was lower than usual for a local prison.
- I.22 Disciplinary charges seemed proportionate and minor infringements of prison rules and less formal systems, such as the IEP scheme, were used to deal with instances of low-level poor behaviour. We also saw many examples of staff challenging less serious poor behaviour in a measured way to good effect (see paragraph 2.1).
- I.23 Governance of adjudication processes was good and had improved since the last inspection. Data about the number and nature of adjudications were presented at segregation management meetings and were noted, categorised and used to identify and address trends. Adjudicating governors attended the meetings regularly and minutes reflected good discussions of relevant issues.

- I.24** Records of hearings we examined and hearings we attended, demonstrated that proceedings were conducted fairly and that prisoners could explain their version of events.

## Use of force

- I.25** There had been 168 incidents involving force in the six months prior to the inspection, which was lower than usual for a local prison.
- I.26** Although management and monitoring arrangements for the use of force had improved since the last inspection, we still found significant gaps. A use of force committee, led by the head of security, met each month to oversee processes and provide governance. All paperwork was checked at a fortnightly scrutiny panel and video records of incidents were examined by two managers. However, we saw video evidence showing that de-escalation was not always used effectively, and cases that did not assure us that force was used as a last resort. During planned incidents, officers did not wear identity badges and on occasion, they wore balaclavas, which was inappropriate.
- I.27** Although paperwork we examined was usually reasonably good, accident report forms were often missing and there was little documentation showing that prisoners were interviewed after an incident. Body-worn video cameras were worn, but were often not used.
- I.28** Special accommodation had been used 18 times for short periods in the six months prior to the inspection. However, one prisoner accounted for nearly all incidents and we were confident that on those occasions, its use was justified.

## Recommendation

- I.29** **Officers should wear identity badges during removals involving force, and balaclavas should not be worn.**

## Segregation

- I.30** The use of segregation had significantly declined since the last inspection and was lower than usual for a local prison. In the six months prior to the inspection there had been 283 separate cases compared with 518 at the last inspection.
- I.31** During the inspection, five prisoners were in segregation, four of whom were held for good order and discipline reasons and one as a punishment. The average stay was currently eight days, which, we were told, was typical, although there had been some notable exceptions and some stays had been significantly longer.
- I.32** Reviews for prisoners segregated for reasons of good order and discipline were timely, and multidisciplinary meetings were clearly focused on the welfare of individuals. Planning for their return to the normal location was effective. Many had individual care plans that addressed their needs and their reintegration into residential units was given a high priority.
- I.33** Governance of segregation was good. A local segregation policy had been published and a segregation monitoring and review group, met every month to review cases.
- I.34** Relationships between segregation staff and prisoners were good. We saw all officers interacting positively with men on a day-to-day basis – they did not overreact to demanding behaviour or adopt a heavy-handed approach.

- I.35** However, the regime was poor and, at most, prisoners could have a shower, make a phone call and take an hour's exercise every day. Men's isolation was exacerbated by the fact that, regardless of the reason for their segregation, they had little access to education or the gym, were not permitted TVs and some did not have radios.

## Recommendation

- I.36** **The regime in the segregation unit should allow prisoners access to constructive activity.**

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.**

- I.37** There were no obvious weaknesses in the prison's physical security. Cell searching was carried out proportionately and regular checks and routine searches of perimeter fences and walls took place, along with searches of communal areas and activities buildings.
- I.38** Important elements of dynamic security were in place and the management and use of intelligence were very good. Relationships between staff and prisoners were positive and the interactions we observed indicated that many, particularly residential officers, knew about the personal circumstances of their prisoners, which supported the general security of the prison (see paragraph 2.1). Supervision in key areas around the prison, such as on residential wings and in education and prison workshops, was effective and the prison regime was constructive and predictable.
- I.39** Contributions at monthly security committee meetings were better than at the last inspection and reflected the high priority given to security information and intelligence. Meetings were well attended and links between security and other departments, such as the drug strategy and safer custody teams, were very good. Monthly security objectives, based on intelligence, were agreed.
- I.40** The security department received about 300 information reports each month through a prison computer-based intelligence gathering and information reporting system. They were processed by trained staff and intelligence was promptly communicated to appropriate areas.
- I.41** Security risk assessments and subsequent management systems we reviewed were effective and included information about prisoners' custodial behaviour as well as historic data. We saw no evidence to suggest that the prison was risk averse when it came to allocating activity places, although there were some rational restrictions in higher risk areas.
- I.42** Generally, links with local and national policing teams were good and a police intelligence officer had been appointed to collate and help manage useful information.
- I.43** Despite having a better strategic approach to reducing the supply of drugs since our last inspection, intelligence, finds, mandatory drug testing (MDT) results, reports from staff and prisoners and our own observations confirmed illicit drugs, particularly cannabis, remained accessible.

- I.44** The random positive MDT positive rate for the year to the inspection was high at about 18%, however, the positive rate of new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects) was only about 7%, which was significantly lower than usual for a local prison.
- I.45** New comprehensive drug reduction strategies had been introduced along with a regularly reviewed supply reduction action plan. The security department was aware of the drugs issue and meetings were well attended.
- I.46** Since the beginning of the year, suspicion testing occurred consistently and the positive rate of over 70% for the same period was impressively high, and most tests were completed promptly. Referrals to substance misuse services took place consistently for positive MDT results and suspected NPS-related incidents. MDT facilities were satisfactory and drug information leaflets were available in the suite.

## Safeguarding

### Expected outcomes:

**The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.**

### Suicide and self-harm prevention

- I.47** Since our last inspection, there had been three self-inflicted deaths and one homicide at Altcourse. The prison had a death in custody action plan and reasonable progress had been made towards meeting Prisons and Probation Ombudsman recommendations. An action plan to implement recommendations was in place and progress against targets were reviewed at the monthly safer custody meeting.
- I.48** The number of self-harm incidents was relatively high for a local prison and compared with the last inspection. In the six months prior to our inspection, there had been 427 self-harm incidents carried out by 155 prisoners. However, the number had decreased since the previous year from a very high level.
- I.49** Management structures to help reduce self-harm had improved and were developing. A safer custody committee met monthly and was well attended. Information was collected and analysed well, and a wide range of data was being used to identify trends and patterns of behaviour. A project team, consisting of two full-time officers had been appointed to provide staff with advice and guidance on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm procedures and to improve processes. The strategic approach to understanding and reducing self-harm was developing. Local monitoring tools to record self-harm were good and data were presented at the monthly safer custody meeting. Prisoners in crisis were discussed at the weekly safeguarding meeting. However, the meeting had only started two weeks prior to our inspection.
- I.50** The quality of ACCT documentation required improvement. Although initial assessments were generally good and reviews multidisciplinary, care mapping was often inadequate, case managers were not consistent and officers' recorded observations lacked detail and evidence of meaningful interactions. Some work had been undertaken by the prison to improve the ACCT process, such as introducing a quality assurance system, but at the time of the



inspection it had not improved sufficiently. However, men we spoke to were generally positive about staff's support and staff on wings knew about the individual circumstances of men on ACCTs.

- I.51** An enthusiastic group of peer mentors, each with slightly different roles, provided a range of valuable support services to prisoners across the prison. The 'carers' supported prisoners during their early days in custody, as well as those in crisis. The Kinex team encouraged prisoners to participate in a range of activities and worked with younger prisoners, older prisoners and those who might have otherwise been isolated. 'Safer custody' representatives were based in each unit and offered those in crisis support on a daily basis. All the support was good, but peer workers required greater governance, oversight and training. For example, carers had sat in during ACCT reviews, which was inappropriate, but this stopped during our inspection. (See paragraph 2.4 and recommendation 2.5.)

## Recommendation

- I.52** **The quality of ACCT documents should be consistently high. Care maps should be completed in full and reflect prisoners' needs. Staff observations should provide evidence of interactions.**

## Protection of adults at risk<sup>6</sup>

- I.53** A safeguarding policy was in place, but it was not aligned with the Prison Service instruction relating to adult safeguarding. The policy confused adults at risk with prisoners who were vulnerable because of their offence, which made it difficult to understand. There were no links with the local safeguarding adult board and no safeguarding referrals had been made in the six months prior to the inspection.
- I.54** We were told that young prisoners (aged 18–21) were always in a cell with other young prisoners, but during our inspection we found three sharing a cell with an older prisoner. However, the managers acted immediately when we brought it to their attention. Other safer custody needs of this group were not considered and there were no measures in place to address the potential for bullying, victimisation or grooming.

## Recommendation

- I.55** **The governor should initiate contact with the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes. There should be a coordinated approach to ensuring prisoners' safeguarding needs are met. This should include prompt referral, care planning and ongoing monitoring.**

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<sup>6</sup> Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).



## Section 2. Respect

**Prisoners are treated with respect for their human dignity.**

### Staff-prisoner relationships

#### **Expected outcomes:**

**Prisoners are treated with respect by staff throughout their time in custody, and are encouraged to take responsibility for their own actions and decisions.**

- 2.1 Staff-prisoner relationships continued to be a strength, creating a consensual approach. The staff group was well motivated, committed and confident in challenging poor behaviour. Officers we spoke to often expressed a sense of pride in their work and staff morale appeared good. Most staff seemed interested in and were keen to try and help prisoners and they often knew men's circumstances well. There was a tangible sense of community in the prison.
- 2.2 Eighty-seven per cent of prisoners said most staff treated them with respect and 81% said they had somebody they could turn to if they had a problem, both of which were better than the comparator. Interactions we observed between officers and prisoners were consistently positive throughout the prison and were reinforced by what prisoners told us.
- 2.3 The relationships we observed in some of the specialist areas, such as the Brook reintegration unit and the Foinavon Blue family unit were exceptional and the level of trust and respect shown between staff and prisoners there was similar to what we would expect in a specialist therapeutic setting, for example therapeutic communities.
- 2.4 Good use was also made of a wide range of prison mentors. Mentors could be identified by the colour of their polo tops and they were linked to safer custody, substance misuse, reintegration and offender management. However, they were not adequately overseen or governed. (See also paragraph 1.51.)

### Recommendation

- 2.5 **Better oversight and governance of peer supporters and mentors should be introduced.**

### Daily life

#### **Expected outcomes:**

**Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.**

### Living conditions

- 2.6 Residential accommodation was generally well maintained and in reasonably good condition. The prison was sufficiently clean and apart from the first night centre, there was little graffiti.

- 2.7** Living conditions on the newest house block Foinavon, where prisoners occupied single cells were good, and for most other prisoners, the environment was reasonable. Most of the shared accommodation was still cramped, although few prisoners complained about it. There was sufficient storage space in each cell, but the cupboards could not be locked. Prisoners did, however, have privacy keys, which meant they could lock their own cell (although staff could override this). This seemed to provide sufficient security as we received no reports of possessions going missing.
- 2.8** Most cells had TVs, kettles, as well as phones, which prisoners appreciated. Some of these facilities, however, were not always working. We estimated that, at any one time, approximately 10% of the equipment was not functional. Stock was available within the prison, but replacements were not provided promptly.
- 2.9** Prisoners could wear their own clothes and survey results on most aspects of everyday life were positive. Responses in our survey to questions about prisoners' access to daily showers, clean and suitable clothing and clean sheets every week were all better than in comparator prisons. Thirty-five per cent of prisoners said their cell call bells would be answered within five minutes, which was also better than the 21% response for similar establishments. In addition, 72% of men said it was quiet enough to relax or sleep at night, more than the comparator of 52%.
- 2.10** The prison grounds were spacious and well maintained and the overall layout resembled a campus. This, combined with the design of the buildings, helped offset some of the adverse effects of institutional living.

## Residential services

- 2.11** We received numerous complaints about the food. Most prisoners we spoke to about the food were negative about the quality and quantity of it. Although the portions we saw being served were adequate, the food we tasted was bland and unappetising.
- 2.12** Prisoners selected their food from a standard four-week menu, using the prison custody management system (CMS) terminals (self-service electronic kiosks where prisoners could access relevant information and request services and support). There were suitable arrangements in place to cater for religious, cultural and medical diets. Separate containers and utensils were used to prepare, cook and serve halal food to avoid cross contamination.
- 2.13** Problems with equipment and heated trolleys, which had led to menu restrictions at the previous inspection, had now been resolved. The kitchen was clean and the standard of hygiene on the wing serveries was also good.
- 2.14** Prisoners had asked for cooking equipment through the consultation process, and as a result, toasters and microwave ovens had been installed on each wing so they could use them during evening association.
- 2.15** The catering manager regularly attended the monthly prisoner engagement council and could respond immediately to the issues raised. Prisoners could also comment on the food using the CMS machines. Despite this, many prisoners still appeared frustrated about the standard of catering. Prisoners continued to be able to eat together and men enjoyed having the opportunity to socialise.
- 2.16** Prisoners were positive about the shop. They could order goods efficiently using the CSM machines and 73% – more than the comparator – said it sold the items they needed.

## Recommendation

### 2.17 Managers should improve the standard of the food.

## Prisoner consultation, applications and redress

- 2.18** From our conversations with prisoners we found that the mainly positive relationships between them and staff meant that if prisoners had a query or complaint, they were often resolved informally.
- 2.19** Prisoners could also participate in a formal monthly consultation meeting through the prisoner engagement council. The forum was chaired by the deputy director. Managers from most areas of the prison were also normally present and each of the wings were represented by a prisoner delegate. The minutes of the meetings we examined indicated that constructive discussions took place. Managers could often respond directly to matters raised and there was evidence discussions led to changes being introduced. For example, canteen staff had worked with prisoners to develop a wider variety of reception packs (containing items such as biscuits, sweets and orange juice).
- 2.20** Prisoners used the CMS machines to make applications and the system appeared to work efficiently. Sixty-four per cent of prisoners who made an application said they thought it had been handled fairly and 47% said it had been dealt with within seven days. Both these findings were better than the comparator.
- 2.21** Survey results on complaints were also positive. Forty-seven per cent of prisoners who made a complaint said they thought they had been dealt with fairly and 36% said they had received a response within seven days, both of which were better than the comparator. Approximately 100 complaints were generated a month and the most common topics covered property and everyday amenities. Complaints we examined were all dealt with promptly and replies were helpful and respectful. Most complaints were well articulated and we could see by the way prisoners used the system that they had a degree of faith in it and believed they would be listened to. Between 10% and 15% of complaints were upheld.
- 2.22** Although there was no longer a dedicated bail information officer, prisoners on remand continued to receive adequate support so they could exercise their legal rights. All newly admitted remand prisoners were now interviewed by a member of staff from the safer custody team. Their needs were assessed and, where necessary, staff contacted bail and support services in the community for individuals who did not have a suitable bail address.
- 2.23** Legal visits took place on weekday mornings. Six rooms were allocated for this purpose. They provided prisoners with privacy and were sufficient to accommodate visits from their legal representatives.

## Equality, diversity and faith

### Expected outcomes:

**There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>7</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.**

### Strategic management

- 2.24** Equality work was reasonable overall. The equality action team (EAT), chaired by the deputy director, met regularly and the ongoing action plan showed some progress. Data collection was good. The prison did not use the HM Prison and Probation Service hub data because they took too long to come through, but local systems worked well. Some protected characteristic data were analysed effectively and any concerns raised were explored. However, not all groups were covered systematically. As at our last inspection, outcomes for foreign national prisoners were not monitored.
- 2.25** Systems for identifying men from protected groups on reception were good. Peer mentors spoke to the men and referred anyone with specific needs to the equality officer, who provided individuals with good support.
- 2.26** The prison had attempted to raise prisoners' awareness of the discrimination incident reporting form (DIRF) system, but men still had little confidence in the process. Thirty DIRFs had been received in the six months prior to the inspection, which was higher than at our previous inspection. DIRFs were taken seriously and investigated promptly and thoroughly, and everyone involved was consulted where possible. There was evidence to show that staff challenged discriminatory language and behaviour. However, responses to the victim did not always outline the work that had gone into investigating their concerns and the outcome was not always clear. Quality assurance was reasonable, but responses were not scrutinised externally.
- 2.27** There was insufficient dialogue with prisoners with protected characteristics. Forums had lapsed and consultation needed to be developed. Equality representatives had been subsumed into the safer custody representative role. This meant equality work was invisible and the representatives' role needed to be reviewed. During the inspection, none of the equality representatives were from a black and minority ethnic background.

### Recommendations

- 2.28** The prison should consult prisoners from all protected characteristic groups regularly.
- 2.29** Equality peer workers should be representative of the population and their role should be reviewed to ensure it is meaningful and the work visible.

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<sup>7</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Protected characteristics

- 2.30** The proportion of black and minority ethnic men at the prison was small, at 6%, which could have meant this group felt isolated. Black and minority ethnic men we spoke to were more negative about their experiences than their white counterparts. They expressed a lack of trust in some staff who they felt displayed a lack of cultural awareness. Men in the group we ran were not confident that racist language would be appropriately challenged. Four Travellers had been identified, but there were more in the prison. There was no specific support for this group.
- 2.31** Foreign national prisoners had good access to Home Office staff, but other support for this group had not been developed. During our inspection, four men were detained after their sentence. They received inadequate help to access independent immigration advice and assistance from support organisations. As at our last inspection, the men received notice from the Home Office of their post-sentence detention too late, usually in the last week and sometimes on the day before the end of their sentence, which was unacceptable. The helpful peer mentors in English for speakers of other languages could assist by directing them to some sources of help and writing letters, but there was very little information in other languages. Although telephone interpreters were sometimes used, they did not meet all men's needs.
- 2.32** There were very few men with physical disabilities who needed support and those who did had their needs well met through health care and peer workers. Older men and those with disabilities were particularly positive about the support they received from staff. The number of men identified as having a disability was high and included those disclosing a mental health illness on reception. There were few activities specifically for men who could not work due to their age or disability, but part-time work was available for those who wanted it.
- 2.33** Only one man needed social care support, which the health care department provided (see paragraph 2.65). The social care officer developed care plans based on the social worker's assessment of those not meeting the threshold for social care. (See also paragraph 2.65.) The need for adapted cells was very low, but they were available if needed. Cells were more accessible than we often see and the prison had several lifts. Personal emergency evacuation plans had been developed for men who needed them and staff knew which prisoners had them.
- 2.34** During the inspection, there was one transgender prisoner. Although she had a compact (a signed agreement between the prisoner and the prison) and individual staff provided her with good support, the prison needed to have a more coordinated approach to supporting transgender prisoners and challenging transphobia. A few men felt comfortable being out, both in the vulnerable prisoner units and the main location. Fourteen men had identified as gay or bisexual and their needs had been discussed at a recent EAT meeting.
- 2.35** Younger men were negative about their experiences in some important areas, including having a member of staff to help them with a problem and only a quarter saying they received enough food. The prison had identified that younger adults were more likely to be involved in violence or self-harm or on the basic level of the incentives and earned privileges (IEP) scheme. There were some positive and developing initiatives, such as the Kinex peer workers (see paragraph 1.51) who supported men having difficulties, the birds of prey programme (which trained young men to look after birds of prey), the Duke of Edinburgh award scheme run by the gym and a course initiated by the chaplaincy (see paragraph 2.43). However, there was still no overarching strategy for identifying and meeting the needs of this group and there was no specific support for care leavers (people aged 25 or under, who have been looked after by a local authority), but the prison was attempting to build links to services for this group.

- 2.36** Support for veterans was excellent. There was a fortnightly social and support group with good links to the community. Men could also receive resettlement support through a prison in-reach worker from an armed forces charity.

## Recommendations

- 2.37** **Foreign national prisoners should receive information about organisations that can provide them with immigration advice and support.**
- 2.38** **There should be a strategy for working with young men that takes account of their developmental needs.**

## Faith and religion

- 2.39** Provision for Christians of all denominations was good. Provision for other faiths was reasonable, but the prison found it difficult to find sessional chaplains for some denominations. This was partly because the number of men from some faith groups was low and the turnaround quick.
- 2.40** In our survey, 89% of respondents said they could attend worship when they wanted to. However, they had to register every week on the CMS terminal if they wanted to attend worship, which was overly bureaucratic. Men could also use the system to apply to see a chaplain or ask for private worship time. Men from all wings, including those from the vulnerable prisoner units worshipped together and we were told this worked well, which was positive.
- 2.41** Faith facilities were reasonable and there was a large chapel, which could be used as a multi-faith room, and a smaller group room. Washing facilities were available but most Muslim men preferred to wash in their rooms before prayers.
- 2.42** The small chaplaincy was well integrated into prison life and the managing chaplain attended meetings across the prison where possible. Chaplains carried out their statutory duties well and men were seen promptly after arriving at the prison. Chaplains also visited the health care and segregation units every day. They had had some involvement in assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm and men on ACCTs were offered weekly support.
- 2.43** The chaplaincy ran regular Bible and religious instruction classes, a bereavement support course and the Sycamore Tree victim awareness course. It had recently commissioned Reflux, an organisation working with young people, to run a course. There were four official prison visitors who could visit men who did not receive regular visits.



## Health, well-being and social care

### Expected outcomes:

**Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.**

**2.44** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>8</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. One area has been identified that requires improvement with a subsequent notice issued by the CQC which has been detailed within Appendix III of this report.

### Strategy, clinical governance and partnerships

**2.45** There was no up-to-date health and social care needs assessment but a partnership board focused on relevant collective concerns about clinical performance.

**2.46** Management and accountability arrangements were clear and clinical leadership in the primary care, mental health and substance misuse teams was strong. Clinical governance arrangements were robust and appropriately identified areas of risk and effectiveness. The management and reporting of clinical incidents were good and there was evidence that lessons had been learned. However, the system had limits and could not effectively track individual patient incidents. There were no formal prisoner health representatives, but men could comment on health concerns through an established system and the prison had recently started undertaking patient surveys.

**2.47** There were few nursing vacancies and the GP provision had recently changed. Although the arrangements were not fully embedded, we found staffing levels and the skills mix generally appropriate, except where medications were concerned (see also paragraph 2.82). Staff induction arrangements and training opportunities were reasonable and clinical supervision took place. Clinical records were reasonable, but care planning was variable.

**2.48** There were not enough clinical rooms in the health care department and the environment was austere. The waiting room for vulnerable prisoners was especially cramped and inadequate. Cleaning arrangements were inconsistent. There was recent evidence that infection control arrangements had been audited and action to address some areas needed to be taken.

**2.49** Resuscitation equipment was appropriate, well maintained and located strategically between wings and in the health care department. All health care staff had received intermediate level life support training, and most custody staff first aid training. Health care practitioners received an efficient response when they required assistance in a medical emergency and prison staff knew how to call for support. Ambulance service response times were good.

**2.50** The health care complaints system was effective, confidential and well promoted. Responses were respectful, timely and addressed the issues raised. We saw evidence showing that lessons had been learned from complaints and that trends were monitored. Health care staff we spoke with knew how to respond to safeguarding concerns and all had received appropriate training. (See also paragraph 1.53.)

<sup>8</sup> CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.51** The Care Quality Commission issued a ‘requirement to improve’ notice following the inspection (see Appendix III).

## Recommendations

- 2.52** There should be sufficient treatment rooms all of which should comply with national infection control standards.
- 2.53** The health care department should be refurbished and particular attention paid to the waiting room for vulnerable prisoners.

## Promoting health and well-being

- 2.54** The prison had a commitment to health promotion, which the head of health care oversaw. The head of health care met prison peer mentors regularly to develop key initiatives. Staff encouraged prisoners to attend health checks and screening programmes and there was a high uptake of vaccinations. Sexual health advice and barrier protection were readily available and regular clinics had been established for older prisoners. The prison had been smoke-free for two months and prisoners had good access to nicotine replacement therapy, along with peer and professional support. Policies and processes were in place to prevent and manage communicable diseases and patients received information and advice about maintaining their well-being post-release.

## Primary care and inpatient services

- 2.55** Competent practitioners completed a thorough health reception screening on reception. The process identified prisoners’ risks and ongoing health needs, and we observed information being shared with prison staff. Medical support was available for men arriving at the prison and the inpatient unit could accommodate those with acute health needs. Community health records were sought on arrival, but there were delays in obtaining critical information, which led to gaps in treatment. All men were followed up for a secondary health assessment on the induction wing and further health appointments were made, if appropriate.
- 2.56** The termination of a previous GP contract had resulted in months of locum cover, which had affected continuity of care. Since November 2017, a regular agency had been used, and while the contract was still out for tender, the medical provision had been stabilised, which along with enhanced managerial oversight was beginning to make a positive difference. However, the changes were still having an impact – delivering consistent health care input remained problematic and many prisoners were frustrated about the service provision. Repeat prescriptions were not processed promptly and men’s medications for serious conditions such as diabetes and angina, were frequently delayed. The issue was being tackled through additional GP sessions to deliver a more efficient medicine supply and to reduce waiting times (see paragraph 2.84).
- 2.57** Patients could request health care appointments via the CMS system, or attend the health care rooms on wings for urgent triage after morning medicine administration. Emergency GP slots were available every day, with the waiting time for routine GP appointments being just over two weeks.
- 2.58** There was a range of age-appropriate nurse clinics. Nurses had only recently been nominated as lead members of staff for long-term conditions, but further training to support

these roles had been limited. Many patient care plans for those with long-term conditions had not been adequately reviewed, but the health care team was working to rectify the issue. Assessment templates reflected national clinical guidance, and entries in patient records on SystemOne (the electronic clinical patient record) were good. Prisoners' access to external hospital appointments was good. Other visiting specialists attended regularly, including a mobile X-ray service, which reduced the need for some non-urgent hospital attendances. A discharge clinic was established and men were supported appropriately prior to release.

- 2.59** The inpatient unit was directly managed by the prison and included one constant watch cell and a safe cell with reduced ligature points. There was no current operational policy, admission and discharge criteria were poorly outlined and we were told they could be determined on non-clinical grounds. During our visit, 12 prisoners were in the unit with different needs and levels of complexity. Palliative care pathways had been developed and were used effectively.
- 2.60** The inpatient unit needed investment. Patients' rooms were sparse and some lacked basic amenities such as chairs and TVs. The daily regime was consistent, but lacked variety and provided little stimulation. Therapeutic activities and support for men with mental health needs were not sufficient. A registered nurse and a health care assistant supported patients with identified physical health care needs and care plans were developed for them. Men we spoke with appreciated the support the team offered.

## Recommendations

- 2.61** **Care plans for patients with long-term conditions should be reviewed routinely to ensure patients receive appropriate treatment.**
- 2.62** **The prison should develop an operational policy that describes the criteria for admission and discharge and articulates the clinical role of the unit.**
- 2.63** **The inpatient unit should be refurbished, individual rooms should be clean and have all basic amenities.**
- 2.64** **A programme of therapeutic activities and proactive daily support for men with mental health needs should be established.**

## Social care

- 2.65** There had been 58 referrals for social care assessments since 2015, 42 of whom had met the threshold for a local authority social care package. During the inspection, one man was receiving a social care package, provided by health care staff in the inpatient unit. A referral pathway had been devised in collaboration with Liverpool City Council, and a social worker and occupational therapist provided responsive external professional support.
- 2.66** Prisoners' minimal social care needs meant that a domiciliary care provider had not been contracted, when they should have been. Agreed care packages had been managed by health care staff, usually in the inpatient unit. There was also only one trained independent living assistant among the prisoner population, although there were plans to train more.

## Mental health care

- 2.67** A small, highly motivated team of three nurses offered a reasonable range of primary mental health services focusing on crisis intervention, facilitated self-help and low intensity support. Appointments had been made for two vacant positions. This team was supporting around 60 patients, and practitioners were now co-located with secondary specialist provision as part of an integrated service model. Prisoners waited too long to be seen for an initial assessment, which meant risks might not have been promptly identified. Counselling services were available, but there were gaps in the integrated model particularly relating to the delivery of psychological interventions and group work as envisaged by the Improving Access to Psychological Therapies (IAPT) programme, which delivers therapies of optimal intensity and duration. Patient surveys had been introduced to gauge the service's impact, but no significant lessons had yet emerged.
- 2.68** Secondary mental health services were provided to 65 patients who were already known to specialist community services, or who were identified in the prison as having complex needs. The team was nurse-led and a consultant psychiatrist and a specialist psychiatric registrar from Mersey Care NHS Foundation Trust provided half a day of input. The demand was significant and the limited medical and psychological input constrained both professional leadership and the ability to assess and determine prisoners' needs and deliver treatment promptly. There was limited evidence of any comprehensive multidisciplinary assessment and coordination of care for patients through the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness), although initial nurse and medical assessments were good.
- 2.69** Health care or prison staff could refer prisoners to the service or prisoners could refer themselves. The integrated team discussed all referral cases, who were allocated an assessment at a weekly meeting and prisoners were usually seen within a week. There was no specialist nurse for prisoners with learning disabilities and no active pathway for prisoners with attention deficit hyperactivity disorder.
- 2.70** Nurses would attend a prisoner's first ACCT review. Patients were seen on wings as there was limited space in the health care department, although private interview facilities on wings were also scarce. Men in mental health crisis could be placed in the inpatient unit but support there was limited. We also were made aware of some significant delays in accessing hospital treatment under the Mental Health Act.
- 2.71** Discharge planning and liaison with offender managers and community teams did occur, but the CPA was not used effectively to ensure continuity of care post-release. Mental health awareness training was provided to new prison staff through induction and to existing staff via a rolling programme.

## Recommendations

- 2.72 Patients should have access to a range of individual and group psychological interventions in line with the IAPT programme.**
- 2.73 Patients should receive prompt support from specialist medical and psychology professionals that is appropriate for their level of need and clinical risk.**
- 2.74 Prisoners needing treatment under the Mental Health Act should be transferred to hospital promptly.**

## Substance misuse treatment<sup>9</sup>

- 2.75** Strategic oversight of substance misuse and supply reduction measures was reasonable and a substance misuse strategy group monitored and reviewed the annual action plan. Psychosocial and clinical services were not yet fully integrated but joint working was improving.
- 2.76** A well-resourced substance recovery team consisted mainly of experienced officers who supported 344 prisoners (a third of the population). Prisoners could participate in an accessible and extensive range of interventions such as one-to-one sessions, workshops and modular programmes, which included the accredited Pillars to Recovery course. Peer mentors and peer-led groups enhanced the service provision. A designated substance use recovery unit, which offered structured support, mutual aid and drug testing to 80 prisoners, motivated men to stay drug-free.
- 2.77** First night treatment for drug- and alcohol-dependent prisoners was inconsistent and night time monitoring and observations were insufficient, which was a concern. The designated stabilisation unit, providing 80 spaces, did not have 24-hour substance misuse nurse cover and not all prisoners were admitted promptly. During the inspection, 166 prisoners were prescribed methadone mainly on a maintenance basis, and 74 prisoners had received alcohol detoxification in the previous six months, which was low. Prescribing options were limited and treatment regimes lacked flexibility. Substance misuse teams prioritised initial reviews, but too many 13-week reviews had not been completed. However, due to new clinical leadership and additional non-medical prescribing input, there was evidence of improvement and more integrated working.
- 2.78** Methadone administration was well supervised and a team of recovery workers, officers and peer supporters provided a high level of support to prisoners based in the stabilisation unit. Care for patients with complex substance and mental health needs and joint work with the mental health team were developing.
- 2.79** Preparation for release and throughcare work was impressive. Prisoners received harm reduction and overdose prevention advice pre-release, including training to administer naloxone (a drug designed to reverse an opiate overdose), and strong community links enabled them to continue their treatment. Several recovery programmes had been developed as part of the prison's 'through-the-gate' support, and a 'community connector' worked in the prison and the locality.

## Recommendation

- 2.80** **Appropriate observation and monitoring arrangements should be in place during stabilisation, and drug- and alcohol-dependent prisoners should receive treatment that is prompt, flexible and reviewed on a regular basis.**

## Good practice

- 2.81** *Prisoners with drug and alcohol problems had access to an impressive range of interventions that were enhanced by peer support and mutual aid. They also benefited from the structured and supportive environment of the stabilisation and substance recovery units.*

<sup>9</sup> In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

## Medicines optimisation and pharmacy services

- 2.82** An in-house team provided a 'stock and supply' pharmacy function. Stock was managed appropriately and a range of policies covered the service's practices. All nurses and pharmacy staff had access to an out-of-hours' cupboard, but only limited drug reconciliation took place, which meant medication could be diverted unnoticed. The pharmacy assistant labelled and assembled prescriptions but had no dispensing qualification. Medication was generally appropriately labelled, but some medicines were administered from stock, which meant safeguards associated with the use of individually labelled packs were absent.
- 2.83** The pharmacist had undertaken some medicine use reviews and contributed to clinical governance meetings. They had also reported a gradual increase in prescribing, including of tradable medicines, since the health care department had started to use locum doctors in May 2017. (See paragraph 2.56.)
- 2.84** Too few patients received medication in possession and staff said they did not have the capacity to complete or review risk assessments. Most in-possession medicines were supplied weekly, increasing the pharmacy's workload and the potential for delays. Patients receiving medication following admission and on changing wings experienced unacceptable delays in receiving their medication, for example, one patient had waited over a week to receive thyroxine. A large proportion of patients' own medication that arrived at the prison was disposed of, which was inefficient and contributed to delays.
- 2.85** Medicine administration occurred three times a day. The last weekend dose was administered at 4pm, which was too early for night-time administration and did not meet appropriate dosage intervals. Administration was generally performed efficiently and patient confidentiality was maintained, although staff did not always check to ensure medicines had been swallowed. GPs were informed if patients regularly refused to attend medication administration. A pharmacy technician handed out in-possession medication from the nurse station in the health care department, which was very busy and prison officers did not restrict the number of prisoners in the hatch area, which increased the risk of diversion and compromised confidentiality. Patients were given their medication in clear plastic bags and did not have safe storage facilities in their cells, which also increased the risk of diversion and bullying. Unopened insulin was not stored in fridges in the Melling unit and patients could not administer insulin in private. Prisoners received a supply of medication or a prescription prior to release.

## Recommendations

- 2.86** **Pharmacy staff should be appropriately trained for the duties they carry out.**
- 2.87** **The timing of the administration of supervised medication should be reviewed to ensure that patients receive optimum treatment.**
- 2.88** **In-possession risk assessments should be carried out in line with the policy. Prison officers should increase the level of support during administration of in-possession medication and secure storage should be provided in cells.**

## Dental services and oral health

- 2.89** Some prisoners were negative about the dental provision. We found services were accessible and complaints received did not reflect their concerns. The waiting time for a routine dentist appointment was five weeks, which was reasonable. The dentist ran clinics on

Mondays and Tuesdays. The dental nurse was on site four days a week and had previously run oral hygiene and pain assessment clinics, but they were no longer held because of the high non-attendance rate. Health care staff planned to consult prisoners to identify their concerns about the service and gauge the need for nurse-led oral health clinics.





## Section 3. Purposeful activity

**Prisoners are able and expected to engage in activity that is likely to benefit them.**

### Time out of cell

#### **Expected outcomes:**

**All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.**

- 3.1 Time out of cell was much better than normal for a local prison. The regime was predictable and in our survey, 88% of men said they knew when they would be unlocked. During our roll checks we found an average of 20% of men locked up during the morning, which was lower than we usually find in a local prison. Most men were in full-time activities where they could generally have nine to 10 hours out of their cells and those in some workshops had more. They had enough time to carry out domestic tasks and have a shower. Access to time in the open air was good. All men on the basic level or who were unemployed received an hour's association.
- 3.2 Men who could have association, could use pool tables, and the dining tables on the wings supported social activities. Newspapers were supplied to each wing every day. Men could buy hobby material and in-cell activities were available in the library. Other creative activities included several art classes, a choir for staff and prisoners, the birds of prey project (see paragraph 2.35) and drama for men in the family unit.
- 3.3 The library was welcoming and well used – 27% of men in our survey attended twice a week or more, which was better than the comparator of 5%. Access was generally good, but the men in the Melling unit, who needed to be escorted there did not always get their entitlement because of the lack of available staff.
- 3.4 Book losses were higher than usual and the librarians were taking steps to address the problem. Library orderlies were enthusiastic and knowledgeable, but they could not achieve a qualification to support their role.
- 3.5 The library was not part of a wider community service, which limited the variety of material in stock. Men could ask for books to be bought and the librarians were helpful and tried to obtain them, but the stock was not replenished frequently and there was no established inter-library loan system. While the men who visited the library were generally content with the material available, there was not as much choice as in other similar prisons, and not enough to meet the needs of speakers of other languages or minority groups.
- 3.6 Prisoners' access to Prison Service orders, Prison Service instructions, legal information and photocopying services was good. All education classes attended the library once a week, which promoted learning. Library staff undertook some monitoring to determine who used the library, but it was not yet systematic.
- 3.7 The gym was well managed, access was good and men could attend regularly. Men in full-time work could attend the gym in the evenings and at the weekend. In our survey, 58% of men told us they used the gym at least twice a week. The facilities were good and included a weights room, fitness room, sports hall and outdoor pitches for team sports, which the men appreciated and which were well used.

- 3.8** Showers were reasonable, but men preferred to shower on the wing to maximise their time exercising. Drinking water was available and access to gym kit was reasonable. Eight orderlies supported the work of gym staff well. Induction was appropriate and gym regulations and safety were explained clearly.
- 3.9** A wide variety of activities was organised, including fitness challenges and regular sponsored events, weight loss programmes, injury rehabilitation, as well as sessions for older men and those with drug problems and mental health difficulties. Gym staff worked well with the health care department and shared information appropriately. Men's access to weights was limited and prisoners found using steroids undertook an awareness course before being allowed to use weights again.
- 3.10** Classes and activities supported healthy living. The gym offered men who were involved in the smoking cessation programme additional gym sessions as an incentive. There was an appropriate range of employment-related qualifications, including in sports massage, as well as personal trainer courses. Younger men could take part in the Bronze Duke of Edinburgh Award. Some monitoring took place, but it did not ensure all men had equal access to the services offered.

### Recommendation

- 3.11** **All men, including those who had to be escorted to the library, should be able to visit the library at least once a week.**

### Good practice

- 3.12** *Men involved in the smoking cessation programme were encouraged to make good progress through access to additional gym sessions.*

## Education, skills and work activities (Ofsted)<sup>10</sup>

### Expected outcomes:

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.<sup>11</sup>**

**3.13** *Ofsted made the following assessments about the learning and skills and work provision:*

**Overall effectiveness of learning and skills and work:** *Good*

*Achievements of prisoners engaged in learning and skills and work:* *Good*

*Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:* *Good*

*Personal development and behaviour:* *Good*

*Leadership and management of learning and skills and work:* *Good*

### Management of education, skills and work

**3.14** Prison leaders had high ambitions for purposeful activities. A wide range of suitable education and vocational training courses and good work opportunities was available and well used. Managers prioritised the development of prisoners' English and maths. Prisoners who were assessed as working below level 1 in English and/or maths when they arrived at the prison were required to improve these skills to level 1 before they could take part in any other purposeful activity in the prison. There were sufficient appropriate education, skills and work activities for the prisoner population and places were allocated promptly and appropriately.

**3.15** The education and vocational training provided by Novus was good. Since the last inspection, Novus had employed a qualified information, advice and guidance adviser, who provided good careers guidance. The adviser had developed particularly productive links with employers and supported prisoners well in progressing to suitable education, training and employment on release.

**3.16** Quality improvement processes were improving the quality of the provision. Self-assessment judgements were now clear, unlike at our previous inspection. Managers had successfully identified most weaknesses, which had led to suitable action to improve the quality of the provision further. Outcomes from the observations of teaching and learning prompted staff development and had led to improvements in the quality of teaching. The range and variety of work and vocational qualifications available for vulnerable prisoners had improved since the last inspection although they still did not have access to the same opportunities as the rest of the prison population. Too many classes for vulnerable prisoners were held in unsuitable teaching accommodation.

<sup>10</sup> This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

<sup>11</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.17** Prison managers did not have detailed information about prisoners' progress once they had been released. The external agency responsible for 'through-the-gate' work did not supply any data. The lack of feedback about prisoners' circumstances meant the prison could not assess the effectiveness of their courses or other interventions (see also paragraph 4.27).
- 3.18** Partnership working between various resettlement agencies was good. They worked well together to prepare prisoners for release by, for example, arranging job interviews, helping with CVs and debt management, maximising their chances of successful resettlement into the community. (See also paragraphs 4.27 and 4.28.) Good links with local and national employers provided good prison-based employment. For example, one employer had set up a skip container manufacturing and refurbishment facility in the prison. The work replicated the high skills and standards of a commercial working environment. Although the employer had only been operating in the prison for four months, two men had gained employment with the company on release while two others had been identified for employment after their release. The employer had also arranged supported temporary living accommodation through the company's charity.
- 3.19** Pay rates were not equitable and did not encourage prisoners to improve their education and skills. Although better than at the last inspection, a minority of prisoners still did not consistently attend their activities and too many arrived late.

## Recommendations

- 3.20 All prisoners should have equal access to vocational training and suitable teaching accommodation.**
- 3.21 The prison should ensure that post-release outcomes data are available to inform service provision and development.**
- 3.22 The prison pay policy should be fair and encourage prisoners to participate in education and training.**

## Quality of provision

- 3.23** Most teaching was good and tutors generally planned learning so that the majority of prisoners made good progress. Vocational courses and prison work activities provided good individual coaching and training. Tutors and trainers had high expectations of prisoners. Most prisoners in education, vocational training and prison work developed good English, maths and work-related skills, improving their chances of employment on release.
- 3.24** The majority of tutors and trainers encouraged prisoners to develop independent problem-solving skills. Through effective questioning techniques, tutors and trainers skilfully enabled prisoners to solve challenging problems for themselves. This helped them deepen their understanding and apply their knowledge and skills effectively.
- 3.25** Peer mentors supported prisoners well. They helped them remain focused and complete learning and work activities successfully. They empathised with prisoners and used their own knowledge and experience well to support men in their education, vocational and work activities. Prisoners appreciated their support.
- 3.26** Most tutors and trainers provided prisoners with effective verbal feedback. Tutors and trainers helped them develop their knowledge, understanding and skills quickly. However,

feedback on prisoners' written work was minimal and did not give them enough information on what they needed to do to improve.

- 3.27** Prisoners' progress over time was not evident. Short-term target-setting had improved since the last inspection, although most prisoners' individual learning plans lacked precise development targets. Tutors, trainers and managers could not monitor progress effectively enough to ensure prisoners knew what they needed to do next to improve their learning and skills development.
- 3.28** Tutors and trainers did not use the comprehensive information they received about prisoners' starting points effectively. They did not plan their sessions well enough to meet the needs and abilities of all prisoners. A minority of prisoners, particularly the most able, did not make the progress they were capable of to keep them sufficiently focused on activities.

## Recommendations

- 3.29 Tutors and trainers should produce and update personal development targets in learning plans to show prisoners' progress over time.**
- 3.30 Tutors and trainers should ensure lessons contain challenging activities that benefit all prisoners, including the most able, and provide useful feedback on how they can improve.**

## Personal development and behaviour

- 3.31** Prisoners' behaviour in education, vocational training and work activity sessions was good. They demonstrated high levels of respect for each other and for staff. They participated enthusiastically in activities and were confident enough to ask questions and take part in discussions.
- 3.32** Prisoners produced a high standard of work. They developed learning and skills quickly and took pride in their achievements. They swiftly built up their confidence through the effective support and encouragement of tutors and trainers, developed good team working skills and improved their chances of success.
- 3.33** Most prisoners knew how their learning and training could help them improve their personal effectiveness in their existing businesses or gain employment after their release and reduce their likelihood of reoffending. Prisoners in many work areas produced work to commercial standards and deadlines and worked a 40-hour week with overtime opportunities, which promoted good employability skills and a positive work ethic.
- 3.34** In a small minority of the prison's commercial workshops, prisoners did not always use personal protective equipment correctly. Occasionally, there was insufficient work in a minority of work areas to keep all prisoners occupied. In vocational training, tutors did not always help prisoners apply or build their knowledge of technical language consistently.
- 3.35** Prisoners developed their English and maths skills successfully in English and maths lessons and most made good progress. Attendance at English and maths lessons for those for whom the courses were compulsory was low. Punctuality was also poor and prisoners failed to develop time management skills. They did not have enough motivation to attend activities, a key requirement for successful employment.

## Recommendations

- 3.36 Supervisors in the prison workshops should enforce high standards of health and safety and plan suitable contingency activities to keep all prisoners occupied.**
- 3.37 Trainers should help prisoners develop technical vocabulary relevant to the vocational training course.**

## Outcomes and achievements

- 3.38** Most prisoners made good progress in their education, vocational training and prison work compared to their starting points. Those who completed their courses enjoyed their learning and qualifications achievements were high on most courses, equipping them well for the next stage of their education or employment.
- 3.39** In 2016–17 achievements were high for functional skills entry level English, entry and level 1 maths and English for speakers of other languages. Achievements in information technology user skills and employability qualifications were very high. However, those for level 1 functional skills English, carpentry and joinery and motor vehicle vocational qualifications were too low.
- 3.40** Prisoners often stayed at the prison for short periods of time. Too many short-stay prisoners did not receive any record of what they had achieved while on their courses and other activities because they were released or moved to other prisons at little or no notice.
- 3.41** In 2016–17, a minority of prisoners with learning difficulties or disabilities did not achieve as well as their peers.

## Recommendations

- 3.42 Prison managers should ensure that prisoners receive a record of their ongoing achievements on courses and in work when leaving the prison.**
- 3.43 Novus managers should systematically monitor the performance of prisoners with additional support needs to ensure their achievements are as good as their peers across all courses.**

## Section 4. Rehabilitation and release planning

**Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.**

### Children and families and contact with the outside world

#### Expected outcomes:

**The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.**

- 4.1 Visiting arrangements were good and sessions were held every day, including during the evening four times a week. Prisoners could now book visits using wing custody management system (CMS) terminals (self-service electronic kiosks where prisoners could access relevant information and request services and support). The arrangement worked efficiently.
- 4.2 The visitors' centre was run by social enterprise Person Shaped Support (PSS) and continued to provide visitors with a wide range of information and support. Feedback letters from visitors said they found the service helpful.
- 4.3 The visits hall was spacious and well decorated. The children's play area was supervised by trained staff from PSS. It had been extended and was well equipped with toys and electronic games. Prisoners could embrace their visitors on arrival and departure which was reasonable.
- 4.4 In response to requests from vulnerable prisoners who felt uncomfortable having visits alongside mainstream prisoners, separate visiting sessions had been introduced for them. We were informed that the new arrangements helped prisoners and visitors feel safer and more relaxed and had led to a 12% increase in vulnerable prisoners taking up visits.
- 4.5 There was a well-established programme of family days across the prison and 14 had been carried out over the previous year, which was approximately double what we found at the last inspection. Separate arrangements were made for vulnerable prisoners who wanted to participate in family days, and prisoners on the basic level could also take part.
- 4.6 Since the previous inspection, the Foinavon Blue unit had been turned into a family interventions unit. It was designed to give prisoners the opportunity to maintain or improve their relationships with their partners, children and extended family. Prisoners were selected on the basis of a risk assessment and a judgement about the individual's commitment to maintaining contact with family. The unit's focus was on delivering a three-week programme run by Novus covering aspects of family life. Three courses, involving 12 men, were run every year. Participants we spoke to were very positive about how it had helped them. Men who continued to be accommodated in Foinavon Blue could take part in a weekly reading and creative play club, which enabled them to play a part in their child's development. The work was impressive and other prisoners elsewhere in the establishment could also have benefited from the approach.

- 4.7** Prisoners could maintain contact with their families through email. Most prisoners also had phones in their cells and in our survey, 96% of them said they could use a phone every day if they had credit.

## Reducing risk, rehabilitation and progression

### Expected outcomes:

**Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.**

- 4.8** The reducing reoffending strategy and policy were up to date and covered key issues relating to pathway provision and the wider management of resettlement. The policy document also incorporated information from the establishment's needs analysis, based primarily on prisoner questionnaires and segmentation data from offender assessment system (OASys) documents. The policies did not include details of how the work of the offender management department integrated with that of the resettlement department. The reducing reoffending strategy group met bimonthly and was reasonably well attended, as were partnership meetings, which met in alternate months. Overall, although the strategic approach of the prison was broadly appropriate, it focused too much on process and insufficiently on outcomes.
- 4.9** The prison had exceeded its target for completing basic custody screening tool assessments, which were up to date and there was no backlog of OASys documents for which the prison was responsible. However, there was a substantial backlog (105) of OASys for higher risk men for whom the National Probation Service (NPS) was responsible.
- 4.10** During the inspection, we reviewed several completed OASys documents. Those undertaken by officer offender supervisors (for prisoners assessed as low or medium risk of harm) were quality assured by probation offender supervisors. In most cases the standard was reasonable, although in some cases targets were too broad or did not address underlying risk factors. Those completed by the NPS were generally good, more comprehensive and had detailed risk management plans.
- 4.11** The prison contracted four probation officers as offender supervisors, who were supported by a senior probation officer one day a week. There was one vacancy at the time of the inspection. Cases allocated to probation offender supervisors were, appropriately, those assessed as high or very high risk of harm who were serving over 10 years, and all indeterminate sentenced prisoners. Caseloads were between 35 and 40 and were manageable. All other prisoners serving over 12 months were allocated to the 12 officer offender supervisors, although the team had three vacancies at the time of the inspection. Given the prisoner profile of Altcourse, this meant that over 50% of all cases managed by prison officers were assessed as high or very high risk of harm.
- 4.12** Although there were some exceptions, in most cases, prisoners managed by probation staff were seen frequently and were appropriately managed and there were regular links to community-based responsible officers. However, many prisoners managed by prison officer offender supervisors had infrequent or rare contact with them, unless there was a specific reason for it, such as a home detention curfew (HDC) review. In several of the cases we reviewed, there was insufficient contact for the level of risk the prisoner posed. In one case, a man had been assessed as posing a very high risk of harm and had a very detailed and comprehensive risk management plan completed by his community-based probation officer. There was evidence that the prisoner's behaviour in custody reflected his behaviour in the community while offending, but there had been no offender supervisor contact since his



conviction in April 2017, no evidence of communication with his community-based offender manager and no oversight from the public protection meeting, even though he was due to be released in less than two months.

- 4.13** The lack of contact and insufficient management oversight were compounded by poor casework supervision, particularly for officer offender supervisors. We were told that supervision had been introduced for a short period after the last inspection but had subsequently stopped. We were told that, due to various management changes, even probation offender supervisors had not had supervision for over seven months.
- 4.14** During the inspection, 210 prisoners, 18% of the population, were subject to child protection arrangements – 194 with full restrictions. Arrangements regarding their management were reviewed during the weekly child protection meeting. Minutes indicated that decisions were generally appropriate. The meeting also managed similar arrangements for the further 237 men subject to restrictions relating to harassment. We saw a prisoner subject to a restraining order, who was attempting to contact a victim, being managed well.
- 4.15** A further monthly public protection meeting reviewed prisoners subject to multi-agency public protection arrangements (MAPPAs). Although the prison's own public protection policy was appropriate and national guidance was available, practices at Altcourse were poor. Newly received prisoners were identified, but meetings did not routinely review release arrangements for those subject to MAPPAs. Prison staff did not consistently contact community managers to determine what MAPPAs level prisoners would be subject to on release, nor did the prison chase up responses when requests received no reply. We came across a number of men, subject to MAPPAs and due to be released in the near future, where arrangements to manage their release had not been developed and who were not subject to an overview through public protection meetings.
- 4.16** A re-categorisation and HDC board sat every week to consider prisoners. In the six months prior to our inspection, 209 men had been considered for HDC and 74 (35%) had been successful. While the number of successful applications was lower than we usually see, in the cases we reviewed, decisions were appropriate and well managed. Despite recent national changes and the creation of a national single point of referral for HDC community reports, they continued to be delayed, which had a knock-on effect on release times. In our review of the most recent 30 requests for reports, only five had been returned on time.
- 4.17** Decisions regarding the re-categorisation of prisoners were also generally appropriate and appeared defensible. Some prisoners were frustrated about decisions not to re-categorise them because they felt they had done all they could to justify a downgrade. In the cases we looked at the decisions seemed appropriate, but prisoners were not always clearly informed about them. In most cases, prisoners were transferred to category C or D prisons swiftly, but there were substantial delays in moving those categorised as B to training prisons. We were told that in the previous six months, only 18 category B prisoners had been moved from Altcourse.
- 4.18** Altcourse held 209 prisoners convicted of a sexual offence. There was still no strategy for managing this group of prisoners. For most of these men, invariably categorised as B, progression to another prison was very difficult, especially if they were in denial of their offence or unwilling to participate in offence-related work.
- 4.19** The prison held 52 indeterminate sentenced prisoners, including 33 sentenced for public protection. All indeterminate prisoners were appropriately allocated to one of the probation officers and we saw examples of detailed individual work being undertaken on risk and progression.

- 4.20** Although prisoners could apply for release on temporary licence (ROTL), it was used rarely and not at all in the previous six months. Prisoners we spoke to did not know they could apply for ROTL or what the criteria were.

## Recommendations

- 4.21** **Offender supervisors should have regular and meaningful contact with the men on their caseloads.**
- 4.22** **Casework and professional supervision and personal development should be provided to all offender supervisors, whatever their professional background.** (Repeated recommendation 4.19)
- 4.23** **Sentence plan targets should be specific and relate to reducing the prisoners' risks.**
- 4.24** **The prison should develop a specific strategy to manage the sex offender population.** (Repeated recommendation 4.51)

## Interventions

### Expected outcomes:

**Prisoners are able to access interventions designed to promote successful rehabilitation.**

- 4.25** The prison delivered two nationally accredited offending behaviour programmes – the Thinking Skills Programme, designed to address distorted thinking associated with offending and Pillars of Recovery, which aimed to address substance misuse. There was a combined annual target of 112 prisoner completions. The prison also delivered a good range of other drug and alcohol programmes. Despite the prison's needs analysis revealing a high demand for programmes addressing thinking, behaviour and attitude problems, little else was available to address these issues.
- 4.26** Although 20% of men at Altcourse were subject to some form of restriction due to harassment or domestic abuse, the prison did not have a programme to address this need. We were told that a programme had run in the past but was no longer available. Probation offender supervisors undertook some individual work, which was good, but only a small number of men benefited from it.
- 4.27** In our survey, 56% of respondents who were due to be released within three months said they needed help with accommodation. This reflected, broadly, the level of demand managed by Shelter, which had been subcontracted by the Merseyside Community Rehabilitation Company to provide resettlement services. A separate team of Shelter workers managed men being released in Wales. We saw workers in both teams undertaking good work to support prisoners in finding accommodation, but for many prisoners, no accommodation could be found prior to their release and they had to present as homeless. Around 12% of all prisoners released left the prison without accommodation. There was still no mechanism for following up outcomes and establishing how sustainable the accommodation had been (see paragraph 3.17 and recommendation 3.21).
- 4.28** Finance benefit and debt support was reasonable. Information and advice about debt management was available through Shelter workers and peer advisers. Bank accounts and identity cards could also be set up.

## Recommendation

- 4.29 A suitable range and number of offending behaviour programmes should be available to meet the needs of the prison's population.**

## Release planning

### Expected outcomes:

**The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.**

- 4.30** In the six months prior to the inspection the prison had released an average of over 200 prisoners a month. Shelter workers saw almost all prisoners before their release, although this usually happened around eight weeks pre-release, rather than the target of 12 weeks. The resettlement plans we saw were better than we often see. There was an appropriate focus on prisoners with issues relating to previous work in the sex industry or where they had been a victim of domestic abuse.
- 4.31** Information-sharing with other prison departments was still weak. An attempt had been made through the reducing reoffending strategy and partnership meetings to improve information-sharing but progress had been slow. Too often post-release arrangements organised by other departments were not being shared with Shelter, which meant it did not inform the resettlement plan.
- 4.32** We came across some examples of good liaison with community responsible officers but it was inconsistent. Staff we spoke to had different views about who was responsible for different groups of prisoners, and this needed to be clarified. Overall the confusion undermined prisoners' smooth transition from custody to the community.
- 4.33** Some 'meet at the gate' and mentoring support was available after release, but it was linked to specific projects that the prisoner was involved with and there was no generic support.
- 4.34** Practical arrangements for release were reasonable. There were no laundering facilities in reception, but men could obtain clothes from stores and wash them on the wing prior to release. Prisoners without a bag for their possessions were provided with one. Prior to release, reception staff ran through prisoners' licence conditions to ensure they understood them.

## Recommendations

- 4.35 The prison should clarify how liaison between the prison and responsible officer in the community should be undertaken to ensure all relevant information about a prisoner's progress and ongoing needs is shared.**
- 4.36 Mentoring and 'meet at the gate' support services should be developed to meet all prisoners' needs.**



# Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new 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, and in the previous report where recommendations have been repeated.

## Main recommendations

To the governor

- 5.1** Use of force should be proportionate and de-escalation techniques and body-worn video cameras used. (S43)
- 5.2** Prisoners should receive their prescribed medications promptly. (S44)
- 5.3** Offender managers should ensure that high risk of harm prisoners have an up-to-date assessment and a regularly reviewed sentence plan and that all public protection and MAPPA arrangements are robust. (S45)

## Recommendations

### Early days in custody

- 5.4** Prisoners should be escorted to the prison promptly after they have been dealt with by the courts. (1.8, repeated recommendation 1.5)
- 5.5** First night cells should be clean, free of graffiti and properly equipped. (1.9)
- 5.6** Time out of cell for prisoners in the first night centre should be improved and should include evening and weekend association. (1.10)

### Managing behaviour

- 5.7** The regime in the Brook unit should be improved and include a full programme of purposeful activity. (1.20)
- 5.8** Officers should wear identity badges during removals involving force, and balaclavas should not be worn. (1.29)
- 5.9** The regime in the segregation unit should allow prisoners access to constructive activity. (1.36)

### Safeguarding

- 5.10** The quality of ACCT documents should be consistently high. Care maps should be completed in full and reflect prisoners' needs. Staff observations should provide evidence of interactions. (1.52)

- 5.11** The governor should initiate contact with the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes. There should be a coordinated approach to ensuring prisoners' safeguarding needs are met. This should include prompt referral, care planning and ongoing monitoring. (1.55)

#### Staff-prisoner relationships

- 5.12** Better oversight and governance of peer supporters and mentors should be introduced. (2.5)

#### Daily life

- 5.13** Managers should improve the standard of the food. (2.17)

#### Equality, diversity and faith

- 5.14** The prison should consult prisoners from all protected characteristic groups regularly. (2.28)
- 5.15** Equality peer workers should be representative of the population and their role should be reviewed to ensure it is meaningful and the work visible. (2.29)
- 5.16** Foreign national prisoners should receive information about organisations that can provide them with immigration advice and support. (2.37)
- 5.17** There should be a strategy for working with young men that takes account of their developmental needs. (2.38)

#### Health, well-being and social care

- 5.18** There should be sufficient treatment rooms all of which should comply with national infection control standards. (2.52)
- 5.19** The health care department should be refurbished and particular attention paid to the waiting room for vulnerable prisoners. (2.53)
- 5.20** Care plans for patients with long-term conditions should be reviewed routinely to ensure patients receive appropriate treatment. (2.61)
- 5.21** The prison should develop an operational policy that describes the criteria for admission and discharge and articulates the clinical role of the unit. (2.62)
- 5.22** The inpatient unit should be refurbished, individual rooms should be clean and have all basic amenities. (2.63)
- 5.23** A programme of therapeutic activities and proactive daily support for men with mental health needs should be established. (2.64)
- 5.24** Patients should have access to a range of individual and group psychological interventions in line with the IAPT programme. (2.72)
- 5.25** Patients should receive prompt support from specialist medical and psychology professionals that is appropriate for their level of need and clinical risk. (2.73)
- 5.26** Prisoners needing treatment under the Mental Health Act should be transferred to hospital promptly. (2.74)

- 5.27** Appropriate observation and monitoring arrangements should be in place during stabilisation, and drug- and alcohol-dependent prisoners should receive treatment that is prompt, flexible and reviewed on a regular basis. (2.80)
- 5.28** Pharmacy staff should be appropriately trained for the duties they carry out. (2.86)
- 5.29** The timing of the administration of supervised medication should be reviewed to ensure that patients receive optimum treatment. (2.87)
- 5.30** In-possession risk assessments should be carried out in line with the policy. Prison officers should increase the level of support during administration of in-possession medication and secure storage should be provided in cells. (2.88)

#### Time out of cell

- 5.31** All men, including those who had to be escorted to the library, should be able to visit the library at least once a week. (3.11)

#### Education, skills and work activities

- 5.32** All prisoners should have equal access to vocational training and suitable teaching accommodation. (3.20)
- 5.33** The prison should ensure that post-release outcomes data are available to inform service provision and development. (3.21)
- 5.34** The prison pay policy should be fair and encourage prisoners to participate in education and training. (3.22)
- 5.35** Tutors and trainers should produce and update personal development targets in learning plans to show prisoners' progress over time. (3.29)
- 5.36** Tutors and trainers should ensure lessons contain challenging activities that benefit all prisoners, including the most able, and provide useful feedback on how they can improve. (3.30)
- 5.37** Supervisors in the prison workshops should enforce high standards of health and safety and plan suitable contingency activities to keep all prisoners occupied. (3.36)
- 5.38** Trainers should help prisoners develop technical vocabulary relevant to the vocational training course. (3.37)
- 5.39** Prison managers should ensure that prisoners receive a record of their ongoing achievements on courses and in work when leaving the prison. (3.42)
- 5.40** Novus managers should systematically monitor the performance of prisoners with additional support needs to ensure their achievements are as good as their peers across all courses. (3.43)

#### Reducing risk, rehabilitation and progression

- 5.41** Offender supervisors should have regular and meaningful contact with the men on their caseloads. (4.21)

- 5.42** Casework and professional supervision and personal development should be provided to all offender supervisors, whatever their professional background. (4.22, repeated recommendation 4.19)
- 5.43** Sentence plan targets should be specific and relate to reducing the prisoners' risks. (4.23)
- 5.44** The prison should develop a specific strategy to manage the sex offender population. (4.24, repeated recommendation 4.51)

### Interventions

- 5.45** A suitable range and number of offending behaviour programmes should be available to meet the needs of the prison's population. (4.29)

### Release planning

- 5.46** The prison should clarify how liaison between the prison and responsible officer in the community should be undertaken to ensure all relevant information about a prisoner's progress and ongoing needs is shared. (4.35)
- 5.47** Mentoring and 'meet at the gate' support services should be developed to meet all prisoners' needs. (4.36)

## Examples of good practice

- 5.48** Prisoners with drug and alcohol problems had access to an impressive range of interventions that were enhanced by peer support and mutual aid. They also benefited from the structured and supportive environment of the stabilisation and substance recovery units. (2.81)
- 5.49** Men involved in the smoking cessation programme were encouraged to make good progress through access to additional gym sessions. (3.12)



## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Ian Macfadyen	Inspector
Keith McInnis	Inspector
Tamara Pattinson	Inspector
Gordon Riach	Inspector
Jayne Price	Researcher
Helen Ranns	Researcher
Catherine Shaw	Researcher
Emily Spilman	Researcher
Steve Eley	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Rachel Callaghan	Pharmacist
Cat Reeves	Care Quality Commission inspector
John Grimmer	Ofsted inspector
Elaine Price	Ofsted inspector
Shahram Safavi	Ofsted inspector
Suzanne Wainwright	Ofsted inspector
Keith Humphries	Offender management inspector



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2014, for most prisoners the escort, reception, first night and induction experience was positive, despite some poor first night accommodation. The incidence of violence and bullying was high and many cases involved young adults but the prison had done too little to understand and address these issues. There had been three self-inflicted deaths since our last inspection, but we found some good practice to care for and support prisoners in crisis. However, there were no safeguarding arrangements. Too many security procedures were disproportionate, and the incentives scheme was ineffective. The segregation unit was usually full and the regime was limited but prisoners were positive about the staff. Substance misuse services were good but the supply reduction strategy was not effective enough. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

#### **Main recommendations**

The prison should adopt a strategic and coordinated approach to reduce the levels of bullying, violence and antisocial behaviour. (S38)

**Achieved**

The security strategy should be reviewed and provide a more sophisticated and rigorous response to the issues of drug availability, gangs and violence and the links between them. (S39)

**Achieved**

The prison should reduce the number of incidents involving the use of force and improve the governance of and accountability for its use, including planned interventions. Documentation of all use of force should also be improved. (S40)

**Achieved**

#### **Recommendations**

Prisoners should be escorted to the prison promptly after they have been dealt with by the courts. (1.5)

**Not achieved** (recommendation repeated, 1.8)

All prisoners should receive sufficient notice of planned transfers, unless there are evidence-based security concerns. (1.6)

**Achieved**

Prisoners transferring in from other prisons should only be strip searched on the basis of supporting intelligence. (1.15)

**Achieved**

All alleged incidents of bullying should be thoroughly investigated, targets and interventions should be meaningful, and there should be support for victims. (1.23)

**Achieved**

The prison should develop and implement a coherent strategy to manage vulnerable prisoners, which offers good care and meaningful support. (1.24)

**Partially achieved**

The prison should implement learning points from deaths in custody recommendations and review them regularly. (1.32)

**Achieved**

Prisoners subject to assessment, care in custody and teamwork (ACCT) case management should only be located in the care and separation unit in exceptional circumstances. (1.33)

**Achieved**

The director should ensure that there are procedures to identify and support prisoners at risk, and that all staff are aware of what constitutes an adult at risk. Contact should be made with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.36)

**Not achieved**

Security arrangements, including the use of closed visits and strip-searching, should be reviewed to ensure they are proportionate to the risk posed. (1.43)

**Achieved**

A positive swab test should not lead to closed visits in the absence of other supporting intelligence. (1.44)

**Achieved**

The prison should ensure that the incentives and earned privileges scheme provides clear incentives for prisoners to improve poor behaviour. (1.49)

**Achieved**

Adjudications should explore charges thoroughly before a finding of guilt, and quality assurance procedures should be improved. (1.53)

**Achieved**

The number of prisoners in the segregation unit should be reduced, and the quality of regime and environment should be improved. (1.66)

**Achieved**

There should be a drug-free area in the prison. (1.73)

**Achieved**

There should be suitable compact based drug testing facilities. (1.74)

**Achieved**

## Respect

### Prisoners are treated with respect for their human dignity.

*At the last inspection, in 2014, the prison was generally clean but some accommodation was worn and there was much graffiti. Staff engagement with prisoners was very impressive. Arrangements for equality and faith provision were adequate and there was positive support for most prisoners with protected characteristics<sup>2</sup> but little provision for young adults. Complaints were managed reasonably well and legal services were adequate. Health services were good and improving. Many prisoners were critical about food and there was evidence to support their view. The prison shop was adequate. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Recommendations

Single and double cells should not hold additional prisoners. (2.8)

**Not achieved**

Toilets and showers should be screened, communal showers should be refurbished, and all cells should be adequately furnished and free from graffiti and offensive displays. (2.9)

**Partially achieved**

Application forms should be freely available, and applications and their responses should be tracked. (2.10)

**Achieved**

Officers should always respond to emergency cell bells within five minutes. (2.11)

**Achieved**

The prison should be more responsive to matters raised through prisoner consultation. (2.17)

**Achieved**

Equality provision should cover the needs of young adults, and activities should be developed for young adults, older prisoners and those with disabilities. (2.25)

**Partly achieved**

Monitoring data should include the treatment of foreign national prisoners. (2.26)

**Not achieved**

There should be dedicated prisoner forums for each protected group. (2.27)

**Not achieved**

The Ministry of Justice should ensure that prisoners and detainees who might be entitled to publicly funded immigration advice have effective access to legal representation. (2.35)

**Not achieved**

The Home Office should serve all decision to detain notices at least one month before the end of a prisoner's sentence. (2.36)

**Not achieved**

Multidisciplinary support plans should be developed for all prisoners with disabilities and older prisoners with identified needs, with their involvement, and be readily accessible to all staff. (2.37)

**Achieved**

The prison should develop a strategy for young adults, and should explore and address the specific issues for this group. (2.38)

**Not achieved**

The chaplaincy should be better integrated into the work of the prison to maximise its positive impact. (2.46)

**Achieved**

Complaints should be considered even if forms are unsigned or undated, and prisoners should be able to complain about the quality of food. (2.51)

**Achieved**

All treatment rooms should comply with the control of infection requirements and be fit for purpose. (2.64)

**Not achieved**

Discipline staff should be trained in the use of defibrillators. (2.65)

**Achieved**

The process for making a health care complaint should be better advertised to prisoners and be confidential. (2.66)

**Achieved**

Health care staff should be trained to meet the demands of the prison population. (2.72)

**Not achieved**

The arrangements for appointments should be revised to improve access to GP clinics. (2.73)

**Achieved**

Patients should have access to a complete pharmaceutical service, including pharmacy-led clinics and medicine use reviews. (2.82)

**Not achieved**

More patient group directions should be used to enable nurses to supply a greater range of more potent medications and to avoid unnecessary consultations with the GP. (2.83)

**Partially achieved**

Stock management systems should support the safe administration of medicines. (2.84)

**Achieved**

The administration of supervised medication should be at times that ensure the best treatment for patients. (2.85)

**Achieved**

There should be a rolling programme of mental health awareness training for all discipline staff. (2.93)

**Achieved**

The quality and range of the food should be improved. (2.98)

**Not achieved**

Prisoners should be able to make a hot drink in their cell after evening lock up. (2.99)

**Achieved**

Prisoners should not be charged a processing fee on catalogue orders. (2.103)

**Achieved**

Prisoners should be able to change the items available in the prison shop. (2.104)

**Achieved**

## Purposeful activity

**Prisoners are able, and expected, to engage in activity that is likely to benefit them.**

*At the last inspection, in 2014, there were sufficient activity places, and time out of cell for most prisoners was impressive. There was a strong emphasis on developing a good work ethic and skills for prisoners that matched those in the job market. The quality of education and vocational provision was good for most but too limited for vulnerable prisoners. Overall achievement outcomes were high. Peer workers were used effectively to encourage and support prisoners' learning. Prisoners had good access to the well- resourced library. A balanced range of recreational PE and vocational courses was offered. Outcomes for prisoners were good against this healthy prison test.*

### Recommendations

Prisoners should have sufficient constructive activity to occupy themselves when they are not engaged in work or education. (3.3)

**Partially achieved**

Judgements in the self-assessment report for the overall quality of the prison's learning and skills provision should be clear. (3.10)

**Achieved**

Prisoner attendance at planned activities should be improved. (3.11)

**Not achieved**

The range and variety of work and vocational training available to vulnerable prisoners should be improved. (3.16)

**Partially achieved**

Wing cleaners should have sufficient work to be fully occupied during the working day. (3.17)

**Partially achieved**

Teachers should set precise short-term targets in individual learning plans to help learners understand what they have to improve. (3.22)

**Not achieved**

The use of library data should be improved to ensure that the library fully meets the needs of prisoners. (3.28)

**Partially achieved**

The prison should analyse data on gym participation to ensure that all prisoner groups are using it. (3.33)

**Partially achieved**

The prison should offer accredited courses in the gym. (3.34)

**Achieved**

## Resettlement

**Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.**

*At the last inspection, in 2014, The resettlement policy was up to date but there was no strategy for offender management and some aspects of the current delivery were fragmented as a result. The quality of sentence planning was variable. There were good arrangements to reduce prisoners' risk level and no backlog of assessments. The support for indeterminate-sentenced prisoners was positive and public protection arrangements were adequate. Resettlement pathway provision was generally good, although we were not assured that there was sufficient support for prisoners' accommodation needs on discharge. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Recommendations

Policies underpinning the resettlement and offender management functions of the prison should cover all aspects of the work, include a clear development strategy and be underpinned by an up-to-date needs analysis, and all departments involved in the work should meet regularly. (4.6)

**Partially achieved**

The prison should develop a policy to address domestic violence that ensures that perpetrators are identified and appropriately engaged to reduce their risk of reoffending, and that also covers any child protection concerns. (4.7)

**Not achieved**

Custody planning for prisoners on remand or serving a sentence of less than 12 months should be implemented consistently, and be supported with effective quality assurance. (4.8)

**Achieved**

The roles of personal officers and offender supervisors in supporting prisoners achieve sentence planning and resettlement targets should be clearly identified. (4.16)

**Partially achieved**

The level of contact by offender supervisors with prisoners beyond sentence planning and OASys reviews should be agreed and monitored to ensure consistency. (4.17)

**Not achieved**

Long-term prisoners should be prioritised for work to address their offending behaviour. (4.18)

**Partially achieved**

Casework and professional supervision and personal development should be provided to all offender supervisors, whatever their professional background. (4.19)

**Not achieved** (recommendation repeated 4.22)

The support for indeterminate-sentenced prisoners should include a forum to cover their specific needs, as well as written information on their management. (4.27)

**Partly achieved**

Offender supervisors should be actively involved in the pre-release planning of prisoners serving over 12 months, and all resettlement pathway providers should collate plans and share them with the offender manager before release. (4.31)

**Partially achieved**



The prison should follow up prisoners released without a specific address to ensure that appropriate accommodation is available, and should use outcomes from this data used to inform service development. (4.34)

**Not achieved**

Career guidance workers should promote the availability of additional individual career and guidance sessions for prisoners before their release. (4.37)

**Achieved**

The prison should further develop its employer links to improve the post-release employment opportunities for prisoners. (4.38)

**Achieved**

The visits booking system should be improved. (4.46)

**Achieved**

The prison should develop a specific strategy to manage the sex offender population. (4.51)

**Not achieved** (recommendation repeated, 4.24)



# Appendix III: Care Quality Commission Requirement Notice



## Requirement Notice

**Provider:** G4S Forensic and Medical Services (UK) Limited

**Location:** HMP Altcourse

**Location ID:** 1-292003004

**Regulated activities:** Treatment of disease, disorder, or injury, Diagnostic and screening procedures.

### Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

**Regulation 12: Safe care and treatment**

Regulation 12 HSCA (RA) Regulations 2014: Care and treatment must be provided in a safe way for service users

### How the regulation was not being met:

We found that medicines were not always managed safely, and the registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- There were delays for patients receiving prescribed medication following admission and when moving accommodation within the prison.
- A high proportion of patients' own medication received into the prison was routinely disposed of without considering the associated risks, which was inefficient and contributed to delays in patients accessing a further supply while community health records were sought.
- Repeat prescriptions were not always processed promptly, with many patients experiencing delays of up to several days before receiving their medicines. As a result, there had been many delays in men getting important medications for serious conditions such as diabetes, heart disease, hypothyroidism and asthma.
- G4S Health had identified that some of the delays to supplying patients' medication had resulted from a backlog of GP tasks, but had not yet undertaken all that was reasonable practicable to mitigate the risks of future similar delays.



## Appendix IV: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	42	639	59.2%
Recall	5	111	10.1%
Convicted unsentenced	15	75	7.8%
Remand	31	187	19%
Civil prisoners	0	2	0.2%
Detainees (Immigration)	2	6	0.7%
Indeterminate Sentence	1	30	2.7%
Unknown	0	4	0.3%
<b>Total</b>	<b>68</b>	<b>1,054</b>	<b>100%</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	48	276	28.2%
Less than 6 months	7	163	14.8%
6 months to less than 12 months	11	82	8.1%
12 months to less than 2 years	14	82	8.3%
2 years to less than 3 years	10	93	9%
3 years to less than 4 years	3	74	6.7%
4 years to less than 10 years	2	147	13%
10 years and over (not life)	0	85	7.4%
ISPP (indeterminate sentence for public protection)	0	33	2.9%
Life	1	19	4.6%
<b>Total</b>	<b>96</b>	<b>1,054</b>	<b>100%</b>

Age	Number of prisoners	%
Please state minimum age here: 18	0	0
Under 21 years	96	8.3%
21 years to 29 years	350	30.4%
30 years to 39 years	348	30.3%
40 years to 49 years	216	18.8%
50 years to 59 years	92	8%
60 years to 69 years	32	2.8%
70 plus years	16	1.4%
Please state maximum age here: 83	0	0
<b>Total</b>	<b>1,150</b>	<b>100%</b>

Nationality	18–20 yr olds	21 and over	%
British	91	1006	95.4%
Foreign nationals	5	47	4.5%
Not Stated	0	1	0.1%
<b>Total</b>	<b>96</b>	<b>1,054</b>	<b>100%</b>

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Unsentenced	46	257	26.3%
Unclassified sentenced	4	13	1.5%
Category A	0	0	0
Category B	0	92	8%
Category C	2	680	59.3%
Category D	0	10	0.9%
YO Closed	41	2	3.7%
YO Open	3	0	0.3%
<b>Total</b>	<b>96</b>	<b>1,054</b>	<b>100%</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	83	951	89.9%
Irish	1	7	0.7%
Gypsy/Irish Traveller	0	4	0.3%
Other white	2	30	2.8%
<b>Mixed</b>			
White and black Caribbean	0	8	0.7%
White and black African	0	2	0.2%
White and Asian	0	0	0
Other mixed	1	4	0.4%
<b>Asian or Asian British</b>			
Indian	1	1	0.2%
Pakistani	2	8	0.9%
Bangladeshi	0	2	0.2%
Chinese	0	3	0.3%
Other Asian	0	8	0.7%
<b>Black or black British</b>			
Caribbean	0	9	0.8%
African	1	5	0.5%
Other black	3	8	1%
<b>Other ethnic group</b>			
Arab	0	2	0.2%
Other ethnic group	1	1	0.2%
Not stated	1	1	0.2%
<b>Total</b>			

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	0	0
Church of England	8	195	17.7%
Roman Catholic	12	225	20.6%
Other Christian denominations	8	140	12.9%
Muslim	2	38	3.5%
Sikh	0	0	0
Hindu	0	3	0.3%
Buddhist	3	10	1.1%
Jewish	1	9	0.9%
Other	0	8	0.7%
No religion	60	424	42.1%
Not Stated	2	2	0.3%
<b>Total</b>	<b>96</b>	<b>1,054</b>	<b>100%</b>

<b>Other demographics</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)	0	14	1.33%
<b>Total</b>			<b>1.33%</b>

### Sentenced prisoners only

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	15	1.3%	204	17.7%
1 month to 3 months	16	1.4%	211	18.3%
3 months to 6 months	8	0.7%	149	13%
6 months to 1 year	6	0.5%	117	10.2%
1 year to 2 years	3	0.3%	63	5.5%
2 years to 4 years	0	0	32	2.8%
4 years or more	0	0	2	0.2%
<b>Total</b>	<b>48</b>	<b>4.2%</b>	<b>778</b>	<b>67.7%</b>

### Sentenced prisoners only

	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Unsentenced prisoners only

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	17	1.5%	98	8.5%
1 month to 3 months	1	0.1%	20	1.7%
3 months to 6 months	19	1.7%	92	8%
6 months to 1 year	11	1%	65	5.7%
1 year to 2 years	0	0	1	0.1%
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>48</b>	<b>42</b>	<b>276</b>	<b>24%</b>

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
<b>Total</b>			

Not available on NOMIS



# Appendix V: Prisoner survey methodology and results

## Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.<sup>12</sup>

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

### Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.<sup>13</sup>

### Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.<sup>14</sup> Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

### Survey response

At the time of the survey on 13 November 2017 the prisoner population at HMP Altcourse was 1150. Using the sampling method described above, questionnaires were distributed to 230 prisoners. We received a total of 191 completed questionnaires, a response rate of 83%. This included two questionnaires completed via face-to-face interviews. Nine prisoners declined to participate in the survey and 30 questionnaires were either not returned at all, or returned blank.

<sup>12</sup> Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

<sup>13</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>14</sup> For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Altcourse. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.<sup>15</sup> Missing responses have been excluded from all analyses.

### Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

#### **Responses from HMP Altcourse 2017<sup>16</sup> compared with those from other HMI Prisons surveys<sup>17</sup>**

- Survey responses from HMP Altcourse in 2017 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP Altcourse in 2017 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Altcourse in 2017 compared with survey responses from HMP Altcourse in 2014.

#### **Comparisons between different residential locations within HMP Altcourse in 2017**

- Responses of prisoners on Melling wing compared with those from the rest of the establishment.

#### **Comparisons between sub-populations of prisoners within HMP XXX 2017<sup>18</sup>**

- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.<sup>19</sup>

In the comparator analyses, statistically significant differences are indicated by shading.<sup>20</sup> Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

<sup>15</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

<sup>16</sup> Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

<sup>17</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>18</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>19</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>20</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

## Background information

<b>I.1</b>	<b>What wing or houseblock are you currently living on?</b>	
	Beechers.....	23 (12%)
	Canal .....	24 (13%)
	Furlong.....	26 (14%)
	Melling.....	29 (15%)
	Foinavon .....	34 (18%)
	Reynoldstown .....	23 (12%)
	Valentines.....	25 (13%)
	H2 .....	5 (3%)
	Segregation unit.....	1 (1%)
	Health care unit.....	1 (1%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21 .....	11 (6%)
	21 - 25.....	35 (19%)
	26 - 29.....	34 (18%)
	30 - 39.....	55 (29%)
	40 - 49.....	34 (18%)
	50 - 59.....	10 (5%)
	60 - 69.....	6 (3%)
	70 or over .....	3 (2%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British .....	162 (88%)
	White - Irish.....	3 (2%)
	White - Gypsy or Irish Traveller.....	1 (1%)
	White - any other White background .....	3 (2%)
	Mixed - White and Black Caribbean .....	3 (2%)
	Mixed - White and Black African .....	0 (0%)
	Mixed - White and Asian .....	0 (0%)
	Mixed - any other Mixed ethnic background .....	1 (1%)
	Asian/ Asian British - Indian.....	1 (1%)
	Asian/ Asian British - Pakistani.....	3 (2%)
	Asian/ Asian British - Bangladeshi.....	1 (1%)
	Asian/ Asian British - Chinese.....	1 (1%)
	Asian - any other Asian Background .....	0 (0%)
	Black/ Black British - Caribbean.....	3 (2%)
	Black/ Black British - African .....	1 (1%)
	Black - any other Black/ African/ Caribbean background.....	1 (1%)
	Arab.....	0 (0%)
	Any other ethnic group .....	1 (1%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months.....	116 (63%)
	6 months or more .....	69 (37%)
<b>I.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes .....	100 (53%)
	Yes - on recall .....	31 (16%)
	No - on remand or awaiting sentence.....	58 (31%)
	No - immigration detainee.....	1 (1%)

<b>1.6</b>	<b>How long is your sentence?</b>	
	Less than 6 months.....	23 (12%)
	6 months to less than 1 year.....	19 (10%)
	1 year to less than 4 years.....	42 (22%)
	4 years to less than 10 years.....	26 (14%)
	10 years or more.....	12 (6%)
	IPP (indefinite sentence for public protection).....	3 (2%)
	Life.....	3 (2%)
	Not currently serving a sentence.....	59 (32%)
<b>Arrival and reception</b>		
<b>2.1</b>	<b>Were you given up-to-date information about this prison before you came here?</b>	
	Yes.....	56 (29%)
	No.....	116 (61%)
	Don't remember.....	18 (9%)
<b>2.2</b>	<b>When you arrived at this prison, how long did you spend in reception?</b>	
	Less than 2 hours.....	85 (45%)
	2 hours or more.....	96 (51%)
	Don't remember.....	8 (4%)
<b>2.3</b>	<b>When you were searched in reception, was this done in a respectful way?</b>	
	Yes.....	155 (82%)
	No.....	28 (15%)
	Don't remember.....	7 (4%)
<b>2.4</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	59 (31%)
	Quite well.....	98 (52%)
	Quite badly.....	17 (9%)
	Very badly.....	10 (5%)
	Don't remember.....	6 (3%)
<b>2.5</b>	<b>When you first arrived here, did you have any of the following problems?</b>	
	Problems getting phone numbers.....	52 (28%)
	Contacting family.....	52 (28%)
	Arranging care for children or other dependants.....	6 (3%)
	Contacting employers.....	6 (3%)
	Money worries.....	43 (23%)
	Housing worries.....	41 (22%)
	Feeling depressed.....	76 (41%)
	Feeling suicidal.....	32 (17%)
	Other mental health problems.....	47 (25%)
	Physical health problems.....	28 (15%)
	Drug or alcohol problems (e.g. withdrawal).....	45 (24%)
	Problems getting medication.....	65 (35%)
	Needing protection from other prisoners.....	19 (10%)
	Lost or delayed property.....	16 (9%)
	Other problems.....	16 (9%)
	Did not have any problems.....	40 (22%)
<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes.....	60 (33%)
	No.....	81 (45%)
	Did not have any problems when I first arrived.....	40 (22%)

## First night and induction

<b>3.1</b>	<b>Before you were locked up on your first night here, were you offered any of the following things?</b>			
	Tobacco or nicotine replacement.....			150 (80%)
	Toiletries / other basic items .....			100 (53%)
	A shower.....			73 (39%)
	A free phone call.....			144 (77%)
	Something to eat.....			142 (76%)
	The chance to see someone from health care .....			116 (62%)
	The chance to talk to a Listener or Samaritans.....			60 (32%)
	Support from another prisoner (e.g. Insider or buddy).....			74 (40%)
	Wasn't offered any of these things .....			10 (5%)
<b>3.2</b>	<b>On your first night in this prison, how clean or dirty was your cell?</b>			
	Very clean .....			18 (9%)
	Quite clean .....			64 (34%)
	Quite dirty .....			41 (22%)
	Very dirty .....			61 (32%)
	Don't remember .....			6 (3%)
<b>3.3</b>	<b>Did you feel safe on your first night here?</b>			
	Yes .....			139 (73%)
	No.....			41 (21%)
	Don't remember .....			11 (6%)
<b>3.4</b>	<b>In your first few days here, did you get:</b>			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	117 (64%)	52 (28%)	15 (8%)
	Free PIN phone credit?	146 (77%)	35 (19%)	8 (4%)
	Numbers put on your PIN phone?	118 (64%)	60 (33%)	5 (3%)
<b>3.5</b>	<b>Did your induction cover everything you needed to know about this prison?</b>			
	Yes.....			108 (58%)
	No.....			67 (36%)
	Have not had an induction.....			12 (6%)

## On the wing

<b>4.1</b>	<b>Are you in a cell on your own?</b>		
	Yes.....		61 (32%)
	No, I'm in a shared cell or dormitory.....		130 (68%)
<b>4.2</b>	<b>Is your cell call bell normally answered within 5 minutes?</b>		
	Yes.....		67 (35%)
	No.....		105 (55%)
	Don't know.....		16 (8%)
	Don't have a cell call bell.....		2 (1%)

**4.3 Please answer the following questions about the wing or houseblock you are currently living on:**

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	142 (75%)	45 (24%)	2 (1%)
Can you shower every day?	181 (95%)	7 (4%)	2 (1%)
Do you have clean sheets every week?	137 (73%)	46 (24%)	5 (3%)
Do you get cell cleaning materials every week?	147 (79%)	34 (18%)	4 (2%)
Is it normally quiet enough for you to relax or sleep at night?	134 (72%)	51 (27%)	2 (1%)
Can you get your stored property if you need it?	78 (43%)	45 (25%)	58 (32%)

**4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?**

Very clean .....	56 (30%)
Quite clean .....	101 (54%)
Quite dirty .....	26 (14%)
Very dirty .....	5 (3%)

**Food and canteen**

**5.1 What is the quality of food like in this prison?**

Very good .....	12 (6%)
Quite good .....	63 (34%)
Quite bad .....	66 (35%)
Very bad .....	46 (25%)

**5.2 Do you get enough to eat at mealtimes?**

Always .....	28 (15%)
Most of the time .....	45 (24%)
Some of the time .....	74 (39%)
Never .....	43 (23%)

**5.3 Does the shop / canteen sell the things that you need?**

Yes .....	139 (73%)
No .....	45 (24%)
Don't know .....	7 (4%)

**Relationships with staff**

**6.1 Do most staff here treat you with respect?**

Yes .....	163 (87%)
No .....	24 (13%)

**6.2 Are there any staff here you could turn to if you had a problem?**

Yes .....	150 (81%)
No .....	35 (19%)

**6.3 In the last week, has any member of staff talked to you about how you are getting on?**

Yes .....	77 (41%)
No .....	110 (59%)

<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful.....	43 (23%)
	Quite helpful.....	42 (23%)
	Not very helpful .....	7 (4%)
	Not at all helpful.....	10 (5%)
	Don't know.....	38 (21%)
	Don't have a personal / named officer .....	45 (24%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly.....	16 (9%)
	Sometimes.....	43 (23%)
	Hardly ever.....	101 (54%)
	Don't know.....	26 (14%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes.....	102 (56%)
	No.....	80 (44%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change.....	40 (22%)
	Yes, but things don't change.....	45 (24%)
	No.....	54 (29%)
	Don't know.....	47 (25%)

## Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion.....	76 (41%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) .....	94 (51%)
	Buddhist.....	1 (1%)
	Hindu.....	0 (0%)
	Jewish .....	3 (2%)
	Muslim.....	10 (5%)
	Sikh .....	0 (0%)
	Other .....	1 (1%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes.....	91 (49%)
	No.....	11 (6%)
	Don't know.....	9 (5%)
	Not applicable (no religion).....	76 (41%)
<b>7.3</b>	<b>Are you able to speak to a Chaplain of your faith in private, if you want to?</b>	
	Yes.....	84 (44%)
	No.....	12 (6%)
	Don't know.....	17 (9%)
	Not applicable (no religion).....	76 (40%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes.....	101 (53%)
	No.....	8 (4%)
	Don't know.....	4 (2%)
	Not applicable (no religion).....	76 (40%)

**Contact with family and friends**

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes .....	79 (42%)
	No .....	108 (58%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	74 (40%)
	No .....	111 (60%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes .....	178 (96%)
	No .....	8 (4%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	29 (16%)
	Quite easy .....	54 (29%)
	Quite difficult .....	46 (25%)
	Very difficult .....	42 (23%)
	Don't know .....	13 (7%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week .....	16 (9%)
	About once a week .....	44 (24%)
	Less than once a week .....	68 (37%)
	Not applicable (don't get visits) .....	55 (30%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes .....	76 (62%)
	No .....	46 (38%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes .....	103 (85%)
	No .....	18 (15%)

**Time out of cell**

<b>9.1</b>	<b>Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?</b>	
	Yes, and these times are usually kept to .....	127 (68%)
	Yes, but these times are not usually kept to .....	39 (21%)
	No .....	22 (12%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?</b>	
	Less than 2 hours .....	27 (15%)
	2 to 6 hours .....	49 (26%)
	6 to 10 hours .....	67 (36%)
	10 hours or more .....	30 (16%)
	Don't know .....	13 (7%)
<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours .....	28 (15%)
	2 to 6 hours .....	68 (37%)
	6 to 10 hours .....	76 (41%)
	10 hours or more .....	5 (3%)
	Don't know .....	9 (5%)



<b>9.4</b>	<b>How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?</b>		
	None .....	6	(3%)
	1 or 2 .....	28	(15%)
	3 to 5.....	26	(14%)
	More than 5.....	119	(63%)
	Don't know.....	9	(5%)
<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>		
	None .....	5	(3%)
	1 or 2 .....	14	(7%)
	3 to 5.....	20	(11%)
	More than 5.....	137	(72%)
	Don't know.....	13	(7%)
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>		
	None .....	10	(5%)
	1 or 2 .....	19	(10%)
	3 to 5.....	30	(16%)
	More than 5.....	113	(60%)
	Don't know.....	15	(8%)
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>		
	Twice a week or more .....	107	(58%)
	About once a week.....	18	(10%)
	Less than once a week.....	10	(5%)
	Never .....	51	(27%)
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>		
	Twice a week or more .....	50	(27%)
	About once a week.....	47	(25%)
	Less than once a week.....	22	(12%)
	Never .....	66	(36%)
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>		
	Yes .....	75	(42%)
	No.....	39	(22%)
	Don't use the library .....	66	(37%)

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>			
	Yes.....	125	(67%)	
	No.....	43	(23%)	
	Don't know.....	18	(10%)	
<b>10.2</b>	<b>If you have made any applications here, please answer the questions below:</b>			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	94 (54%)	52 (30%)	29 (17%)
	Are applications usually dealt with within 7 days?	65 (39%)	72 (43%)	29 (17%)

<b>I 0.3</b>	<b>Is it easy for you to make a complaint?</b>			
	Yes .....			112 (60%)
	No .....			35 (19%)
	Don't know .....			40 (21%)
<b>I 0.4</b>	<b>If you have made any complaints here, please answer the questions below:</b>			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	42 (24%)	48 (27%)	85 (49%)
	Are complaints usually dealt with within 7 days?	30 (18%)	54 (32%)	85 (50%)
<b>I 0.5</b>	<b>Have you ever been prevented from making a complaint here when you wanted to?</b>			
	Yes .....			29 (16%)
	No .....			89 (49%)
	Not wanted to make a complaint .....			62 (34%)
<b>I 0.6</b>	<b>In this prison, is it easy or difficult for you to...</b>			
		Easy	Difficult	Don't know Don't need this
	Communicate with your solicitor or legal representative?	86 (46%)	47 (25%)	33 (18%) 20 (11%)
	Attend legal visits?	95 (54%)	30 (17%)	31 (18%) 20 (11%)
	Get bail information?	37 (21%)	49 (28%)	51 (29%) 40 (23%)
<b>I 0.7</b>	<b>Have staff here ever opened letters from your solicitor or legal representative when you were not present?</b>			
	Yes .....			77 (41%)
	No .....			85 (46%)
	Not had any legal letters .....			24 (13%)

## Health care

<b>I 1.1</b>	<b>How easy or difficult is it to see the following people?</b>				
		Very easy	Quite easy	Quite difficult	Very difficult Don't know
	Doctor	8 (4%)	22 (12%)	54 (29%)	78 (42%) 23 (12%)
	Nurse	33 (18%)	55 (30%)	32 (17%)	40 (22%) 24 (13%)
	Dentist	6 (3%)	12 (6%)	48 (26%)	85 (46%) 35 (19%)
	Mental health workers	13 (7%)	14 (8%)	32 (17%)	63 (34%) 63 (34%)
<b>I 1.2</b>	<b>What do you think of the quality of the health service from the following people?</b>				
		Very good	Quite good	Quite bad	Very bad Don't know
	Doctor	11 (6%)	42 (23%)	36 (20%)	53 (29%) 40 (22%)
	Nurse	32 (18%)	55 (31%)	26 (14%)	35 (19%) 32 (18%)
	Dentist	13 (7%)	39 (22%)	29 (16%)	41 (23%) 58 (32%)
	Mental health workers	13 (7%)	24 (13%)	22 (12%)	37 (21%) 83 (46%)
<b>I 1.3</b>	<b>Do you have any mental health problems?</b>				
	Yes .....				95 (51%)
	No .....				91 (49%)
<b>I 1.4</b>	<b>Have you been helped with your mental health problems in this prison?</b>				
	Yes .....				36 (20%)
	No .....				57 (31%)
	Don't have any mental health problems .....				91 (49%)

<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good .....	11 (6%)
	Quite good .....	41 (22%)
	Quite bad .....	52 (28%)
	Very bad .....	56 (30%)
	Don't know.....	25 (14%)
<b>Other support needs</b>		
<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes .....	68 (37%)
	No.....	115 (63%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes .....	25 (14%)
	No.....	38 (21%)
	Don't have a disability .....	115 (65%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes .....	35 (20%)
	No.....	143 (80%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes .....	16 (9%)
	No.....	20 (11%)
	Have not been on an ACCT in this prison.....	143 (80%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy .....	51 (28%)
	Quite easy .....	42 (23%)
	Quite difficult .....	13 (7%)
	Very difficult .....	7 (4%)
	Don't know.....	64 (35%)
	No Listeners at this prison .....	6 (3%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes .....	41 (22%)
	No.....	142 (78%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes .....	23 (13%)
	No.....	17 (9%)
	Did not / do not have an alcohol problem .....	142 (78%)
<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	66 (36%)
	No.....	117 (64%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes .....	30 (16%)
	No.....	152 (84%)

<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes .....	15 (8%)
	No .....	169 (92%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	40 (23%)
	No .....	28 (16%)
	Did not / do not have a drug problem.....	108 (61%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy .....	55 (31%)
	Quite easy .....	28 (16%)
	Quite difficult .....	13 (7%)
	Very difficult .....	7 (4%)
	Don't know.....	75 (42%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy .....	17 (10%)
	Quite easy .....	20 (11%)
	Quite difficult .....	10 (6%)
	Very difficult .....	27 (15%)
	Don't know.....	104 (58%)

## Safety

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	89 (49%)
	No .....	93 (51%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	38 (21%)
	No .....	141 (79%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	63 (36%)
	Threats or intimidation.....	54 (31%)
	Physical assault.....	31 (18%)
	Sexual assault.....	6 (3%)
	Theft of canteen or property.....	46 (26%)
	Other bullying / victimisation .....	36 (21%)
	Not experienced any of these from prisoners here.....	95 (54%)
<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes .....	71 (41%)
	No .....	101 (59%)

<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	39 (23%)
	Threats or intimidation.....	32 (18%)
	Physical assault.....	12 (7%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	12 (7%)
	Other bullying / victimisation .....	26 (15%)
	Not experienced any of these from staff here.....	114 (66%)

<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>	
	Yes .....	79 (47%)
	No.....	90 (53%)

### Behaviour management

<b>15.1</b>	<b>Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?</b>	
	Yes .....	93 (53%)
	No.....	52 (29%)
	Don't know what the incentives / rewards are .....	32 (18%)

<b>15.2</b>	<b>Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?</b>	
	Yes .....	83 (47%)
	No.....	35 (20%)
	Don't know.....	28 (16%)
	Don't know what this is .....	31 (18%)

<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>	
	Yes .....	16 (9%)
	No.....	163 (91%)

<b>15.4</b>	<b>If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?</b>	
	Yes .....	6 (3%)
	No.....	7 (4%)
	Don't remember .....	3 (2%)
	Not been restrained here in last 6 months .....	163 (91%)

<b>15.5</b>	<b>Have you spent one or more nights in the segregation unit in this prison in the last 6 months?</b>	
	Yes .....	14 (8%)
	No.....	166 (92%)

<b>15.6</b>	<b>If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:</b>		
		Yes	No
	Were you treated well by segregation staff?	9 (64%)	5 (36%)
	Could you shower every day?	9 (69%)	4 (31%)
	Could you go outside for exercise every day?	7 (54%)	6 (46%)
	Could you use the phone every day (if you had credit)?	8 (73%)	3 (27%)

**Education, skills and work****16.1 Is it easy or difficult to get into the following activities in this prison?**

	Easy	Difficult	Don't know	Not available here
Education	119 (68%)	20 (11%)	34 (19%)	2 (1%)
Vocational or skills training	76 (46%)	35 (21%)	52 (31%)	3 (2%)
Prison job	106 (62%)	38 (22%)	25 (15%)	3 (2%)
Voluntary work outside of the prison	11 (7%)	27 (17%)	84 (52%)	41 (25%)
Paid work outside of the prison	12 (7%)	28 (17%)	79 (48%)	45 (27%)

**16.2 If you have done any of these activities while in this prison, do you think they will help you on release?**

	Yes, will help	No, won't help	Not done this
Education	73 (45%)	62 (38%)	29 (18%)
Vocational or skills training	61 (39%)	38 (24%)	57 (37%)
Prison job	71 (44%)	64 (39%)	28 (17%)
Voluntary work outside of the prison	28 (18%)	24 (16%)	100 (66%)
Paid work outside of the prison	34 (22%)	20 (13%)	99 (65%)

**16.3 Do staff encourage you to attend education, training or work?**

Yes .....	111 (64%)
No.....	50 (29%)
Not applicable (e.g. if you are retired, sick or on remand) .....	12 (7%)

**Planning and progression****17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes .....	60 (35%)
No.....	113 (65%)

**17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?**

Yes .....	44 (73%)
No.....	10 (17%)
Don't know what my objectives or targets are.....	6 (10%)

**17.3 Are staff here supporting you to achieve your objectives or targets?**

Yes .....	36 (63%)
No.....	15 (26%)
Don't know what my objectives or targets are.....	6 (11%)

**17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?**

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	21 (41%)	6 (12%)	24 (47%)
Other programmes	21 (42%)	7 (14%)	22 (44%)
One to one work	14 (29%)	6 (13%)	28 (58%)
Being on a specialist unit	7 (15%)	6 (13%)	34 (72%)
ROTL - day or overnight release	10 (21%)	3 (6%)	34 (72%)

**Preparation for release**

<b>18.1</b>	<b>Do you expect to be released in the next 3 months?</b>			
	Yes .....			62 (36%)
	No .....			82 (48%)
	Don't know .....			27 (16%)
<b>18.2</b>	<b>How close is this prison to your home area or intended release address?</b>			
	Very near .....			4 (6%)
	Quite near .....			20 (32%)
	Quite far .....			24 (39%)
	Very far .....			14 (23%)
<b>18.3</b>	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>			
	Yes .....			31 (51%)
	No .....			30 (49%)
<b>18.4</b>	<b>Are you getting help to sort out the following things for when you are released?</b>			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	13 (21%)	21 (34%)	27 (44%)
	Getting employment	7 (11%)	31 (51%)	23 (38%)
	Setting up education or training	4 (7%)	17 (30%)	36 (63%)
	Arranging benefits	10 (16%)	28 (45%)	24 (39%)
	Sorting out finances	7 (12%)	21 (36%)	31 (53%)
	Support for drug or alcohol problems	14 (23%)	13 (22%)	33 (55%)
	Health / mental health support	9 (15%)	24 (39%)	28 (46%)
	Social care support	4 (7%)	14 (24%)	41 (69%)
	Getting back in touch with family or friends	6 (10%)	16 (27%)	38 (63%)

**More about you**

<b>19.1</b>	<b>Do you have children under the age of 18?</b>			
	Yes .....			93 (53%)
	No .....			84 (47%)
<b>19.2</b>	<b>Are you a UK / British citizen?</b>			
	Yes .....			166 (95%)
	No .....			9 (5%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>			
	Yes .....			5 (3%)
	No .....			171 (97%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>			
	Yes .....			13 (7%)
	No .....			163 (93%)
<b>19.5</b>	<b>What is your gender?</b>			
	Male .....			174 (99%)
	Female .....			1 (1%)
	Non-binary .....			0 (0%)
	Other .....			1 (1%)

<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual.....	165 (95%)
	Gay / lesbian / homosexual.....	6 (3%)
	Bisexual.....	2 (1%)
	Other.....	1 (1%)
<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes.....	4 (2%)
	No.....	166 (98%)

### Final questions about this prison

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend.....	12 (7%)
	Less likely to offend.....	99 (59%)
	Made no difference.....	58 (34%)



## HMP Altcourse 2017

### Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Altcourse 2017 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other local prisons (33 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (2 prisons).
- Summary statistics from HMP Altcourse in 2017 are compared with those from HMP Altcourse in 2014. Please note that we do not have comparable data for the new questions introduced in September 2017.

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP Altcourse 2017	All other local prisons	HMP Altcourse 2017	Local prisons surveyed since September 2017	HMP Altcourse 2017	HMP Altcourse 2014
191	6,043	191	393	191	172

*n=number of valid responses to question (HMP Altcourse 2017)*

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	<i>n=188</i>	6%	5%	6%	0%	6%	12%
	Are you 25 years of age or younger?	<i>n=188</i>	25%		25%	15%	25%	
	Are you 50 years of age or older?	<i>n=188</i>	10%	12%	10%	13%	10%	12%
	Are you 70 years of age or older?	<i>n=188</i>	2%	2%	2%	2%	2%	2%
1.3	Are you from a minority ethnic group?	<i>n=185</i>	9%	24%	9%	17%	9%	6%
1.4	Have you been in this prison for less than 6 months?	<i>n=185</i>	63%		63%	64%	63%	
1.5	Are you currently serving a sentence?	<i>n=190</i>	69%	70%	69%	72%	69%	75%
	Are you on recall?	<i>n=190</i>	16%	10%	16%	13%	16%	10%
1.6	Is your sentence less than 12 months?	<i>n=187</i>	23%	20%	23%	23%	23%	15%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=187</i>	2%	3%	2%	3%	2%	6%
7.1	Are you Muslim?	<i>n=185</i>	5%	12%	5%	10%	5%	2%
11.3	Do you have any mental health problems?	<i>n=186</i>	51%		51%	54%	51%	
12.1	Do you consider yourself to have a disability?	<i>n=183</i>	37%	31%	37%	44%	37%	18%
19.1	Do you have any children under the age of 18?	<i>n=177</i>	53%	53%	53%	60%	53%	51%
19.2	Are you a foreign national?	<i>n=175</i>	5%	12%	5%	4%	5%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=176</i>	3%	5%	3%	4%	3%	2%
19.4	Have you ever been in the armed services?	<i>n=176</i>	7%	6%	7%	5%	7%	4%
19.5	Is your gender female or non-binary?	<i>n=176</i>	1%		1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=174</i>	5%	3%	5%	3%	5%	3%
19.7	Do you identify as transgender or transsexual?	<i>n=170</i>	2%		2%	2%	2%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=190</i>	30%		30%	14%	30%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=189</i>	45%	41%	45%	34%	45%	50%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=190</i>	82%	77%	82%	77%	82%	78%
2.4	Overall, were you treated very / quite well in reception?	<i>n=190</i>	83%		83%	75%	83%	

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n=number of valid responses to question (HMP Altcourse 2017)

2.5	When you first arrived, did you have any problems?	n=186	79%	80%	79%	90%	79%	71%
2.5	Did you have problems with:							
	- Getting phone numbers?	n=186	28%	35%	28%	53%	28%	26%
	- Contacting family?	n=186	28%	37%	28%	55%	28%	23%
	- Arranging care for children or other dependents?	n=186	3%		3%	4%	3%	
	- Contacting employers?	n=186	3%	6%	3%	9%	3%	2%
	- Money worries?	n=186	23%	24%	23%	33%	23%	17%
	- Housing worries?	n=186	22%	24%	22%	28%	22%	15%
	- Feeling depressed?	n=186	41%		41%	50%	41%	
	- Feeling suicidal?	n=186	17%		17%	17%	17%	
	- Other mental health problems?	n=186	25%		25%	29%	25%	
	- Physical health problems	n=186	15%	20%	15%	23%	15%	12%
	- Drugs or alcohol (e.g. withdrawal)?	n=186	24%		24%	29%	24%	
	- Getting medication?	n=186	35%		35%	35%	35%	
	- Needing protection from other prisoners?	n=186	10%	10%	10%	12%	10%	4%
	- Lost or delayed property?	n=186	9%	17%	9%	19%	9%	13%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=141	43%	32%	43%	25%	43%	41%
<b>FIRST NIGHT AND INDUCTION</b>								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	n=187	80%	71%	80%	79%	80%	83%
	- Toiletries / other basic items?	n=187	54%	58%	54%	53%	54%	40%
	- A shower?	n=187	39%	29%	39%	55%	39%	22%
	- A free phone call?	n=187	77%	51%	77%	47%	77%	79%
	- Something to eat?	n=187	76%	71%	76%	81%	76%	50%
	- The chance to see someone from health care?	n=187	62%	65%	62%	68%	62%	66%
	- The chance to talk to a Listener or Samaritans?	n=187	32%	30%	32%	23%	32%	40%
	- Support from another prisoner (e.g. Insider or buddy)?	n=187	40%		40%	14%	40%	
	- None of these?	n=187	5%		5%	5%	5%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=190	43%		43%	19%	43%	
3.3	Did you feel safe on your first night here?	n=191	73%	65%	73%	56%	73%	81%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	n=184	64%	22%	64%	29%	64%	24%
	- Free PIN phone credit?	n=189	77%		77%	49%	77%	
	- Numbers put on your PIN phone?	n=183	65%		65%	29%	65%	
3.5	Have you had an induction at this prison?	n=187	94%	76%	94%	80%	94%	86%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=175	62%		62%	45%	62%	

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n=number of valid responses to question (HMP Altcourse 2017)

ON THE WING								
4.1	Are you in a cell on your own?	n=191	32%		32%	20%	32%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=190	35%	21%	35%	9%	35%	35%
4.3	On the wing or houseblock you currently live on:							
	- Do you normally have enough clean, suitable clothes for the week?	n=189	75%	46%	75%	45%	75%	73%
	- Can you shower every day?	n=190	95%	72%	95%	72%	95%	94%
	- Do you have clean sheets every week?	n=188	73%	58%	73%	41%	73%	88%
	- Do you get cell cleaning materials every week?	n=185	80%	47%	80%	22%	80%	87%
	- Is it normally quiet enough for you to relax or sleep at night?	n=187	72%	52%	72%	42%	72%	69%
	- Can you get your stored property if you need it?	n=181	43%	18%	43%	16%	43%	31%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=188	84%		84%	51%	84%	
FOOD AND CANTEEN								
5.1	Is the quality of the food in this prison very / quite good?	n=187	40%		40%	25%	40%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=190	38%		38%	19%	38%	
5.3	Does the shop / canteen sell the things that you need?	n=191	73%	48%	73%	67%	73%	55%
RELATIONSHIPS WITH STAFF								
6.1	Do most staff here treat you with respect?	n=187	87%	71%	87%	57%	87%	82%
6.2	Are there any staff here you could turn to if you had a problem?	n=185	81%	68%	81%	66%	81%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=187	41%	27%	41%	25%	41%	38%
6.4	Do you have a personal officer?	n=185	76%		76%	54%	76%	
	<i>For those who have a personal officer:</i>							
6.4	Is your personal or named officer very / quite helpful?	n=140	61%		61%	47%	61%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=186	9%		9%	6%	9%	
6.6	Do you feel that you are treated as an individual in this prison?	n=182	56%		56%	28%	56%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=186	46%		46%	36%	46%	
	If so, do things sometimes change?	n=85	47%		47%	27%	47%	
FAITH								
7.1	Do you have a religion?	n=185	59%	69%	59%	70%	59%	63%
	<i>For those who have a religion:</i>							
7.2	Are your religious beliefs respected here?	n=111	82%		82%	56%	82%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=113	74%		74%	63%	74%	
7.4	Are you able to attend religious services, if you want to?	n=113	89%		89%	79%	89%	

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CONTACT WITH FAMILY AND FRIENDS								
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=187	42%		42%	19%	42%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=185	40%	49%	40%	61%	40%	35%
8.3	Are you able to use a phone every day (if you have credit)?	n=186	96%		96%	73%	96%	
8.4	Is it very / quite easy for your family and friends to get here?	n=184	45%		45%	52%	45%	
8.5	Do you get visits from family/friends once a week or more?	n=183	33%		33%	25%	33%	
<i>For those who get visits:</i>								
8.6	Do visits usually start and finish on time?	n=122	62%		62%	45%	62%	
8.7	Are your visitors usually treated respectfully by staff?	n=121	85%		85%	72%	85%	
TIME OUT OF CELL								
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=188	88%		88%	78%	88%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>								
9.1	Are these times usually kept to?	n=166	77%		77%	33%	77%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=186	15%	31%	15%	39%	15%	8%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=186	16%	8%	16%	5%	16%	34%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=186	15%		15%	82%	15%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=186	3%		3%	1%	3%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=188	63%		63%	33%	63%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=189	73%		73%	35%	73%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=187	60%		60%	33%	60%	
9.7	Do you typically go to the gym twice a week or more?	n=186	58%		58%	28%	58%	
9.8	Do you typically go to the library twice a week or more?	n=185	27%	5%	27%	5%	27%	9%
<i>For those who use the library:</i>								
9.9	Does the library have a wide enough range of materials to meet your needs?	n=114	66%	51%	66%	45%	66%	69%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS								
10.1	Is it easy for you to make an application?	n=186	67%	70%	67%	62%	67%	79%
<i>For those who have made an application:</i>								
10.2	Are applications usually dealt with fairly?	n=146	64%	45%	64%	36%	64%	49%
	Are applications usually dealt with within 7 days?	n=137	47%	30%	47%	20%	47%	43%
10.3	Is it easy for you to make a complaint?	n=187	60%	48%	60%	51%	60%	55%
<i>For those who have made a complaint:</i>								
10.4	Are complaints usually dealt with fairly?	n=90	47%	26%	47%	20%	47%	31%
	Are complaints usually dealt with within 7 days?	n=84	36%	21%	36%	15%	36%	23%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=118	25%		25%	36%	25%	

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			HMP Altcourse 2017	All other local prisons	HMP Altcourse 2017	Local prisons surveyed since September 2017	HMP Altcourse 2017	HMP Altcourse 2014
<i>For those who need it, is it easy to:</i>								
10.6	Communicate with your solicitor or legal representative?	<i>n=166</i>	52%		52%	31%	52%	
	Attend legal visits?	<i>n=156</i>	61%		61%	55%	61%	
	Get bail information?	<i>n=137</i>	27%		27%	11%	27%	
<i>For those who have had legal letters:</i>								
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	<i>n=162</i>	48%	48%	48%	50%	48%	44%
<b>HEALTH CARE</b>								
11.1	Is it very / quite easy to see:							
	- Doctor?	<i>n=185</i>	16%		16%	16%	16%	
	- Nurse?	<i>n=184</i>	48%		48%	40%	48%	
	- Dentist?	<i>n=186</i>	10%		10%	7%	10%	
	- Mental health workers?	<i>n=185</i>	15%		15%	17%	15%	
11.2	Do you think the quality of the health service is very / quite good from:							
	- Doctor?	<i>n=182</i>	29%		29%	30%	29%	
	- Nurse?	<i>n=180</i>	48%		48%	48%	48%	
	- Dentist?	<i>n=180</i>	29%		29%	22%	29%	
	- Mental health workers?	<i>n=179</i>	21%		21%	27%	21%	
11.3	Do you have any mental health problems?	<i>n=186</i>	51%		51%	54%	51%	
<i>For those who have mental health problems:</i>								
11.4	Have you been helped with your mental health problems in this prison?	<i>n=93</i>	39%		39%	31%	39%	
11.5	Do you think the overall quality of the health services here is very / quite good?	<i>n=185</i>	28%		28%	30%	28%	
<b>OTHER SUPPORT NEEDS</b>								
12.1	Do you consider yourself to have a disability?	<i>n=183</i>	37%	31%	37%	44%	37%	18%
<i>For those who have a disability:</i>								
12.2	Are you getting the support you need?	<i>n=63</i>	40%		40%	18%	40%	
12.3	Have you been on an ACCT in this prison?	<i>n=178</i>	20%		20%	23%	20%	
<i>For those who have been on an ACCT:</i>								
12.4	Did you feel cared for by staff?	<i>n=36</i>	44%		44%	33%	44%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	<i>n=183</i>	51%		51%	49%	51%	
<b>ALCOHOL AND DRUGS</b>								
13.1	Did you have an alcohol problem when you came into this prison?	<i>n=183</i>	22%	22%	22%	24%	22%	16%
<i>For those who had / have an alcohol problem:</i>								
13.2	Have you been helped with your alcohol problem in this prison?	<i>n=40</i>	58%	53%	58%	55%	58%	52%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	<i>n=183</i>	36%	35%	36%	35%	36%	37%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	<i>n=182</i>	17%	12%	17%	20%	17%	8%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	<i>n=184</i>	8%		8%	13%	8%	
<i>For those who had / have a drug problem:</i>								
13.6	Have you been helped with your drug problem in this prison?	<i>n=68</i>	59%	56%	59%	47%	59%	60%
13.7	Is it very / quite easy to get illicit drugs in this prison?	<i>n=178</i>	47%		47%	63%	47%	
13.8	Is it very / quite easy to get alcohol in this prison?	<i>n=178</i>	21%		21%	35%	21%	

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SAFETY								
14.1	Have you ever felt unsafe here?	n=182	49%	54%	49%	71%	49%	42%
14.2	Do you feel unsafe now?	n=179	21%	25%	21%	34%	21%	12%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	n=175	36%		36%	44%	36%	
	- Threats or intimidation?	n=175	31%		31%	41%	31%	
	- Physical assault?	n=175	18%		18%	20%	18%	
	- Sexual assault?	n=175	3%		3%	2%	3%	
	- Theft of canteen or property?	n=175	26%		26%	31%	26%	
	- Other bullying / victimisation?	n=175	21%		21%	20%	21%	
	- Not experienced any of these from prisoners here	n=175	54%	66%	54%	43%	54%	68%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=172	41%		41%	33%	41%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	n=173	23%		23%	42%	23%	
	- Threats or intimidation?	n=173	19%		19%	31%	19%	
	- Physical assault?	n=173	7%		7%	17%	7%	
	- Sexual assault?	n=173	2%		2%	1%	2%	
	- Theft of canteen or property?	n=173	7%		7%	13%	7%	
	- Other bullying / victimisation?	n=173	15%		15%	21%	15%	
	- Not experienced any of these from staff here	n=173	66%	66%	66%	49%	66%	74%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=169	47%		47%	46%	47%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=177	53%		53%	36%	53%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=177	47%		47%	33%	47%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=179	9%	12%	9%	14%	9%	10%
<i>For those who have been restrained in the last 6 months:</i>								
15.4	Did anyone come and talk to you about it afterwards?	n=16	38%		38%	16%	38%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=180	8%	20%	8%	9%	8%	19%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>								
15.6	Were you treated well by segregation staff?	n=14	64%		64%	45%	64%	
	Could you shower every day?	n=13	69%		69%	42%	69%	
	Could you go outside for exercise every day?	n=13	54%		54%	55%	54%	
	Could you use the phone every day (if you had credit)?	n=11	73%		73%	38%	73%	

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EDUCATION, SKILLS AND WORK								
16.1	In this prison, is it easy to get into the following activities:							
	- Education?	n=175	68%					
	- Vocational or skills training?	n=166	46%					
	- Prison job?	n=172	62%					
	- Voluntary work outside of the prison?	n=163	7%					
	- Paid work outside of the prison?	n=164	7%					
16.2	In this prison, have you done the following activities:							
	- Education?	n=164	82%	67%				
	- Vocational or skills training?	n=156	64%	56%				
	- Prison job?	n=163	83%	71%				
	- Voluntary work outside of the prison?	n=152	34%					
	- Paid work outside of the prison?	n=153	35%					
<i>For those who have done the following activities, do you think they will help you on release:</i>								
	- Education?	n=135	54%	48%				
	- Vocational or skills training?	n=99	62%	41%				
	- Prison job?	n=135	53%	37%				
	- Voluntary work outside of the prison?	n=52	54%					
	- Paid work outside of the prison?	n=54	63%					
16.3	Do staff encourage you to attend education, training or work?				n=161	69%		
PLANNING AND PROGRESSION								
17.1	Do you have a custody plan?				n=173	35%		
<i>For those who have a custody plan:</i>								
17.2	Do you understand what you need to do to achieve your objectives or targets?				n=60	73%	77%	
17.3	Are staff helping you to achieve your objectives or targets?				n=57	63%	39%	
17.4	In this prison, have you done:							
	- Offending behaviour programmes?	n=51	53%					
	- Other programmes?	n=50	56%					
	- One to one work?	n=48	42%					
	- Been on a specialist unit?	n=47	28%					
	- ROTL - day or overnight release?	n=47	28%					
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>								
	- Offending behaviour programmes?	n=27	78%					
	- Other programmes?	n=28	75%					
	- One to one work?	n=20	70%					
	- Being on a specialist unit?	n=13	54%					
	- ROTL - day or overnight release?	n=13	77%					

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PREPARATION FOR RELEASE								
18.1	Do you expect to be released in the next 3 months?	n=171	36%		36%	34%	36%	
<i>For those who expect to be released in the next 3 months:</i>								
18.2	Is this prison very / quite near to your home area or intended release address?	n=62	39%		39%	69%	39%	
18.3	Is anybody helping you to prepare for your release?	n=61	51%		51%	48%	51%	
18.4	Do you need help to sort out the following for when you are released:							
	- Finding accommodation?	n=61	56%		56%	65%	56%	
	- Getting employment?	n=61	62%		62%	63%	62%	
	- Setting up education or training?	n=57	37%		37%	49%	37%	
	- Arranging benefits?	n=62	61%		61%	73%	61%	
	- Sorting out finances?	n=59	48%		48%	60%	48%	
	- Support for drug or alcohol problems?	n=60	45%		45%	52%	45%	
	- Health / mental Health support?	n=61	54%		54%	67%	54%	
	- Social care support?	n=59	31%		31%	47%	31%	
	- Getting back in touch with family or friends?	n=60	37%		37%	41%	37%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:							
	- Finding accommodation?	n=34	38%		38%	35%	38%	
	- Getting employment?	n=38	18%		18%	18%	18%	
	- Setting up education or training?	n=21	19%		19%	17%	19%	
	- Arranging benefits?	n=38	26%		26%	25%	26%	
	- Sorting out finances?	n=28	25%		25%	16%	25%	
	- Support for drug or alcohol problems?	n=27	52%		52%	47%	52%	
	- Health / mental Health support?	n=33	27%		27%	19%	27%	
	- Social care support?	n=18	22%		22%	20%	22%	
	- Getting back in touch with family or friends?	n=22	27%		27%	27%	27%	
<b>FINAL QUESTION ABOUT THIS PRISON</b>								
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=169	59%		59%	46%	59%	



## HMP Altcourse 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:  
 - Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems  
 - Disabled prisoners' responses are compared with those of prisoners who do not have a disability  
 Please note that these analyses are based on summary data from selected survey questions only.

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Mental health problems	No mental health problems	Have a disability	Do not have a disability
95	91	68	115

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	3%	8%	2%	8%
	Are you 50 years of age or older?	7%	14%	18%	6%
1.3	Are you from a minority ethnic group?	3%	13%	5%	11%
7.1	Are you Muslim?	3%	8%	3%	7%
11.3	Do you have any mental health problems?			79%	34%
12.1	Do you consider yourself to have a disability?	58%	16%		
19.2	Are you a foreign national?	4%	6%	3%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	1%	6%	1%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	78%	86%	84%	80%
2.4	Overall, were you treated very / quite well in reception?	78%	89%	84%	84%
2.5	When you first arrived, did you have any problems?	94%	63%	87%	73%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	42%	44%	36%	47%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	65%	82%	74%	75%
3.5	Have you had an induction at this prison?	95%	92%	94%	93%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	54%	73%	58%	68%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	28%	43%	33%	36%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	67%	85%	70%	80%
	- Can you shower every day?	96%	97%	96%	97%
	- Do you have clean sheets every week?	72%	75%	73%	73%
	- Do you get cell cleaning materials every week?	72%	89%	79%	80%
	- Is it normally quiet enough for you to relax or sleep at night?	67%	77%	63%	77%
	- Can you get your stored property if you need it?	45%	40%	35%	48%

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Mental health problems	No mental health problems
95	91

Have a disability	Do not have a disability
68	115

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	30%	46%
5.3	Does the shop / canteen sell the things that you need?	70%	79%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	82%	93%
6.2	Are there any staff here you could turn to if you had a problem?	73%	90%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	45%	38%
6.6	Do you feel that you are treated as an individual in this prison?	45%	69%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	81%	82%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	69%	81%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	37%	48%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	50%	30%
8.3	Are you able to use a phone every day (if you have credit)?	96%	97%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	82%	90%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	20%	9%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	19%	14%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	63%	70%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	63%	71%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	47%	85%
10.3	Is it easy for you to make a complaint?	57%	64%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	36%	62%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	34%	12%

30%	43%
68%	77%
89%	86%
85%	79%
49%	38%
49%	60%
75%	85%
79%	75%
36%	47%
52%	35%
96%	97%
81%	88%
19%	12%
18%	15%
62%	69%
63%	70%
55%	71%
68%	57%
44%	49%
26%	23%

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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems
95	91

Have a disability	Do not have a disability
68	115

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	12%	21%
	- Nurse?	42%	54%
	- Dentist?	5%	13%
	- Mental health workers?	10%	19%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	39%	
11.5	Do you think the overall quality of the health services here is very / quite good?	25%	31%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	36%	54%
SAFETY			
14.1	Have you ever felt unsafe here?	66%	30%
14.2	Do you feel unsafe now?	32%	10%
14.3	Not experienced bullying / victimisation by other prisoners	38%	72%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	45%	37%
14.5	Not experienced bullying / victimisation by members of staff	49%	84%
14.6	If you were being bullied / victimised by staff here, would you report it?	43%	51%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	50%	55%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	37%	58%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	12%	6%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	13%	2%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	61%	77%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	29%	41%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	52%	72%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	57%	42%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	52%	66%

13%	19%
46%	50%
6%	12%
9%	18%
32%	50%
27%	30%
39%	
64%	38%
34%	13%
40%	63%
52%	34%
60%	69%
48%	46%
48%	57%
39%	51%
14%	6%
13%	5%
63%	72%
31%	37%
70%	61%
48%	55%
50%	64%

## HMP Altcourse 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners aged 25 and under are compared with those of prisoners over 25

- Responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance\*, as follows:

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	Blue shading shows results that are significantly more negative than the comparator
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\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

	25 and under		Over 25		50 and over
	46		142		19
					169

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	13%	7%	6%	9%
7.1	Are you Muslim?	9%	4%	5%	6%
11.3	Do you have any mental health problems?	50%	50%	32%	52%
12.1	Do you consider yourself to have a disability?	27%	40%	63%	34%
19.2	Are you a foreign national?	5%	5%	6%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	3%	0%	3%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	70%	86%	90%	81%
2.4	Overall, were you treated very / quite well in reception?	72%	86%	84%	82%
2.5	When you first arrived, did you have any problems?	81%	77%	67%	80%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	24%	48%	64%	39%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	63%	76%	84%	72%
3.5	Have you had an induction at this prison?	96%	93%	89%	94%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	55%	64%	56%	62%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	26%	38%	63%	32%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	67%	78%	95%	73%
	- Can you shower every day?	89%	97%	100%	95%
	- Do you have clean sheets every week?	63%	76%	94%	70%
	- Do you get cell cleaning materials every week?	61%	86%	95%	78%
	- Is it normally quiet enough for you to relax or sleep at night?	62%	74%	100%	68%
	- Can you get your stored property if you need it?	43%	43%	37%	43%

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\* less than 1% probability that the difference is due to chance

25 and under	Over 25
46	142

50 and over	Under 50
19	169

Number of completed questionnaires returned

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	26%	43%
5.3	Does the shop / canteen sell the things that you need?	67%	75%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	78%	90%
6.2	Are there any staff here you could turn to if you had a problem?	65%	87%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	30%	45%
6.6	Do you feel that you are treated as an individual in this prison?	50%	57%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	80%	82%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	68%	76%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	33%	46%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	49%	37%
8.3	Are you able to use a phone every day (if you have credit)?	93%	96%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	81%	87%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	16%	14%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	23%	13%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	45%	70%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	60%	69%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	69%	63%
10.3	Is it easy for you to make a complaint?	50%	62%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	31%	51%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	39%	22%

63%	36%
74%	73%
100%	86%
90%	80%
63%	39%
84%	52%
92%	81%
92%	72%
58%	41%
11%	44%
95%	96%
100%	84%
5%	15%
11%	16%
100%	62%
90%	64%
67%	64%
79%	57%
78%	44%
0%	28%

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	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

25 and under	Over 25
46	142

50 and over	Under 50
19	169

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	16%	16%
	- Nurse?	33%	53%
	- Dentist?	13%	9%
	- Mental health workers?	17%	13%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	27%	43%
11.5	Do you think the overall quality of the health services here is very / quite good?	18%	30%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	30%	39%
SAFETY			
14.1	Have you ever felt unsafe here?	44%	50%
14.2	Do you feel unsafe now?	23%	21%
14.3	Not experienced bullying / victimisation by other prisoners	56%	54%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	33%	43%
14.5	Not experienced bullying / victimisation by members of staff	69%	65%
14.6	If you were being bullied / victimised by staff here, would you report it?	38%	48%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	54%	52%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	38%	49%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	14%	7%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	6%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	72%	68%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	24%	38%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	56%	64%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	36%	56%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	56%	60%

16%	16%
63%	46%
11%	10%
21%	13%
50%	38%
32%	27%
67%	31%
47%	49%
22%	21%
67%	53%
58%	39%
78%	65%
67%	43%
50%	53%
74%	43%
0%	10%
0%	8%
69%	69%
58%	32%
55%	64%
50%	51%
53%	60%

## HMP Altcourse 2017

### Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner unit (M wing) are compared with those from all other wings.

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
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\* less than 1% probability that the difference is due to chance

Vulnerable prisoner unit (M wing)	All other wings
<b>29</b>	<b>160</b>

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	7%	6%
	Are you 25 years of age or younger?	14%	27%
	Are you 50 years of age or older?	31%	6%
	Are you 70 years of age or older?	10%	0%
1.3	Are you from a minority ethnic group?	4%	10%
1.4	Have you been in this prison for less than 6 months?	35%	68%
1.5	Are you currently serving a sentence?	79%	67%
	Are you on recall?	14%	16%
1.6	Is your sentence less than 12 months?	17%	24%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	2%
7.1	Are you Muslim?	4%	6%
11.3	Do you have any mental health problems?	55%	50%
12.1	Do you consider yourself to have a disability?	41%	36%
19.1	Do you have any children under the age of 18?	15%	59%
19.2	Are you a foreign national?	4%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	2%
19.4	Have you ever been in the armed services?	15%	6%
19.5	Is your gender female or non-binary?	0%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	26%	1%
19.7	Do you identify as transgender or transsexual?	0%	3%

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\* less than 1% probability that the difference is due to chance

Vulnerable prisoner unit (M wing)	
All other wings	
<b>Number of completed questionnaires returned</b>	
<b>29</b>	<b>160</b>

<b>ARRIVAL AND RECEPTION</b>			
2.1	Were you given up-to-date information about this prison before you came here?	28%	30%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	28%	49%
2.3	When you were searched in reception, was this done in a respectful way?	76%	82%
2.4	Overall, were you treated very / quite well in reception?	79%	83%
2.5	When you first arrived, did you have any problems?	83%	77%
2.5	Did you have problems with:		
	- Getting phone numbers?	24%	28%
	- Contacting family?	28%	28%
	- Arranging care for children or other dependents?	0%	4%
	- Contacting employers?	0%	4%
	- Money worries?	14%	25%
	- Housing worries?	21%	22%
	- Feeling depressed?	31%	42%
	- Feeling suicidal?	21%	16%
	- Other mental health problems?	28%	25%
	- Physical health problems?	17%	14%
	- Drugs or alcohol (e.g. withdrawal)?	10%	27%
	- Getting medication?	38%	34%
	- Needing protection from other prisoners?	17%	9%
	- Lost or delayed property?	7%	9%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	61%	40%
<b>FIRST NIGHT AND INDUCTION</b>			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	79%	81%
	- Toiletries / other basic items?	41%	56%
	- A shower?	7%	45%
	- A free phone call?	76%	77%
	- Something to eat?	59%	80%
	- The chance to see someone from health care?	59%	63%
	- The chance to talk to a Listener or Samaritans?	0%	39%
	- Support from another prisoner (e.g. Insider or buddy)?	17%	44%
	- None of these?	3%	6%
3.2	On your first night in this prison, was your cell very / quite clean?	59%	40%



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Vulnerable prisoner unit (M wing)	
All other wings	
<b>Number of completed questionnaires returned</b>	
<b>29</b>	<b>160</b>

3.3	Did you feel safe on your first night here?	55%	76%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	62%	63%
	- Free PIN phone credit?	71%	78%
	- Numbers put on your PIN phone?	61%	65%
3.5	Have you had an induction at this prison?	89%	94%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	60%	63%
<b>ON THE WING</b>			
4.1	Are you in a cell on your own?	14%	34%
4.2	Is your cell call bell normally answered within 5 minutes?	45%	33%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	79%	74%
	- Can you shower every day?	97%	95%
	- Do you have clean sheets every week?	100%	68%
	- Do you get cell cleaning materials every week?	89%	78%
	- Is it normally quiet enough for you to relax or sleep at night?	86%	70%
	- Can you get your stored property if you need it?	46%	43%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	97%	81%
<b>FOOD AND CANTEEN</b>			
5.1	Is the quality of the food in this prison very / quite good?	43%	40%
5.2	Do you get enough to eat at meal-times always / most of the time?	55%	35%
5.3	Does the shop / canteen sell the things that you need?	76%	72%
<b>RELATIONSHIPS WITH STAFF</b>			
6.1	Do most staff here treat you with respect?	93%	86%
6.2	Are there any staff here you could turn to if you had a problem?	93%	79%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	57%	39%
6.4	Do you have a personal officer?	93%	73%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	69%	59%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	3%	9%
6.6	Do you feel that you are treated as an individual in this prison?	66%	55%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	69%	42%
	If so, do things sometimes change?	40%	49%

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\* less than 1% probability that the difference is due to chance

Vulnerable prisoner unit (M wing)	All other wings
<b>29</b>	<b>160</b>

Number of completed questionnaires returned

<b>FAITH</b>			
7.1	Do you have a religion?	<b>68%</b>	<b>57%</b>
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	<b>90%</b>	<b>80%</b>
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<b>75%</b>	<b>75%</b>
7.4	Are you able to attend religious services, if you want to?	<b>95%</b>	<b>89%</b>
<b>CONTACT WITH FAMILY AND FRIENDS</b>			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	<b>46%</b>	<b>41%</b>
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	<b>36%</b>	<b>40%</b>
8.3	Are you able to use a phone every day (if you have credit)?	<b>96%</b>	<b>96%</b>
8.4	Is it very / quite easy for your family and friends to get here?	<b>36%</b>	<b>47%</b>
8.5	Do you get visits from family/friends once a week or more?	<b>24%</b>	<b>35%</b>
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	<b>55%</b>	<b>63%</b>
8.7	Are your visitors usually treated respectfully by staff?	<b>90%</b>	<b>84%</b>
<b>TIME OUT OF CELL</b>			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	<b>100%</b>	<b>87%</b>
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	<b>83%</b>	<b>76%</b>
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	<b>4%</b>	<b>16%</b>
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	<b>18%</b>	<b>16%</b>
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	<b>3%</b>	<b>17%</b>
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	<b>7%</b>	<b>2%</b>
9.4	Do you have time to do domestics more than 5 days in a typical week?	<b>76%</b>	<b>61%</b>
9.5	Do you get association more than 5 days in a typical week, if you want it?	<b>66%</b>	<b>74%</b>
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	<b>62%</b>	<b>60%</b>
9.7	Do you typically go to the gym twice a week or more?	<b>24%</b>	<b>64%</b>
9.8	Do you typically go to the library twice a week or more?	<b>14%</b>	<b>29%</b>
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	<b>57%</b>	<b>68%</b>
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>			
10.1	Is it easy for you to make an application?	<b>79%</b>	<b>65%</b>
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	<b>52%</b>	<b>67%</b>
	Are applications usually dealt with within 7 days?	<b>43%</b>	<b>49%</b>

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	Blue shading shows results that are significantly more negative than the comparator
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Vulnerable prisoner unit (M wing)	All other wings
<b>29</b>	<b>160</b>

Number of completed questionnaires returned

10.3	Is it easy for you to make a complaint?	<b>72%</b>	<b>58%</b>
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	<b>50%</b>	<b>47%</b>
	Are complaints usually dealt with within 7 days?	<b>40%</b>	<b>35%</b>
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<b>15%</b>	<b>27%</b>
<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	<b>52%</b>	<b>52%</b>
	Attend legal visits?	<b>61%</b>	<b>61%</b>
	Get bail information?	<b>25%</b>	<b>27%</b>
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	<b>56%</b>	<b>47%</b>
<b>HEALTH CARE</b>			
11.1	Is it very / quite easy to see:		
	- Doctor?	<b>10%</b>	<b>18%</b>
	- Nurse?	<b>36%</b>	<b>49%</b>
	- Dentist?	<b>11%</b>	<b>10%</b>
	- Mental health workers?	<b>10%</b>	<b>16%</b>
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	<b>21%</b>	<b>31%</b>
	- Nurse?	<b>41%</b>	<b>49%</b>
	- Dentist?	<b>32%</b>	<b>29%</b>
	- Mental health workers?	<b>21%</b>	<b>21%</b>
11.3	Do you have any mental health problems?	<b>55%</b>	<b>50%</b>
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	<b>44%</b>	<b>38%</b>
11.5	Do you think the overall quality of the health services here is very / quite good?	<b>24%</b>	<b>29%</b>
<b>OTHER SUPPORT NEEDS</b>			
12.1	Do you consider yourself to have a disability?	<b>41%</b>	<b>36%</b>
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	<b>50%</b>	<b>38%</b>
12.3	Have you been on an ACCT in this prison?	<b>30%</b>	<b>17%</b>
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	<b>33%</b>	<b>46%</b>
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	<b>52%</b>	<b>51%</b>

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<b>ALCOHOL AND DRUGS</b>			
13.1	Did you have an alcohol problem when you came into this prison?	14%	24%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	50%	58%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	7%	41%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	7%	18%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	3%	9%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	67%	58%
13.7	Is it very / quite easy to get illicit drugs in this prison?	31%	50%
13.8	Is it very / quite easy to get alcohol in this prison?	21%	21%
<b>SAFETY</b>			
14.1	Have you ever felt unsafe here?	62%	46%
14.2	Do you feel unsafe now?	28%	19%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	57%	32%
	- Threats or intimidation?	46%	28%
	- Physical assault?	25%	17%
	- Sexual assault?	11%	2%
	- Theft of canteen or property?	36%	24%
	- Other bullying / victimisation?	29%	19%
	- Not experienced any of these from prisoners here	32%	59%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	71%	35%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	30%	22%
	- Threats or intimidation?	15%	19%
	- Physical assault?	7%	7%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	7%	6%
	- Other bullying / victimisation?	15%	15%
	- Not experienced any of these from staff here	63%	67%
14.6	If you were being bullied / victimised by staff here, would you report it?	61%	44%

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BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	39%	55%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	54%	46%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	9%
<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?		36%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	9%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?		62%
	Could you shower every day?		67%
	Could you go outside for exercise every day?		50%
	Could you use the phone every day (if you had credit)?		73%
EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	71%	68%
	- Vocational or skills training?	40%	47%
	- Prison job?	70%	60%
	- Voluntary work outside of the prison?	4%	7%
16.2	In this prison, have you done the following activities:		
	- Education?	89%	82%
	- Vocational or skills training?	58%	65%
	- Prison job?	92%	82%
	- Voluntary work outside of the prison?	38%	34%
	- Paid work outside of the prison?	33%	36%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	39%	57%
	- Vocational or skills training?	29%	67%
	- Prison job?	39%	55%
	- Voluntary work outside of the prison?	22%	61%
	- Paid work outside of the prison?	25%	70%
16.3	Do staff encourage you to attend education, training or work?	83%	66%

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<b>PLANNING AND PROGRESSION</b>			
17.1	Do you have a custody plan?	<b>46%</b>	<b>33%</b>
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	<b>75%</b>	<b>73%</b>
17.3	Are staff helping you to achieve your objectives or targets?	<b>42%</b>	<b>69%</b>
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	<b>8%</b>	<b>67%</b>
	- Other programmes?	<b>17%</b>	<b>68%</b>
	- One to one work?	<b>17%</b>	<b>50%</b>
	- Been on a specialist unit?	<b>17%</b>	<b>31%</b>
	- ROTL - day or overnight release?	<b>17%</b>	<b>31%</b>
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	<b>0%</b>	<b>81%</b>
	- Other programmes?	<b>50%</b>	<b>77%</b>
	- One to one work?	<b>50%</b>	<b>72%</b>
	- Being on a specialist unit?	<b>0%</b>	<b>64%</b>
	- ROTL - day or overnight release?	<b>50%</b>	<b>82%</b>
<b>PREPARATION FOR RELEASE</b>			
18.1	Do you expect to be released in the next 3 months?	<b>19%</b>	<b>40%</b>
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	<b>20%</b>	<b>40%</b>
18.3	Is anybody helping you to prepare for your release?	<b>75%</b>	<b>49%</b>
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	<b>60%</b>	<b>55%</b>
	- Getting employment?	<b>100%</b>	<b>59%</b>
	- Setting up education or training?	<b>0%</b>	<b>40%</b>
	- Arranging benefits?	<b>100%</b>	<b>58%</b>
	- Sorting out finances?	<b>60%</b>	<b>46%</b>
	- Support for drug or alcohol problems?	<b>0%</b>	<b>49%</b>
	- Health / mental Health support?	<b>20%</b>	<b>57%</b>
	- Social care support?	<b>0%</b>	<b>33%</b>
	- Getting back in touch with family or friends?	<b>40%</b>	<b>36%</b>

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<b>18.4</b>	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	<b>67%</b>	<b>36%</b>
	- Getting employment?	<b>20%</b>	<b>18%</b>
	- Setting up education or training?		<b>19%</b>
	- Arranging benefits?	<b>20%</b>	<b>27%</b>
	- Sorting out finances?	<b>33%</b>	<b>24%</b>
	- Support for drug or alcohol problems?		<b>52%</b>
	- Health / mental Health support?	<b>0%</b>	<b>28%</b>
	- Social care support?		<b>22%</b>
	- Getting back in touch with family or friends?	<b>50%</b>	<b>25%</b>
<b>FINAL QUESTION ABOUT THIS PRISON</b>			
<b>20.1</b>	Do you think your experiences in this prison have made you less likely to offend in the future?	<b>68%</b>	<b>57%</b>