

Report on a full unannounced
inspection of

HMP & YOI Parc

15 – 24 September 2010

by HM Chief Inspector of Prisons

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Introduction

Parc is a privately managed category B local prison run by G4S Care and Justice Services Ltd. At the time of the inspection, the prison housed adult male convicted prisoners, remanded adult sex offenders, convicted and remanded young offenders and a juvenile unit on which we report separately. It was a prison in transition, with new accommodation coming on stream and plans to move away from a remand function towards a fuller focus on training. It is by far the largest prison in Wales, and will soon have a population of 1,600, around 40% of all prisoners in the Principality. Parc's size and multiplicity of roles suggests it is well on the way to becoming the Welsh 'Titan' prison.

Given the range of challenges facing Parc, it was impressive that most prisoners reported feeling safe. Procedures to ensure safety were generally satisfactory, including reasonable violence reduction arrangements and good support for those at risk of suicide. Substance misuse was relatively low, with sound clinical support to problematic users. Security was generally proportionate, although the monitoring of both use of force and adjudications needed improvement.

Staff-prisoner relationships were reasonable, but needed to be further underpinned by improvements to the personal officer scheme. The Chaplaincy provided a good service. Race relations were well managed but further work was needed in other areas of diversity, for example to address the needs of disabled and foreign national prisoners. At the time of the inspection, healthcare provision was poor and some aspects were in chaos. G4S had recently cancelled the contract with the existing provider and were about to bring the service in-house.

There was not enough purposeful activity and too many prisoners spent too long locked up. This was of particular concern with the planned growth in numbers and the aspiration to move to a much greater training function. However, the quality of the learning and skills was good and needed to be built upon. Library provision was inadequate but PE was generally good.

The strategic management of resettlement had yet to address the changes to the population and ensure that provision was sufficient to meet the range of new, as well as existing, risks and needs. Offender management arrangements were good and well integrated with the rest of the prison. A reasonable range of provision was available along most resettlement pathways and support for family issues was exceptional.

The challenges of scale and complexity that face Parc are immense, but it is commendable that this unannounced inspection found that the prison had many strengths on which to build. However, we also identify a number of weaknesses and a lack of preparedness for aspects of its new role which will need to be addressed if Parc is to meet the huge expectations being placed upon it.

Nick Hardwick
HM Chief Inspector of Prisons

December 2010

Fact page

Task of the establishment

Parc is a category B local prison housing convicted male adult prisoners, convicted and remand sex offenders, convicted and remand young offenders and young people.

Prison status

Privately run by G4S Care & Justice Services Ltd.

Region/Department

Wales

Number held

1134 (585 adults, 115 adult sex offenders, 374 young offenders and 60 young people)

Certified normal accommodation

839

Operational capacity

1138

Date of last full inspection

7 – 11 July 2008

Brief history

Located in Bridgend, South Wales, Parc was the first prison to be built in the UK under the government's private finance initiative (PFI). G4S Care & Justice Ltd. has a 25-year operating contract to manage the prison on behalf of HM Prison Service. Parc opened in November 1997 and the contract has 12 years to run.

Short description of residential units

House block A: four units with 75 cells on three galleried landings. Most hold up to 110 prisoners in single and double cells.

- Alpha 1 Mixed standard, young offender/adult
- Alpha 2 Mixed adult/young offender induction
- Alpha 3 Standard adult
- Alpha 4 Enhanced adult

House block B: four units with 75 cells on three galleried landings. Most hold up to 110 prisoners in single and double cells.

- Bravo 1 Standard young offender
- Bravo 2 Mixed adult/young offender family unit
- Bravo 3 Mixed adult/young offender drug treatment unit
- Bravo 4 Enhanced young offender

House block C: single unit holding 55 prisoners in single cells.

- Charlie Mixed adult/young offender enhanced plus

House block D: single unit holding 120, most in double cells

- Delta Mixed adult/young offender sex offenders

Echo 1 Young person unit
Echo 2 Care and separation unit

Golf 1 Young person unit

Hotel 1 Health care inpatients

Escort contractor

Reliance

Health service commissioner and providers

Commissioner: Abertawe Bro Morgannwg (local health board)

Provider: Primecare – but brought in house on 27 September 2010

Learning and skills providers

In house

Healthy prison summary

Introduction

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

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

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

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

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

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

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

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

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

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

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

Safety

- HP3 Reception and first night procedures were functional rather than supportive. Too much induction time was spent locked in cells. Most prisoners felt safe. Violence reduction and anti-bullying arrangements operated satisfactorily. Good attention was paid to identifying men at risk of suicide and self-harm but improvements were needed to ongoing monitoring procedures. The segregation unit was a basic but decent facility. Security procedures were reasonable but adjudications and use of force needed greater scrutiny. Indicators of illegal drug use were low and there was good clinical support for those on opiate substitution treatment. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP4 In our survey, overall perceptions about treatment in reception were much lower than the comparator¹. The reception process was functional rather than supportive, although Insiders were helpful. All men received a free telephone call and reception packs but relatively few in our survey said they had been able to shower on the day of arrival.
- HP5 First night procedures were underdeveloped and fewer than the comparator in our survey said they felt safe on their first night. Some interviews did not identify obvious vulnerability and cells for new arrivals were poorly prepared. The cell location of new arrivals was not clearly identified and there was little awareness that they might need special attention.
- HP6 Prisoners almost invariably participated in the induction programme but fewer than the comparator said it had covered all they needed to know. There were only short unstructured induction sessions delivered mostly by just one officer with little involvement from others. Education assessments and individual resettlement interviews were held during the induction period but much of the time was spent locked up.
- HP7 Most prisoners felt safe and it was commendable that sex offenders on house block D felt particularly safe. Living units were generally relaxed and easy to supervise but more effective supervision was needed at mealtimes. Young adults were over-represented in identified violent incidents and were now mixed with older prisoners on

¹ **Inspection methodology:** There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from the *Dictionary of Forensic Psychology*: HM Inspectorate of Prisons.)

some units but it was too soon to confirm the view that this would result in an overall decrease in violent incidents. Anti-social behaviour and potential bullying were reasonably well monitored, with reasons for poor behaviour explored and challenged, but the need for more thorough investigations into the background to incidents had been identified.

- HP8 There were around 36 incidents of self-harm each month. Although they were a minority of the population, most involved young adults. There was a cautious approach towards risk reflecting concern about the high suicide rate among young men in the local community and a relatively high number of assessment, care in custody and teamwork (ACCT) documents were opened. Counsellors and chaplains were involved in providing care but they were rarely involved in ACCT reviews. There was little consistency of case management and a general need to improve the quality of ACCT procedures. The use of strip clothing for prisoners at risk of self-harm was not monitored to ensure it was appropriate. A committed group of Listeners did not feel well supported by all staff and were not involved in the safer custody meeting. Some emergency call bells took too long to answer.
- HP9 Security procedures were proportionate and access to activities was individually risk assessed. The security department received a good flow of intelligence reports and required outcomes such as drug tests and cell searching were completed promptly. The number of prisoners on closed visits was not high but there were no clear criteria and some decisions were not linked directly to visits.
- HP10 The segregation unit was generally clean. New entrants to the unit were routinely strip searched, which was inappropriate. The regime was basic but satisfactory, with daily exercise, showers and use of telephones. Staff were professional and helpful and interactions were positive but written records and reviews were perfunctory with few appropriate targets to help men return to the main prison. One man with mental health problems was held in the segregation unit without an appropriate care plan or background information. He had been moved between segregation units in the G4S estate as he waited for a hospital bed.
- HP11 The quality of adjudications varied and in many cases there was insufficient investigation but punishments were moderate and consistent. There was no regular quality control to identify learning points. Levels of use of force had risen significantly since the last inspection in 2008, mostly involving young adults. Comprehensive data were collected but there was little in-depth analysis. More managerial scrutiny of records was needed to ensure use of force was always justified and that special accommodation was used for no longer than absolutely necessary.
- HP12 At 5.9%, the year-to-date random positive mandatory drug testing was relatively low. The mandatory testing programme was well coordinated. Overall, 10% of the population were tested every month, including a high level of suspicion testing, although the positive rate was only 29%. Prisoners arriving dependent on drugs did not always get first night symptom relief but there were now flexible substitute opiate prescribing regimes based on needs. Regular clinical reviews were held but the specialist nurse support was insufficient for the numbers involved. There was good joint work with counselling, assessment, referral, advice and throughcare (CARAT) teams. Men on substitute opiate treatment were unfairly prevented from progressing to the enhanced incentives and earned privileges (IEP) level.

Respect

- HP13 Staff-prisoner relationships were reasonably positive but personal officer work needed development. Residential units were bright and clean. There was little satisfaction with food. Shop arrangements were satisfactory. The IEP scheme was generally fair. Chaplaincy provision was good. Race relations were positive but more work was needed in other diversity areas, particularly for prisoners with disabilities. Prisoners said there were delays with some applications, which could not be tracked. Most complaints received appropriate answers. Health services were poor and did not meet the needs of prisoners. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP14 Prisoners in groups had mixed views about how helpful staff were but most had an individual member of staff they could turn to for support. Individual interviews we carried out with 30 prisoners were mostly positive about relationships. Although still lower than the comparator, in our survey more prisoners than in 2008 said most staff treated them with respect. Vulnerable prisoners were particularly positive. We saw mostly good interactions, including the use of first names between officers and prisoners, but fewer than the comparator said they had a personal officer or that they found them helpful. There were usually weekly personal officer entries in wing files, mostly confined to comments on prisoners' behaviour with no mention of family issues or resettlement objectives and little evidence of interaction.
- HP15 Living units were light, spacious and clean but the standard of cell painting was poor. Shared cells were cramped and not all had adequate lockable storage. Prisoners could shower daily, get regular clean bedding and had good access to laundries. On some units, access to cleaning materials and toiletries was not well organised. Ongoing problems with a recently installed fire alarm system needed urgent attention to ensure it was safe.
- HP16 Improved monitoring of the IEP scheme had been introduced to ensure more consistent implementation. Very few prisoners were placed on the basic level. The scheme operated mostly on the basis of behaviour reports rather than compliance with sentence plans. Some privileges for those on enhanced, such as additional association and access to 'super enhanced' wings that allowed more time out of cell, were limited by the availability of accommodation. This would improve as new units were about to open.
- HP17 There was relatively little satisfaction with the food and ratings in our survey had dropped considerably since 2008. Cuts to the catering budget had impacted on quality. There was little consultation about food. Food temperatures were not consistently taken and not all servery workers were appropriately dressed or trained.
- HP18 A new faith area was spacious, with good facilities for a range of religions. Prisoners of all the main faiths were able to attend appropriate services and chaplains were involved in a wide range of pastoral work.
- HP19 The diversity policy focused mainly on race equality and did not cover all diversity strands. Support for prisoners with disabilities was weak, with no clear assessment of individual needs or care plans. Physical facilities and adaptations were inadequate, as were evacuation plans. There was a popular discussion group on house block D

for older prisoners but little else for older men, whose needs were not routinely identified. Groups had previously been run for gay prisoners and prisoners from the Gypsy, Roma and Traveller communities but these had ended because of apparent lack of interest and there were no other support arrangements. Good engagement with external community groups had yet to translate into active work in the prison.

- HP20 Race equality work was generally good and effectively led. Black and minority men in groups were mostly positive but were not convinced that wing jobs were fairly allocated and these posts were not specifically monitored. Some monitoring data were consistently out of range, such as complaints and IEP, but it was not apparent that these discrepancies were discussed or any action taken. In our survey, there were few major differences between black and minority ethnic men and others, although fewer said most staff treated them with respect. Reported racist incidents were thoroughly investigated, well handled and subject to external scrutiny. Identified racism was well challenged, including through diversity courses for prisoners and some individual work.

- HP21 Services for foreign national prisoners were underdeveloped. The foreign national policy was not based on a needs analysis and there was no action plan to take work forward. The foreign national committee, on which there was no prisoner representation, had not met for some months and prisoner representatives did not have the freedom of movement or support to carry out their role effectively. Some useful recent training had been delivered to encourage staff to use telephone interpreting services. The UK Border Agency held regular surgeries to provide information about immigration issues and the foreign national liaison officer was able to put prisoners in touch with independent legal advisers for immigration matters.

- HP22 Applications were recorded but not tracked or monitored. In our survey, fewer than the comparator said applications were dealt with promptly and many prisoners said they had to repeat applications, especially for resettlement matters such as progress with home detention curfew (HDC) applications. With some exceptions, replies to complaints were generally polite, to the point and timely. They were monitored by subject and location and complaints about health care were the largest subject area. Appropriate information about bail support services was given to all new arrivals but the work of the legal services officers was not well publicised.

- HP23 Health care services were not delivered to an acceptable standard and this was reflected in poor survey results. The quality of service had been severely compromised by inadequate staffing levels for some time. A change in contractual arrangements was imminent and there was now active recruitment to fill posts but at the time of the inspection only the basics were being done and not always to a satisfactory standard. Chronic disease was not well managed or reviewed. The appointment system was chaotic and the cramped and airless waiting room where up to a 100 patients could be left for some hours was an unacceptable environment. Inpatient care was good but many patients did not need to be there and scarce staff resources were therefore diverted from other essential duties. The quality of the dental service was good with theoretically quick access but many prisoners needing ongoing treatment did not receive notifications of appointments, resulting in longer waits than necessary and a high non-attendance rate. Pharmacy provision was satisfactory but medication administration needed to be reviewed to ensure it was consistent with governance measures. Some mental health awareness training was provided but mental health services were very pressured with insufficient staff for the size of population and no regular visiting psychiatrist.

Purposeful activity

HP24 Time out of cell varied widely but was very poor for those without allocated activities and too many men spent a lot of time locked in cells. The quality of learning and skills and achievements were good but there were too few places to match the needs of the population. There was only a small temporary library while a new one was being developed. PE facilities and general access were good but there was little to meet special needs. Outcomes for prisoners were not sufficiently good against this healthy prison test.

HP25 Time out of cell varied widely from up to 12 hours for the few on the super enhanced unit to as little as four hours for those without assigned activity, of whom there were about 300. It was impossible to achieve the over nine hours average claimed and the actual figure was well below this. Exercise and association were usually regular but not all prisoners had the opportunity to spend a full hour in the open air each day. On one morning, 39% of prisoners were locked in their cells and 46% the following afternoon. Of those who were out of their cells, a large number were wing workers who were not fully occupied. We did not accept that the prison was meeting the recorded figure of 26 hours of purposeful activity.

HP26 There was a useful strategic plan for learning and skills but it needed to be revised to take into account planned population changes, for which some practical changes had already begun. Overall, the breadth of provision was good and efforts had been made to maintain classes during the disruption caused by the redevelopment in the prison. However, there were too few activity places to enable all prisoners to access employment and education. Initial assessment was systematic but outcomes did not always reach teachers. Staff had undertaken useful training to improve their awareness of prisoners' additional learning needs but there was not enough support for prisoners with more complex or specific learning difficulties. The information, advice and guidance service did not inform sentence planning effectively and prisoners did not have access to independent advice early enough in their sentences.

HP27 There were 187 prisoners following accredited education courses, mostly part time, which was low for a population of over 1100. This was reflected in our survey, where only 16%, less than half the comparator, said they were currently involved in education activities. The range of educational courses was good and included some limited evening and weekend classes. The generally high standard of teaching was reflected in good achievements and standards in most classes, with helpful support from peer partners. Attendance and punctuality were good but many sessions were too long. In too many cases, learners whose basic skills were already assessed as level 1 were entered for literacy awards at that level, rather than setting targets to improve their skills. Efforts had been made to recruit Welsh-speaking staff but overall provision to encourage Welsh-speaking prisoners to develop their bilingual skills was underdeveloped.

HP28 There were 886 prisoners allocated to jobs but most jobs were part time because there was not enough work. Many wing jobs did fully occupy prisoners. About 10 cleaners on each unit were recorded as completing 6.75 hours work each day, seven days a week, which was unfeasible. Nearly 30% of prisoners were unassigned to activities and few prisoners were kept purposefully occupied for most of the day. The range of workshops was good and prisoners were able to develop some relevant

employment skills. There were advanced plans to open more and labour market information had been used well to inform the development. Prisoners had good opportunities to gain accredited qualifications in industry workshops, with access to useful additional qualifications such as manual handling certificates and Construction Skills Certification Scheme cards. Vulnerable prisoners had good opportunities to work but the range of jobs for them was too limited.

HP29 The library provision was temporary until construction work was completed and a new library opened. The room was cramped with limited facilities and materials but there were up-to-date legal resources. Survey results about usage were low but were likely to reflect the limited provision.

HP30 The PE facilities and range of equipment were good and included an up-to-date AstroTurf pitch. Access to gym was generally good but vulnerable prisoners did not have equivalent opportunities to others. There was a good range of accredited provision and all orderlies had YMCA gym instructor qualifications. The range of special provision, such as for older men, was only limited.

Resettlement

HP31 Resettlement services were well directed but a revised strategy was needed to match planned population changes. Offender management and sentence planning arrangements were good and there were effective reintegration services. A reasonable range of programmes was run. Very good attention was paid to family issues. Appropriate services and programmes for substance users were run to aid their successful resettlement. Outcomes for prisoners were good against this healthy prison test.

HP32 The reducing reoffending strategy linked well with the Welsh regional strategy and included information about offender management and action plans for all resettlement pathways, although not all targets had completion dates. A limited needs analysis undertaken the previous year was based on a questionnaire to prisoners and had provided some useful information but no use had been made of information from offender assessment system (OASys) records. A more effective needs analysis was required to implement a revised strategy for planned changes in the population with more longer-term prisoners. The resettlement policy committee met regularly, with good staff representation including external agencies.

HP33 Offender management arrangements were good, with 320 prisoners in scope. There was no backlog of OASys and new prisoners were quickly allocated to offender supervisors for initial assessment. Sentence plans we looked at were of good quality, with appropriate targets and effective quality assurance arrangements. Sixteen offender supervisors had reasonable caseloads of approximately 70, with a mix of those in scope for offender management and those just subject to OASys sentence plans. Offender managers from Wales participated well but there was less direct contact with offender managers from England. Offender supervisors had good regular contact with in-scope prisoners. Although there were no custody plans for those remanded and serving under 12 months, the planned population changes meant this would be less of an omission in future.

- HP34 There were suitable processes to identify quickly prisoners subject to public protection arrangements. Information was shared as necessary and there was good oversight of cases at monthly management meetings.
- HP35 Prisoners were appropriately prioritised for offending behaviour programmes and waiting lists were not too long. In addition to accredited courses, there was a very good range of other courses and interventions, including some designed to help motivate prisoners to engage in offence-related courses. Some resettlement staff had suggested a need for an intervention to tackle domestic violence. Some other gaps in provision were likely, which could only be determined by a full offending behaviour needs analysis.
- HP36 Accommodation services were good and all new arrivals were seen by accommodation officers and tenancies safeguarded where possible. Post-release accommodation arrangements in Wales were very good. Support for finance and debt included help on benefits and a weekly debts advice service. A money management course was run and an agreement had just been reached to enable men to open bank accounts before release. JobCentre Plus helped with employment searches and there was targeted support for prisoners in the last three months of their sentences to help prepare for employment using agencies who linked with employers in the community. There were good arrangements to help manage the ongoing physical and mental health of prisoners being discharged.
- HP37 Family liaison officers saw all new arrivals and facilitated liaison with family members and social services where necessary. Visitors received some good support from the 'Parc supporting families' team, although the service was not always available during the evening or at weekends. There were good opportunities for visits, with morning, afternoon and evening sessions, although vulnerable prisoners temporarily had fewer sessions than others. Although temporary, the visits room was bright, with good play facilities. Some good family work was run but were not available to all prisoners. A new unit dedicated to family work had recently been established and was developing well.
- HP38 There was an appropriate drug strategy that encompassed alcohol. CARAT workers had some input into induction and exceeded their triage assessment targets. An open caseload of 225 was low for the size of population and a rather stretched service precluded more pro-active work but some good interventions were run, including individual and group work modules. Both P-ASRO (prisons addressing substance-relating offending) and COVAID (control of violence for angry impulsive drinkers) were run and were suitable programmes. There were good links with drug intervention programmes and transitional support schemes to help effective resettlement for men with substance use problems.

Main recommendations

- HP39 Supportive first night arrangements with a focus on prisoners' welfare should be introduced, which ensure that all newly arrived prisoners are interviewed in private by staff with a good awareness of vulnerability and mental health issues and that prisoners are settled in well prepared cells.
- HP40 Personal officers should interact regularly with their designated prisoners and get to know their personal circumstances. They should support them in

maintaining family contact and meeting resettlement objectives and reflect this in regular good quality entries in wing files.

- HP41 Problems with the fire detection system should be rectified as a matter of priority.
- HP42 Prisoners with disabilities should be identified, have their individual needs assessed and relevant care plans drawn up with suitable adaptations provided to meet their needs.
- HP43 A full health needs assessment including mental health provision should be undertaken. This should include a full review of all health care staffing levels to ensure there are sufficient qualified nursing and other health professionals and administrative support to deliver a safe, decent and comprehensive health service that matches services in the community and meets the particular needs of prisoners at Parc.
- HP44 Sufficient activity places should be provided in work and education to enable all men to be purposefully occupied during the working day.
- HP45 A revised reducing reoffending strategy for the planned changes in the population should be introduced based on an up-to-date and effective analysis of need and which sets out how the specific resettlement needs of particular groups of prisoners will be met.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- | | |
|-----|--|
| 1.1 | The local court escort service operated effectively. Most prisoners had received sufficient notice of transfer but were given little advance information about Parc. |
|-----|--|
- 1.2 Although technically a local prison, Parc held few adult remand prisoners and approximately 40 young offender remand prisoners, so there was less court activity than normally found in a local prison reception. New admissions from other prisons or local courts averaged between five and 10 a day but could on rare occasions rise to over 20. Few prisoners travelled long distances and only 4% in our survey reported journeys of over four hours. Most vehicles we inspected contained graffiti and stains. Prisoners generally knew where they were being taken when they left court or the sending establishment but few had received advance information about Parc.
- 1.3 Court discharges in the morning were efficiently managed and prisoners were offered a hot drink with their breakfast packs. Few prisoners arrived back after 7pm and none after 8pm. The video link facility was well used for about 30% of court appearances and for 'visits' with relatives in other establishments.

Housekeeping point

- 1.4 Prisoners arriving from other establishments or local courts should be given advance information about Parc.

First days in custody

Expected outcomes:

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

- | | |
|-----|--|
| 1.5 | Reception and first night procedures were functional rather than supportive. Most induction sessions were unstructured and unimaginative and prisoners spent much of their time locked up. |
|-----|--|

Reception

- 1.6 Reception was large and clean but lacked natural light or effective artificial lighting. Staff were professional in their dealings with prisoners but most were extremely formal and enforced a requirement that prisoners stand behind a yellow line when answering initial questions. Only 52% of prisoners in our survey said they had been treated well or very well in reception.
- 1.7 New arrivals were taken to one of five small and bare holding rooms. Prisoners were held in these for only a short time before being strip searched and moved to a larger holding room with a television, newspapers and magazines. Strip searching was appropriately carried out and in our survey 81% said they had been searched respectfully.
- 1.8 All new arrivals had an initial reception interview, their property processed, a screening interview with one of the health care team and an interview with one of three Insiders based in reception. The order these took place was flexible and determined by how many new arrivals there were, ensuring prisoners were not sitting unoccupied for long periods. Most new arrivals we spoke to described their interview with an Insider as the most useful part of the admissions process. All were offered something to eat and drink.
- 1.9 Initial interviews took place in private in a dedicated room but were still very process-driven with little focus on individual welfare. A number of prisoners said this was their first experience of prison but this did not influence the tone of the interview and did not prompt any related questions from the interviewer. A cell-sharing risk assessment (CSRA) was completed but none of the staff in the interviews we observed referred to any existing documents, instead relying exclusively on the prisoner for information. A local initial induction assessment booklet was also started during the interview and subsequently completed by induction staff. Prisoners in the interviews we observed were offered a shower but this had not been the case for a number of other prisoners we spoke to and only 27% in our survey said they had been able to shower on the day they arrived. New arrivals were able to make a free four-minute telephone call and were given several opportunities if the recipient was initially unavailable.
- 1.10 The process for managing sex offenders was slightly different. They were returned to the initial holding room after the strip search to keep them segregated from other prisoners and went directly to the sex offender unit on D wing where they had the initial reception interview and were offered a shower. Staff said they were also offered a free telephone call but only 18% of sex offenders in our survey compared to 91% of other prisoners said they had received one.

Recommendation

- 1.11 Unless there are documented public protection concerns, all prisoners, including those allocated to the sex offender unit, should be offered a free telephone call on arrival.

Housekeeping points

- 1.12 Cell-sharing risk assessments should take into account information available in prisoners' existing documentation.
- 1.13 All prisoners should be able to have a shower on the day they arrive in the prison.

First night

- 1.14 Apart from vulnerable prisoners going to house block D, all new arrivals were allocated from reception to the induction unit on house block A, where they were given a first night interview. Most interviews took place at dining tables with no privacy to discuss any sensitive issues.
- 1.15 As with the reception interviews, the first night interviews focused on process such as signing compacts rather than the prisoner's welfare. A local CSRA form was completed but, as in reception, this relied solely on information derived from the prisoner. There was little reference to Listeners or Samaritans. Some signs of vulnerability were missed or not pursued and one very nervous young prisoner who had just turned 18 was recorded as having no self-harm issues despite what appeared to be a series of self-inflicted cuts on his arm. Prisoners were not introduced to the two Listeners located on the first night unit and only 19% in our survey said they had met a Listener within their first 24 hours. All prisoners were offered a smoker's or non-smoker's canteen pack and a £2 telephone credit, with the costs repayable at 50 pence a week.
- 1.16 Prisoners were allocated to a cell after their first night interview. The cells for new arrivals that we saw were in poor condition and one officer said there had not been enough time to clean them after the previous occupant had left. Mattresses and bedding were grubby and stained and the cover to one mattress had been completely removed. Staff noted on compacts that cells were in good condition and asked prisoners to sign to confirm this before they had actually seen their cell.
- 1.17 Fewer than the comparator in our survey said they had felt safe on their first night in the prison. During our night visit, staff knew there were new arrivals but their location was not clearly identified and there was little awareness that these prisoners might need some special attention.

Housekeeping points

- 1.18 All prisoners should be introduced to a Listener and made fully aware of their role and how to contact them before being locked up for the night.
- 1.19 Prisoners should not sign compacts relating to the condition of their cell before actually seeing it.

Induction

- 1.20 A comprehensive induction booklet given to prisoners required a good level of literacy. A week-long rolling induction programme started the day after arrival. New prisoners were interviewed by a dedicated induction officer to discuss accommodation, employment, substance misuse and legal advice/assistance issues and requirements. On the first afternoon, prisoner induction representatives supported by education staff conducted literacy and numeracy tests, followed by a brief talk by one of the drugs workers and one-to-one interviews with one of the 'Parc Supporting Families' team. The only other area represented during induction was the chaplaincy department.
- 1.21 After the first day, prisoners on induction remained locked in their cells every morning and early afternoon of the induction week and could expect to receive only up to 30 minutes of further induction on the remaining four days. They were unlocked later in the afternoons for

various timetabled presentations delivered by one officer with no visual aids and few handouts. While the subject range was reasonably comprehensive, fewer than the comparator in our survey said induction had covered everything they needed to know.

- 1.22 At the end of the induction week, prisoners were moved to the assessment and allocation unit on A1. Staff were vague about what assessments actually took place and said only an incentives and earned privileges (IEP) assessment was done. This was despite the fact that the IEP policy stated that all new prisoners automatically started on the standard regime unless they transferred in on enhanced.

Recommendation

- 1.23 Prisoners should experience an engaging multidisciplinary induction programme that keeps them fully occupied during the induction period.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 The residential units provided generally clean and decent living conditions but some cells were in poor condition. Prisoners could shower daily and had good access to clean bedding and clothing. The fire detection system was unsafe. Consultation with prisoners about routines and facilities was not consistent.
- 2.2 The four main residential house blocks (A–D) were of the same utilitarian design. The areas around the units were kept clean of rubbish and the grounds between buildings were well kept despite considerable construction traffic. Each unit had a distinct function (see fact page). No distinction was made between unconvicted and convicted prisoners when allocating cells so some unconvicted prisoners were inappropriately required to share with convicted prisoners.
- 2.3 All cells were the same size and those used for two prisoners were cramped. All had an enclosed toilet area. Some shared cells had insufficient furniture and storage space and no prisoner had a lockable cupboard. A programme to replace lockers was under way. Cell doors were not fitted with privacy locks. An offensive displays policy was adhered to across the units.
- 2.4 Many cells had makeshift curtains, often made of torn sheets, and some cell decoration was poor. Some mattresses were in a poor state with no covers, while others were worn and thin. Many prisoners used quilts or had acquired a second mattress to improve comfort. Some had removed the plastic covers, causing rapid wear and tear on the unprotected foam base. There was no apparent problem with the supply of mattresses and the main stores had a stock.
- 2.5 Units were spacious and clean. Each had a servery and dining area and facilities for making hot drinks. They had a relaxed atmosphere and were well designed for supervision. Association areas contained two large rooms, usually used for groups or classrooms, although some were untidy and used for general storage. There was a range of recreational equipment.
- 2.6 There were enough unit telephones for prisoners, including one accessible to wheelchair users, but they were clustered together and not in booths so there was little privacy. The ‘email a prisoner scheme’ allowed prisoners to receive electronic messages that were delivered with the normal post the next day.
- 2.7 Cells were connected to the wing office through an intercom system. Intercoms were supposed to be used only in emergencies but often were used for routine requests. Where calls were not answered within a minute, the system alerted staff in the control room who could request staff to respond. Many took too long to answer and senior managers did not routinely monitor the reasons for delays. In our survey, only 29% of prisoners against a comparator of 41% said their cell call bell was normally answered within five minutes. The bell in one occupied cell had been defective for three days, which was a serious safety issue. Cell door observation panels were clear but many of those to the toilet areas had been blocked by prisoners.

- 2.8 A new fire alarm system had been installed but was not operating effectively, which was unsafe. Following a cell fire in August 2010, when officers had been alerted by a prisoner in another cell, an investigation report recorded that there had been a delay in the fire alarm sounding. The fire officer had reported that the fault had been evident for two weeks beforehand. Some technical solutions had been suggested but not agreed. The prison was aware of general deficiencies in the new system but no resolution had been found.
- 2.9 Consultation with prisoners about wing routines and facilities was generally poor. Only B house block managers had regular meetings with representatives but the minutes were brief and it was not always easy to establish what action points had been addressed.

Recommendations

- 2.10 Unconvicted prisoners should not be required to share cells with convicted prisoners.
- 2.11 Prisoners should be able to use the telephones in private.
- 2.12 Cell call bells should be fully operational, responded to promptly and managers should routinely monitor the reasons for delays.

Housekeeping points

- 2.13 All cells should have sufficient furniture, including lockable cupboards, curtains and suitable mattresses.
- 2.14 Regular monthly meetings with residential managers and prisoner representatives should take place to discuss the routines, facilities and general issues relating to communal living.

Clothing and possessions

- 2.15 Apart from those on the basic regime, all prisoners could wear their own clothes. Prison clothing was available and some wore it for work. Prisoners had good weekly access to laundries on each unit. These were supervised by a prisoner and irons and ironing boards were available. A list of property allowed in possession was displayed on units.

Hygiene

- 2.16 There were showers at the end of each landing and prisoners could use them daily. Most shower curtains were in poor condition and the shower area offered little privacy for changing. A programme of shower refurbishment was planned for October 2010. Some units had a surfeit of personal toiletries and others were short. Clean bedding and reasonable quality towels were available regularly and all prisoners were given duvets.
- 2.17 Unit routines included an opportunity for cell cleaning at weekends. Some staff said prisoners could ask to clean their cells during the week at morning unlock but prisoners said there was not enough time for this and it was difficult to get cleaning materials. Cleaning stores were on a secure stairway and not all units had enough storage space to maintain an accessible supply. House block focus groups had regularly complained about the lack of cleaning materials and new arrangements were being introduced giving house block managers a greater role in stock control. Unusually, cleaning packs costing £4.09 could be bought from the shop but it was

unreasonable to expect prisoners to have to buy them. Fewer prisoners than the comparator in our survey said they could get cleaning materials every week. Many of the mops and brushes in the cleaning cupboards were in an unhygienic state.

Housekeeping point

- 2.18 Prisoners should have more opportunities to clean their cells and better access to cleaning materials.

Staff-prisoner relationships

Expected outcomes:

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

- 2.19 Prisoners had mixed views about staff but in individual interviews were generally positive. Most said they had a member of staff they could turn to for help but some said they found a minority of officers unhelpful. More than had previously been the case said staff treated them with respect and we saw many friendly interactions. There was no prisoner council for the whole prison.

- 2.20 Prisoners in groups had mixed views about staff but in 30 individual in-depth interviews we conducted with prisoners they tended to be more positive in describing their relationships with officers. Most agreed that the majority of officers treated them reasonably well. Some said staff were very helpful, 'When I have had any questions they will bend over backwards...' but almost as many said staff were unhelpful, 'They say "ask me later" – you never get a response there and then.' Most agreed that officers were generally fair but a number of prisoners in groups and interviews referred to staff favouritism towards certain prisoners, particularly wing workers and those from the same area as officers.

- 2.21 The number of prisoners in our survey who said most staff treated them with respect was still lower than the comparator but it had risen substantially from the time of our survey in 2008, suggesting some improvements in relationships. Some management attention had focused on improving relationships and good efforts had been made, including improved training for new officers and work with the Prison Dialogue organisation. Few of those interviewed reported inappropriate comments from staff and the number in our survey who said they had been victimised by staff had improved from previously. There were, however, some comments such as 'It depends how you speak to them. They sometimes swear at you if you don't do what they ask.' With one or two exceptions, the interactions we observed between officers and prisoners were positive and friendly, with more use of first names by both groups than we usually hear. Eight (27%) of our interviewees said unit staff always addressed them either by their first name or title. Few agreed that officers would normally knock before entering their cell and 20 of the 30 men interviewed said staff would never do so.

- 2.22 In the survey overall, 74% of men said they had a member of staff they could turn to for help if they had a problem, which was similar to the comparator and much improved. Of those we

interviewed, 90% agreed they had a least one member of staff who would support them, with comments such as 'One member of staff does a lot for me. She comes to me to offer help' and 'There are a few officers I could turn to because I have a rapport with them.' Sex offenders on D wing, which had a generally longer-term and more settled population, had much more positive attitudes about staff than others.

- 2.23 Some prisoner representatives meetings were run but, other than for diversity, these were confined to basic domestic issues about the units and there had been no such meetings on A house block for some time. There was no formal prisoner council with senior management representation at which wider issues of importance to prisoners, such as safety, relationships, the operation of the personal officer scheme and resettlement matters, could be discussed.

Recommendation

- 2.24 A prisoner council with representatives from all parts of the prison and chaired and attended by senior managers should be formed.

Personal officers

Expected outcomes:

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

- 2.25 The personal officer policy covered all key areas. In our survey, fewer prisoners than the comparator reported having a personal officer or finding them helpful. Wing files entries, although regular, were basic and indicated little knowledge of prisoners' circumstances.

- 2.26 Recently introduced comprehensive personal officer training was provided to all staff during their initial training and a reasonably comprehensive policy provided further guidance, including the need for personal officers to be familiar with prisoners' family circumstances and sentence planning needs. Unfortunately, wing files did not evidence any such knowledge on the part of personal officers, with comments universally limited to behaviour on the wing. One particularly poor example involved a personal officer making an initial entry of 'introduced myself to xxx. Seems a quiet lad who has no current issues' even though the previous page of the wing file contained detailed entries by the chaplaincy department about the support provided to the prisoner as a result of his girlfriend being raped. It was very common for personal officer entries in wing files to state that prisoners 'had no issues'. In our survey, fewer prisoners than the comparator said they had a personal officer or found them helpful. (See also section on offender management and planning.)

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Most prisoners felt safe and sex offenders on house block D felt particularly safe. Analysis of indicators of violence was good and indicated that young adults were over-represented in incidents. There was little consultation with prisoners about their safety. Anti-social behaviour and alleged bullying were monitored but investigations were not sufficiently thorough.
- 3.2 Monitoring and promotion of safer custody were overseen by a monthly safer custody and violence reduction (SCVR) meeting chaired by the senior manager who led a safer custody team. This team included a safer custody coordinator to oversee assessment, care in custody and teamwork (ACCT) procedures and a more recently appointed violence reduction coordinator. There was a full-time safer custody officer and two full-time counsellors providing crisis intervention. The SCVR meeting was well attended by relevant departments. Reports were provided by staff from residential units, the security department and the offender management unit and there were good contributions from the race equality officer and equality manager. Prisoners were not represented (see section on suicide and self-harm) and consultation with them about safety was underdeveloped. Safety was not routinely discussed at unit or house block meetings and the last bullying survey had been in 2007.
- 3.3 The violence reduction policy was clearly written and had been reviewed in July 2010. A violence reduction action plan had been developed and identified specific action points from inspection reports, audits or from discussion points at the monthly meetings. This was on-going work but progress was not routinely discussed at SCVR meetings. Risk management meetings were a recent initiative on A and B house blocks. These provided management oversight of prisoners who were at risk of self-harm, a risk to others, vulnerable or a management challenge.
- 3.4 Central to the SCVR meetings was a comprehensive report on indicators of violence within the different prisoner groups. This included reports on the use of force and violence-related security information reports. Serious cases were referred to the police. The report included information on fights and assaults, self-harm incidents and ACCT procedures. The data were analysed for any concerning trends, which often prompted discussion about possible explanations for variations.
- 3.5 On average, there had been 41 violent incidents a month recorded in 2009 and this had reduced to 36 a month in 2010 to date. Young adults, 37% of the population, were over-represented, being involved in 68% of all incidents, 62% of assaults and 71% of fights. Over recent months, young adults had been mixed with older prisoners on some units but, although there had been some recent reduction in violent incidents, it was too early to say this was the reason. Many older prisoners said they found the poor behaviour of the younger men unsettling. In our survey, 31% of young adults compared to 20% of adults said they had been

threatened by another prisoner or group of prisoners. There was no specific reference in the violence reduction policy to managing young adults.

- 3.6** House block D accommodated prisoners charged with or convicted of sex offences. A vulnerable prisoner policy document dated December 2005 emphasised procedures to ensure their safe escort in the prison. A fence had been erected to obscure the view of prisoners from house block A, who had previously shouted abuse. In our survey, only 4% of prisoners on house block D compared to 14% of prisoners on other wings said they felt unsafe in the prison. Prisoners who were vulnerable for other reasons such as debt were moved around units and some who were unable to cope on the main residential units were inappropriately located in the health care centre. A new safer custody/intensive support unit was planned.
- 3.7** In our survey, most prisoners said they felt safe. Many responses to questions about safety were similar to the comparator while some were more positive and indicated improvement since our last inspection in 2008. Living units were generally relaxed and easy to supervise but some servery workers said they had felt intimidated at meal times and officers did not always supervise effectively at these times. There were also problems in the outpatient waiting room (see section on health services). There were times when all officers on a unit were women, which made it difficult to supervise effectively behaviour in shower areas. There was some anecdotal evidence of tensions between prisoners from different Welsh towns and between English and Welsh prisoners but incidents were not routinely analysed to establish the extent of the problem.
- 3.8** Anti-social behaviour and potential bullying were monitored through community support plans (CSPs). These were also used for prisoners who found it difficult to cope and needed additional support. On average, 16 CSPs were opened each month. Most were on suspected bullies, although nearly as many were opened to support prisoners. The local policy described the aim of a CSP as to provide support and interventions to prisoners and to assist them to understand their behaviour and provide strategies to deal with any future incidents.
- 3.9** The process lacked any in-depth investigation and staff often had little corroborated evidence of bullying. Cases were reviewed but little progress was made where prisoners denied the allegations made against them and most plans remained open for only a short time. In a small number of cases, prisoners had been transferred. The need for more thorough investigations into the background to incidents and apparent non-accidental injuries had been recognised. The violence reduction coordinator had started to do this but few had yet been completed. There was no routine examination by the safer custody team of the circumstances where people went to the care and separation unit seeking protection.
- 3.10** There were good levels of training in violence reduction, with 270 staff (excluding staff from the young persons unit) having received some training in the last two years. Around eight staff had received some training on the protection of vulnerable adults.

Recommendations

- 3.11** The violence reduction policy should be further developed in consultation with prisoners and outline the prison's strategy for managing the levels of violence among all groups in the prison, including young adults.
- 3.12** Supervision of residential units at meal times should be improved to prevent intimidation of servery workers.

- 3.13 Incidents of suspected bullying should be fully investigated to allow more effective management under community support plans.

Housekeeping point

- 3.14 The violence reduction action plan should be scrutinised periodically at the safer custody and violence reduction meeting.

Self-harm and suicide

Expected outcomes:

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

- 3.15 Comprehensive data were collated about self-harm. A relatively high number of ACCTs were open. Young adults were significantly over-represented in self-harm incidents but there was no specific strategy to address this. Some good individual care was provided but there was little continuity of case management and ACCT procedures needed improvement. Listeners did not feel well supported.
- 3.16 Governance of safer custody was overseen by the monthly SCVR meeting. The meeting was attended by the Samaritans but not Listeners and rarely by health care staff. There was a reasonable suicide and self-harm prevention policy and a continuous improvement plan had been developed. There was good awareness of particular prisoners at heightened risk of self-harm and local solicitors and other agencies who visited prisoners were encouraged to let staff know if they were giving a prisoner bad news.
- 3.17 There had been two self-inflicted deaths since our last inspection. The most recent, in August 2010, was still under investigation but some immediate actions had been taken. There had also been five apparent natural causes deaths. Fatal incident action plans had been completed in some but not all cases and little work had been done in the previous 18 months to update the health care action plan. Recommendations from investigations and related action plans were not routinely discussed or periodically reviewed by the SCVR meeting to assess whether changes to practice had been sustained.
- 3.18 Detailed data were collated about incidents of self-harm and ACCT procedures. This alerted staff to any unusual trends and promoted discussion about individuals considered at high risk. Over the previous six months, an average of 22 prisoners had self-harmed each month involving 34 separate incidents. Young adults, who made up about a third of the population, accounted for 63% of these and 57% of all ACCT documents opened but the local strategy did not specifically address the issue of self-harm among young adults.
- 3.19 There was an up-to-date register of ACCT documents. On one day of the inspection, 37 were open, which was the average monthly figure throughout 2010. Some useful additional

templates specific to Parc had been added to the document, including a letter to prisoners describing ACCT procedures, notification to families and reminders to case managers of actions to be completed for prisoners on ACCT documents due for release. It was not always clear why some ACCTs were opened but there appeared to be an understandably cautious approach reflecting concerns about the high suicide rate among young men in the local community.

- 3.20 Fifty staff had been trained as ACCT assessors and assessments were completed promptly. ACCT reviews were rarely multidisciplinary, with a particular absence of health care staff even when mental health and medication were clearly significant concerns. There was little consistency of case management and in one case seven different case managers had chaired reviews. Some ACCTs were closed with just one manager present. Care maps did not always relate to areas of concern identified at reviews and were not always followed up at subsequent reviews. Good efforts were made to ensure that prisoners were involved in activities. Enhanced case reviews were held led by a senior manager for some complex high-risk cases and management of these cases was better.
- 3.21 On-going entries in ACCTs often suggested they were based on observation rather than interaction. Each ACCT had a printed 'ACCT observation record' with set and therefore predictable times for observations to be completed. Managers regularly checked ACCTs and used a red stamp to confirm this but did not comment on the quality of care. A sample of ACCT documents was reviewed at the SCVR meeting and had identified some areas for improvement.
- 3.22 There was a range of accommodation that could be used for prisoners at risk. Cells equipped with closed-circuit television were available on the care and separation unit (CSU) and in health care. There were two safer cells on house blocks A and B and one on house block D. These were used when prisoners at risk had been assessed as not suitable for sharing a cell. Prisoners assessed as high risk of self-harm were often placed in the health care unit, although it was recognised that many had no clinical need and would be more appropriately placed on a residential unit or the planned intensive support unit (see section on health care).
- 3.23 On average, five prisoners a month subject to ACCT procedures were held in the CSU. ACCT procedures were implemented quickly when risks were identified but there was no routine consideration of the suitability of remaining in segregation and no evidence that mental health assessments were completed promptly. Special accommodation forms indicated that strip clothing was used for prisoners at risk of self-harm in the CSU and health care. This was not monitored by the safer custody team to ensure it was appropriate and the register of use of strip clothing held in the health care department had not been completed for over a year. In one case when a foreign national prisoner held in health care had self-harmed, the ACCT entry read 'Due to language barrier we were unable to determine why he had self-harmed'. He had been placed in the crisis suite with Listeners overnight. After further self-harm, disruptive behaviour, a cell fire and a period in strip clothing, he was interviewed using an interpreter for an ACCT review some four days later.
- 3.24 Some good support was available from two trained counsellors. There was a high demand for their services and they focused mainly on crisis intervention. They attended some ACCT reviews to support case managers and provided interventions including yoga and art therapy. ACCT entries showed that chaplains provided good support but they were rarely invited to reviews. In some cases, families had been contacted and involved in ACCT procedures. Offender supervisors were informed of prisoners on ACCT documents who were due for release and were responsible for liaising with offender managers in the community. Post-closure reviews were completed routinely.

- 3.25 There were 17 Listeners, including three based on the sex offender unit. The Listener scheme was described to prisoners in the reception and induction information leaflets. A Listener worked in reception each morning but not in the afternoons even though most new prisoners arrived later in the day. Listeners were no longer involved in induction and few in our survey said they had met a Listener within the first 24 hours. Listeners were committed to their work but did not believe they were well supported by all staff or that issues they raised were acted on. They met regularly with a Samaritan representative and monthly with a member of the safer custody team but were not directly involved in the monthly safer custody meeting. The safer custody coordinator sometimes met with Listeners after the meeting but this appeared to be poorly organised and few of the current Listeners had attended.
- 3.26 Some Listeners had long delays returning to their cells at night when they had completed a call. Some also complained that they had been asked to return to units for roll counts, cutting short calls to prisoners, while others said they had been used inappropriately to watch prisoners who had not asked to see a Listener but who were considered at risk by staff. There was a large well-equipped crisis suite in the health care centre. The log indicated that it had been used only once to date in 2010 but staff and Listeners suggested it had been used more frequently. Facilities for Listeners on wings were limited and they had sometimes used empty cells when callers were in double cells. Prisoners could contact the Samaritans free of charge from wing-based telephones but there were no cordless telephones for use at night or during lock-up.
- 3.27 There was regular ACCT training and 138 staff, including night staff, had received some level of ACCT training in 2010. Sixty-five per cent of health care staff had received some ACCT training in the previous two years.
- 3.28 Night orderly officers completed checks of the cell call system to confirm checks had been made on all prisoners on ACCT monitoring but cells call bells were not always answered promptly (see section on residential units). All officers carried ligature cutters.

Recommendations

- 3.29 Health care staff and other relevant disciplines should be fully involved in the support of prisoners at risk of suicide and self-harm through regular attendance at the safer custody and violence reduction meetings.
- 3.30 The reasons for the over-representation of young adults in incidents of self-harm should be fully discussed by the safer custody team and strategies to meet their specific needs included in the suicide and self-harm prevention policy.
- 3.31 The use of strip clothing, special accommodation and segregation for prisoners considered at risk of self-harm should be monitored by the safer custody team to ensure that it is appropriate.

Housekeeping points

- 3.32 Action plans developed following fatal incident investigations should be periodically reviewed by the safer custody and violence reduction meeting.
- 3.33 Prisoners assessed as high risk of self-harm with no identified clinical need should be supported on residential units rather than as inpatients in health care.

- 3.34 Managers should comment in the on-going assessment, care in custody and teamwork record about the quality of care being given.
- 3.35 Listener representatives should be invited to the start of the safer custody and violence reduction meeting and present their report supported by Samaritans and any concerns about the operation of the Listener scheme should be discussed.
- 3.36 Portable telephones with direct access to the Samaritans during lock-up periods should be provided.

Applications and complaints

Expected outcomes:

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

- 3.37 Applications were not monitored and fewer prisoners than the comparator said they were dealt with promptly. Replies to complaints were respectful and addressed the issue but there was little analysis of data to identify and address trends or concerns.
- 3.38 In our survey, fewer than the comparator said their applications were dealt with promptly, although a similar number said they were dealt with fairly. Written applications were logged as they were submitted but replies were not monitored or tracked and no statistics on the type of applications made were collated or analysed. The applications form included a tear-off slip that was supposed to be returned to the prisoner to acknowledge receipt but a number of prisoners said they had not received this and we saw processed applications with the slip still attached. Prisoners in focus groups complained that they had to send in repeated applications before receiving a response.
- 3.39 On average, about 140 complaints were made each month, with complaints about health care accounting for 14% of the total. Replies to complaints were generally polite, timely, addressed to the prisoner and dealt with the issue raised. Complaints from prisoners about missing mail and money were inappropriately answered by the post clerk responsible for opening post. Complaints were monitored by ethnicity, subject, location and timeliness of reply. Statistics were considered at the senior management team meeting but there appeared to be little discussion or analysis of trends or action taken to address any areas of concern, particularly the high number of health care complaints.
- 3.40 Posters on wing notice boards described the work of the Independent Monitoring Board (IMB) and the Prisons and Probation Ombudsman. The role of the IMB was also explained at induction.

Recommendations

- 3.41 Prisoners should receive replies to their applications within three days.

- 3.42 The senior management team should monitor and analyse the data collected on complaints to identify any emerging trends or areas of concern and record any action taken in the minutes of its meetings.

Housekeeping point

- 3.43 Complaints relating to lost mail or money should not be answered by the member of staff responsible for opening post.

Legal rights

Expected outcomes:

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

- 3.44 The three legal services officers were rarely asked for help. The extent of demand for the service was unknown and records of contacts were not kept.
- 3.45 The three legal service officers (LSOs) had received training several years previously but had not had any refresher training and did not get any additional time for their work. The G4S operational policy standard and procedures for legal services stated that LSO should see all new prisoners the morning after their reception but this was not the case.
- 3.46 All prisoners were asked during their induction interview if they wanted to appeal their sentence or conviction or see an LSO but few prisoners were aware of the LSOs and they were rarely approached for information and support. Contacts were not recorded and demand for this service, while appearing low, was unknown.
- 3.47 One of two accommodation officers saw all new arrivals during induction and referred eligible prisoners to the bail accommodation support scheme (BASS). This was managed by the Stoneham organisation and provided accommodation and resettlement support in the community for release on bail and home detention curfew. In our survey, 26% of prisoners against a comparator of 17% said it was easy to obtain bail information.
- 3.48 There were 107 recalled prisoners. They received an information pack explaining their situation and right of appeal. Prisoners signed to acknowledge they had received and understood this information.
- 3.49 All new arrivals were seen by a family interventions officer who could offer information and support with child care proceedings and parental rights.

Recommendation

- 3.50 A needs analysis should be undertaken to identify whether existing legal services meet prisoner needs and services provided as necessary.

Faith and religious activity

Expected outcomes:

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

- 3.51 A new faith area was bright and well equipped. The chaplaincy team was well resourced and provided weekly services for all the main faiths. Chaplains were integrated into the life of the prison and provided a good level of pastoral care, particularly for those at risk of self-harm or who were bereaved.
- 3.52 There was a new faith area incorporating the Christian chapel, a world faith room, facilities for Wudhu (ritual washing before prayer), offices and meeting areas. The worship areas were in use but the chaplaincy team had not yet moved into its new offices. The new facilities were clean, bright and well equipped. It was at ground floor level so prisoners with mobility problems could move within it relatively easily but could have found it more difficult to negotiate the steep access path.
- 3.53 The chaplaincy team was well resourced and comprised six full-time chaplains from a range of Christian faiths, a part-time Muslim chaplain who worked 24 hours a week and a number of sessional chaplains covering other faiths and Christian denominations. All prisoners were seen by a chaplain within their first 24 hours and given information about the chaplaincy. There was a comprehensive programme of services for all the main faiths. Prisoners were encouraged to apply to attend services but were not prevented from attending services if their names were not on the list. The chaplaincy also offered religious study groups for a range of faiths and arranged celebrations for the major religious festivals.
- 3.54 The chaplaincy team was well integrated into the life of the prison. In addition to required duties, such as visiting prisoners in segregation, chaplains contributed to a range of meetings including the race equality action team. They provided good support to prisoners at risk of self-harm and suicide but were not always invited to ACCT reviews. As part of their pastoral role, they supported prisoners who were bereaved and had been involved with 130 such prisoners in the previous 12 months. In most cases, prisoners had been able to visit dying relatives or attend funeral services and the chaplaincy team had offered services in the chapel or multi-faith areas where this had not been possible. One of the chaplains was a trained family liaison officer and the team supported prisoners, staff and families in the event of a prisoner's serious illness or death in custody.

Substance use

Expected outcomes:

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

- 3.55 Prisoners were not consistently given first night symptomatic relief but substitute opiate prescribing regimes had become more flexible and needs-led. A specialist GP service was

provided. There were regular clinical reviews and good joint work between clinical and counselling, assessment, referral, advice and throughcare services. With up to 100 prisoners in treatment at any one time, substance misuse nurse input was insufficient. The year-to-date random mandatory drug testing rate was well within target but the level of positive suspicion tests was low.

Clinical management

- 3.56** Prescribing regimes for opiate-dependent prisoners had become more flexible. The prison had moved away from Lofexidine detoxification as the main mode of treatment and in a 12-month period, 210 prisoners had commenced Subutex or Suboxone and 162 methadone regimes, both on a maintenance and a reduction basis. While treatment for alcohol and benzodiazepine withdrawal started immediately, patient group directions for first night symptom relief for opiate users had not been implemented, the out-of-hours GP was rarely contacted and reception nurses had not received appropriate training. Prisoners experiencing severe alcohol withdrawal were admitted as inpatients. In the last six months, 36 had undertaken alcohol detoxification. In the absence of a stabilisation/detoxification unit, drug-dependent prisoners were located on the induction unit.
- 3.57** The pharmacist administered methadone in the health care department, where the waiting area was dangerously overcrowded and conditions unacceptable. Prisoners prescribed Subutex or Suboxone received this from a treatment room on house block B and there were plans to administer methadone more appropriately from the drug support unit on B3.
- 3.58** There were appropriate clinical management protocols and the specialist GPs offered eight sessions a week. Specialist nurse cover was inadequate. The senior substance misuse nurse showed an impressive level of commitment and dedication but a second substance misuse nurse was leaving after six months in post. With up to 100 prisoners in treatment at any one time, more resources were clearly needed.
- 3.59** Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services were well integrated. Prisoners' care plan objectives were set jointly and the senior substance misuse nurse met the CARAT team weekly. Clinical reviews were multidisciplinary and held regularly. Prisoners said they felt fully involved and consulted in their treatment planning. Good links with mental health services ensured that the care of dual diagnosis clients was well coordinated.
- 3.60** The prison had recently nominated B3 as the drug treatment/support unit where prisoners on opiate substitute regimes could access a range of interventions. These included integrated drug treatment system (IDTS) group work modules, yoga and relaxation classes, one-to-one CARAT support and the help of a CARAT peer supporter. Prisoners were asked to sign a unit compact that linked substitute opiate treatment to the incentives and earned privileges scheme. Unless abstinent, prisoners could not achieve enhanced status (see section on incentives and earned privileges), including those who had transferred to Parc on enhanced status. We heard of prisoners who had opted to undertake a quick detoxification regime in order to be eligible but who had then relapsed.
- 3.61** Before release, prisoners could be trained to administer naloxone, used to treat opiate overdose and therefore prevent drug-related deaths in the community. Seventy-six prisoners had completed this training. The opiate blocker naltrexone was available before release to support abstinence and 11 prisoners had taken up this option.

Recommendations

- 3.62 Opiate-dependent prisoners should consistently be issued with appropriate first night medication, patient group directions should be implemented and nurses trained accordingly.
- 3.63 Methadone administration should take place in a safe and suitable environment.
- 3.64 The clinical substance misuse service should be adequately resourced to meet need.

Drug testing

- 3.65 The year-to-date random mandatory drug testing (MDT) rate (April to the end of August) was reported at 5.9% against a target of 7.5%. MDT was well managed and appropriately resourced. Including reception, frequent and suspicion testing programmes, 10% of the population were tested each month. Most security information reports (SIRs) related to drugs and 203 suspicion tests had been conducted since January 2010. The positive rate was relatively low, at 29%, and we were told the quality of SIRs was variable.
- 3.66 MDT was spread throughout the month and results broken down by unit. Finds mainly consisted of hooch (23 finds in a recent six-month period) followed by cannabis, Subutex tablets and some 'white powder'. Reception and visits were cited as the main routes into the prison. In our survey, 30% of prisoners against a comparator of 34% said it was easy to illegal drugs but the rate was lower for sex offenders on house block D (only 9%), black and minority ethnic prisoners (17%) and young adults (21%). There were appropriate supply reduction measures in place and good links between the security and drug strategy departments.

Section 4: Diversity

Expected outcomes:

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

- 4.1 The diversity strategy covered race equality in detail and referred to foreign national prisoners but did not cover other diversity strands. A race equality action plan was monitored by the race equality action team but there were no diversity committee or action plans for other areas of diversity. The diversity team had an appropriate focus on engaging with the community but this had yet to result in measurable benefits to prisoners.
- 4.2 The diversity strategy was effectively a rebranded race relations policy. It covered race equality issues in some depth and foreign nationals briefly but failed to address other strands of diversity. There were separate race equality communications, foreign national and disability policies but no policies for older prisoners, religion, gender or sexual orientation. There was no diversity committee and only race equality was covered by an action plan, which was implemented and reviewed by the race equality action team (REAT) meeting.
- 4.3 The diversity team included an equalities manager, race equality officer and foreign national coordinator, all of whom were full time. The team had spent a considerable amount of time on community engagement, attending a wide range of external events covering most strands of diversity and developing contacts with appropriate external organisations. However, this work had not yet resulted in significant work in the prison and measurable benefits to prisoners.

Recommendation

- 4.4 There should be an up-to-date diversity policy based on appropriate needs analysis, that outlines how the diverse needs of prisoners will be met and monitored, managed by a multidisciplinary diversity committee that covers all strands of diversity, backed up by targeted action plans.

Race equality

- 4.5 Approximately 10% of the population were from black and ethnic minority backgrounds. They were mostly positive about race equality in the prison, although some believed there was discrimination in relation to allocation of wing jobs. These were not subject to ethnic monitoring and some identified discrepancies in monitoring were not pursued. Reported racist incidents were well investigated and investigations were thorough and independently quality-checked. Interventions were available to challenge racism. Prisoners with a history of racist offending or behaviour were identified and monitored. There were regular meetings with race equality and foreign national prisoner representatives but no open forums for black and minority ethnic prisoners.
- 4.6 Approximately 10% of the population were from black and minority ethnic backgrounds. In our survey, their responses were similar to those of white prisoners but only 55% compared to

68% of white prisoners said most staff treated them with respect. In our focus groups, black and minority ethnic prisoners were generally positive about their treatment at Parc, although many said there was some discrimination in allocation to wing jobs, which was not subject to monitoring.

- 4.7 Race equality was managed by the REAT, which was well attended and chaired by the director who provided good leadership. A representative from the Valleys Race Equality Council (VALREC) regularly attended. The diversity policy had replaced the race relations policy and there was a separate race equality communication strategy. The REAT reviewed SMART data, which monitored the representation of black and minority ethnic prisoners across a number of indicators. Some of the indicators, such as complaints, were consistently out of range over periods of several months but there was no indication of any detailed analysis or action.
- 4.8 Only about 1.7% of staff (11 people) were known to be from a black and minority ethnic background. Just over half of the 667 staff had been trained in 'diversity and acting inclusively'.

Managing racist incidents

- 4.9 Racist incident report forms (RIRFs) were freely available around the prison and in a range of languages. Seventy-six RIRFs had been submitted in the previous six months. All investigations into incidents were conducted by the race equality officer, all were reviewed by the chair of the REAT and all completed RIRFs were externally validated by a VALREC representative. VALREC also conducted an in-depth quality check of a sample of RIRFs each month. The process was well managed and investigations were timely. The investigations we reviewed were thorough, although the VALREC quality checks had revealed that procedures had not been followed in all cases and records of action taken were not complete.
- 4.10 When investigations identified racism by prisoners, the men concerned were appropriately challenged and referred for interventions, including one-to-one work and a diversity course delivered by the education department. There were also good examples of appropriate action taken against staff.

Race equality duty

- 4.11 The prison had previously undertaken a number of race equality impact assessments of local policies. In accordance with national policies, it had subsequently moved to using equality impact assessments covering all aspects of diversity using the NOMS equality impact assessment tool. Using SMART data and other information such as complaints, the REAT had identified a number of areas to be impact assessed but none had yet been completed.
- 4.12 There was a system to identify prisoners convicted of a previous or current racist offence or who had demonstrated racist behaviour in custody. Details were recorded on individual records and on a database available to all staff.
- 4.13 A monthly prisoner focus group, known locally as the global fusion community group, was held attended by race equality and foreign national prisoner representatives. The group covered a wide range of subjects, including those of interest to all prisoners and issues particularly affecting black and minority ethnic prisoners. However, there had not been any open forums to communicate and consult more widely with black and minority ethnic prisoners. A previously-run Gypsy, Roma and Traveller forum had not met for many months and issues relating to these communities did not appear to have been discussed at the prisoner focus group.

meetings. The prison had held a number of events to celebrate racial and cultural diversity and a programme of events had been planned for the forthcoming black history month.

Recommendations

- 4.14 All staff should be trained and receive regular refresher training in race equality and diversity.
- 4.15 The race equality action team (REAT) should fully investigate any indications of inequality of treatment highlighted by SMART data, which should include allocation to employment including wing jobs. The results of any investigations and the actions taken should be recorded in the REAT meeting minutes.
- 4.16 Consultation with black and minority ethnic prisoners should include focus groups open to all black and minority ethnic prisoners.

Housekeeping point

- 4.17 Records of racist incident report investigations should include a written account of all interviews and full details of any action taken.

Religion

- 4.18 There was no policy or action plan covering religious diversity and the prison did not monitor or analyse equality of treatment by religion. In our survey, fewer than the comparator said their religious views were respected but there was no evident reason for this.
- 4.19 The prison did not have a specific policy or action plan setting out how the religious needs of prisoners would be met and religion was only briefly mentioned in the diversity strategy (see recommendation under section on diversity). Religion was covered in the prison's diversity training and chaplains had worked with staff and prisoners to improve their understanding of religious diversity, particularly of the significance of Ramadan and practical issues for Muslims during this period. They had also developed a faith awareness training package but this had yet to be delivered. While the chaplaincy reviewed the population by religion to ensure that its services met need, there was no monitoring of equality of treatment by religion (see section on diversity).
- 4.20 In our survey, 49% of prisoners, fewer than the comparator of 54%, said their religious beliefs were respected but the reason for this was unclear. The figure among black and minority ethnic prisoners stood at 65% compared to 43% among white prisoners.

Foreign nationals

- 4.21 The foreign national policy was not based on a needs assessment of the foreign national prisoners at Parc and there was no action plan. The foreign national committee had not met for over six months. There were four foreign national peer support workers but they lacked the support to undertake their role effectively. The prison had developed good relationships with

the UK Border Agency locally and had built up links with the Criminal Casework Directorate. Two men were detained solely under immigration powers.

- 4.22 There were about 38 foreign national prisoners at Parc, two of whom were post-sentence and detained solely under immigration powers. The full-time foreign national coordinator reported to the equalities manager. A foreign national policy briefly set out the services and support available but focused mainly on immigration issues and had not been based on a needs analysis (see recommendation under section on diversity). The policy did not set out the role, membership or frequency of meetings of the foreign national committee, which had not met since February 2010.
- 4.23 Foreign national prisoner peer support representatives were not invited to attend the foreign national committee, although we were told they had informal meetings with the foreign national coordinator and were expected to attend the global fusion community group. They had a job description but had not received any training. They were paid part time for their work but were not adequately supervised or supported and had not been asked to keep any records of the work they did or to account for their time. Although they had been vetted by the security department before being appointed, they did not have freedom of movement around the prison or even to visit other units in the same block. This severely restricted their ability to fulfil their role.
- 4.24 An immigration officer from the local immigration office at Cardiff held a weekly surgery, seeing about seven prisoners a week. A caseworker from the Criminal Casework Directorate also visited every quarter. The surgeries were advertised on residential units. The foreign national coordinator had developed links with the Welsh Refugee Council, which could offer advice and support to foreign national prisoners. She also kept a list of local solicitors able to provide immigration advice.
- 4.25 A telephone interpreting service was available and use of it had steadily increased over the previous year, although some foreign national prisoners and peer support workers said it was not always used when required and we found some examples of this. Managers were encouraging staff to use the service, with some relevant training delivered and more planned.

Recommendations

- 4.26 Foreign national peer support workers should be trained for their role, their work should be supervised and monitored and they should be able to visit different units to provide assistance to foreign national prisoners.
- 4.27 The telephone interpreting service should be used when required to communicate with prisoners who have a limited understanding of English.

Housekeeping point

- 4.28 The role, membership and frequency of meetings of the foreign national committee should be set out in the foreign national policy.

Disability and older prisoners

- 4.29 The prison did not have a clear idea of the number of prisoners with disabilities. The policy was not based on a needs analysis and the systems it described were not in place. It was not supported by an action plan and there was no appointed disability liaison officer. Neither prisoners with disabilities nor older prisoners had their needs properly assessed and there were no care plans. There was no policy or specific arrangements for older prisoners.

Disability

- 4.30 The prison could not provide a list of prisoners with disabilities. In our survey, 18% of prisoners said they had a disability. There was a policy document entitled 'The management of prisoners with disabilities' but it had not been fully implemented. It referred to the appointment of a disability officer when one did not exist and described processes for identifying, assessing and supporting prisoners with disabilities that were not in place. It was not based on a needs analysis and there was no action plan setting out how services and support for prisoners with disabilities would be delivered and developed. The prison did not monitor or analyse equality of treatment by disability (see recommendation under section on diversity).
- 4.31 There were adapted cells on most units but some had broken grab rails and were not in use. There were not enough on D wing, where a number of prisoners had significant disabilities. One wheelchair user was located in a safer cell that had not been adapted for him and was totally unsuitable. The bed was on a high plinth, there were no grab rails and he could not fit his chair under a table surface to eat or write. Other prisoners allocated to adapted cells did not have the adaptations and aids they required. Problems included electric points set too high, no raised seat on toilets and a lack of grab rails by the bed.
- 4.32 There were no multidisciplinary care plans for men with disabilities and their needs had not been properly assessed or met. One prisoner with significant medical issues requiring access to oxygen was not sure if he would be able to get to his cell bell if he needed help and no alternative arrangements had been made, such as providing a pendant alarm. There was no carer or mentor scheme for prisoners with a disability and no forum where they could meet and discuss their concerns and issues. There were no prisoner representatives to whom men with disabilities could go for information or support. Each wing had a list of prisoners who might require assistance evacuating in an emergency but these were out of date. Some prisoners had been allocated prisoner buddies to assist them in an emergency but none had a personal emergency evacuation plan detailing what assistance was required and what arrangements were in place.

Older prisoners

- 4.33 Sixty-nine prisoners were over 50 years old. There was no policy or action plan to identify and meet the needs of older prisoners (see recommendation under section on diversity). There was no assessment to identify their individual needs, no multidisciplinary care plans for older prisoners and no prisoner carer scheme for those who might require assistance or social care. Prisoners who had reached retirement age were not required to work but could do so if they wished. Those who retired or were unable to work were not locked up during the day and received £8.50 a week retirement pay but were still charged for their television. There was a discussion group for older prisoners on D wing but no groups or forums for older prisoners elsewhere in the prison.

Recommendations

- 4.34 All prisoners who would need help in an emergency should have a personal emergency evacuation plan and staff should be aware of their identity and location.
- 4.35 All older prisoners should be assessed to identify any specific needs and those who require it should have multidisciplinary care plans setting out how their needs, including social care needs, will be met.
- 4.36 There should be a recognised carer scheme for older prisoners and prisoners with disabilities who require support.

Housekeeping point

- 4.37 Prisoners over retirement age should not have to pay for their television.

Gender and sexual orientation

- 4.38 There was no policy or action plan for supporting and meeting the needs of gay, bisexual, transsexual or transgender prisoners. The race equality officer had links with external support agencies to which prisoners could be referred for support and counselling services were available in the prison.

- 4.39 There were no policies or action plans covering gender and sexual orientation (see recommendation under section on diversity). A previously active forum for gay prisoners had not met for several months and there were no peer support groups or formal support systems for transgender, transsexual, gay or bisexual prisoners. Some gay prisoners said they would approach the race equality officer if they needed support. Counselling services were available in the prison and the race equality officer had details of, and contacts with, external support networks to which prisoners could be referred but not all prisoners were aware of the support available.

Section 5: Health services

Expected outcomes:

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

- 5.1 Health services were in crisis with inadequate staffing levels and unacceptable accommodation. Responsibility for the delivery of health services was to change imminently from Primecare Forensic Medical Services to be directly run by G4S. The appointment system was chaotic. Only basic health interventions were delivered and prisoners were extremely unhappy with the overall service. All health care staff were under immense pressure, morale was very low and there was great concern about the inability to deliver a comprehensive health service. The dental service was satisfactory but prisoners' perception of the service was poor as many did not receive notification of appointments. Pharmacy services were satisfactory but governance issues were of some concern. Primary mental health services were inadequate and secondary services were understaffed.

General

- 5.2 A new health care manager had been in post for three months and had established good relationships with the local health board (LHB). The prison partnership board met quarterly with representation from the prison, the LHB, Public Health Wales and mental health providers. Following a health needs assessment, a planning and delivery health services agreement between G4S and Abertawe Bro Morgannwg (ABM) University Health Board had been published in April 2010. Responsibility for the delivery of health services was to change imminently from Primecare Forensic Medical Services to G4S. Prisoners did not have access to NHS health services equal to those found in the community.
- 5.3 The current health care centre was unfit for purpose in terms of clinical governance, infection control and security. The waiting room was large but had no windows and few seating areas. A dangerous practice of moving prisoners to health care in large groups of 30 at hourly intervals meant that over 80 prisoners could be held in this room before 10am. Anecdotal evidence suggested up to 100 prisoners waiting for methadone or doctor or nurse appointments were sometimes held in this room. Prisoners complained with justification that the room was 'terrible' and 'intimidating' and some men gave up their health appointments rather than wait there. A new health care centre had been built and the move to it was due to take place in October and November 2010. It would provide a generally better environment, with more consultation and treatment rooms with better facilities, but still contained only one waiting room and the problem was set to persist unless the numbers waiting in the department were reviewed.
- 5.4 There were treatment rooms serving house blocks A, B, C and D. None was completely satisfactory in terms of infection control. Some of the floors were grubby and some waste bins were incorrectly used. The design of the wings meant there was limited confidentiality for prisoners receiving medication and security was compromised in some areas.

- 5.5 The current dental surgery was in reasonable condition and cross infection protocols appeared to be maintained. The pharmacy area was unfit for purpose. Both the dental surgery and the pharmacy were due to move to the new centre with the rest of health care.
- 5.6 The reception health care room was in reasonable condition and contained plenty of health information but the rubbish bins were full and the clinical waste bag, despite being clearly labelled, was used for all kinds of waste. Prisoners were given written information on how to access health services during the reception screening process but the leaflets were out of date.
- 5.7 There was limited health promotion delivery by clinical staff but a good selection of health promotion material was available in the health care department. Health care treated prisoners with respect and relationships appeared professional despite critical staffing levels. A senior nurse was responsible for older prisoners but had not delivered the service for some time. Some work had been initiated with the Welsh prisons group but this was in abeyance until staffing improved.

Recommendations

- 5.8 The system to move prisoners to health appointments should be changed as a matter of priority, with a reasonable limit placed on the numbers held in the health care waiting room, which should be effectively supervised by officers.
- 5.9 The wing-based treatment rooms should be refurbished to ensure they meet infection control guidelines.
- 5.10 Wing officers should always be present to supervise prisoners receiving their medication. No more than one prisoner should be at the hatch at any time.

Housekeeping points

- 5.11 Patient health care information leaflets should be reviewed and brought up to date.
- 5.12 A system for the cleaning and removal of rubbish from wing treatment rooms and the reception health room should be put in place.

Clinical governance

- 5.13 The health care manager had been in post three months and had an extensive prison nursing background. We were unable to establish the correct nursing staff levels. The numbers available for duty, excluding the manager, were 10 registered nurses and five health care assistants (HCAs), two of whom were part time. This figure was untenable, potentially dangerous and grossly insufficient to manage a 24-hour health service for up to 1,200 prisoners. The trained nurse group comprised six registered general nurses (RGNs) and four registered mental health nurses (RMNs). Some of the RGNs were also RMNs. Some of the nurses held additional qualifications and some HCAs had completed NVQ level 3. Staff were extremely demoralised, disillusioned and tired and concerned about the future of patients and themselves. The duty rota changed daily and some staff worked overtime on their days off to cover shifts. Some professional training had taken place in the past but mandatory prison

training was largely up to date. Clinical supervision was ad hoc and following any incidents. There was no structured time for supervision.

- 5.14 GPs were in the prison all day on weekdays and delivered 10 clinical sessions. The sessions were divided between juveniles, adults, inpatients, minor operations and new admissions. The current lead GP had won the contract to provide 24-hour GP cover. The new contract was expected to improve services for patients as health services would be more like a community GP practice with the lead GP taking ownership and delivery of health services. The same GPs provided the out-of-hours cover. Two of the GPs had completed a specialist course in the management of substance use. There were two full-time administrators, which appeared insufficient for the workload. As a result, already overstretched nurses were undertaking administrative duties such as making clinic appointments.
- 5.15 Specialist medical equipment including occupational therapy items was available through the local health board. Emergency equipment was located in the health care department and on the wings. Defibrillators and emergency bags were in most clinical areas but there was no documentation confirming that regular checks of equipment were made.
- 5.16 Clinical records were held in lockable filing cabinets in one of the offices. Those we reviewed were well written with clear entries and care plans but some signatures were illegible. This would be addressed with the imminent introduction of SystmOne, the electronic medical information system. Old clinical records were catalogued and moved to secure premises.
- 5.17 NHS policies and guidelines were available for staff. We were told that there were policies in place to manage any outbreak of communicable disease.
- 5.18 Prisoners were asked to sign a form allowing health staff to contact their GP and other relevant health professionals in relation to information sharing.
- 5.19 Patients wishing to complain about health care used the prison complaints system. Anyone unhappy with the health care response could escalate the complaint to the director of the prison and ultimately G4S. There was no access to the NHS complaints procedure. There was no patient forum due to the staffing issues but there were plans to reform the group when staff levels improved.

Recommendations

- 5.20 Clinical supervision should be encouraged and monitored and staff should have protected time to participate in it.
- 5.21 All emergency equipment should be reviewed and procedures put in place to ensure that such equipment is checked regularly, with documentation verifying this.

Primary care

- 5.22 In our survey, fewer than the comparator rated the overall quality of health care as good. Responses about the quality of service from, and access to, the doctor, nurse, dentist and optician were also lower than the comparators. Despite this, there were some pockets of praise for health staff, including one prisoner who had been in the inpatient unit for some time who was very complimentary about staff.

- 5.23 The reception health screen was completed using the standard prison form with some adaptations. The staffing shortages meant a secondary health screen was completed at the same time. Prisoners who asked to see a health professional or about whom there were any concerns were referred appropriately and anyone with an existing medical condition was asked for their permission to contact their GP to request copies of their medical records.
- 5.24 Prisoners wanting to access health services went to the wing treatment room during the morning medicine round and were assessed by the nurse who either signed them off as sick or referred them to the GP. Prisoners complained that they sometimes had to wait two weeks to see the GP. There was no internal audit of waiting times and the reason for long delays was unclear without a proper application system. Nurses noted down who wanted to see the GP and an appointment list was sent to the wings every day. Appointments for patients to be seen the next day were sent to the wings every night for wing staff to distribute to patients but there was no system to check that prisoners received these. The system was archaic and subject to accidental error or deliberate abuse. There was no reason why prisoners could not be informed in advance of their appointments, which would have reduced tensions. A new paper application system using dedicated application boxes on the wings was due to be implemented. There were six appointments on the GP list and a further six appointments for emergencies each day. In the previous two weeks, 46 prisoners had not attended GP appointments and 31 failed to attend dental appointments, which was indicative of significant failures in the system.
- 5.25 Although there was a good amount of health information available, there was no health promotion programme and no clinics or forums where trained staff could deliver appropriate information. The only immunisations offered were Hepatitis B. There were no well man clinics and condoms and other barrier protection were not available. There were no nurse-led asthma or diabetic clinics and management of life-long conditions was by the GP. A physiotherapist, optician and podiatrist held regular clinics. A sexual health consultant held a clinic but there were currently 84 on the waiting list and a 10-week wait for an initial appointment.
- 5.26 There was no wing-based nursing for prisoners with long-term physical or mental health conditions, although a nurse was available on D wing for about an hour at weekends for informal chats with prisoners about general health issues. The uptake by prisoners was very low and most only wanted to know about specific appointments. There were no day care services. Support to the care and separation unit was very good and staff there felt well supported by health care staff.

Recommendations

- 5.27 The reception secondary health screen should not be completed at the same time as the initial health screening.
- 5.28 An efficient and auditable health care appointment system should be introduced to ensure that prisoners are informed of internal appointments as soon as possible and are able to see a GP within NHS target times. Existing waiting lists should be audited and action taken to reduce excessive waits.
- 5.29 Health promotion programmes should ensure that a full range of immunisations is offered, condoms and other barrier protection are available and well man clinics are run.

- 5.30 Day care services should be introduced for prisoners with long-term physical conditions or those with mental health conditions.

Pharmacy

- 5.31 Pharmacy services were provided by Primecare Forensic Medical Services. A pharmacist, pharmacy technician and pharmacy assistant were employed full time. Pharmacy staff were responsible for the supply of in-possession and some not in-possession medicines. Prisoners were able to see pharmacy staff and obtain advice and pharmacy staff ran a stop smoking service. Prisoners in our survey were positive about the opportunity to see a pharmacist.
- 5.32 Medicine fridges in the wing treatment rooms were not checked regularly and some had faulty thermometers. The equipment used to administer Methadone was clean but there were no records confirming this. We found the door to the treatment rooms locked but the medicine cupboards inside were open with prisoners' prescription and administration charts on display. An out-of-hours cupboard containing certain medicines could be accessed by nurses. The cupboard was not checked regularly.
- 5.33 Prisoners collecting in-possession medication went to the pharmacy, which backed onto the main waiting room. The system did not allow confidentiality for patients and discipline officers were mostly in the main corridor, allowing medicines to be misappropriated by other waiting prisoners. Prisoners were often rude and abusive to pharmacy staff. Not all prisoners were able to keep their medicines securely as locked medicine cabinets were not supplied for individual prisoners.
- 5.34 There was evidence of secondary dispensing on the wings, with some medications for prisoners with a range of medicines pre-assembled into one pot before administration.
- 5.35 Methadone was supplied to prisoners from a dedicated room in the health care centre. Despite guidelines that two health professionals administer Methadone, the pharmacist administered the drug on his own. A special sick policy was not audited correctly. On occasions, nurses would supply a particular medication and record the administration on the prescription and administration chart. If the chart was missing, another one was used and sent to the pharmacy. Nurses admitted that sometimes they did not use the form. Prisoners could buy over-the-counter preparations. Patient group directions had been written but had not been used.
- 5.36 A medicines and therapeutics committee met monthly, with representation from the prison, the LHB and the supplier. The management of the prescription and administration charts was unusual and unnecessarily complicated. There were blank signature boxes relating to the administration of medicines and of the patient's diagnosis. As some Tramadol was not accounted for correctly at some point, some prisoners had up to three charts. Separate charts were used for in-possession and other medicines as well as a separate chart for prisoners on Tramadol. This was unnecessary and potentially unsafe. An in-possession policy required the risk assessment to be entered onto medicine charts but some charts were missing the assessment.

Recommendations

- 5.37 Secondary dispensing should stop.

- 5.38 The pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review.
- 5.39 Two health care staff should administer all controlled drugs in accordance with Nursing and Midwifery Council guidance.
- 5.40 Patient group directions (PGDs) should be used. A copy of the original should be held in the pharmacy and the PGDs should be read and signed by all relevant staff.
- 5.41 The medicines and therapeutics committee should review the in-possession policy to ensure consistency of implementation.

Housekeeping points

- 5.42 Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend and issues relating to drug compliance should be followed up.
- 5.43 Prescriptions written up for in-possession medication should be marked to indicate that a risk assessment has taken place.
- 5.44 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2- 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 5.45 Lockable cupboards should be provided in cells where patients can securely store in-possession medication.
- 5.46 All medicines should be stored in locked metal cupboards (or drawers) at all times.
- 5.47 The pharmacy door should be kept locked at all times, including opening hours.

Dentistry

- 5.48 Two dentists and a dental surgery assistant provided four sessions a week, with additional sessions added if the list grew too long. Communication between the dentists and the rest of health care did not encourage full integration with the health care team.
- 5.49 Administrative staff managed the waiting list but applications were not prioritised. All first applications were seen quickly but only assessed for future treatments. There was no waiting list for initial appointments but ongoing routine appointments could take up to 10 weeks. Any patient requiring a course of treatment had their appointments over several weeks, which caused problems for those on short sentences. Prisoners tried to get around the system by putting in additional dental requests. There was no system to monitor this and accurate dental data were therefore impossible to gauge. Over-booking was used to compensate. This practice had been investigated but only showed that appointment slips had not been received and in some cases prisoners failed to attend because they had other commitments such as legal visits. Those who managed to receive a full course of treatment received care comparable to that found in the community. There was no overall oral health promotion strategy. Dental

records were generally well maintained but entries were often sparse and fell short of best practice guidelines.

Recommendations

- 5.50 The dentist should provide regular returns of the numbers of patients seen and treatment provided through a system that can be monitored.
- 5.51 Protocols for minimum standards of clinical record maintenance should be established in line with current guidance.

Housekeeping point

- 5.52 The dental and health care teams should hold regular minuted meetings.

Secondary care

- 5.53 The management of external NHS appointments was very good with few appointments cancelled due to lack of escorts. Up to four prisoners were allowed out each weekday to attend NHS appointments.

Inpatient care

- 5.54 The care of inpatients was generally good. Staff relied heavily on the presence of discipline officers, who provided very good support. There were up to 15 patients in the unit at any one time. Staff said most had a diagnosable mental or physical health condition but this did not appear always to be the case. Some prisoners appeared to be there because they were on an ACCT document and wing staff were extra cautious about their location. The regime for prisoners depended on the type and diagnoses of prisoners held there. Time out of cell was generally satisfactory and relationships between staff and patients were very good. Board games were a regular feature but there was little productive and therapeutic activity such as painting or craftwork to provide more therapeutic engagement between staff and patients.
- 5.55 While care of the patients was good, we wondered, given the acute shortage of staff that was preventing the delivery of effective general health care services, whether temporary closure of the inpatient unit should have been considered to allow management to review and improve overall health provision.
- 5.56 Education, chaplaincy and library staff visited regularly to support patients. There were no dedicated gym sessions and no equipment on the unit. The GP conducted a ward round twice a week as well as seeing all new admissions to the unit. A psychiatrist from a local psychiatric unit visited every week and another psychiatrist visited every fortnight.

Mental health

- 5.57 Mental health services were under immense pressure due to staffing issues. Primary mental health care was delivered by health care RMNs but most of their time was spent on generic duties so regular mental health clinics could not be scheduled. RMNs were always tasked to cover admissions and were therefore able to identify quickly any mental health issues. A new

arrival presenting as in need of support was placed on the waiting list for a full assessment by an RMN but the waiting list had 61 prisoners on it and the average wait was at least a month. Any prisoner about whom there were serious concerns was admitted to health care for closer observation and assessment. The primary team had excellent relationships with the mental health in-reach team (MHIRT) who provided strong support. Many new arrivals had diagnoses of anxiety, depression and sleeping difficulty. If they were under the care of external mental health providers, that provider was contacted for a summary of their interventions. Anyone in the prison, including prisoners themselves, could refer to the primary team and about 100 prisoners were on the team's caseload. Wherever possible, the RMN patients were followed up at the weekend when the prison was quieter. The GPs and visiting psychiatrists provided good clinical support and guidance. Any prisoner returning from court and having received a long sentence was offered ongoing assistance and a bed in the inpatient unit for more one-to-one support that was not always clinically necessary.

- 5.58** The MHIRT was based full time at the prison. Two community psychiatric nurses (CPNs) managed a caseload of over 50 patients between them. The team was supported by a part-time occupational therapist and a psychologist who was on long-term sick leave. There was no psychiatrist attached to the team but there was access to one through a local psychiatric clinic that provided two sessions a week. Referrals to the team were through the primary mental health nurses, with an average of four referrals a week. Any prisoner already known to external mental health services triggered the CPNs to contact the service to discuss them and their care in the community. The care programme approach was initiated once the CPN accepted a prisoner and was continued throughout their time. Primary diagnoses included dual diagnosis schizophrenia and personality disorder. The CPNs were located on house blocks A and B, from where they saw their patients. The relationship with the primary care mental health team was very good but team meetings were not held often enough. Staff shortages were causing concern for the team and the lack of day care, group work and a full-time occupational therapist were ongoing problems. The team worked well with other departments including drug workers and resettlement staff. The team attended ACCT reviews where appropriate.

Recommendations

- 5.59** Primary mental health nurses should have protected time to undertake regular primary mental health clinics.
- 5.60** Urgent steps should be taken to reduce primary mental health waiting lists.

Housekeeping point

- 5.61** Structured minuted meetings between primary, secondary and other relevant partners should be held regularly.

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

- 6.1 The leadership and management of learning and skills and education and activities were satisfactory but there were too few activity places to keep prisoners purposefully occupied. A reduction in the independent information, advice and guidance service had resulted in poor links between sentence planning and prisoners' individual learning plans. Although there were too few, the range of curriculum activities was good, as was the quality of teaching and learning and care and support. Initial assessment of basic skills was systematic but results were not always used well to plan learning. There was not enough support for prisoners with more complex or specific learning difficulties. Many tutors did not make enough reference to the Welsh culture in their teaching. The library accommodation and provision were poor but only temporarily during construction work.

Leadership and management

- 6.2 Learning and skills staff had developed a helpful prison-wide strategic plan. This was clear and described useful strategic objectives that prison staff monitored regularly. It took good account of Welsh Assembly Government and NOMS priorities but was underdeveloped and did not clearly define where the prison aimed to be with regard to education and training within three years to take account of the planned population changes. Some practical changes had already begun in anticipation of these changes, such as the employment of a distance learning tutor.
- 6.3 Staff had responded well to overcome the disruption caused by construction work. There had been effective arrangements to deliver many classes on residential wings to ensure that education provision had been closed for only two days.
- 6.4 Learning and skills staff were well qualified and experienced and teachers held appropriate teaching qualifications. A minority of basic skills staff held specialist literacy and numeracy qualifications. PE staff were well qualified to deliver a programme that benefited prisoners by improving their skills and qualification levels. Vocational training staff held assessor awards and a few had or were working towards teaching awards.
- 6.5 There were effective quality assurance arrangements and staff gathered data systematically and used data well to monitor the quality of learning and skills. The self assessment report and quality development plan were clear, evaluative and identified accurately the strengths and most of the areas needing development.

- 6.6 Overall, the breadth of provision was good but there were still not enough activity places to enable all prisoners to access employment and education. Those who could participate in work or education made good progress.
- 6.7 Initial assessment was systematic and satisfactory. Orderlies routinely undertook assessment of new prisoners' literacy and numeracy using appropriate standardised tests. However, the outcomes of these tests did not always reach teachers or work supervisors to enable them to plan effectively the support offered. There was no strategy to measure over time the impact that literacy and numeracy support had on prisoners' basic skills.
- 6.8 Those who attended work or education workshops were occupied well, arriving on time and with good rates of attendance. Absences were followed up by regime staff, who informed teachers and work supervisors about the reasons for non-attendance.
- 6.9 All staff had undertaken useful training to improve their awareness of prisoners' additional learning needs, although there was not enough support for prisoners with more complex or specific learning difficulties.
- 6.10 Information, advice and guidance (IAG) did not inform sentence planning well enough and the previous provision of two independent careers advisers had been reduced by half. The remaining careers adviser interviewed prisoners towards the end of their sentences but this was too late to enable prisoners to plan the education options they chose or to enable prison staff to help them participate in activities to improve their skills or job prospects.

Recommendations

- 6.11 All teachers should use basic skills assessments to plan the improvement of individual learners.
- 6.12 The support available to prisoners with more complex or specific learning difficulties should be improved.
- 6.13 The provision of independent careers information, advice and guidance early in prisoners' sentences should be strengthened to ensure it informs sentence and education planning.

Work

- 6.14 There were 886 prisoners in employment but not enough employment places available. Most work opportunities were part time and many were wing jobs that did not always fully occupy prisoners. About 10 cleaners on each unit were recorded as completing 6.75 hours of work a day, seven days a week, which was not feasible. Nearly 30% of prisoners were unassigned to activities and few prisoners were kept purposefully occupied for most of the day. There was a good range of workshops and types of work available and advanced plans to open additional workshops. Labour market information had been used well to inform the development of the provision and the range of skills new workshops would teach.
- 6.15 The nature of much of the work was purposeful and reflected appropriately the world of work. Workshops enabled prisoners to develop relevant skills for future employment. Prisoners in the manufacturing workshops completed commercial assembly work for outside companies and

developed a good work ethic, useful techniques and a good understanding of factory work. They took pride in their work and the return rate of completed work from companies was zero.

- 6.16 Prisoners had good opportunities to gain useful accredited qualifications in all industry workshops and their success in attaining qualifications was very good at 90%. In nearly all work settings, tutors were clear about how prisoners could gain accreditation of their skills. The prison also made effective use of two work-based learning providers to assess learners and help them gain accreditation.
- 6.17 Many prisoners produced work above the standard required by their programme. In painting and decorating, learners extended their skills into sign writing and masking techniques. In the manufacturing workshops, learners had designed and were producing a large mural on the theme of time. Together with a moving sculpture and poetry on the same theme, the finished mural was due to be exhibited at the Wales Millennium Centre.
- 6.18 Prisoners had access to useful additional qualifications such as manual handling certificates and Construction Skills Certification Scheme cards, which improved their job prospects on release.
- 6.19 Most vocational tutors had good industrial experience. They were committed to their work and enthusiastic about providing an extended range of qualifications for prisoners. They paid good attention to health and safety in work settings.
- 6.20 Most work places offered prisoners opportunities to develop key skills, including wider key skills, although this was usually unaccredited.
- 6.21 Vulnerable prisoners on house block D had good opportunities to work. However, the range of jobs was too limited.

Recommendations

- 6.22 The range and quality of jobs for vulnerable prisoners should be improved to ensure that all prisoners who work are involved in purposeful activities.
- 6.23 Accreditation of prisoners' key skills should be improved.

Education

- 6.24 There were not enough education places to meet prisoners' needs and only 187 prisoners were following accredited education courses. Most education courses were part time and only 16% of prisoners in our survey said they were currently involved in education activities.
- 6.25 During induction, prisoners were given a useful booklet in English and Welsh that outlined the educational opportunities available. During their induction to activities, tutors carried out diagnostic testing of prisoners' basic skills and carried out assessment of their preferred learning styles. Most used this information well in planning lessons and training sessions that helped learners make good progress in their learning. The education curriculum was sufficiently broad and balanced, with nearly all courses carrying appropriate accreditation. There were a few evening and weekend classes.

- 6.26 All tutors had good, many very good, subject knowledge. Many were experienced and used a variety of teaching approaches to meet prisoners' needs. The high standards of teaching were reflected in good achievements in most classes and prisoners produced high standards of work in many. Peer partners gave prisoners good targeted support that helped them to make better progress. However, many sessions were too long with no breaks. Too many learners whose basic skills had already been assessed as at level 1 were entered for literacy awards at the same level. This missed opportunities to set individual targets to improve their basic skills.
- 6.27 The management of resources by learning and skills staff was effective and efficient and learners generally had good resources that supported their learning in education classes and workshops. Most new classrooms had interactive whiteboards. Learning resources for Welsh speakers were very limited. The prison had recruited staff who spoke Welsh and two peer partners spoke Welsh. However, overall provision was underdeveloped to ensure that Welsh-speaking prisoners were encouraged to develop their bilingual skills. Many tutors did not make enough reference to the Welsh culture in their teaching.

Recommendations

- 6.28 All education sessions should allow learners to have breaks and sessions should be planned more effectively to cater for learners with shorter attention spans.
- 6.29 The provision to improve learners' awareness of the history, language and culture of Wales should be improved and Welsh speakers should be encouraged to use their language skill.

Library

- 6.30 There were two librarians supported by two library orderlies. The library provision was temporarily located in the amenities building during construction work, which would provide a new library. The temporary facility was cramped and offered limited facilities and materials. Legal resources and references were up to date and prisoners could still access these easily. There were no management information system data available on prisoners' use of the library.

Housekeeping point

- 6.31 A management information system to support the planning development of the library should be developed.

Physical education and health promotion

Expected outcomes:

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

- 6.32 Gym facilities and access to them were good but the range of activities was more limited for sex offenders on house block D. Not enough was provided for prisoners with physical disabilities and older prisoners. There were good opportunities to gain qualifications.
- 6.33 The prison provided a good range of opportunities for nearly all prisoners to take part in activities that improved their physical fitness. Prisoners used the indoor and outdoor facilities at evenings and weekends as well as during the working week. Both outdoor areas had very good up-to-date playing surfaces, which had reduced the risk of injury and abrasions. Prisoners who worked full time had good opportunities to use the facilities in the evenings and at weekends. There were sufficient PE staff.
- 6.34 Overall, opportunities for prisoners to take part in physical education activities were good and prisoners were encouraged to take them. Yoga courses were run for a limited number of prisoners on each house block. A few sessions of ball games had been run for prisoners with physical disabilities but otherwise older prisoners and those with physical disabilities were not sufficiently encouraged or enabled to take part in less physically demanding activities. Vulnerable prisoners on house block D did not have access to as wide a range of activities as other prisoners. PE staff worked effectively with physiotherapy staff to make sure that good account was taken of prisoners' health and physical fitness before determining a suitable programme of activities. Prisoners who were overweight were advised to follow an appropriate programme of cardio-vascular activities as well as receiving advice on diet.
- 6.35 All prisoners had good access to clean and well-maintained washing and showering facilities after PE sessions. The facilities were well supervised and safe. The PE department kept good records of accidents and injuries.
- 6.36 Prisoners had good opportunities to gain a variety of qualifications, including YMCA gym instructor and fitness courses, the Prince's Trust getting started in football course, tackling drugs through PE, first aid and health and safety courses. A good range of these courses included key skills and prisoners' attainment of qualifications was good.

Recommendation

- 6.37 Opportunities for older prisoners and those with physical disabilities to take part in less physically demanding activities should be improved.

Time out of cell

Expected outcomes:

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

- 6.38 The average of nine hours out of cell claimed by the prison was unachievable and prisoners' experience varied widely. Unemployed prisoners could spend up to 20 hours a day locked in their cells while those on the super enhanced unit had up to 12 hours out of cell. Association and outside exercise were rarely cancelled but not all prisoners were offered a full hour of outdoor exercise. The practice of locking prisoners out of their rooms for the whole association period discouraged some from taking part in association.

- 6.39** Time out of cell ranged from less than four hours a day for unemployed prisoners to 12 hours for the small number of prisoners on the super enhanced unit. Information supplied by the prison indicated that some 300 prisoners were without any assigned activity and effectively unemployed. We conducted two roll checks and found 39% of prisoners locked in the cells at 10.30am on the Tuesday and 46% on the Wednesday afternoon. Our observations suggested that the average of nine hours out of cell claimed by the prison was unachievable. The actual average figure would be well below this. Nor did we accept that the recorded figure of 26 hours purposeful activity was accurate.
- 6.40** Association and outside exercise were rarely cancelled but not all prisoners were able to spend an hour in the open air each day and variations in the daily regime or authorisation to cancel exercise were not always recorded. Association took place in the open central areas of the units from 6.30pm to 8.15pm Monday to Thursday and was appropriately supervised by staff. Some prisoners said there was little to occupy them during association. They said one issue was that they were automatically locked out of their cell for the whole association period, which did not encourage some men, particularly those who smoked, to take part in association. Exercise yards were bare and had no seating areas. Waterproof outdoor clothing was available but outdoor exercise was still sometimes cancelled in bad weather.

Recommendations

- 6.41** All prisoners should have the opportunity to be unlocked for most of the core day.
- 6.42** All prisoners should be given the opportunity to spend at least one hour each day in the open air.

Housekeeping points

- 6.43** Outdoor exercise should not be cancelled except in the most extreme weather conditions.
- 6.44** Cancellations in the published regime for association and exercise should be recorded, with an explanation and the name the person authorising the cancellation.
- 6.45** A more flexible arrangement should be put in place to allow prisoners to return to their cells during association.
- 6.46** Exercise yards should contain seating.

Section 7: Good order

Security and rules

Expected outcomes:

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

- 7.1 Security arrangements were proportionate. Good intelligence was acted on swiftly. Criteria for being placed on closed visits were not sufficiently clear or linked directly to activity on visits. Rules were clearly outlined to prisoners.
- 7.2 Physical security was sound and the most recent security audit had returned an overall score of 84%. Dynamic security also appeared reasonable, despite the high number of prisoners often left locked up, as association was rarely cancelled and staff-prisoner relationships appeared good enough to compensate. This translated into a good flow of intelligence into security, with a monthly average of over 280 security information reports (SIRs) submitted over the previous six months. The main subject related to drugs. Most were of good quality and the security department responded quickly to intelligence received, with cell searches and drug tests identified as required logged and tracked to completion.
- 7.3 Security procedures were proportionate and risk assessments, including access to activities, were carried out on an individual basis.
- 7.4 Eighteen prisoners were on closed visits, although this figure had been as high as 34 in recent months. There were no set criteria for prisoners being placed on closed visits other than referring to the relevant Prison Service Order and Prison Service Instruction. While most decisions appeared appropriate, with evidence that prisoners were attempting to traffic drugs through visits, some prisoners had been placed on closed visits for failing a drug test. All prisoners subject to closed visits were reviewed monthly and none we saw had remained for longer than three months.

Rules

- 7.5 Rules were clearly outlined in the induction booklet given to all prisoners. Prisoners in groups said staff mostly applied rules consistently and challenged prisoners when necessary. The one exception was during the serving of food when prisoners felt challenges were necessary but not forthcoming (see section on bullying and violence reduction).

Recommendation

- 7.6 Prisoners should be placed on closed visits only when there is clear evidence linking them to illicit activity connected to visits.

Discipline

Expected outcomes:

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

- 7.7 The standard of adjudications varied and there were no quality assurance measures to address deficiencies. Levels of use of force had risen and, despite a comprehensive range of data collated, there was little analysis to identify the cause of this upward trend. Use of special accommodation and use of force records were not sufficiently scrutinised by managers. The segregation unit had a limited regime but was a decent environment.

Disciplinary procedures

- 7.8 There had been 1,158 adjudications in the first eight months of 2010. Fifty per cent related to young offenders even though they accounted for only about a third of the overall population. Adjudication review meetings had been held in January and June 2010 and both had been well attended by adjudicating managers. Analysis of adjudication data was limited. Only data on the total number of adjudications held each month were produced, with none by areas such as house block or charge. Other than SMART monitoring, there was no analysis of data for emerging patterns or trends. Minutes from the June meeting suggested that the top five charges raised each month would be monitored from the next meeting.
- 7.9 The large bright adjudication room in the segregation unit was suitable for purpose. Prisoners were given enough time to prepare and could seek legal advice if requested. A pen and paper were not provided. Adjudication records from the previous six months indicated varying quality. Some were extremely well conducted, with thorough investigation of all issues raised. However, too many were poorly conducted, some showing insufficient enquiry and others ignoring pertinent points and issues raised by the prisoner. Many records ended abruptly with 'charge proven', with no explanation of how or why this conclusion had been reached when the preceding written account of the adjudication was inconclusive.
- 7.10 Prisoner conduct reports for adjudications were often contradictory. One prisoner had been described as 'compliant with staff requests' and 'displaying a poor attitude', while another was described as 'polite and respectful' and 'very disruptive on the unit'. When prisoners challenged what they believed to be inaccurate depictions of them, the records did not indicate any further enquiries by adjudicators.
- 7.11 No quality assurance checks were carried out by senior managers to identify and address such issues and the adjudication review meeting did not incorporate any review of adjudications.
- 7.12 Adjudication punishments were consistently in line with the local tariff and appeared proportionate.

Recommendation

- 7.13 All disciplinary charges should be thoroughly investigated, regardless of the prisoner's plea, before a finding is made by the adjudicator. Clear reasons for decisions should be recorded and records should be quality assured by a senior manager.

Housekeeping points

- 7.14 A range of adjudication data, such as by location, charge and reporting officer, should be routinely analysed for emerging patterns and trends and action taken as necessary.
- 7.15 Prisoner conduct reports should be consistent in the depiction of the prisoner and, when these are challenged by prisoners, adjudicators should satisfy themselves of their accuracy.

Use of force

- 7.16 Levels of use of force had risen, with a projected total of 422 for 2010 compared with 398 in 2009 and 268 in 2008. The number of use of force incidents involving young adults had increased significantly from 104 in 2007 to 272 in 2009. A comprehensive range of data was available at the monthly safer custody meeting but minutes indicated little useful analysis and no suggestion that this year-on-year rise was being identified and addressed. The consensus among managers we spoke to was that use of force levels had fallen since young offenders had been mixed with adults on some units. However, the data indicated an increase of over 25% in use of force in the six months following the integration of young offenders and adults.
- 7.17 Records of use of force were of mixed quality. Some provided clear accounts and appropriately demonstrated why force had been used but a significant number included confusing accounts that raised questions and concerns. In one case, staff described how they had entered a prisoner's cell and restrained him 'to prevent injury to himself and staff' because they said he was about to smash a television. Why staff were deemed at risk was unclear. One officer said he restrained the prisoner by himself, while another said he had helped and a third appeared to have simply watched all this happen. In another case, two officers had described how they had restrained the same prisoner by themselves. We were told that a senior manager scrutinised all completed use of force documents but there was no recorded evidence of this.
- 7.18 There were two special cells in the segregation unit. Along with a number of occasions where furniture had been withdrawn from cells in the health care department and clothing removed, special accommodation had been used 15 times in the year to date. The accounts of why such measures had been used were not always entirely satisfactory. In one case, a prisoner had been placed in special accommodation apparently only for making verbal threats. Records indicated that a number of prisoners had been compliant for some time before being relocated to a furnished cell.

Recommendations

- 7.19 Use of force data should be routinely analysed for patterns and trends and appropriate action taken to address them where appropriate.
- 7.20 Use of force documentation should be routinely scrutinised to ensure all use is appropriate and measures taken to establish the facts where they are lacking sufficient detail or include conflicting accounts.
- 7.21 Prisoners should be removed from special accommodation as soon as its use is no longer necessary.

Segregation unit

- 7.22 The segregation unit was a well maintained, bright and clean environment. Most cells were in reasonable condition but a few were dirty and some bedding in empty cells was grubby. In the previous six months, 272 prisoners had been located in the unit, predominantly for cellular confinement following adjudication and for reasons of good order or discipline. Most were for short periods of rarely more than one or two weeks. About 20% of prisoners were located for their own protection but most were new admissions awaiting a space on D house block. All prisoners were inappropriately subject to a strip search on entering the unit. Few prisoners remained longer than 30 days. Where this did happen, no supporting care plan was in place other than targets set at the bi-weekly segregation unit review boards, which were generic and appeared to be pre-printed.
- 7.23 One prisoner in the unit had recently arrived from Altcourse and had previously been in Rye Hill's segregation unit on what segregation unit staff described as a '28-day lie down' to give Altcourse segregation unit staff 'a break'. The prisoner presented as suffering from mental health problems but had arrived with no supporting information despite anecdotal accounts from senior managers that he was waiting for a bed at a secure mental health facility. Minutes from a safer custody enhanced case review also indicated that Rye Hill prison had been contacted earlier in the year to take a prisoner from Parc's segregation unit for the same reason with no indication of whether this was in the prisoner's best interests. Staff and managers confirmed that such moves between segregation units in the G4S estate, while not regular, did occur. This was inappropriate.
- 7.24 Segregation unit staff appeared professional and helpful in their dealings with prisoners but this was not reflected in the quality of the entries in unit files, which were never more than perfunctory. Prisoners we spoke to were universally positive about segregation staff, with a number describing them as the best in the prison. The regime was basic. Prisoners could have daily showers, telephone calls and hourly exercise along with the usual arrangements for domestic visits but could not attend religious services, the gym or work-related activities. The violence reduction coordinator had recently begun to provide in-cell education work on request.
- 7.25 The segregation monitoring and review group (SMARG) met monthly and an appropriate range of data was collated but minutes did not indicate what analysis was conducted or any resulting action points.

Recommendations

- 7.26 Prisoners locating to the segregation unit should be subject to a strip search only when an active risk assessment indicates that this is necessary.
- 7.27 Prisoners remaining in the segregation unit for more than two weeks should be supported by care plans that demonstrate a multidisciplinary approach to helping them return to normal location.
- 7.28 Segregation unit to segregation unit moves should occur only when the best interests of the prisoner indicate they are appropriate.

Incentives and earned privileges

Expected outcomes:

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

- 7.29 The incentives and earned privileges scheme had recently been reviewed. It mostly operated fairly but prisoners undergoing drug treatment could not progress to the enhanced level. Prisoners were mostly motivated to progress through the scheme but there were no clear links to sentence planning. New procedures to monitor the scheme had been introduced.
- 7.30 The incentives and earned privileges (IEP) scheme had last been reviewed in June 2010 and a new 'enhanced plus' regime level had been introduced along with new documentation to record prisoners' progress through the scheme. The scheme had four levels from basic to enhanced plus. On one day of the inspection, eight prisoners were on the basic regime, 408 on standard, 353 on enhanced and 55 on enhanced plus.
- 7.31 An initial review was completed during induction and all new arrivals were placed on the standard level. Prisoners who transferred on enhanced level could remain on this level once this had been confirmed. An information leaflet about the scheme was given to all new arrivals and a guide was displayed on unit notice boards but only in English. The scheme was largely based on prisoners' location, although some enhanced prisoners chose to remain on 'standard' units. Prisoners on the drug treatment unit on B3 could not progress to enhanced if they were not free from prescribed controlled medication. Officers could, however, demote prisoners through the scheme. This was discriminatory and unfair (see also section on substance use).
- 7.32 Prisoners on enhanced units were entitled to additional association, gym sessions, private cash and visits. Enhanced prisoners were required to agree to regular voluntary drug tests, more correctly described as compliance testing. Prisoners on the enhanced plus regime (C1 unit) were employed in more trusted jobs and had additional wing facilities and time out of cell. Access to this regime was limited by the availability of accommodation but this was expected to improve with the opening of the new units. In our survey, more prisoners than the comparator said the different levels of the IEP scheme encouraged them to change their behaviour.
- 7.33 Prisoners could apply for the enhanced level after three months without warnings or proven adjudications. Boards were chaired by a senior officer. Prisoners attended when downgrades were being considered. Promotion was based largely on wing behaviour. Officers' reports often included comments such as 'polite and respectful' or 'causes no problems and keeps himself to himself'. None of the cases we looked at made links between the IEP scheme and sentence plan targets. All prisoners were informed in writing of the outcome of boards.
- 7.34 Three written warnings or adjudications within three months or one proven adjudication for a serious offence triggered a review of a prisoner's IEP level. We found examples where the use of warnings had been applied leniently. Many written warnings were for simple breaches of wing rules, often for smoking on the landings. Demotions could be made by a senior officer and had to be endorsed by an officer from a higher grade. In the cases we looked at, prisoners

had remained on the basic level for no more than two weeks. A basic register helped track the progress of those on this level and reminded staff when reviews were due.

- 7.35 Improved monitoring of the scheme had recently been introduced to ensure consistent treatment. The number of movements between incentive levels on the different house blocks was recorded on a central database and monitored quarterly by the senior residential managers. House block managers quality checked at least 10 cases a month considered at IEP review boards.

Recommendation

- 7.36 Prisoners undergoing substitute opiate treatment should be able to progress through the incentives and earned privileges scheme to the enhanced level.

Housekeeping point

- 7.37 Progress through the incentives and earned privileges scheme should be linked to sentence planning.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 A newly refurbished kitchen had recently opened. Prisoners were dissatisfied with the food and there was little formal or regular consultation and no recent survey had been completed. Unit serveries were not sufficiently supervised. Improved opportunities for training prisoners in the catering trade were being developed.
- 8.2 The catering service had operated from temporary facilities for nine months until the opening of a newly refurbished central kitchen in June 2010. This was still operating largely as a regeneration kitchen, with around 70% of meals provided by external suppliers, although gradually more meals were being prepared on-site. The kitchen was located outside the secure perimeter of the prison. There were five chefs and nine other caterers. Only one prisoner was employed in the kitchen, working in the catering store, and was released on temporary licence each day. More opportunities for training and employing prisoners were planned with the development of an industrial training kitchen and imminent opening of a new staff mess.
- 8.3 There were adequate chilled and frozen food storage facilities, with a separate area for halal products. A kitchen journal recorded the dates, times and food temperatures from delivery to being placed on food trolleys to be taken to house blocks. Food left the central kitchen in heated trolleys up to an hour before it was served and was delivered to house blocks on a large van. There were plans to introduce a second vehicle to cut down delivery times when the new units opened. The trolley used for D1 (sex offenders) was locked to avoid any tampering. Each unit had a griddle and deep fat fryer to provide a limited range of freshly cooked items, although these were small and some food was cooked too early. There were no opportunities for prisoners to cater for themselves.
- 8.4 Prisoners could choose from a pre-select menu on a three-week cycle. There was a reasonable variety of meals, including vegan, halal, vegetarian and healthy eating options. On most days, prisoners could select five portions of fruit or vegetables. Meals were served at reasonable times. Lunch was between noon and 12.15pm and the evening meal at 5pm to 5.15pm. Breakfast packs were distributed and fresh milk provided each morning.
- 8.5 In our survey, only 18% of prisoners said the food was good, a considerable drop since 2008, although black and ethnic minority prisoners were more positive. Budget cuts were impacting on the quality of catering and some of the better quality choices had been removed from the menu. Hot meal choices had been reduced to once a day. Consultation about food was poor. There had been no food survey since April 2009 and there were no food comment books on wings. Some catering issues had been raised at unit meetings but these were usually so infrequent that it was not clear whether matters were resolved (see section on residential units). A catering representative had attended the global fusion community group meetings to respond to complaints raised.

- 8.6 There was insufficient oversight of unit serveries to ensure good standards were maintained. Caterers had no input as this was seen as the responsibility of residential managers. Food temperatures were not taken consistently at the point of serving, cleaning schedules were not always completed and not all servery workers or staff were appropriately dressed or trained. One servery orderly had been employed for three months but had completed basic food hygiene training only the previous week. Other servery workers said they were due to complete the training. Some prisoners complained that Muslim prisoners were not always employed as servery workers. Some concerns had been raised that the appropriate utensils were not used for serving halal food.

Recommendation

- 8.7 Food should be served at suitable temperatures by appropriately dressed and trained staff.

Housekeeping point

- 8.8 Prisoners should be given sufficient opportunities through food surveys and forums to raise any food-related issues, which should receive appropriate responses.

Prison shop

Expected outcomes:

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

- 8.9 Prisoners were generally satisfied with the choice and operation of the shop, except that only enhanced prisoners could buy tinned food and no fresh fruit was available.
- 8.10 The shop was managed by G4S and more prisoners than the comparator in our survey said it sold a sufficiently wide range of products. The response from black and minority ethnic prisoners was similar to that of white prisoners. The shop sold a wide range of items, including products for black and minority ethnic prisoners, but the list did not include fresh fruit and only enhanced prisoners could buy tinned goods. Prices were comparable to those of high street supermarkets.
- 8.11 All new arrivals received a reception pack and could buy 'emergency' items if they had money on arrival. For those without money, the reception pack had to last several days depending on their day of arrival. This risked encouraging them to 'borrow' items, particularly tobacco, and getting into debt. Prisoners placed orders weekly and received goods on Fridays in a sealed clear bag. As the shop was in-house, mistakes and omissions were easily and quickly resolved by a member of shop staff who worked on Saturday mornings. Prisoners should also shop from a number of catalogues and newspapers and magazines could be ordered from a local newsagent.
- 8.12 There were no regular surveys, although prisoner representatives could express the views of prisoners at unit meetings

Recommendation

- 8.13 Any prisoner arriving without private money should be offered a suitable advance of up to one week's pay to use in the prison shop, with repayment staged over time.

Housekeeping point

- 8.14 Fresh fruit should be available from the prison shop and all prisoners should be able to buy tinned goods regardless of incentives and earned privileges level.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 There was a satisfactory reducing reoffending strategy but planned population changes meant it would need to be reviewed. Only a limited needs analysis had been undertaken. Delivery of resettlement was monitored at regular meetings of the resettlement policy committee, which included a wide range of staff and external agency representation.
- 9.2 The undated strategic framework for reducing reoffending 2010/11 described the existing services for each of the pathways and included actions plans for developing services. The strategy had limited value as the population of the prison was soon to change, with Parc taking all prisoners serving sentences of two years and over, all Welsh sex offenders and all sentenced young adults. The strategy described the work of the offender management unit (OMU), with an action plan to develop offender management services in the prison. Also included was an action plan to meet targets set by the offender management development and implementation group (OMDIG), the key structure for planning and developing offender management services across all Welsh prisons and the Wales Probation Trust.
- 9.3 Many of the set targets did not have completion dates and pathway leads were not explicitly identified in the strategy, although most action points were attributed to named individuals. The strategy did not contain terms of reference for the membership of the resettlement policy committee (RPC), or frequency of meetings, and did not say how the prison planned to meet the needs of specific groups of prisoners, such as sex offenders, those serving indeterminate sentences for public protection or young adults.
- 9.4 A limited needs analysis undertaken in December 2009 had been based on only a 33% return of questionnaires. It mostly focused on what was already available to prisoners rather than identifying areas of unmet need and had not been used to inform the strategy. Information was not gathered from existing offender assessment system (OASys) assessments. Individual meetings took place to develop the services of some, but not all, pathways.
- 9.5 The delivery of resettlement was monitored at regular meetings of the reducing reoffending integrated managers meeting (RIMM)/RPC, chaired by the head of offender management and interventions. Membership included a wide range of staff from across the prison and representatives from external agencies. The RIMM, a sub-group of the RPC, was attended by a smaller group of managers to focus on a specific issue and report back to the full RPC meetings.
- 9.6 There were service level agreements with a number of voluntary and community groups but no opportunity for these groups to meet regularly and discuss their contribution to prisoners' resettlement.

Housekeeping points

- 9.7 Pathways should have named leads and action plans should include dates for the completion of targets.
- 9.8 Terms of reference for the resettlement policy committee could be included in the reducing reoffending strategy.
- 9.9 The prison should meet voluntary sector groups periodically to inform them of the reducing reoffending strategy and their contribution towards its development.

Offender management and planning

Expected outcomes:

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

- 9.10 Offender management was well established and managed. All those eligible had an up-to-date OASys assessment and an annual sentence plan review with satisfactory contact with offender managers. The quality of the sentence plans and OASys documents was generally good. Prisoners' initial security category was quickly assessed but they did not receive information about the process. Public protection arrangements were good.

Sentence planning and offender management

- 9.11 Offender management was well established and the OMU was managed by the head of offender management and interventions who also chaired the Wales OMDIG (see section on strategic management of resettlement) which the senior manager for offender management also attended. The OMU staff team consisted of prison and probation managers, public protection and observation categorisation and assessment (OCA) staff, accommodation officers, CARAT workers, ViSOR OASys, IPP and home detention curfew (HDC) clerks, case administrators and 16 offender supervisors. The team worked in groups on three wings.
- 9.12 Offender supervisors were prison officers, seconded probation staff or directly employed by G4S. They were appropriately trained and each had a caseload of around 70 prisoners, including prisoners in scope for offender management and those requiring OASys assessments. Probation staff wrote parole reports and generally managed the higher-risk cases. Allocation of cases, some of which were demanding, was based on experience and capability rather than simply numbers.
- 9.13 There were 320 prisoners in scope for offender management, meaning they were high or very high risk, serving indeterminate sentences for public protection (IPP) or prolific and priority offenders (PPOs). All prisoners over 21 and serving sentences of 12 months or more and young adults serving sentences of three months or more with eight weeks left to serve required an OASys assessment. This accounted for 72% of the population.
- 9.14 Prisoners were quickly allocated to an offender supervisor. The timeliness of OASys completions was good and all those eligible had an up-to-date OASys assessment and an

annual sentence plan review. The required actions and timescales were tracked. Levels of contact between prisoners and offender supervisors varied. Offender supervisors were expected to see prisoners in scope at least four times a year, at which meetings they reviewed sentence plans, or after any 'significant change' such as completion of an offending behaviour course. Out-of-scope prisoners were seen only to complete an OASys assessment and not again until their annual review, before release or after any significant change. Prisoners could also request to see their allocated offender supervisor.

- 9.15 Offender supervisors kept detailed electronic records of contact with prisoners and information shared with offender managers in the community and any internal departments. They received information about prisoners subject to the care and separation review boards and daily adjudication reports.
- 9.16 In our survey, 52% of prisoners against a comparator of 69% said they had a sentence plan and more than in 2008 said they had been involved in its development. More than in 2008 also said a member of staff had helped them to address their offending behaviour. There were no custody plans for those remanded and serving less than 12 months. The planned population changes meant this would be less of an omission in future.
- 9.17 Most prisoners came from Wales and links with community-based offender managers were good and attendance at meetings and reviews were tracked. Links with offender managers in England were not so positive. Initial and review sentence planning boards for those in scope were largely chaired by offender managers and there was good attendance by offender managers at post-intervention programme reviews. Telephone conferencing was used when necessary.
- 9.18 The quality of the sentence plans and OASys documentation was generally good. Sentence plan objectives were appropriate and specific, included timescales for completion and named the departments responsible. Ten per cent of completed OASys were quality checked by the OM senior manager, with written and verbal feedback given. Quality assurance was also undertaken on a percentage of in-scope prisoners regarding key actions pre- and post-sentence, monitored as part of the OMDIG's quality improvement action plan
- 9.19 Attendance at sentence planning reviews was usually limited to the offender manager (for those in scope), the offender supervisor and the prisoner, although some were attended by work and health care staff. There was little contribution from personal officers and no involvement of families. Targets were included in prisoners' files but there was no comment in these to show that staff on house blocks were aware of sentence plan targets or any resettlement needs.
- 9.20 An offender supervisor interviewed all prisoners pre-release where outstanding needs could be raised, including accommodation and benefit issues.
- 9.21 In a recent six-month period, 448 prisoners had applied for HDC, of which only 93 had been approved. In the same period, 90 prisoners had applied for release on temporary licence (ROTL) and only three had been approved. These figures, particularly in relation to ROTL, appeared relatively low.
- 9.22 The 107 licence recalled prisoners received written information about the recall process and appeals procedure and each was seen individually by a unit manager to explain his situation. Recalled prisoners were allocated to an offender supervisor only if their original sentence was over 12 months.

Recommendation

- 9.23 Regional management should review home detention curfew and release on temporary licence processes to assure that appropriate risk-related decisions are being made.

Categorisation

- 9.24 Prisoners were categorised within 48 hours of arrival by two observation, classification and allocation (OCA) clerks. Prisoners did not receive any verbal or written information about their categorisation and only those classed as category D were seen as they were quickly moved to a suitable establishment. Prisoners could transfer to other establishments to complete courses and those attending offending behaviour courses in Parc were placed on hold to prevent transfers elsewhere. Recategorisation boards were held every six months for prisoners serving less than four years and annually for others. Contributions were included from staff working with the prisoner. Prisoners could make a written contribution but did not attend boards.

Housekeeping point

- 9.25 Categorisation decisions should be explained in writing and verbally to prisoners.

Public protection

- 9.26 A comprehensive public protection strategy included terms of reference for the inter-departmental risk management team meeting (IRMT). The IRMT met monthly, chaired by the head of offender management and including a suitable cross-section of attendees. Meetings discussed and agreed ongoing current monitoring, any changes needed and management plans on release.
- 9.27 All potential public protection cases were identified on arrival with a daily sift by the public protection clerk, who maintained a comprehensive electronic record of action taken. Prisoners were placed on monitoring immediately if necessary and were contacted individually where such restrictions were applied to explain the reasons why and how the process worked. Prisoners signed to confirm they had understood. Information was accessible to prison staff through the intranet.
- 9.28 Links to multi-agency public protection arrangements (MAPPA) were good. Staff attended community-based meetings where possible and otherwise provided written reports. There were 461 prisoners subject to MAPPA. Twenty-eight cases were managed at MAPPA 2 and 3 and 130 were designated as MAPPA x cases.

Indeterminate-sentenced prisoners

- 9.29 There were 46 prisoners sentenced to indeterminate sentences for public protection (IPPs) and one life-sentenced prisoner. Prisoners likely to receive an indeterminate sentence were identified on remand and seen by an offender supervisor to explain the implications of the sentence. Once sentenced, all those with indeterminate sentences were allocated to an offender supervisor. Quarterly IPP forums were held with an OMU manager and the IPP/lifer case administrator. However, these were attended only by IPP prisoner representatives and were not a general open forum for all those with indeterminate sentences.

Recommendation

- 9.30 The quarterly forums to discuss issues relating to prisoners with indeterminate sentences for public protection should be open to all relevant prisoners.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.31 Housing needs were assessed on arrival by an accommodation officer. Most prisoners had accommodation to go to on release, although some of this was temporary. All prisoners were seen by a JobCentre Plus worker and debt advice was available. Agreement had just been reached to enable prisoners to open bank accounts. A new education, training and employment team had good potential. Prisoners were seen by a nurse before release and given information and medication as required. Arrangements for ongoing care in the community were made for prisoners under the care of the mental health team.

Accommodation

- 9.32 All new arrivals were interviewed during induction by one of two full-time appropriately trained accommodation officers to complete a housing needs assessment. Accommodation officers safeguarded tenancies where possible, closed them when necessary and gave advice and support on a range of housing problems, including housing benefit, debt, and evictions. Workers referred to other staff in the prison when necessary, such as the JobCentre Plus worker.
- 9.33 Between January and the end of August 2010, 1,423 prisoners had been released from Parc. As long as they were not considered to have made themselves 'intentionally homeless', prisoners returning to Wales were guaranteed accommodation on release by the Welsh Assembly government (WAG). The term 'no fixed address' (NFA) was not applied to homeless discharges to Wales and 231 prisoners returning to Wales had been placed in temporary 'supported housing' (bed and breakfast or hostel accommodation) for 28 days while their application for housing was assessed. A further nine had returned to England with NFA.
- 9.34 Prisoners returning to eight specific local authority areas in Wales were referred to the prison housing advice service (PHAS), a single point of contact managed by Gwalia Care & Support. A PHAS worker saw all eligible men to complete a housing assessment application, consisting of a homeless application, links to any identified support needs and access to private tenancies. Other prisoners returning to Wales outside this scheme had their homeless/general housing applications assessed and completed by the accommodation officers and referred accordingly. Accommodation officers completed housing applications for those returning to

England where available or arranged appointments for them to be assessed by their home authority on release.

- 9.35 Prisoners returning to Wales could also access the WAG-financed transitional support scheme aimed at prisoners serving less than 12 months with a substance misuse issue and providing a mentor pre-release and for 12 weeks post-release. Accommodation officers also referred prisoners to the bail accommodation and support scheme, which provided suitable accommodation to prisoners for bail and HDC in England and Wales.
- 9.36 Prisoners were interviewed 10 days before their release by an offender supervisor to identify any unmet issues and could be referred back to accommodation officers if necessary.

Education, training and employment

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

- 9.37 Prisoners who were able to engage with education or vocational training and work had good opportunities to gain skills and qualifications that improved their job prospects. There had been a reduction in the availability of staff who could provide independent careers information advice and guidance. While there was still one Careers Wales adviser available, this provision was only sufficient to enable the adviser to talk to prisoners during the last three months of their sentence about their plans. This was too late to inform sentence planning or to help prisoners use their time in prison to best effect to improve their job prospects.
- 9.38 Overall, the support available to prisoners who were due to leave prison had improved. The prison had recently developed an education, training and employment team, which liaised well with the Careers Wales adviser. The team had begun to target support to prisoners three months before their leaving date and had developed a good range of activities that helped prisoners prepare for their release and which taught them useful skills such as developing CVs. It had also developed helpful links with support agencies such Bridges into Work, Venture Wales and the Prince's Trust. It was too early to judge the full impact of these developments, which would need to be evaluated after a reasonable period of operation.

Mental and physical health

- 9.39 All prisoners were seen before release. Dedicated clinics were held every Monday and all prisoners were seen by a nurse and offered information on how to access a GP in the community and were supplied with up to 10 days' medication. Prisoners were given a letter for their GP outlining their health care while in the prison.
- 9.40 Prisoners under the care of the mental health team were seen separately by the team and arrangements made for their ongoing care in the community. External community mental health teams were invited into the prison to participate in a case conference, although few did so, in which case one of the community psychiatric nurses communicated directly by telephone with the appropriate team to discuss individual prisoners.

Finance, benefit and debt

- 9.41 Help with finance, benefit and debt issues was reasonably good. A JobCentre Plus worker was based in Parc four days a week. She saw all new arrivals to close benefit claims and help them claim money owed and arranged benefit appointments in the community for release. She provided application forms for community care grants, information about the loans and grants

available from the social fund and could help with job searches before release. A representative from a local firm of solicitors provided a one-to-one debt advice service. A money management course and a business development programme were also available.

- 9.42 An agreement had recently been reached with a national bank to enable prisoners to open bank accounts.

Drugs and alcohol

- 9.43 The drug and alcohol strategy was well coordinated and a needs analysis had informed the policy. Prisoners could access a range of interventions, which included CARAT one-to-one work, IDTS group work modules, and the P-ASRO (prisons addressing substance-related offending) as well as the COVAID (control of violence for angry impulsive drinkers) programme. The remit of the CARAT team excluded ongoing work with primary alcohol users and the service's active caseload was low for the size of population.
- 9.44 The head of offender management and interventions chaired the quarterly drug strategy committee. Appropriate departments attended and the local drug intervention programme (DIP) was represented. A designated drug strategy manager coordinated the different strands of the strategy and line-managed the CARAT team. The drug strategy policy document included alcohol services and contained performance measures and an annual action plan. A needs analysis had been conducted to inform the strategy and this was shortly due to be repeated.
- 9.45 The directly-employed CARAT team consisted of three civilians and three operational staff (including the CBDT coordinator), with another two workers awaiting training. They offered daily induction input and had already completed 111 triage assessments in three months against an annual target of 270. The CARAT service was well integrated into the prison and was represented at relevant multi-agency meetings. Care plans were copied to the offender management unit and a good level of joint work with health services was evident.
- 9.46 In September 2010, the active caseload stood at 225 with another 63 files suspended. This was low considering the size of the population. The CARAT team prioritised class A drug users, PPOs and IPPs. Interventions for those using class B and C drugs were limited and the team's remit excluded ongoing work with prisoners whose sole problem was alcohol. We were told that the CARAT service 'met targets but could not be proactive'. In our survey, 43% of prisoners said they had a drug problem and 30% an alcohol problem on arrival. Of those, 61% against a comparator of 77% said they had received help. The figure among vulnerable prisoners was only 41% and they were not eligible to undertake either the P-ASRO or COVAID programmes.
- 9.47 CARAT interventions consisted of structured one-to-one work, the full range of IDTS modules, of which two ran each week, and a three-session crack-cocaine course. Groups were running on the drug treatment unit. CARAT clients could also access 'tackling drugs through PE' gym sessions.
- 9.48 Prisoners, including young adults and those stable on opiate substitutes, could undertake the P-ASRO programme, which was well established and managed. In the previous year, there had been 108 starts and 96 completions against respective targets of 96 and 72. The programme team consisted of a treatment manager and five facilitators, who were also trained to run other offending behaviour programmes. The course took place on the drug treatment

unit, although participants did not have to reside there. A P-ASRO peer support scheme was no longer running.

- 9.49 The 10-session COVAID programme was running as a three-year pilot in partnership with the local probation area. Since September 2009, six groups had taken place with 12 participants in each and completion rates had improved. Since April 2010, 35 had started and 29 had finished the course. The group room was located on the drug treatment unit, which also hosted weekly Alcoholics Anonymous meetings.
- 9.50 The CARAT service had developed strong links with local DIP teams. The manager attended meetings in community and nominated DIP workers provided an in-reach service. Prisoners serving less than 12 months could also access the transitional support scheme, which offered prison visits and mentoring support post-release.
- 9.51 Compact-based drug testing was split into voluntary and incentive-based testing. Overall, 453 compacts were in operation against a target of 450 and testing was carried out with the required frequency. Approximately 5% of prisoners tested positive, mainly for cannabis and benzodiazepines. The scheme was coordinated by a CARAT officer. All prisoners on the enhanced units (A4, B4 and C) as well as those in trusted positions were expected to sign incentive-based testing compacts. Voluntary drug testing was available independent of location and a separate compact had been developed on the drug treatment unit (see section on substance use).

Recommendation

- 9.52 CARAT service provision should be extended to meet the needs of the population, including ongoing work with prisoners whose sole problem is alcohol.

Housekeeping point

- 9.53 The peer support scheme should recommence to offer ongoing support to prisoners who complete the P-ASRO programme.

Children and families of offenders

- 9.54 There was a strong and innovative focus on helping prisoners maintain contact with children and families. Family liaison officers saw all new arrivals and facilitated liaison with family members and social services where necessary. Visitors received some good support services. There were good opportunities for visits, with three sessions seven days a week, although until a new visits facility was ready sex offenders had fewer sessions than others. Although temporary, the visits room was bright with reasonable facilities but children aged 10 and over were treated as adults for visits purposes. Regular family days were run but not for sex offenders. A new unit dedicated to family work had recently been established and was developing well.

- 9.55 There was a very strong strategic and multidisciplinary focus on helping prisoners maintain contact with children and families, with a number of existing and planned initiatives. The Parc supporting families (PSF) team was well established and trained and consisted of officers, paid staff and volunteers managed by a senior manager. PSF staff managed a telephone support

line for visitors, which received about 1000 calls a month. We received a quick response to a message we left.

- 9.56 The PSF team included three appropriately trained family interventions officers (FIO) who met all new arrivals in private and kept a record of each standard interview. Prisoners were asked if they had children and in whose care they were. Unusually, they were also asked about the quality of their relationships and what help they needed to maintain or improve contact. FIOs liaised with prisoners' families and statutory and non-statutory community organisations as necessary. FIOs were also available to family members in the visits waiting room, by letter or on the telephone and their role, address and telephone number was included in information sent to visitors.
- 9.57 Monthly family-centred visits were organised by PSF staff and officers for each house block in rotation. They were open to prisoners' children and their carer, grandchildren or nephews and nieces and each prisoner could have up to six guests. Sessions consisted of a range of planned activities designed to maximise engagement between prisoner and visitors. Prisoners on the basic level of the incentives and earned privileges scheme could not attend and family days for sex offenders precluded all child visitors irrespective of identified risk.
- 9.58 A learning together club (LTC) ran one evening a month. This was a good initiative that allowed prisoners to spend quality time with their children, grandchildren or younger siblings without their carer. The children could bring in homework and suitable educational resources were provided for those who did not bring any or were below school age. The librarian attended, bringing age-appropriate books, and PSF staff were in support. Prisoners attending the LTC went on a short course to learn about the key stages, the national curriculum and how children learn. Carers were given refreshments and support and information by PSF volunteers in a separate venue. First-time carers were given an information pack about the course prisoners had undertaken to attend the LTC.
- 9.59 With the specific aim to help reduce reoffending, a family interventions unit was due to open in November 2010 where all family/relationship-based work would be concentrated. The precursor for this had already begun on B2, where opportunities for positive family engagement for prisoners had included a seven-week family man course and a number of short family-related courses. Officers from this unit had received appropriate additional training and also supervised the visits area.
- 9.60 A Time for Families course was planned, focusing on relationships and preparation for release. Six staff from the PSF team were due to undertake training in November 2010 to deliver the 'moving parents and children together' (M-PACT) course, which would focus on the impact of substance misuse in a family setting. A proposal had been submitted to the Big Lottery Fund for funds to develop and deliver a programme to work with families known to have chaotic lifestyles where prison staff would work alongside staff from community agencies. Prisoners could record a story onto a CD for their children through the Storybook Dad scheme.
- 9.61 Each of the four G4S prisons (Parc, Altcourse, Rye Hill and The Wolds) had identified staff to attend the G4S family interventions team. The team met regularly to contribute to a three-year strategy designed to share good practice and review existing provision.
- 9.62 The strategic framework for reducing reoffending 2010/11 included an action plan for the children and families pathway, although targets had not been informed by the need analysis (see section on strategic management of resettlement). For example, there was no target to address the 62% of respondents who had children but who had not received a visit from them while at Parc. Pathway meetings chaired by the deputy head of offender management and

interventions included a range of staff from across the prison and voluntary sector representatives.

- 9.63 Prisoners were told about visiting arrangements during induction. Prisoners booked visits themselves and were told that visits could be booked from three to a maximum of 14 days in advance but we found the next available visit was not until 14 days later. Perhaps reflecting this, only 20% said they had received a visit in their first week.
- 9.64 A new visits room due to open in November 2010 would increase the number of visits available. The current temporary room could accommodate 25 groups of visitors. Demand for visits was high as most prisoners were allowed more than one visit a week according to their incentives and earned privileges level. Visits ran every day in the morning, afternoon and evening. Until the new facility opened, sex offenders were temporarily limited to afternoon and evening visits. A free bus service ran from the local area to the prison and a set fare to and from the local station had been negotiated with a local taxi firm. Visitors could hand in property and up to £150 cash for prisoners. Money could also be paid electronically via the 'email a prisoner' website and was then transferred to prisoners' accounts.
- 9.65 A drug dog was sometimes used to search visitors and an indication resulted in the offer of a closed visit or of leaving without any additional security intelligence. Closed visits were not in individual booths and visits could not be held in private when more than one was in use. One prisoner had unacceptably been required to have a closed visit with his young child because the child had been sick on arrival.
- 9.66 There was no external visitors' centre but visitors waited in a comfortable waiting area with access to toilet facilities, a wide variety of information and a small play area. An information desk was staffed by staff and volunteers from the PSF team but not during all evening visits and not at weekends, so not all first time visitors were able to be identified and offered support.
- 9.67 The temporary visits room was a reasonable facility but contained fixed hard seating. Children over the age of 10 were treated as adults for seating purposes. A large well-equipped play area was supervised by suitably trained staff but not at all sessions. When unavailable, a box of assorted toys and books was left out. All prisoners had to wear a bib even though all male visitors had hands stamped with ultraviolet ink. Refreshments were provided from vending machines and sometimes a staffed trolley service. A staffed refreshment bar was to be included in the new visits facility. Staff in the visits room were aware of prisoners subject to child and/or public protection protocols.

Recommendations

- 9.68 Visitors should not be expected to have closed visits on a single drug dog indication without additional security intelligence.
- 9.69 Information and support should be available from Parc supporting families staff at all sessions.
- 9.70 Family days should be open to all prisoners irrespective of their incentives and earned privileges status and on the basis of individual risk assessment.

Housekeeping points

- 9.71 Prisoners should be able to book a visit within the advertised timescale.
- 9.72 Children over the age of 10 should not be treated as adults for the purpose of visits.
- 9.73 Prisoners and their visitors should be able to have closed visits in private.
- 9.74 Prisoners should not have to wear bibs in the visits rooms.
- 9.75 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them.

Good practice

- 9.76 *The e-payment scheme allowing electronic transfer of money provided a quick way of transferring money without the need for cheques or postal orders.*
- 9.77 *The broad range of pro-active and innovative family services offered prisoners a genuine opportunity not just to maintain family ties but to develop the quality of relationships and further their parenting and relationship skills.*

Attitudes, thinking and behaviour

- 9.78 Prisoners were appropriately prioritised for offending behaviour programmes and waiting lists were not too long. A needs analysis was needed to identify gaps in provision in light of the changing population. An innovative range of unaccredited courses and interventions was run.
- 9.79 Prisoners could attend a number of nationally accredited programmes. The thinking skills programme (TSP) ran six times a year with a target of 52 completions. Ten courses of focus on resettlement (FOR) programmes ran each year with a target of 83 and the rolling sex offender treatment programme (RSOTP) had an annual target of 30 completions. Eight courses of P-ASRO were run with a target of 96 and the COVAID programme had a project target of 100 completers. COVAID had not yet been audited and all the others had reached or exceeded their implementation quality rating. Completions targets were met for all courses.
- 9.80 Prisoners were appropriately prioritised for offending behaviour programmes and waiting lists were not too long. The needs analysis undertaken in December 2009 had not identified any unmet need, which seemed unlikely. The prison population was soon to change (see section on strategic management of resettlement). Some staff suggested a need for an intervention to tackle domestic violence, the introduction of controlling anger and learning to manage it (CALM) and other sex offender treatment programmes. There were likely to be gaps in provision that could only be determined by a full offending behaviour needs analysis. The minutes of the offender management and implementation group (OMDIG-Wales) of July 2010 recorded that the increasing number of sex offenders in custody and insufficient treatment places 'will have a large "knock-on" effect on Wales Probation Trust because large numbers will be released without treatment'.
- 9.81 Offender supervisors undertook preparatory work to encourage and motivate prisoners to attend programmes as necessary and education staff provided support for those with literacy

problems. Peer partners were paired with prisoners with limited literacy skills to support them during programmes. Programmes were well resourced and facilitators received regular group and individual supervision. Family members, offender managers and supervisors were invited to post-programme reviews.

- 9.82 The head of offender management and interventions attended the bi-monthly programmes interventions development and implementation group (PIDIG). Staff from all the Welsh prisons, probations trusts and NOMS met to discuss the development of programmes and gaps in provision and to share good practice across the region.
- 9.83 In addition to accredited courses, a very innovative range of unaccredited courses and interventions was available, some of which were designed to help motivate prisoners to engage in offence-related work. These included art therapy, opera workshops, challenging and exchanging ideas through books and films, workshops and seminars for prisoners led by invited journalists and authors and a variety of speakers talking about their experiences as a victim or parent of a victim.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations	To the director
10.1	Supportive first night arrangements with a focus on prisoners' welfare should be introduced, which ensure that all newly arrived prisoners are interviewed in private by staff with a good awareness of vulnerability and mental health issues and that prisoners are settled in well prepared cells. (HP39)
10.2	Personal officers should interact regularly with their designated prisoners and get to know their personal circumstances. They should support them in maintaining family contact and meeting resettlement objectives and reflect this in regular good quality entries in wing files. (HP40)
10.3	Problems with the fire detection system should be rectified as a matter of priority. (HP41)
10.4	Prisoners with disabilities should be identified, have their individual needs assessed and relevant care plans drawn up with suitable adaptations provided to meet their needs. (HP42)
10.5	A full health needs assessment including mental health provision should be undertaken. This should include a full review of all health care staffing levels to ensure there are sufficient qualified nursing and other health professionals and administrative support to deliver a safe, decent and comprehensive health service that matches services in the community and meets the particular needs of prisoners at Parc. (HP43)
10.6	Sufficient activity places should be provided in work and education to enable all men to be purposefully occupied during the working day. (HP44)
10.7	A revised reducing reoffending strategy for the planned changes in the population should be introduced based on an up-to-date and effective analysis of need and which sets out how the specific resettlement needs of particular groups of prisoners will be met. (HP45)

Recommendations	To the director
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First days in custody

- | | |
|------|---|
| 10.8 | Unless there are documented public protection concerns, all prisoners, including those allocated to the sex offender unit, should be offered a free telephone call on arrival. (1.11) |
| 10.9 | Prisoners should experience an engaging multidisciplinary induction programme that keeps them fully occupied during the induction period. (1.23) |

Residential units

- 10.10 Unconvicted prisoners should not be required to share cells with convicted prisoners. (2.10)
- 10.11 Prisoners should be able to use the telephones in private. (2.11)
- 10.12 Cell call bells should be fully operational, responded to promptly and managers should routinely monitor the reasons for delays. (2.12)

Staff-prisoner relationships

- 10.13 A prisoner council with representatives from all parts of the prison and chaired and attended by senior managers should be formed. (2.24)

Bullying and violence reduction

- 10.14 The violence reduction policy should be further developed in consultation with prisoners and outline the prison's strategy for managing the levels of violence among all groups in the prison, including young adults. (3.11)
- 10.15 Supervision of residential units at meal times should be improved to prevent intimidation of servery workers. (3.12)
- 10.16 Incidents of suspected bullying should be fully investigated to allow more effective management under community support plans. (3.13)

Self-harm and suicide

- 10.17 Health care staff and other relevant disciplines should be fully involved in the support of prisoners at risk of suicide and self-harm through regular attendance at the safer custody and violence reduction meetings. (3.29)
- 10.18 The reasons for the over-representation of young adults in incidents of self-harm should be fully discussed by the safer custody team and strategies to meet their specific needs included in the suicide and self-harm prevention policy. (3.30)
- 10.19 The use of strip clothing, special accommodation and segregation for prisoners considered at risk of self-harm should be monitored by the safer custody team to ensure that it is appropriate. (3.31)

Applications and complaints

- 10.20 Prisoners should receive replies to their applications within three days. (3.41)
- 10.21 The senior management team should monitor and analyse the data collected on complaints to identify any emerging trends or areas of concern and record any action taken in the minutes of its meetings. (3.42)

Legal rights

- 10.22 A needs analysis should be undertaken to identify whether existing legal services meet prisoner needs and services provided as necessary. (3.50)

Substance use

- 10.23 Opiate-dependent prisoners should consistently be issued with appropriate first night medication, patient group directions should be implemented and nurses trained accordingly. (3.62)
- 10.24 Methadone administration should take place in a safe and suitable environment. (3.63)
- 10.25 The clinical substance misuse service should be adequately resourced to meet need. (3.64)

Diversity

- 10.26 There should be an up-to-date diversity policy based on appropriate needs analysis, that outlines how the diverse needs of prisoners will be met and monitored, managed by a multidisciplinary diversity committee that covers all strands of diversity, backed up by targeted action plans. (4.4)

Race equality

- 10.27 All staff should be trained and receive regular refresher training in race equality and diversity. (4.14)
- 10.28 The race equality action team (REAT) should fully investigate any indications of inequality of treatment highlighted by SMART data, which should include allocation to employment including wing jobs. The results of any investigations and the actions taken should be recorded in the REAT meeting minutes. (4.15)
- 10.29 Consultation with black and minority ethnic prisoners should include focus groups open to all black and minority ethnic prisoners. (4.16)

Foreign nationals

- 10.30 Foreign national peer support workers should be trained for their role, their work should be supervised and monitored and they should be able to visit different units to provide assistance to foreign national prisoners. (4.26)
- 10.31 The telephone interpreting service should be used when required to communicate with prisoners who have a limited understanding of English. (4.27)

Disability and older prisoners

- 10.32 All prisoners who would need help in an emergency should have a personal emergency evacuation plan and staff should be aware of their identity and location. (4.34)

- 10.33 All older prisoners should be assessed to identify any specific needs and those who require it should have multidisciplinary care plans setting out how their needs, including social care needs, will be met. (4.35)
- 10.34 There should be a recognised carer scheme for older prisoners and prisoners with disabilities who require support. (4.36)

Health services

- 10.35 The system to move prisoners to health appointments should be changed as a matter of priority, with a reasonable limit placed on the numbers held in the health care waiting room, which should be effectively supervised by officers. (5.8)
- 10.36 The wing-based treatment rooms should be refurbished to ensure they meet infection control guidelines. (5.9)
- 10.37 Wing officers should always be present to supervise prisoners receiving their medication. No more than one prisoner should be at the hatch at any time. (5.10)

Clinical governance

- 10.38 Clinical supervision should be encouraged and monitored and staff should have protected time to participate in it. (5.20)
- 10.39 All emergency equipment should be reviewed and procedures put in place to ensure that such equipment is checked regularly, with documentation verifying this. (5.21)

Primary care

- 10.40 The reception secondary health screen should not be completed at the same time as the initial health screening. (5.27)
- 10.41 An efficient and auditable health care appointment system should be introduced to ensure that prisoners are informed of internal appointments as soon as possible and are able to see a GP within NHS target times. Existing waiting lists should be audited and action taken to reduce excessive waits. (5.28)
- 10.42 Health promotion programmes should ensure that a full range of immunisations is offered, condoms and other barrier protection are available and well man clinics are run. (5.29)
- 10.43 Day care services should be introduced for prisoners with long-term physical conditions or those with mental health conditions. (5.30)

Pharmacy

- 10.44 Secondary dispensing should stop. (5.37)
- 10.45 The pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (5.38)

- 10.46 Two health care staff should administer all controlled drugs in accordance with Nursing and Midwifery Council guidance. (5.39)
- 10.47 Patient group directions (PDGs) should be used. A copy of the original should be held in the pharmacy and the PGDs should be read and signed by all relevant staff. (5.40)
- 10.48 The medicines and therapeutics committee should review the in-possession policy to ensure consistency of implementation. (5.41)

Dentistry

- 10.49 The dentist should provide regular returns of the numbers of patients seen and treatment provided through a system that can be monitored. (5.50)
- 10.50 Protocols for minimum standards of clinical record maintenance should be established in line with current guidance. (5.51)

Mental health

- 10.51 Primary mental health nurses should have protected time to undertake regular primary mental health clinics. (5.59)
- 10.52 Urgent steps should be taken to reduce primary mental health waiting lists. (5.60)

Learning and skills and work activities

- 10.53 All teachers should use basic skills assessments to plan the improvement of individual learners. (6.11)
- 10.54 The support available to prisoners with more complex or specific learning difficulties should be improved. (6.12)
- 10.55 The provision of independent careers information, advice and guidance early in prisoners' sentences should be strengthened to ensure it informs sentence and education planning. (6.13)

Work

- 10.56 The range and quality of jobs for vulnerable prisoners should be improved to ensure that all prisoners who work are involved in purposeful activities. (6.22)
- 10.57 Accreditation of prisoners' key skills should be improved. (6.23)

Education

- 10.58 All education sessions should allow learners to have breaks and sessions should be planned more effectively to cater for learners with shorter attention spans. (6.28)

- 10.59 The provision to improve learners' awareness of the history, language and culture of Wales should be improved and Welsh speakers should be encouraged to use their language skill. (6.29)

Physical education and health promotion

- 10.60 Opportunities for older prisoners and those with physical disabilities to take part in less physically demanding activities should be improved. (6.37)

Time out of cell

- 10.61 All prisoners should have the opportunity to be unlocked for most of the core day. (6.41)
- 10.62 All prisoners should be given the opportunity to spend at least one hour each day in the open air. (6.42)

Security and rules

- 10.63 Prisoners should be placed on closed visits only when there is clear evidence linking them to illicit activity connected to visits. (7.6)

Disciplinary procedures

- 10.64 All disciplinary charges should be thoroughly investigated, regardless of the prisoner's plea, before a finding is made by the adjudicator. Clear reasons for decisions should be recorded and records should be quality assured by a senior manager. (7.13)

Use of force

- 10.65 Use of force data should be routinely analysed for patterns and trends and appropriate action taken to address them where appropriate. (7.19)
- 10.66 Use of force documentation should be routinely scrutinised to ensure all use is appropriate and measures taken to establish the facts where they are lacking sufficient detail or include conflicting accounts. (7.20)
- 10.67 Prisoners should be removed from special accommodation as soon as its use is no longer necessary. (7.21)

Segregation unit

- 10.68 Prisoners locating to the segregation unit should be subject to a strip search only when an active risk assessment indicates that this is necessary. (7.26)
- 10.69 Prisoners remaining in the segregation unit for more than two weeks should be supported by care plans that demonstrate a multidisciplinary approach to helping them return to normal location. (7.27)

- 10.70 Segregation unit to segregation unit moves should occur only when the best interests of the prisoner indicate they are appropriate. (7.28)

Incentives and earned privileges

- 10.71 Prisoners undergoing substitute opiate treatment should be able to progress through the incentives and earned privileges scheme to the enhanced level. (7.36)

Catering

- 10.72 Food should be served at suitable temperatures by appropriately dressed and trained staff. (8.7)

Prison shop

- 10.73 Any prisoner arriving without private money should be offered a suitable advance of up to one week's pay to use in the prison shop, with repayment staged over time. (8.13)

Sentence planning and offender management

- 10.74 Regional management should review home detention curfew and release on temporary licence processes to assure that appropriate risk-related decisions are being made. (9.23)

Public protection

- 10.75 The quarterly forums to discuss issues relating to prisoners with indeterminate sentences for public protection should be open to all relevant prisoners. (9.30)

Resettlement pathways

- 10.76 CARAT service provision should be extended to meet the needs of the population, including ongoing work with prisoners whose sole problem is alcohol. (9.52)
- 10.77 Visitors should not be expected to have closed visits on a single drug dog indication without additional security intelligence. (9.68)
- 10.78 Information and support should be available from Parc supporting families staff at all sessions. (9.69)
- 10.79 Family days should be open to all prisoners irrespective of their incentives and earned privileges status and on the basis of individual risk assessment. (9.70)

Housekeeping points

Courts, escorts and transfers

- 10.80 Prisoners arriving from other establishments or local courts should be given advance information about Parc. (1.4)

First days in custody

- 10.81 Cell-sharing risk assessments should take into account information available in prisoners' existing documentation. (1.12)
- 10.82 All prisoners should be able to have a shower on the day they arrive in the prison. (1.13)
- 10.83 All prisoners should be introduced to a Listener and made fully aware of their role and how to contact them before being locked up for the night. (1.18)
- 10.84 Prisoners should not sign compacts relating to the condition of their cell before actually seeing it. (1.19)

Residential units

- 10.85 All cells should have sufficient furniture, including lockable cupboards, curtains and suitable mattresses. (2.13)
- 10.86 Regular monthly meetings with residential managers and prisoner representatives should take place to discuss the routines, facilities and general issues relating to communal living. (2.14)

Hygiene

- 10.87 Prisoners should have more opportunities to clean their cells and better access to cleaning materials. (2.18)

Bullying and violence reduction

- 10.88 The violence reduction action plan should be scrutinised periodically at the safer custody and violence reduction meeting. (3.14)

Self-harm and suicide

- 10.89 Action plans developed following fatal incident investigations should be periodically reviewed by the safer custody and violence reduction meeting. (3.32)
- 10.90 Prisoners assessed as high risk of self-harm with no identified clinical need should be supported on residential units rather than as inpatients in health care. (3.33)
- 10.91 Managers should comment in the on-going assessment, care in custody and teamwork record about the quality of care being given. (3.34)

- 10.92 Listener representatives should be invited to the start of the safer custody and violence reduction meeting and present their report supported by Samaritans and any concerns about the operation of the Listener scheme should be discussed. (3.35)
- 10.93 Portable telephones with direct access to the Samaritans during lock-up periods should be provided. (3.36)

Applications and complaints

- 10.94 Complaints relating to lost mail or money should not be answered by the member of staff responsible for opening post. (3.43)

Race equality

- 10.95 Records of racist incident report investigations should include a written account of all interviews and full details of any action taken. (4.17)

Foreign nationals

- 10.96 The role, membership and frequency of meetings of the foreign national committee should be set out in the foreign national policy. (4.28)

Disability and older prisoners

- 10.97 Prisoners over retirement age should not have to pay for their television. (4.37)

Health services

- 10.98 Patient health care information leaflets should be reviewed and brought up to date. (5.11)
- 10.99 A system for the cleaning and removal of rubbish from wing treatment rooms and the reception health room should be put in place. (5.12)

Pharmacy

- 10.100 Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend and issues relating to drug compliance should be followed up. (5.42)
- 10.101 Prescriptions written up for in-possession medication should be marked to indicate that a risk assessment has taken place. (5.43)
- 10.102 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2- 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (5.44)
- 10.103 Lockable cupboards should be provided in cells where patients can securely store in-possession medication. (5.45)

10.104 All medicines should be stored in locked metal cupboards (or drawers) at all times. (5.46)

10.105 The pharmacy door should be kept locked at all times, including opening hours. (5.47)

Dentistry

10.106 The dental and health care teams should hold regular minuted meetings. (5.52)

Mental health

10.107 Structured minuted meetings between primary, secondary and other relevant partners should be held regularly. (5.61)

Library

10.108 A management information system to support the planning development of the library should be developed. (6.31)

Time out of cell

10.109 Outdoor exercise should not be cancelled except in the most extreme weather conditions. (6.43)

10.110 Cancellations in the published regime for association and exercise should be recorded, with an explanation and the name the person authorising the cancellation. (6.44)

10.111 A more flexible arrangement should be put in place to allow prisoners to return to their cells during association. (6.45)

10.112 Exercise yards should contain seating. (6.46)

Discipline

10.113 A range of adjudication data, such as by location, charge and reporting officer, should be routinely analysed for emerging patterns and trends and action taken as necessary. (7.14)

10.114 Prisoner conduct reports should be consistent in the depiction of the prisoner and, when these are challenged by prisoners, adjudicators should satisfy themselves of their accuracy. (7.15)

Incentives and earned privileges

10.115 Progress through the incentives and earned privileges scheme should be linked to sentence planning. (7.37)

Catering

10.116 Prisoners should be given sufficient opportunities through food surveys and forums to raise any food-related issues, which should receive appropriate responses. (8.8)

Prison shop

- 10.117 Fresh fruit should be available from the prison shop and all prisoners should be able to buy tinned goods regardless of incentives and earned privileges level. (8.14)

Strategic management of resettlement

- 10.118 Pathways should have named leads and action plans should include dates for the completion of targets. (9.7)
- 10.119 Terms of reference for the resettlement policy committee could be included in the reducing reoffending strategy. (9.8)
- 10.120 The prison should meet voluntary sector groups periodically to inform them of the reducing reoffending strategy and their contribution towards its development. (9.9)

Categorisation

- 10.121 Categorisation decisions should be explained in writing and verbally to prisoners. (9.25)

Resettlement pathways

- 10.122 The peer support scheme should recommence to offer ongoing support to prisoners who complete the P-ASRO programme. (9.53)
- 10.123 Prisoners should be able to book a visit within the advertised timescale. (9.71)
- 10.124 Children over the age of 10 should not be treated as adults for the purpose of visits. (9.72)
- 10.125 Prisoners and their visitors should be able to have closed visits in private. (9.73)
- 10.126 Prisoners should not have to wear bibs in the visits rooms. (9.74)
- 10.127 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.75)

Good practice

Resettlement pathways

- 10.128 The e-payment scheme allowing electronic transfer of money provided a quick way of transferring money without the need for cheques or postal orders. (9.76)
- 10.129 The broad range of pro-active and innovative family services offered prisoners a genuine opportunity not just to maintain family ties but to develop the quality of relationships and further their parenting and relationship skills. (9.77)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Michael Loughlin	Team leader
Martin Owens	Inspector
Paul Fenning	Inspector
Joss Crosbie	Inspector
Lucy Young	Inspector
Bridget McEvilly	Health care inspector
Sigr�d Engelen	Substance use inspector
Richard Chapman	Pharmacy inspector
Martin Wedgwood	Dental inspector
Alun Connick	Estyn Lead
Bernard Hayward	Estyn
Eleanor Davies	Estyn
Gill Sims	Estyn
Amy Summerfield	Researcher
Joseph Simmonds	Researcher
Catherine Nichols	Researcher
Helen Wark	Researcher
Mike Skidmore	Researcher

Appendix II: 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	256	654	78.9
Recall	28	79	9.3
Convicted unsentenced	46	15	5.3
Remand	53	19	6.3
Civil prisoners	0	1	0.1
Detainees	1	0	0.1
Total	384	768	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	99	20	10.3
Less than 6 months	57	73	11.3
6 months to less than 12 months	24	48	6.3
12 months to less than 2 years	81	123	17.7
2 years to less than 4 years	81	238	27.7
4 years to less than 10 years	37	176	18.5
10 years and over (not life)	2	44	3.9
ISPP	3	43	3.9
Life	0	3	0.3
Total	384	768	100

Age	Number of prisoners	%
Please state minimum age	15	
Under 21 years	455	37.2
21 years to 29 years	387	31.6
30 years to 39 years	192	15.7
40 years to 49 years	120	9.8
50 years to 59 years	39	3.2
60 years to 69 years	25	2.0
70 plus years	5	0.4
Please state maximum age		
Total	1223	100

Nationality	18–20 yr olds	21 and over	%
British	336	723	91.9
Foreign nationals	48	45	8.1
Total	384	768	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	88	21	9.5
Uncategorised sentenced	*296	63	31.2
Cat A	0	0	0
Cat B	0	61	5.3
Cat C	0	623	54.1
Cat D	0	0	0
Other	*Young Offender Closed/LT Close and Open available via OCA		
Total	384	768	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British	330	697	89.1
Irish	4	1	0.4
Other white	1	5	0.5
<i>Mixed</i>			
White and black Caribbean	6	6	1.0
White and black African	1	2	0.3
White and Asian	0	3	0.3
Other mixed	5	7	1.0
<i>Asian or Asian British</i>			
Indian	0	1	0.1
Pakistani	2	3	0.4
Bangladeshi	0	1	0.1
Other Asian	5	8	1.1
<i>Black or black British</i>			
Caribbean	10	11	1.8
African	10	7	1.5
Other black	8	8	1.4
<i>Chinese or other ethnic group</i>			
Chinese	0	0	0
Other ethnic group	1	5	0.5
Not stated	1	3	0.3
Total	384	768	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	3	0.3
Church of England	31	91	10.6
Roman Catholic	20	52	6.3
Other Christian denominations	26	97	10.7
Muslim	26	39	5.6
Sikh	0	3	0.3

Hindu	0	0	0
Buddhist	0	9	0.8
Jewish	0	0	0
Other	5	19	2.1
No religion	276	455	63.5
Total	384	768	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%		
Less than 1 month	58	20.4	110	14.7
1 month to 3 months	91	31.9	196	26.3
3 months to 6 months	61	21.4	174	23.3
6 months to 1 year	54	18.9	158	21.2
1 year to 2 years	15	5.3	73	9.8
2 years to 4 years	6	2.1	30	4.0
4 years or more	0	0	5	0.7
Total	285	100	746	100

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	44	44.4	12	60
1 month to 3 months	36	36.4	6	30
3 months to 6 months	16	16.2	1	5
6 months to 1 year	3	3.0	1	5
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	99	100	20	100

Main offence	18–20 yr olds	21 and over	%
Violence against the person	77	155	20.1
Sexual offences	10	112	10.6
Burglary	67	101	14.6
Robbery	49	58	9.3
Theft and handling	28	44	6.3
Fraud and forgery	0	8	0.7
Drugs offences	29	131	13.9
Other offences	80	101	15.7
Civil offences	0	1	0.1
Offence not recorded/holding warrant	44	57	8.8
Total	384	768	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 14 September 2010, the prisoner population at HMP & YOI Parc was 1051. The sample size was 220. Overall, this represented 21% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 198 respondents completed and returned their questionnaires. This represented 19% of the prison population. The response rate was 90%. In addition to the nine respondents who refused to complete a questionnaire, nine questionnaires were not returned and four were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all prisoners surveyed in category B and C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 45 trainer prisons since November 2005.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Parc in 2008.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between the responses of prisoners under the age of 21 years and those over the age of 21 years.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

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

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

Survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	53 (27%)
	<i>21 - 29</i>	81 (41%)
	<i>30 - 39</i>	34 (17%)
	<i>40 - 49</i>	22 (11%)
	<i>50 - 59</i>	3 (2%)
	<i>60 - 69</i>	3 (2%)
	<i>70 and over</i>	2 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	161 (82%)
	<i>Yes - on recall</i>	22 (11%)
	<i>No - awaiting trial</i>	6 (3%)
	<i>No - awaiting sentence</i>	8 (4%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	14 (7%)
	<i>Less than 6 months</i>	17 (9%)
	<i>6 months to less than 1 year</i>	19 (10%)
	<i>1 year to less than 2 years</i>	38 (20%)
	<i>2 years to less than 4 years</i>	59 (30%)
	<i>4 years to less than 10 years</i>	34 (18%)
	<i>10 years or more</i>	6 (3%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	6 (3%)
	<i>Life</i>	1 (1%)
Q1.5	Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)	
	<i>Not sentenced</i>	14 (8%)
	<i>6 months or less</i>	85 (46%)
	<i>More than 6 months</i>	84 (46%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	16 (8%)
	<i>1 to less than 3 months</i>	38 (19%)
	<i>3 to less than 6 months</i>	49 (25%)
	<i>6 to less than 12 months</i>	51 (26%)
	<i>12 months to less than 2 years</i>	23 (12%)
	<i>2 to less than 4 years</i>	18 (9%)
	<i>4 years or more</i>	2 (1%)
Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?	
	<i>Yes</i>	13 (7%)
	<i>No</i>	178 (93%)
Q1.8	Is English your first language?	
	<i>Yes</i>	182 (95%)
	<i>No</i>	9 (5%)

Q1.9	What is your ethnic origin?				
	White - British.....	169 (85%)	Asian or Asian British - Bangladeshi	2 (1%)	
	White - Irish.....	1 (1%)	Asian or Asian British - other.....	0 (0%)	
	White - other.....	7 (4%)	Mixed heritage - white and black Caribbean	3 (2%)	
	Black or black British - Caribbean.....	4 (2%)	Mixed heritage - white and black African.....	0 (0%)	
	Black or black British - African.....	5 (3%)	Mixed heritage - white and Asian	0 (0%)	
	Black or black British - other.....	0 (0%)	Mixed heritage - other.....	3 (2%)	
	Asian or Asian British - Indian.....	0 (0%)	Chinese	1 (1%)	
	Asian or Asian British - Pakistani	2 (1%)	Other ethnic group.....	1 (1%)	
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?				
	Yes.....			6 (3%)	
	No.....			185 (97%)	
Q1.11	What is your religion?				
	None.....	104 (53%)	Hindu.....	0 (0%)	
	Church of England.....	35 (18%)	Jewish	0 (0%)	
	Catholic.....	20 (10%)	Muslim.....	13 (7%)	
	Protestant.....	3 (2%)	Sikh	0 (0%)	
	Other Christian denomination.....	11 (6%)	Other	5 (3%)	
	Buddhist.....	4 (2%)			
Q1.12	How would you describe your sexual orientation?				
	Heterosexual/straight			188 (98%)	
	Homosexual/gay			1 (1%)	
	Bisexual.....			1 (1%)	
	Other			1 (1%)	
Q1.13	Do you consider yourself to have a disability?				
	Yes.....			36 (18%)	
	No.....			160 (82%)	
Q1.14	How many times have you been in prison before?				
	0	1	2 to 5	More than 5	
	65 (33%)	21 (11%)	53 (27%)	57 (29%)	
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?				
	1	2 to 5	More than 5		
	83 (43%)	99 (52%)	9 (5%)		
Q1.16	Do you have any children under the age of 18?				
	Yes.....			95 (48%)	
	No.....			102 (52%)	

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons. How was:						
	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	12 (6%)	74 (39%)	31 (16%)	45 (24%)	20 (10%)	6 (3%)	3 (2%)

Your personal safety during the journey?	16 (9%)	101 (55%)	33 (18%)	22 (12%)	8 (4%)	3 (2%)	2 (1%)
The comfort of the van?	5 (3%)	23 (12%)	19 (10%)	66 (35%)	73 (39%)	1 (1%)	2 (1%)
The attention paid to your health needs?	6 (3%)	46 (25%)	57 (31%)	34 (18%)	29 (16%)	4 (2%)	8 (4%)
The frequency of toilet breaks?	3 (2%)	26 (14%)	33 (17%)	34 (18%)	63 (33%)	4 (2%)	26 (14%)

Q2.2	How long did you spend in the van?					
	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>	
	74 (39%)	78 (41%)	30 (16%)	8 (4%)	2 (1%)	
Q2.3	How did you feel you were treated by the escort staff?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	24 (12%)	104 (54%)	40 (21%)	18 (9%)	6 (3%)	1 (1%)
Q2.4	Please answer the following questions about when you first arrived here:					
				<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Did you know where you were going when you left court or when transferred from another prison?			167 (86%)	25 (13%)	3 (2%)
	Before you arrived here did you receive any written information about what would happen to you?			34 (18%)	152 (78%)	8 (4%)
	When you first arrived here did your property arrive at the same time as you?			160 (83%)	22 (11%)	10 (5%)

Section 3: Reception, first night and induction

Q3.1

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

<i>Didn't ask about any of these.....</i>	22 (12%)	<i>Money worries.....</i>	38 (20%)
<i>Loss of property</i>	27 (15%)	<i>Feeling depressed or suicidal.....</i>	100 (54%)
<i>Housing problems</i>	65 (35%)	<i>Health problems</i>	114 (61%)
<i>Contacting employers</i>	29 (16%)	<i>Needing protection from other prisoners.....</i>	35 (19%)
<i>Contacting family.....</i>	128 (69%)	<i>Accessing phone numbers.....</i>	105 (56%)
<i>Ensuring dependants were being looked after</i>	29 (16%)	<i>Other</i>	7 (4%)

Q3.2

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

<i>Didn't have any problems.....</i>	52 (31%)	<i>Money worries.....</i>	48 (29%)
<i>Loss of property</i>	24 (14%)	<i>Feeling depressed or suicidal.....</i>	30 (18%)
<i>Housing problems</i>	45 (27%)	<i>Health problems</i>	36 (22%)
<i>Contacting employers</i>	11 (7%)	<i>Needing protection from other prisoners ..</i>	12 (7%)
<i>Contacting family.....</i>	47 (28%)	<i>Accessing phone numbers.....</i>	39 (23%)
<i>Ensuring dependants were looked after..</i>	10 (6%)	<i>Other</i>	6 (4%)

Q3.3

Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	172 (89%)	13 (7%)	8 (4%)
When you were searched, was this carried out in a respectful way?	154 (81%)	32 (17%)	5 (3%)

Q3.4	Overall, how well did you feel you were treated in reception?	Very well 11 (6%)	Well 89 (46%)	Neither 49 (26%)	Badly 29 (15%)	Very badly 12 (6%)	Don't remember 2 (1%)
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)						
	Information about what was going to happen to you.....	84 (47%)					
	Information about what support was available for people feeling depressed or suicidal.....	71 (40%)					
	Information about how to make routine requests	62 (35%)					
	Information about your entitlement to visits.....	92 (51%)					
	Information about health services	80 (45%)					
	Information about the chaplaincy	68 (38%)					
	Not offered anything	54 (30%)					
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)						
	A smokers/non-smokers pack.....	169 (88%)					
	The opportunity to have a shower.....	51 (27%)					
	The opportunity to make a free telephone call.....	158 (82%)					
	Something to eat.....	170 (89%)					
	Did not receive anything.....	2 (1%)					
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)						
	Chaplain or religious leader.....	84 (45%)					
	Someone from health services.....	135 (72%)					
	A Listener/Samaritans.....	35 (19%)					
	Did not meet any of these people.....	32 (17%)					
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?						
	Yes.....	36 (19%)					
	No.....	153 (81%)					
Q3.9	Did you feel safe on your first night here?						
	Yes.....	145 (76%)					
	No.....	41 (21%)					
	Don't remember.....	6 (3%)					
Q3.10	How soon after your arrival did you go on an induction course?						
	Have not been on an induction course	16 (8%)					
	Within the first week.....	125 (65%)					
	More than a week.....	41 (21%)					
	Don't remember.....	9 (5%)					
Q3.11	Did the induction course cover everything you needed to know about the prison?						
	Have not been on an induction course	16 (9%)					
	Yes.....	99 (53%)					
	No.....	58 (31%)					
	Don't remember.....	14 (7%)					

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:	Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	17 (9%)	73 (39%)	27 (14%)	46 (24%)	13 (7%)	12 (6%)

Attend legal visits?	21 (11%)	94 (51%)	26 (14%)	20 (11%)	7 (4%)	15 (8%)
Obtain bail information?	6 (3%)	41 (23%)	38 (21%)	24 (13%)	24 (13%)	45 (25%)

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

<i>Not had any letters</i>	23 (12%)
<i>Yes</i>	96 (51%)
<i>No</i>	69 (37%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
Are you normally offered enough clean, suitable clothes for the week?	90 (48%)	74 (39%)	4 (2%)	21 (11%)
Are you normally able to have a shower every day?	186 (97%)	5 (3%)	1 (1%)	0 (0%)
Do you normally receive clean sheets every week?	170 (89%)	18 (9%)	2 (1%)	1 (1%)
Do you normally get cell cleaning materials every week?	114 (61%)	71 (38%)	3 (2%)	0 (0%)
Is your cell call bell normally answered within five minutes?	55 (29%)	120 (64%)	13 (7%)	0 (0%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	103 (57%)	76 (42%)	2 (1%)	1 (1%)
Can you normally get your stored property if you need to?	52 (28%)	81 (43%)	47 (25%)	7 (4%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
2 (1%)	33 (17%)	53 (28%)	51 (27%)	53 (28%)

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

<i>Have not bought anything yet</i>	7 (4%)
<i>Yes</i>	125 (66%)
<i>No</i>	57 (30%)

Q4.6 Is it easy or difficult to get:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	82 (43%)	85 (45%)	8 (4%)	6 (3%)	1 (1%)	8 (4%)
An application form	78 (41%)	89 (47%)	9 (5%)	9 (5%)	2 (1%)	2 (1%)

Q4.7 Have you made an application?

<i>Yes</i>	160 (85%)
<i>No</i>	28 (15%)

Q4.8 Please answer the following questions concerning applications:

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

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
Do you feel <i>applications</i> are dealt with fairly?	28 (15%)	88 (47%)	70 (38%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	28 (16%)	61 (34%)	91 (51%)

Q4.9 Have you made a complaint?

<i>Yes</i>	74 (39%)
<i>No</i>	117 (61%)

Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)					
		Not made one	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	117 (61%)	27 (14%)	48 (25%)		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	117 (62%)	29 (15%)	42 (22%)		
	Were you given information about how to make an appeal?	60 (34%)	43 (24%)	74 (42%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	Not made a complaint.....	117 (62%)				
	Yes.....	17 (9%)				
	No.....	56 (29%)				
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	Don't know who they are	Very easy	Easy	Neither	Difficult	Very difficult
	55 (29%)	15 (8%)	45 (24%)	44 (23%)	18 (9%)	13 (7%)
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is	14 (7%)				
	Enhanced.....	78 (41%)				
	Standard.....	94 (49%)				
	Basic	4 (2%)				
	Don't know	2 (1%)				
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is	14 (8%)				
	Yes	102 (55%)				
	No	53 (29%)				
	Don't know	16 (9%)				
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	Don't know what the IEP scheme is	14 (8%)				
	Yes.....	103 (57%)				
	No.....	54 (30%)				
	Don't know	10 (6%)				
Q4.16	Please answer the following questions about this prison:					
		Yes	No			
	In the last six months have any members of staff physically restrained you (C&R)?	21 (11%)	172 (89%)			
	In the last six months have you spent a night in the segregation/care and separation unit?	24 (13%)	167 (87%)			
Q4.17	Please answer the following questions about your religious beliefs:					
		Yes	No	Don't know/N/A		
	Do you feel your religious beliefs are respected?	93 (49%)	23 (12%)	73 (39%)		
	Are you able to speak to a religious leader of your faith in private if you want to?	86 (46%)	18 (10%)	85 (45%)		
Q4.18	Can you speak to a Listener at any time if you want to?					
	Yes	No	Don't know			
	113 (59%)	13 (7%)	66 (34%)			

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

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	142 (74%)	50 (26%)
Do most staff treat you with respect?	126 (67%)	63 (33%)

Section 5: Safety

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

Yes.....	66 (34%)
No.....	126 (66%)

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

Yes.....	24 (13%)
No.....	168 (88%)

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

<i>Never felt unsafe</i>	125 (66%)	<i>At mealtimes</i>	17 (9%)
<i>Everywhere</i>	16 (9%)	<i>At health services</i>	16 (9%)
<i>Segregation unit</i>	6 (3%)	<i>Visit's area</i>	7 (4%)
<i>Association areas</i>	18 (10%)	<i>In wing showers</i>	15 (8%)
<i>Reception area</i>	3 (2%)	<i>In gym showers</i>	6 (3%)
<i>At the gym</i>	10 (5%)	<i>In corridors/stairwells</i>	8 (4%)
<i>In an exercise yard</i>	14 (7%)	<i>On your landing/wing</i>	12 (6%)
<i>At work</i>	7 (4%)	<i>In your cell</i>	14 (7%)
<i>During movement</i>	20 (11%)	<i>At religious services</i>	4 (2%)
<i>At education</i>	5 (3%)		

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

Yes.....	33 (17%)	
No.....	158 (83%)	If No, go to question 5.6

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

<i>Insulting remarks (about you or your family or friends)</i>	14 (7%)	<i>Because of your sexuality</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	12 (6%)	<i>Because you have a disability</i>	5 (3%)
<i>Sexual abuse</i>	1 (1%)	<i>Because of your religion/religious beliefs</i>	2 (1%)
<i>Because of your race or ethnic origin</i>	3 (2%)	<i>Because of your age</i>	4 (2%)
<i>Because of drugs</i>	6 (3%)	<i>Being from a different part of the country than others</i>	6 (3%)
<i>Having your canteen/property taken</i>	8 (4%)	<i>Because of your offence/crime</i>	4 (2%)
<i>Because you were new here</i>	11 (6%)	<i>Because of gang related issues</i>	6 (3%)

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

Yes.....	44 (23%)	
No.....	144 (77%)	If No, go to question 5.8

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

<i>Insulting remarks (about you or your family or friends)</i>	15 (8%)	<i>Because you have a disability</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (3%)	<i>Because of your religion/religious beliefs</i>	1 (1%)
<i>Sexual abuse</i>	0 (0%)	<i>Because of your age</i>	2 (1%)

<i>Because of your race or ethnic origin.....</i>	6 (3%)	<i>Being from a different part of the country than others</i>	7 (4%)
<i>Because of drugs</i>	11 (6%)	<i>Because of your offence/crime.....</i>	7 (4%)
<i>Because you were new here.....</i>	14 (7%)	<i>Because of gang related issues</i>	4 (2%)
<i>Because of your sexuality</i>	1 (1%)		

Q5.8	If you have been victimised by prisoners or staff, did you report it?				
	<i>Not been victimised</i>				128 (70%)
	<i>Yes</i>				18 (10%)
	<i>No</i>				37 (20%)
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?				
	<i>Yes</i>				43 (23%)
	<i>No</i>				147 (77%)
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?				
	<i>Yes</i>				40 (21%)
	<i>No</i>				149 (79%)
Q5.11	Is it easy or difficult to get illegal drugs in this prison?				
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	33 (18%)	23 (12%)	17 (9%)	16 (9%)	12 (6%)
					<i>Don't know</i>
					87 (46%)

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people?					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	19 (10%)	15 (8%)	40 (21%)	30 (16%)	59 (31%)
	The nurse	17 (9%)	26 (14%)	70 (37%)	27 (14%)	31 (17%)
	The dentist	32 (17%)	3 (2%)	7 (4%)	10 (5%)	57 (30%)
	The optician	75 (40%)	5 (3%)	10 (5%)	14 (7%)	40 (21%)
Q6.2	Are you able to see a pharmacist?					
	<i>Yes</i>					119 (70%)
	<i>No</i>					50 (30%)
Q6.3	What do you think of the quality of the health service from the following people?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	37 (20%)	17 (9%)	51 (27%)	33 (18%)	27 (15%)
	The nurse	27 (14%)	18 (10%)	69 (37%)	34 (18%)	24 (13%)
	The dentist	64 (35%)	8 (4%)	32 (17%)	22 (12%)	27 (15%)
	The optician	107 (58%)	7 (4%)	20 (11%)	19 (10%)	12 (7%)
Q6.4	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	25 (14%)	9 (5%)	51 (28%)	32 (17%)	41 (22%)	27 (15%)
Q6.5	Are you currently taking medication?					
	<i>Yes</i>					73 (38%)
	<i>No</i>					118 (62%)
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?					
	<i>Not taking medication</i>					118 (62%)
	<i>Yes</i>					46 (24%)

	No.....	26 (14%)
Q6.7	Do you feel you have any emotional well-being/mental health issues?	
	Yes.....	45 (25%)
	No.....	137 (75%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)	
	<i>Do not have any issues/not receiving any help</i>	150 (84%)
	<i>Doctor</i>	16 (9%)
	<i>Nurse</i>	9 (5%)
	<i>Psychiatrist</i>	10 (6%)
	<i>Mental health in-reach team</i>	4 (2%)
	<i>Counsellor</i>	3 (2%)
	<i>Other</i>	7 (4%)
Q6.9	Did you have a problem with either of the following when you came into this prison?	
		Yes No
	Drugs	78 (43%) 102 (57%)
	Alcohol	49 (30%) 115 (70%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?	
	Yes.....	24 (13%)
	No.....	165 (87%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?	
	Yes.....	79 (42%)
	No.....	25 (13%)
	<i>Did not/do not have a drug or alcohol problem</i>	86 (45%)
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?	
	Yes.....	64 (34%)
	No.....	41 (21%)
	<i>Did not / do not have a drug or alcohol problem</i>	86 (45%)
Q6.13	Was the intervention or help you received, while in this prison, helpful?	
	Yes.....	47 (25%)
	No.....	15 (8%)
	<i>Did not have a problem/have not received help</i>	127 (67%)
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?	
		Yes No Don't know
	Drugs	33 (18%) 127 (68%) 26 (14%)
	Alcohol	18 (10%) 128 (74%) 26 (15%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	Yes.....	43 (24%)
	No.....	26 (14%)
	N/A.....	113 (62%)

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)						
	Prison job	112 (60%)					
	Vocational or skills training.....	20 (11%)					
	Education (including basic skills).....	30 (16%)					
	Offending behaviour programmes.....	21 (11%)					
	<i>Not involved in any of these</i>	56 (30%)					
Q7.2	If you have been involved in any of the following, while in this prison, do you think it will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	59 (34%)	67 (38%)	38 (22%)	11 (6%)		
	Vocational or skills training	79 (57%)	32 (23%)	13 (9%)	15 (11%)		
	Education (including basic skills)	74 (52%)	43 (30%)	16 (11%)	10 (7%)		
	Offending behaviour programmes	78 (57%)	32 (23%)	13 (9%)	14 (10%)		
Q7.3	How often do you go to the library?						
	<i>Don't want to go</i>	37 (20%)					
	<i>Never</i>	60 (32%)					
	<i>Less than once a week</i>	33 (18%)					
	<i>About once a week</i>	45 (24%)					
	<i>More than once a week</i>	3 (2%)					
	<i>Don't know</i>	10 (5%)					
Q7.4	On average how many times do you go to the gym each week?						
	<i>Don't want to go</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	21 (11%)	20 (11%)	13 (7%)	27 (14%)	76 (40%)	20 (11%)	11 (6%)
Q7.5	On average how many times do you go outside for exercise each week?						
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>	
	8 (4%)	5 (3%)	36 (19%)	52 (28%)	79 (42%)	9 (5%)	
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)						
	<i>Less than 2 hours</i>	16 (9%)					
	<i>2 to less than 4 hours</i>	52 (28%)					
	<i>4 to less than 6 hours</i>	26 (14%)					
	<i>6 to less than 8 hours</i>	21 (11%)					
	<i>8 to less than 10 hours</i>	31 (17%)					
	<i>10 hours or more</i>	24 (13%)					
	<i>Don't know</i>	16 (9%)					
Q7.7	On average, how many times do you have association each week?						
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>	
	1 (1%)	0 (0%)	13 (7%)	19 (10%)	148 (79%)	6 (3%)	
Q7.8	How often do staff normally speak to you during association time?						
	<i>Do not go on association</i>	7 (4%)					
	<i>Never</i>	37 (20%)					
	<i>Rarely</i>	40 (22%)					
	<i>Some of the time</i>	62 (34%)					
	<i>Most of the time</i>	31 (17%)					

All of the time 8 (4%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					64 (34%)
	<i>In the first week</i>					57 (30%)
	<i>More than a week</i>					37 (20%)
	<i>Don't remember</i>					31 (16%)
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	64 (34%)	26 (14%)	44 (23%)	28 (15%)	18 (10%)	9 (5%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					14 (8%)
	<i>Yes</i>					89 (48%)
	<i>No</i>					82 (44%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					96 (52%)
	<i>Very involved</i>					23 (13%)
	<i>Involved</i>					32 (17%)
	<i>Neither</i>					9 (5%)
	<i>Not very involved</i>					15 (8%)
	<i>Not at all involved</i>					8 (4%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					96 (53%)
	<i>Yes</i>					66 (36%)
	<i>No</i>					20 (11%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					96 (53%)
	<i>Yes</i>					33 (18%)
	<i>No</i>					52 (29%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>					14 (8%)
	<i>Yes</i>					48 (26%)
	<i>No</i>					122 (66%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					26 (14%)
	<i>No</i>					161 (86%)
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>					64 (34%)
	<i>No</i>					108 (57%)
	<i>Don't know</i>					17 (9%)

- Q8.10 Have you had any problems getting access to the telephones?
- | | |
|------------------|-----------|
| Yes..... | 46 (24%) |
| No..... | 135 (71%) |
| Don't know | 8 (4%) |
- Q8.11 Did you have a visit in the first week that you were here?
- | | |
|---------------------------------------|-----------|
| <i>Not been here a week yet</i> | 16 (8%) |
| Yes..... | 37 (20%) |
| No..... | 130 (69%) |
| Don't remember..... | 6 (3%) |
- Q8.12 How many visits did you receive in the last week?
- | | | | | |
|---------------------------|----------|---------------|---------------|------------------|
| <i>Not been in a week</i> | <i>0</i> | <i>1 to 2</i> | <i>3 to 4</i> | <i>5 or more</i> |
| 16 (9%) | 93 (50%) | 72 (39%) | 3 (2%) | 1 (1%) |
- Q8.13 How are you and your family/friends usually treated by visits staff?
- | | |
|---------------------------------|----------|
| <i>Not had any visits</i> | 34 (18%) |
| Very well..... | 23 (13%) |
| Well..... | 58 (32%) |
| Neither..... | 29 (16%) |
| Badly..... | 20 (11%) |
| Very badly | 7 (4%) |
| Don't know | 13 (7%) |
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?
- | | |
|----------|-----------|
| Yes..... | 68 (37%) |
| No..... | 117 (63%) |
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)
- | | | | |
|---|----------|---|----------|
| <i>Don't know who to contact</i> | 98 (58%) | <i>Help with your finances in preparation for release</i> | 30 (18%) |
| <i>Maintaining good relationships</i> | 31 (18%) | <i>Claiming benefits on release</i> | 50 (30%) |
| <i>Avoiding bad relationships</i> | 24 (14%) | <i>Arranging a place at college/continuing education on release</i> | 30 (18%) |
| <i>Finding a job on release</i> | 35 (21%) | <i>Continuity of health services on release..</i> | 29 (17%) |
| <i>Finding accommodation on release</i> | 53 (31%) | <i>Opening a bank account</i> | 24 (14%) |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)
- | | | | |
|---|----------|---|----------|
| <i>No problems</i> | 67 (37%) | <i>Help with your finances in preparation for release</i> | 46 (26%) |
| <i>Maintaining good relationships</i> | 25 (14%) | <i>Claiming benefits on release</i> | 55 (31%) |
| <i>Avoiding bad relationships</i> | 30 (17%) | <i>Arranging a place at college/continuing education on release</i> | 45 (25%) |
| <i>Finding a job on release</i> | 93 (52%) | <i>Continuity of health services on release..</i> | 28 (16%) |
| <i>Finding accommodation on release</i> | 60 (34%) | <i>Opening a bank account</i> | 44 (25%) |
- Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?
- | | |
|----------------------------|----------|
| <i>Not sentenced</i> | 14 (8%) |
| Yes..... | 84 (46%) |
| No..... | 85 (46%) |



Prisoner Survey Responses HMP & YOI Parc 2010

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

Key to tables

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Number of completed questionnaires returned		198	5404	198	215
SECTION 1: General information					
2	Are you under 21 years of age?	27%	1%	27%	37%
3a	Are you sentenced?	93%	100%	93%	88%
3b	Are you on recall?	11%	8%	11%	10%
4a	Is your sentence less than 12 months?	19%	4%	19%	19%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	7%	3%	8%
5	Do you have six months or less to serve?	47%	33%	47%	41%
6	Have you been in this prison less than a month?	8%	6%	8%	11%
7	Are you a foreign national?	7%	13%	7%	8%
8	Is English your first language?	95%	90%	95%	96%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	11%	27%	11%	12%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	4%	3%	
11	Are you Muslim?	7%	12%	7%	5%
12	Are you homosexual/gay or bisexual?	2%	4%	2%	4%
13	Do you consider yourself to have a disability?	18%	15%	18%	13%
14	Is this your first time in prison?	33%	34%	33%	32%
15	Have you been in more than five prisons this time?	5%	15%	5%	3%
16	Do you have any children under the age of 18?	48%	53%	48%	42%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	45%	53%	45%	47%
1b	Was your personal safety during the journey good/very good?	63%	62%	63%	60%
1c	Was the comfort of the van good/very good?	15%	18%	15%	14%
1d	Was the attention paid to your health needs good/very good?	28%	32%	28%	34%
1e	Was the frequency of toilet breaks good/very good?	15%	13%	15%	16%
2	Did you spend more than four hours in the van?	4%	9%	4%	3%
3	Were you treated well/very well by the escort staff?	66%	66%	66%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	86%	83%	86%	81%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	17%	18%	11%
4c	When you first arrived here did your property arrive at the same time as you?	83%	88%	83%	85%

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	15%	13%	15%	7%
1c	Housing problems?	35%	17%	35%	32%
1d	Problems contacting employers?	16%	9%	16%	8%
1e	Problems contacting family?	69%	43%	69%	67%
1f	Problems ensuring dependants were looked after?	16%	11%	16%	9%
1g	Money problems?	20%	14%	20%	12%
1h	Problems of feeling depressed/suicidal?	54%	45%	54%	68%
1i	Health problems?	61%	58%	61%	73%
1j	Problems in needing protection from other prisoners?	19%	16%	19%	19%
1k	Problems accessing phone numbers?	57%	35%	57%	64%
2	When you first arrived:				
2a	Did you have any problems?	69%	59%	69%	66%
2b	Did you have any problems with loss of property?	14%	15%	14%	11%
2c	Did you have any housing problems?	27%	15%	27%	15%
2d	Did you have any problems contacting employers?	7%	4%	7%	5%
2e	Did you have any problems contacting family?	28%	21%	28%	20%
2f	Did you have any problems ensuring dependants were being looked after?	6%	5%	6%	4%
2g	Did you have any money worries?	29%	15%	29%	28%
2h	Did you have any problems with feeling depressed or suicidal?	18%	13%	18%	19%
2i	Did you have any health problems?	22%	20%	22%	19%
2j	Did you have any problems with needing protection from other prisoners?	7%	5%	7%	6%
2k	Did you have problems accessing phone numbers?	24%	21%	24%	21%
3a	Were you seen by a member of health services in reception?	89%	87%	89%	94%
3b	When you were searched in reception, was this carried out in a respectful way?	81%	76%	81%	75%
4	Were you treated well/very well in reception?	52%	71%	52%	58%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	47%	50%	47%	51%
5b	Information about what support was available for people feeling depressed or suicidal?	40%	45%	40%	56%
5c	Information about how to make routine requests?	35%	40%	35%	42%
5d	Information about your entitlement to visits?	51%	45%	51%	58%
5e	Information about health services?	45%	58%	45%	53%
5f	Information about the chaplaincy?	38%	50%	38%	44%
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	88%	77%	88%	93%
6b	The opportunity to have a shower?	27%	42%	27%	27%
6c	The opportunity to make a free telephone call?	82%	49%	82%	82%
6d	Something to eat?	89%	76%	89%	85%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	45%	45%	45%	43%
7b	Someone from health services?	72%	74%	72%	81%

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7c	A Listener/Samaritans?	19%	27%	19%	16%
8	Did you have access to the prison shop/canteen within the first 24 hours?	19%	22%	19%	12%
9	Did you feel safe on your first night here?	76%	83%	76%	76%
10	Have you been on an induction course?	92%	92%	92%	88%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	58%	64%	58%	57%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	48%	52%	48%	46%
1b	Attend legal visits?	63%	56%	63%	67%
1c	Obtain bail information?	26%	17%	26%	20%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	51%	42%	51%	58%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	48%	59%	48%	50%
3b	Are you normally able to have a shower every day?	97%	95%	97%	93%
3c	Do you normally receive clean sheets every week?	89%	77%	89%	94%
3d	Do you normally get cell cleaning materials every week?	61%	76%	61%	65%
3e	Is your cell call bell normally answered within five minutes?	29%	41%	29%	42%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	70%	57%	59%
3g	Can you normally get your stored property, if you need to?	28%	30%	28%	29%
4	Is the food in this prison good/very good?	18%	31%	18%	27%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	66%	46%	66%	64%
6a	Is it easy/very easy to get a complaints form?	88%	86%	88%	78%
6b	Is it easy/very easy to get an application form?	88%	90%	88%	83%
7	Have you made an application?	85%	89%	85%	88%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	56%	58%	56%	56%
8b	Do you feel applications are dealt with promptly (within seven days)?	40%	52%	40%	44%
9	Have you made a complaint?	39%	58%	39%	39%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	36%	34%	36%	30%
10b	Do you feel complaints are dealt with promptly (within seven days)?	41%	39%	41%	20%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	23%	25%	23%	33%
10c	Were you given information about how to make an appeal?	24%	30%	24%	16%
12	Is it easy/very easy to see the Independent Monitoring Board?	32%	38%	32%	20%
13	Are you on the enhanced (top) level of the IEP scheme?	41%	65%	41%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	55%	58%	55%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	57%	46%	57%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	5%	11%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	10%	13%	
13a	Do you feel your religious beliefs are respected?	49%	54%	49%	45%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	46%	59%	46%	47%

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14	Are you able to speak to a Listener at any time if you want to?	59%	62%	59%	58%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	73%	74%	69%
15b	Do most staff, in this prison, treat you with respect?	67%	74%	67%	56%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	34%	32%	34%	36%
2	Do you feel unsafe in this prison at the moment?	13%	14%	13%	12%
4	Have you been victimised by another prisoner?	18%	20%	18%	21%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	7%	10%	7%	11%
5b	Hit, kicked or assaulted you?	6%	5%	6%	7%
5c	Sexually abused you?	1%	1%	1%	1%
5d	Victimised you because of your race or ethnic origin?	2%	4%	2%	4%
5e	Victimised you because of drugs?	3%	3%	3%	3%
5f	Taken your canteen/property?	4%	4%	4%	4%
5g	Victimised you because you were new here?	6%	4%	6%	5%
5h	Victimised you because of your sexuality?	1%	1%	1%	1%
5i	Victimised you because you have a disability?	3%	2%	3%	4%
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	4%
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	3%	5%	3%	7%
5m	Victimised you because of your offence/crime?	2%	4%	2%	5%
5n	Victimised you because of gang related issues?	3%	3%	3%	
6	Have you been victimised by a member of staff?	23%	23%	23%	28%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	8%	11%	8%	10%
7b	Hit, kicked or assaulted you?	3%	3%	3%	3%
7c	Sexually abused you?	0%	1%	0%	0%
7d	Victimised you because of your race or ethnic origin?	3%	5%	3%	2%
7e	Victimised you because of drugs?	5%	3%	5%	5%
7f	Victimised you because you were new here?	7%	5%	7%	7%
7g	Victimised you because of your sexuality?	1%	1%	1%	1%
7h	Victimised you because you have a disability?	1%	2%	1%	2%
7i	Victimised you because of your religion/religious beliefs?	1%	3%	1%	2%
7j	Victimised you because of your age?	1%	2%	1%	
7k	Victimised you because you were from a different part of the country?	4%	5%	4%	11%
7l	Victimised you because of your offence/crime?	4%	4%	4%	9%
7m	Victimised you because of gang related issues?	2%	2%	2%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	33%	39%	33%	24%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	22%	23%	23%
10	Have you ever felt threatened or intimidated by a member of staff in here?	21%	19%	21%	26%

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11	Is it easy/very easy to get illegal drugs in this prison?	30%	34%	30%	29%
SECTION 6: Health care					
1a	Is it easy/very easy to see the doctor?	29%	39%	29%	32%
1b	Is it easy/very easy to see the nurse?	51%	63%	51%	58%
1c	Is it easy/very easy to see the dentist?	5%	15%	5%	5%
1d	Is it easy/very easy to see the optician?	8%	17%	8%	8%
2	Are you able to see a pharmacist?	70%	53%	70%	67%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	46%	51%	46%	46%
3b	The nurse?	54%	63%	54%	62%
3c	The dentist?	33%	45%	33%	35%
3d	The optician?	36%	46%	36%	43%
4	The overall quality of health services?	38%	44%	38%	40%
5	Are you currently taking medication?	38%	43%	38%	36%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	64%	88%	64%	70%
7	Do you feel you have any emotional well-being/mental health issues?	25%	24%	25%	28%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	31%	34%	31%	0%
8b	A doctor?	38%	31%	38%	37%
8c	A nurse?	22%	18%	22%	19%
8d	A psychiatrist?	24%	19%	24%	31%
8e	The mental health in-reach team?	10%	33%	10%	19%
8f	A counsellor?	7%	12%	7%	25%
9a	Did you have a drug problem when you came into this prison?	43%	18%	43%	46%
9b	Did you have an alcohol problem when you came into this prison?	30%	12%	30%	40%
10a	Have you developed a drug problem since you have been in this prison?	13%	9%	13%	6%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	76%	87%	76%	77%
12	Have you received any help or intervention while in this prison?	61%	77%	61%	60%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	76%	75%	76%	76%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	32%	20%	32%	36%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	26%	14%	26%	35%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	62%	58%	62%	42%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	60%	66%	60%	84%
1b	Vocational or skills training?	11%	19%	11%	15%
1c	Education (including basic skills)?	16%	33%	16%	16%
1d	Offending behaviour programmes?	11%	19%	11%	22%
2ai	Have you had a job while in this prison?	66%	87%	66%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	58%	45%	58%	
2bi	Have you been involved in vocational or skills training while in this prison?	43%	75%	43%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	54%	67%	54%	
2ci	Have you been involved in education while in this prison?	48%	82%	48%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	62%	69%	62%	
2di	Have you been involved in offending behaviour programmes while in this prison?	43%	74%	43%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	54%	63%	54%	
3	Do you go to the library at least once a week?	26%	46%	26%	40%
4	On average, do you go to the gym at least twice a week?	65%	56%	65%	59%
5	On average, do you go outside for exercise three or more times a week?	69%	51%	69%	73%
6	On average, do you spend ten or more hours out of your cell on a weekday?	13%	15%	13%	7%
7	On average, do you go on association more than five times each week?	79%	78%	79%	75%
8	Do staff normally speak to you most of the time/all of the time during association?	21%	20%	21%	18%
SECTION 8: Resettlement					
1	Do you have a personal officer?	66%	76%	66%	70%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	56%	62%	56%	54%
For those who are sentenced:					
3	Do you have a sentence plan?	52%	69%	52%	54%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	63%	59%	63%	55%
5	Can you achieve some/all of your sentence plan targets in this prison?	77%	69%	77%	72%
6	Are there plans for you to achieve some/all your targets in another prison?	39%	41%	39%	35%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	28%	34%	28%	22%
8	Do you feel that any member of staff has helped you to prepare for release?	14%	17%	14%	12%
9	Have you had any problems with sending or receiving mail?	34%	38%	34%	36%
10	Have you had any problems getting access to the telephones?	24%	20%	24%	21%
11	Did you have a visit in the first week that you were here?	20%	23%	20%	37%
12	Did you receive one or more visits in the last week?	41%	31%	41%	53%
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	54%	54%	54%	

Main comparator and comparator to last time

Key to tables

	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP & YOI Parc 2010	Cat B & Cat C Trainer Comparator	HMP & YOI Parc 2010	HMP & YOI Parc 2008
14	Have you been helped to maintain contact with family/friends while in this prison?	37%	37%	37%	46%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	18%	17%	18%	35%
15c	Avoiding bad relationships?	14%	13%	14%	26%
15d	Finding a job on release?	21%	37%	21%	54%
15e	Finding accommodation on release?	31%	39%	31%	63%
15f	With money/finances on release?	18%	28%	18%	26%
15g	Claiming benefits on release?	30%	40%	30%	80%
15h	Arranging a place at college/continuing education on release?	18%	27%	18%	22%
15i	Accessing health services on release?	17%	30%	17%	20%
15j	Opening a bank account on release?	14%	26%	14%	30%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	14%	12%	14%	31%
16c	Avoiding bad relationships?	17%	12%	17%	30%
16d	Finding a job?	52%	44%	52%	69%
16e	Finding accommodation?	34%	38%	34%	58%
16f	Money/finances?	26%	34%	26%	53%
16g	Claiming benefits?	31%	28%	31%	49%
16h	Arranging a place at college/continuing education?	25%	21%	25%	34%
16i	Accessing health services?	16%	17%	16%	30%
16j	Opening a bank account?	25%	32%	25%	41%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	50%	58%	50%	48%



Diversity Analysis - Age

Key question responses (age- under 21) HMP & YOI Parc 2010

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

Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		53	145
1.3	Are you sentenced?	83%	97%
1.7	Are you a foreign national?	4%	8%
1.8	Is English your first language?	94%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	21%	7%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	3%
1.11	Are you Muslim?	14%	4%
1.13	Do you consider yourself to have a disability?	12%	21%
1.14	Is this your first time in prison?	40%	31%
2.1d	Was the attention paid to your health needs good/very good?	22%	30%
2.3	Were you treated well/very well by the escort staff?	70%	65%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	89%	85%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	73%	67%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	59%	52%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	61%	62%
3.2a	Did you have any problems when you first arrived?	70%	68%
3.3a	Were you seen by a member of health care staff in reception?	85%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	83%	80%

Diversity Analysis - Age

Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	45%	55%
3.7b	Did you have access to someone from health care within the first 24 hours?	64%	75%
3.9	Did you feel safe on your first night here?	75%	76%
3.10	Have you been on an induction course?	96%	90%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	36%	52%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	40%	50%
4.3b	Are you normally able to have a shower every day?	98%	96%
4.3e	Is your cell call bell normally answered within five minutes?	29%	30%
4.4	Is the food in this prison good/very good?	22%	17%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	69%	65%
4.6a	Is it easy/very easy to get a complaints form?	82%	90%
4.6b	Is it easy/very easy to get an application form?	76%	93%
4.9	Have you made a complaint?	33%	41%
4.13	Are you on the enhanced (top) level of the IEP scheme?	20%	48%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	56%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	69%	53%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	17%	9%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	18%	11%
4.17a	Do you feel your religious beliefs are respected?	53%	48%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	44%

Key to tables

Diversity Analysis - Age

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	50%	62%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	75%
4.15b	Do most staff, in this prison, treat you with respect?	59%	69%
5.1	Have you ever felt unsafe in this prison?	37%	34%
5.2	Do you feel unsafe in this prison at the moment?	10%	14%
5.4	Have you been victimised by another prisoner?	25%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
5.5i	Victimised you because you have a disability?	0%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	2%	2%
5.6	Have you been victimised by a member of staff?	30%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	2%
5.7h	Victimised you because you have a disability?	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
5.7j	Have you been victimised because of your age? (By staff)	2%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	31%	20%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	17%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	21%	33%
6.1a	Is it easy/very easy to see the doctor?	26%	30%
6.1b	Is it easy/ very easy to see the nurse?	42%	55%
6.2	Are you able to see a pharmacist?	68%	71%

Diversity Analysis - Age

Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.5	Are you currently taking medication?	21%	45%
6.7	Do you feel you have any emotional well-being/mental health issues?	31%	23%
7.1a	Are you currently working in the prison?	45%	66%
7.1b	Are you currently undertaking vocational or skills training?	8%	12%
7.1c	Are you currently in education (including basic skills)?	22%	14%
7.1d	Are you currently taking part in an offending behaviour programme?	2%	15%
7.3	Do you go to the library at least once a week?	16%	29%
7.4	On average, do you go to the gym at least twice a week?	71%	64%
7.5	On average, do you go outside for exercise three or more times a week?	57%	74%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	15%
7.7	On average, do you go on association more than five times each week?	74%	81%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	22%	21%
8.1	Do you have a personal officer?	64%	67%
8.9	Have you had any problems sending or receiving mail?	26%	37%
8.10	Have you had any problems getting access to the telephones?	14%	28%

Diversity Analysis



Key question responses (ethnicity) HMP & YOI Parc 2010

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

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		21	177
1.3	Are you sentenced?	86%	94%
1.7	Are you a foreign national?	16%	6%
1.8	Is English your first language?	73%	98%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%
1.11	Are you Muslim?	55%	1%
1.12	Do you consider yourself to have a disability?	0%	21%
1.13	Is this your first time in prison?	43%	32%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	16%	30%
2.3	Were you treated well/very well by the escort staff?	67%	66%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	76%	87%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	67%	69%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	43%	55%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	48%	63%
3.2a	Did you have any problems when you first arrived?	72%	68%
3.3a	Were you seen by a member of healthcare staff in reception?	85%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	80%	81%
3.4	Were you treated well/very well in reception?	45%	53%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	60%	74%
3.9	Did you feel safe on your first night here?	70%	76%
3.10	Have you been on an induction course?	95%	91%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	49%

Diversity Analysis

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	48%	48%
4.3b	Are you normally able to have a shower every day?	100%	97%
4.3e	Is your cell call bell normally answered within five minutes?	33%	29%
4.4	Is the food in this prison good/very good?	37%	16%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	63%	67%
4.6a	Is it easy/very easy to get a complaints form?	89%	88%
4.6b	Is it easy/very easy to get an application form?	89%	88%
4.9	Have you made a complaint?	35%	39%
4.13	Are you on the enhanced (top) level of the IEP scheme?	55%	39%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	55%	55%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	57%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	12%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	13%
4.17a	Do you feel your religious beliefs are respected?	65%	47%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	65%	43%
4.18	Are you able to speak to a Listener at any time if you want to?	40%	61%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	74%
4.19b	Do most staff, in this prison, treat you with respect?	55%	68%
5.1	Have you ever felt unsafe in this prison?	40%	34%
5.2	Do you feel unsafe in this prison at the moment?	10%	13%
5.4	Have you been victimised by another prisoner?	30%	16%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%
5.6	Have you been victimised by a member of staff?	37%	22%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	2%

Diversity Analysis

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.7h	Have you been victimised because you have a disability? (By staff)	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	20%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	10%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	17%	31%
6.1a	Is it easy/very easy to see the doctor?	25%	29%
6.1b	Is it easy/ very easy to see the nurse?	37%	53%
6.2	Are you able to see a pharmacist?	56%	72%
6.5	Are you currently taking medication?	11%	41%
6.7	Do you feel you have any emotional well-being/mental health issues?	20%	25%
7.1a	Are you currently working in the prison?	63%	60%
7.1b	Are you currently undertaking vocational or skills training?	5%	11%
7.1c	Are you currently in education (including basic skills)?	21%	16%
7.1d	Are you currently taking part in an offending behaviour programme?	5%	12%
7.3	Do you go to the library at least once a week?	15%	27%
7.4	On average, do you go to the gym at least twice a week?	70%	65%
7.5	On average, do you go outside for exercise three or more times a week?	65%	70%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	10%	13%
7.7	On average, do you go on association more than five times each week?	75%	80%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	20%	21%
8.1	Do you have a personal officer?	75%	65%
8.9	Have you had any problems sending or receiving mail?	20%	36%
8.10	Have you had any problems getting access to the telephones?	20%	25%



Key questions (disability analysis) HMP & YOI Parc 2010

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

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		36	160
1.3	Are you sentenced?	89%	94%
1.7	Are you a foreign national?	15%	5%
1.8	Is English your first language?	100%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	0%	13%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	2%
1.11	Are you Muslim?	3%	7%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	31%	33%
2.1d	Was the attention paid to your health needs good/very good?	33%	27%
2.3	Were you treated well/very well by the escort staff?	68%	66%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	77%	88%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	61%	71%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	46%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	63%	61%
3.2a	Did you have any problems when you first arrived?	74%	67%
3.3a	Were you seen by a member of healthcare staff in reception?	94%	89%
3.3b	When you were searched in reception, was this carried out in a respectful way?	77%	81%
3.4	Were you treated well/very well in reception?	47%	54%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	76%	71%
3.9	Did you feel safe on your first night here?	69%	78%
3.10	Have you been on an induction course?	91%	92%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	48%

Diversity Analysis - Disability

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	42%	49%
4.3b	Are you normally able to have a shower every day?	86%	99%
4.3e	Is your cell call bell normally answered within five minutes?	24%	31%
4.4	Is the food in this prison good/very good?	11%	20%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	60%	67%
4.6a	Is it easy/very easy to get a complaints form?	80%	90%
4.6b	Is it easy/very easy to get an application form?	82%	90%
4.9	Have you made a complaint?	44%	37%
4.13	Are you on the enhanced (top) level of the IEP scheme?	40%	41%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	57%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	59%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	17%	10%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	27%	10%
4.17a	Do you feel your religious beliefs are respected?	50%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	43%
4.18	Are you able to speak to a Listener at any time, if you want to?	56%	59%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	74%
4.19b	Do most staff, in this prison, treat you with respect?	67%	67%
5.1	Have you ever felt unsafe in this prison?	46%	31%
5.2	Do you feel unsafe in this prison at the moment?	23%	10%
5.4	Have you been victimised by another prisoner?	29%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	1%
5.5i	Victimised you because you have a disability?	15%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%
5.6	Have you been victimised by a member of staff?	23%	24%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	3%
5.7h	Victimised you because you have a disability?	6%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%

Diversity Analysis - Disability

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	31%	20%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	34%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	34%	29%
6.1a	Is it easy/very easy to see the doctor?	27%	30%
6.1b	Is it easy/ very easy to see the nurse?	61%	49%
6.2	Are you able to see a pharmacist?	72%	70%
6.5	Are you currently taking medication?	74%	30%
6.7	Do you feel you have any emotional well-being/mental health issues?	47%	20%
7.1a	Are you currently working in the prison?	49%	63%
7.1b	Are you currently undertaking vocational or skills training?	6%	12%
7.1c	Are you currently in education (including basic skills)?	15%	17%
7.1d	Are you currently taking part in an offending behaviour programme?	3%	13%
7.3	Do you go to the library at least once a week?	20%	27%
7.4	On average, do you go to the gym at least twice a week?	49%	69%
7.5	On average, do you go outside for exercise three or more times a week?	65%	71%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	12%	13%
7.7	On average, do you go on association more than five times each week?	63%	83%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	12%	23%
8.1	Do you have a personal officer?	66%	67%
8.9	Have you had any problems sending or receiving mail?	40%	33%
8.10	Have you had any problems getting access to the telephones?	26%	24%