

Report on an unannounced full follow-up
inspection of

HMP & YOI Parc

7–11 July 2008

by HM Chief Inspector of Prisons

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Introduction

Parc is a privately-managed prison, which is officially classed as a category B male local prison for adults and young adults. However, the vast majority of its adult and young adult population is sentenced. Effectively, then, it is a training prison – and indeed the only non-specialist closed training prison in Wales. Unfortunately, as the previous inspection found, it has never been properly resourced for that role.

Although there had been some improvement in the quality of education and work provided, this inspection found this still to be the case. There were only 70 full-time education places for the prison's expanded population of 1,200; and only 289 work places, some of them in contract workshops, with too few opportunities to gain employment-related skills. At any one time there were at least 400 officially unemployed prisoners, and many of those in the contract workshops were in fact unoccupied. There had been a reduction in the purposeful activity target since the previous inspection, so that employed prisoners could only expect eight hours a day out of cell; unemployed prisoners, however, could be locked up for up to 20 hours a day.

The previous inspection also found that relationships between staff and prisoners were poor, and that work on race relations was underdeveloped, in spite of a very critical report by the Commission for Race Equality. While both these areas had had considerable management attention and had improved somewhat, neither was yet good. Staff were affable with prisoners, but lacked the training or confidence to engage positively with them and to challenge inappropriate behaviour. Similarly, in spite of strengthened race equality processes, few staff or managers had been trained in diversity, so that they lacked cultural awareness and were reluctant to challenge racist issues and name-calling. There had, however, been considerable progress in other aspects of diversity, and all aspects of healthcare had also improved.

Parc was a reasonably safe prison, particularly for adults. A new violence reduction strategy had been introduced, though it was not yet firmly embedded and staff were not all clear about how it operated. The prison had managed the transition to the new assessment, care in custody and teamwork (ACCT) procedures for managing those at risk of self-harm, but there were some weaknesses in support and care plans, of which managers were aware, and an over-reliance on using the healthcare unit to support suicidal prisoners. Use of force among young adults was high, reflecting the level of fights and assaults among this population. As at the previous inspection, vulnerable young adults were inappropriately located in the segregation unit, because there was no alternative provision for them in Wales.

Resettlement had improved since the previous inspection, and there were good links with other Welsh prisons, probation areas and community services. Offender management had begun, with commendably positive involvement from outside offender managers; however, the support from prison-based offender supervisors needed to be more consistent. Short-sentenced prisoners had no custody plans, although they, like other prisoners, were able to benefit from some good reintegration work, particularly around accommodation, drugs and family support. It was very noticeable, however, that alcohol abuse had greatly increased, and was inadequately provided for. Nearly half of adults, compared with only 5% in other training prisons, and only 14% at the time of the previous inspection, admitted to having had an alcohol problem on admission – as did nearly a third of young adults.

There had been improvements at Parc in all four of our tests of a healthy prison – safety, respect, purposeful activity and resettlement. However, the prison was still not performing well enough against respect or activity. As at the time of the previous inspection, there are two key weaknesses that need to be addressed. One is internal: the need to train, support and equip staff properly to engage with and challenge the prisoner population. The other is external. Parc

is Wales's only generic training prison and at present it is unequipped to perform that role. Welsh prisoners therefore either need to leave Wales, or to miss out on the education and training opportunities they need in order to increase their life chances outside prison. This is unsustainable, and something that the Director of Offender Management needs to address urgently.

Anne Owers
HM Chief Inspector of Prisons

December 2008

Fact page

Task of the establishment

HMP & YOI Parc is a local category B prison and young offender institution holding male adults (mainly convicted) and young adults (remand and sentenced) and young people.

Area organisation

Wales

Number held

1,178

Certified normal accommodation

838

Operational capacity

1,200

Last inspection

Full announced inspection: January 2006

Brief history

The prison opened in November 1997 and is the only privately run prison in Wales. It is managed by G4S Justice Services on behalf of the Prison Service. The prison employs approximately 580 members of staff (excluding subcontractors), many of whom are recruited from the local area.

Description of residential units

A1	Standard working prisoners unit
A2	Adult induction unit
A3	Standard working prisoners unit
A4	Adult enhanced working prisoners unit
B1	Young adult remand/standard working prisoners unit
B2	Young adult standard working prisoners unit
B3	Young adult voluntary testing unit
B4	Young adult induction unit
C	Adult voluntary testing unit
D	Vulnerable adult prisoners unit
E2	Segregation unit
H1	Healthcare centre

Healthy prison summary

Introduction

HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison 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.

...performing well against this healthy prison test.

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

...performing reasonably well 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.

...not performing sufficiently well 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.

...performing poorly 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.

HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

Safety

- HP4 Arrival into custody arrangements had improved, although there were still some weaknesses. There had been a proactive approach to tackling violence reduction, although this work was not yet embedded, and there had been an increase in violent incidents, notably among the young adult population. Implementation of assessment, care in custody and teamwork (ACCT) had been reasonably successful, although there were still some quality issues that needed to be addressed. The regime in the segregation unit was extremely basic and this unit was not a suitable environment for vulnerable young adult prisoners, who were still held there. Mandatory drug testing (MDT) rates were low, but suspicion tests were too infrequent. There was no specialist detoxification unit. Prisoners, including vulnerable prisoners, generally reported feeling safe. The prison was performing reasonably well against this healthy prison test.
- HP5 Reception had improved since the previous inspection. The design of the unit was not really suitable, however, for the many different groups of prisoners that passed through it, who needed to be kept apart, and this led to some delays. A planned new admissions building for juveniles would help, although this was some way off. There was proactive use of the video-link facility, which helped to keep the number of movements down. Reception procedures remained mechanistic and prisoners spent unnecessarily long times there with little to do. Listeners and peer supporters were used in reception but they had little contact with new arrivals, and the scheme did not extend to the induction units.
- HP6 First night arrangements were basic and currently fitted in around general wing regimes, with many prisoners not being brought over to their unit until 7pm, despite having completed their reception process some time earlier. This invariably reduced the amount of time that staff could spend with new arrivals, which had an adverse impact on the quality of the process. The condition of some of the cells in which prisoners were located on their first night was poor. Not all night staff were aware of the locations of new arrivals. A full and reasonable quality rolling induction programme started the next working day after arrival, and was delivered consistently across three induction units. The programme took between one and two weeks to complete, depending on location, although there was a lot of time spent locked in-cell during this period. Delivery was mainly from induction staff, and there was also some multidisciplinary input from other departments. However, there was no Listener input to the self-harm module.
- HP7 The transition to ACCT had been managed reasonably well, although there was a cautious approach to managing some individuals and an informal over-reliance on placing prisoners in the healthcare unit, on occasion, with no obvious clinical need and insufficient oversight. In one case, a prisoner in crisis had been placed there in strip conditions, using force. The local policy document did not reflect current practice in many areas and there had been no formal consultation with Listeners in its formulation. Access to Listeners was good, apart from at night. The quality of ACCT documentation was variable; the frequency of recording and reviews was satisfactory, but some checks were too predictable and some entries lacked analysis. It was not always clear what action had been taken or what support the prisoner received between reviews. There were poor links in some ACCT records between initial assessments, care plans and ongoing case reviews. This had already been identified by managers and a three-month improvement plan was in place.

- HP8 A considerable amount of resources had been invested in violence reduction. A comprehensive analysis of bullying issues had been completed, which had led to a full review of procedures and culminated in the recently implemented violence reduction strategy, which incorporated the use of a community support plan. There was a commitment to supporting victims. The new systems were not yet embedded, however, and would require close ongoing monitoring and evaluation to ensure, for example, that some of the basic principles were not overlooked and that all staff were clear about their responsibilities in identifying and managing bullying situations. Prisoners, including vulnerable prisoners, generally reported feeling safe.
- HP9 The security department was well integrated and there was a good flow of intelligence. On occasions, there was an over-reliance on staff using process in order to manage behaviour, rather than looking at situations individually. There were several occasions each day when all movement on and off residential areas, including by staff, was prohibited. On some occasions, this was unnecessary, such as when conducting a routine net test call, particularly in an environment that was predominantly category C. This practice impacted on the regime and led to appointments being missed.
- HP10 The segregation unit was reasonably clean, as were the cells. Prisoners could access showers and the telephone daily, although there was not normally sufficient time during the day for prisoners to access a full hour's exercise. There was a limited regime. Engagement by staff was extremely limited and record keeping was poor, with no reintegration plans evident. In-cell work or education was theoretically available but only at a basic level, and uptake was low. The unit remained an unsuitable environment for long-term residents, particularly vulnerable young adults located there for their own protection.
- HP11 The use of force by staff had increased, particularly among the young adult population. Force was primarily used to separate fights between prisoners. Paperwork was generally completed to a reasonable standard and provided assurances that force was used appropriately. There were good oversight arrangements, with individual members of staff being debriefed by a control and restraint (C&R) coordinator after each incident. Special accommodation had been used seven times in the previous six months, with the average length of time in the cell being over nine hours. The majority of the prisoners were placed in strip clothing but records did not always show that this was necessary. In some cases, prisoners were left in the special cell for lengthy periods after they had become compliant.
- HP12 Clinical management of substance use and detoxification had improved, with appropriate staff in place, and prescribing options such as maintenance regimes were on the increase. Arrangements for maintaining prisoners in the medium to long term, however, were inadequate. First night symptom relief for opiate users was still not consistently available, and the prison had no dedicated stabilisation/detoxification unit. The MDT positive rate was low, at 4.3% for 2008 to date. The scheme was well coordinated but suspicion testing levels were low, with fewer than one in 10 drug-related security information reports in the previous six months resulting in a suspicion test.

Respect

- HP13 The overall environment was reasonable, although the condition of some cells was poor. Staff–prisoner relationships in many parts of the establishment, although friendly, were too superficial and distant, and there was little confidence in either informal or formal ways of resolving complaints. The incentives and earned privileges (IEP) system was not an effective means of managing behaviour. Cell call bells were not always answered promptly. There had been investment in all aspects of diversity and services were developing, although staff training and awareness were insufficient and the perceptions of black and minority ethnic and foreign national prisoners remained poor. Health services had improved. Overall, the prison was not performing sufficiently well against this healthy prison test.
- HP14 Communal areas were light and airy, and association facilities were reasonable. Cells were of mixed standard but some were in a poor state of decoration – in particular A2 and B units, where many cells were dirty. Cell furniture in many cells, particularly shared cells, was often in a poor state of repair and there were no lockable cupboards. Prisoners were only able to clean their cells at weekends; we received several complaints about this, and it was also highlighted in our survey. The local offensive display policy was inconsistently applied by staff. There was good overall access to showers and telephones, but showers and toilet areas on wings were inadequately screened. Staff did not challenge prisoners wandering around the landings in various states of undress. Prisoners were able to wear their own clothes and there were good laundry and bedding exchange facilities.
- HP15 There was evidence of lengthy waits, on occasions, for an initial response to emergency cell call bells and also of calls being cancelled with no response, particularly on young adult units.
- HP16 The IEP scheme worked at a basic level and was reasonably well understood by staff and prisoners, but it was not effective at encouraging engagement by prisoners. There were few prisoners on the basic level, which did not appear consistent with the number of incidents, adjudications and comments contained in wing history files. A review of wing files indicated that some prisoners had received many warnings with no IEP review being triggered. It was difficult to assess whether discretion had been applied consistently, and some prisoners complained to us of inequitable treatment and favouritism by some staff. Records did not provide assurances to the contrary and overall there was insufficient transparency and consistency in the application of the scheme.
- HP17 Relationships between staff and prisoners were, on the whole, reasonably friendly and we saw examples of relaxed and generally positive interactions during the inspection. However, interactions were mostly at a superficial level and we also saw some dismissive and uninterested approaches by staff. Staff were mainly distant on exercise, association and when supervising meals, and did not interact with prisoners. We also saw inappropriate behaviour and activity by prisoners not being challenged by staff. The number of prisoners in our survey, from both population groups, who reported that most staff treated them with respect was significantly lower than at comparator prisons. Relationships were better on the specialist units, such as C and

D wings. Senior managers had recently invested in staff recruitment and retention and had made significant modifications to initial staff training.

- HP18 The personal officer scheme worked at a satisfactory level in terms of contact and recording. However, there was little evidence of high levels of involvement or engagement in key processes. This was also reflected in our survey, which showed that only around half of all prisoners found their personal officers helpful, which was significantly worse than at comparator prisons.
- HP19 There was a reasonable variety of meals but prisoners did not have access to five portions of fruit and vegetables each day. Meal times had slipped recently and were now served too early, with lunch at 11.30am and the evening meal at 4.30pm. There had been some notable slippage in food safety and hygiene standards at the point of delivery, which were not managed effectively by staff. Prisoners were able to dine in association.
- HP20 Prisoners had weekly access to a variety of reasonably priced goods through a local bagging and delivery service. Orders through catalogue purchasing were slower but offered a reasonable range, and the prices were not excessively high. There was a purchasing surgery, in which prisoners' queries were responded to face to face. Prisoner satisfaction with the shop was high.
- HP21 The current diversity strategy focused primarily on race equality issues and had not been updated since the previous inspection. An over-50s group had been set up and was well regarded by prisoners, and links were being forged with community organisations such as Age Concern. Each wing had a designated and trained disability liaison officer, who identified prisoners with a disability and implemented care plans. There was insufficient disabled access accommodation on D wing for prisoners using wheelchairs. A new gay prisoners group had recently started on D wing.
- HP22 Procedures for managing race issues, and the profile of race within the establishment, had improved. The race equality action team (REAT) meeting had a strategic overview, race issues were discussed at prisoner forums and there were race relations representatives on most residential units. However, staff awareness of race issues was poor: fewer than 40% of residential staff had received diversity training, and racist incident report forms (RIRFs) showed that issues such as name-calling were not effectively challenged. Black and ethnic minority prisoners' perceptions were, in general, significantly worse than those of white prisoners. There had been an increase in RIRFs, and the race equality officer was unable to carry out thorough investigations or provide support. Geographical tensions between prisoners were not specifically monitored. Positive role models had attended the prison to promote race equality but too little was done to publicise different cultures and faiths across the residential units.
- HP23 Management of foreign national prisoners was monitored at the REAT meeting, and a foreign national prisoner steering group meeting had recently been established to monitor, develop and review the needs of this population. Foreign national prisoners we spoke to expressed concerns about a lack of support, particularly in relation to receiving advice and support about their immigration issues. The UK Border Agency attended the establishment to discuss individual cases but no immigration advice and support services currently attended the establishment.

- HP24 Survey responses for almost all areas relating to applications and complaints were worse than at comparator prisons. Prisoners expressed little confidence in the applications system, and current arrangements could not be easily audited. The most common area of complaint was about residential issues, and we found little evidence of prisoners being able to solve areas of dispute informally, before making official complaints. Overall, arrangements for managing complaints were reasonable; most replies to complaints were appropriate and apologies given where needed. Prisoners did, however, report low levels of confidence in the confidentiality of the complaints system and reported some recrimination from staff when complaints were made about individuals.
- HP25 Health services had improved in all areas, although prisoners' perceptions remained poor. There were good levels of primary care services and a drop-in clinic on D wing. Health promotion was good and the health needs of older prisoners were well catered for. Care plans and clinical records were also of a high standard. Pharmacy services had improved, and dental services were satisfactory. Inpatient care was good and there was excellent time out of cell, despite difficulties in housing three types of prisoner. There were good therapeutic interventions, and staff-patient relationships were excellent. Mental health services were also effective. There was a gap in the provision of day care services, but this had been recognised. The in-reach service provided good support to prisoners and wing staff, although there was insufficient mental health awareness training for officers.

Purposeful activity

- HP26 The quantity, quality and range of activity places were inadequate for a prison that was, effectively, the only closed training prison for mainstream adult Welsh prisoners. In some aspects, provision had worsened since the previous inspection following an enforced reduction in the purposeful activity target alongside an increase in the roll. The quality and quantity of work was poor, and short-sentenced prisoners were excluded from work. Efforts had been made to accredit skills. There was still insufficient education, with space for only 70 prisoners, and the curriculum was too narrow to meet individual learning needs. The quality of teaching and individual attainments were, in general, good. Time out of cell for those in activity was acceptable, but unemployed prisoners could spend up to 20 hours a day locked in their cells. Physical education (PE) provision was good. Overall, the prison was not performing sufficiently well against this healthy prison test.
- HP27 The education department provided a range of courses, but there were only 70 full-time spaces, and evening classes had recently been cut. There was insufficient focus on the curriculum and provision of basic literacy and numeracy to meet the assessed needs of prisoners. The quality of teaching was good on the whole and observed behaviour was good, with prisoners well engaged in classes. There was effective tracking and monitoring of prisoners' progress, and attainment and attendance levels were good. There was innovative use of peer partners, who screened prisoners' basic skills and also acted as classroom assistants.
- HP28 The overall provision of work activities was poor, in terms of both quantity and quality. Some of the workshops in the main complex were closed. In some of the others, the work was extremely low grade and there was frequently not enough work to occupy prisoners. There had been some developments – for example, in plastering – and

more were planned. However, the range of opportunities was nowhere near sufficient for what was, effectively, the only closed training establishment for sentenced adult Welsh prisoners. Commendable efforts had been made to accredit the limited learning opportunities in many workplaces, but these were mainly basic qualifications.

- HP29 Many prisoners were employed on the wings. Allocation arrangements for wing-based jobs had not been equitable previously, but this had been identified by managers and remedial action taken. The overall shortfall in the number of activity places in the prison had led to the development of a policy whereby short-term prisoners were excluded from attending work.
- HP30 Managers were aware of the limitations of the regime and there were comprehensive quality improvement strategies in place. However, prisoners were not challenged sufficiently to achieve their potential. A strong focus on meeting performance targets meant that individual learning needs were not always met, particularly at the ends of the learning spectrum (that is, for the most vulnerable offenders and those with complex learning needs, as well as the more able).
- HP31 There had been a reduction in the target for time out of cell to eight hours. There were wide variations, depending on, for example, prisoners' regime level, location and employment status. There were around 400 unemployed prisoners, who were locked in their cells for lengthy periods – up to 20 hours a day. There was good access to association, which was predictable and rarely cancelled. Exercise in the fresh air was often cancelled in inclement weather, despite suitable clothing being available. When exercise was cancelled, some wings did not provide association as an alternative.
- HP32 The library had a good range of books and other learning resources. Books were available in a range of other languages and for beginner readers, and there was a section of books by Black and Asian authors. Book losses were low. Access to the library for most prisoners, however, particularly workers and vulnerable prisoners, was too limited and weekday access was limited to those on education.
- HP33 The PE department was good. It offered a wide range of recreational activities, as well as the opportunity to gain accredited qualifications. There was a good and varied programme for health promotion and personal fitness, which met the needs of a range of prisoners. Staff gave encouragement to prisoners to undertake PE, and the facilities were reasonable, although the space for outdoor exercise was due to be reduced with the construction of a new house block.

Resettlement

- HP34 There was an overall strategic focus on reducing reoffending, and links were well established with other Welsh prisons, local probation areas and community agencies. The offender management model had been implemented, although there was insufficient focus on developing quality. Custody planning arrangements for short-sentenced prisoners were underdeveloped. Access to services across the range of resettlement pathways was generally good, in particular the provision of services for children and families of prisoners. Overall, the prison was performing reasonably well against this healthy prison test.

- HP35 A comprehensive reducing reoffending strategic framework had been developed, which fed into higher level work being done across Wales between Parc, the other Welsh prisons and probation services. The local reducing reoffending policy group provided a lead on strategic issues but had a strong focus on offender management. This committee had only met sporadically in 2008. Although some positive work had been done in terms of assessing prisoner needs in individual areas, there had still been no overarching needs assessment, which would be essential to inform the overall strategic direction and the provision of interventions, particularly given the complex nature of the population.
- HP36 Prisoners in scope for offender management were allocated, seen and assessed by an offender supervisor shortly after arrival. They had an offender assessment system (OASys) assessment, and a written sentence plan. External offender managers attended 86% of sentence planning boards. However, the targets set in some sentence plans did not reflect identified areas of risk and need, and were largely being driven by the interventions available at Parc. Boards were not multidisciplinary. Once the sentence plan was completed, contact between the offender supervisor and prisoner was far less structured, and for many it was at best ad hoc, leaving many in-scope prisoners without a structured programme of regular ongoing reviews and/or encouragement.
- HP37 Offender supervisors also completed OASys assessments for those prisoners out of scope for offender management but who nevertheless required a sentence plan. Although most of this work was up to date, this meant that individual offender supervisors carried significant caseloads.
- HP38 The initial resettlement needs of short-term prisoners were dealt with during induction. However, ongoing custody planning for the 27% of the population not subject to OASys was less well developed. A system was in the process of being developed and implemented, but was in its early stages. However, in the year to the inspection, 148 short-term prisoners had been referred to the transitional support mentoring scheme, which could provide up to three months' support for prisoners with substance-related problems following release.
- HP39 A reasonable range of accredited programmes was offered, although the demand for the enhanced thinking skills programme was so high that some prisoners would be released without completing the course. Higher-risk and other priority offenders were prioritised for the places available. Needs analyses had highlighted some gaps in the provision of accredited interventions, including interventions to address alcohol misuse, domestic violence and anger management. A range of non-accredited programmes was also run, including a deniers' programme for sex offenders, a motivational course and a simple problem-solving programme for young adults.
- HP40 There was a backlog of categorisation reviews, dating from April 2008. It was difficult to move prisoners on to appropriate training prisons, and this was particularly acute for sex offenders and prisoners from out of area who were seeking to move closer to home. Opportunities for young adults to move to category D conditions were limited.
- HP41 Accommodation services were well developed. All Welsh prisoners were guaranteed accommodation on release, but this was not the case for the much smaller number of English prisoners. An onsite Jobcentre Plus worker was available to provide assistance with benefit claims, and the accommodation officers with rent arrears, but services were underdeveloped in the area of finance, benefits and debt. There was

good access to a range of services from Jobcentre Plus, Careers Wales and Remploy. In a few cases, release on temporary licence had been used successfully to allow prisoners to follow a specialist plastering course and complete community projects in a local village. Resettlement staff had been successful in maintaining the employment of a number of short-term prisoners. There were also structures in place to follow through physical and mental health needs into community support agencies.

- HP42 The drug strategy was comprehensive and informed by a needs assessment. Service providers were well integrated into the establishment. Counselling, assessment, referral, advice and throughcare (CARAT) services carried a high open caseload and staffing levels were not sufficient to provide a comprehensive service for all. The prison addressing substance-related offending (P-ASRO) programme was well established. There were no alcohol interventions, although the control of violence and aggression for angry and impulsive drinkers (COVAID) programme was about to be piloted. There was no structured support on voluntary drug testing (VDT) units.
- HP43 The provision of services for children and families of prisoners was good. A project group known as Parc Supporting Families led the strategic development of services. There had been significant improvements to the experiences of visitors since the previous inspection, including a free bus service and an improved visitors' waiting area. A liaison service provided by the Prison Advice and Care Trust was well regarded by visitors. Some of the enhancements to normal provision, such as family-centred visits, Learning Together clubs and the Parenting Matters programme showed a commitment to working constructively with prisoners and their families.
- HP44 Public protection was well managed from the offender management unit (OMU), and information circulated to all relevant parties. At the time of the inspection, the establishment held 63 prisoners serving indeterminate sentences for public protection. Although the overall position had improved since the onset of the third phase of offender management, 13 of them were over tariff. There were few life-sentenced prisoners, and the regime was not designed to meet the needs of this long-term population. There was still no specialist facility in Wales to manage young life-sentenced prisoners.

Main recommendations

- HP45 The amount and range of education should be improved and monitored as a matter of urgency.
- HP46 All prisoners should have access to meaningful work, and there should be more opportunities to acquire work skills.
- HP47 The role and function of Parc should be clarified.
- HP48 There should be adequate provision in Wales for vulnerable young adults and for those sentenced to indefinite life sentences.
- HP49 Managers should ensure that staff interact more readily with prisoners on their units and are trained and supported to assist prisoners and challenge inappropriate behaviour.

- HP50 All staff should be trained in race relations and diversity, including the prison's own diversity strategy and race relations policy.
- HP51 A dedicated stabilisation/detoxification unit, with a supportive regime and structured support, should be established.

Progress on main recommendations since the previous report

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

Main recommendations

MR1 The role and function of Parc should be clarified. (HP38)

Not achieved. Official documentation still described Parc as a category B adult male local prison. However, the majority of its population, and almost all its adult prisoners, were sentenced. Parc therefore was effectively the only closed training establishment for adult male Welsh prisoners. However, the regime was not resourced to meet the needs of sentenced prisoners, some of whom were precluded from working, owing to the shortage of activity spaces (see section on learning and skills and work activities). The disparity between the number of prisoners and number of activity places had increased since the previous inspection, as there had been an increase in the prison roll of around 200, and the purposeful activity target had been cut from 32 to 26 hours a week for each prisoner. Work on a new house block was due to commence later in 2008 but, as the funding for this project did not include sufficient regime places for the extra prisoners, there was concern that this would place even more pressure on the overall regime.

See main recommendation HP47.

MR2 There should be adequate provision in Wales for vulnerable young adults and for those sentenced to indefinite sentences for public protection. (HP39)

Not achieved. Vulnerable young adult prisoners were still held in the segregation unit, which remained an unsuitable environment for them. Some vulnerable young adults had been transferred previously to Altcourse, although this was a long distance from their families and was not a realistic option for prisoners on remand. It was hoped that the planned new house block would include accommodation for vulnerable young adults but this was some way off completion. In addition, there remained no effective provision for prisoners sentenced to life or indeterminate sentences, who were either co-located alongside mainstream prisoners or, occasionally, transferred to establishments in England.

See main recommendation HP48.

MR3 First night arrangements should be improved. (HP40)

Partially achieved. There had been improvements but there were still weaknesses in first night arrangements.

See additional information under first days in custody.

MR4 Wing managers should ensure that staff interact more readily with prisoners on their units and that the personal officer scheme works effectively. (HP41)

Not achieved. Some work had been done on this, and we observed examples of relaxed interactions between staff and prisoners. However, most interactions were at a superficial level and we also saw some dismissive and uninterested approaches by staff. Staff lacked confidence to challenge inappropriate behaviour or language. Prisoners' survey responses continued to be considerably worse than those in comparator prisons. There was a personal

officer scheme, but fewer prisoners than the comparator found them helpful and there was little evidence of proactive work..

See main recommendation HP49 and additional information under staff–prisoner relationships.

- MR5 A race relations action plan should be drawn up, with responsibilities, targets and deadlines, and its implementation monitored. (HP42)**

Partially achieved. A race equality action plan had been drawn up but it did not contain any target dates or deadlines and was not regularly monitored by the race equality action team (REAT). Some of the objectives had been completed but future developmental targets were not regularly added to the action plan. Although the race equality action plan was part of the REAT agenda, the action plan had not been distributed to members at any of the recent meetings. The action plan was out of date, and this was acknowledged at the REAT.

- MR6 All staff should receive training or refresher training in anti-bullying measures, and completed bullying forms should be audited to check that staff implement current procedures, including regular entries in monitoring paperwork. (HP43)**

Partially achieved. There was a new violence reduction strategy, with the aim of training all members of staff by March 2009, but completed bullying forms were not audited.
See additional information under bullying and violence reduction.

- MR7 The quality of F2052SH case reviews, support plans and general contact sheets should be improved, and managers should check quality. (HP44)**

Partially achieved. The F2052SH system had been replaced by assessment, care in custody and teamwork (ACCT) documents in December 2006 and the transition had been managed reasonably well. It was not clear exactly how many staff had received the basic ACCT awareness training but safer custody staff told us that all relevant managers had attended the required case manager training. The frequency of recording and reviews was acceptable and there was evidence of quality checks by safer custody staff and the duty director. We identified a number of areas for improvement: there were delays in making referrals to appropriate departments; observational checks were too regular and predictable; and care maps were not updated, especially on prisoners who remained subject to ACCT procedures for long periods. The safer custody team had already identified these and other issues and had developed a three-month plan for improving the delivery of safer custody work.

- MR8 A policy for foreign national prisoners should be drawn up and implemented. (HP45)**

Achieved. A protocol for the custody management and discharge of foreign national prisoners had been produced in July 2007 and was due to be reviewed. The policy document outlined the services and support that was provided to foreign national prisoners from reception to discharge and the duties placed on staff in supporting them. Staff were aware of the entitlements of foreign national prisoners, how to access language services and also the agencies that attended the establishment to meet them. However, there had been no needs analysis, and management and delivery of the services in the policy was still in the developmental stage.

See section on foreign nationals.

- MR9 The quality and amount of education provided, especially to juveniles, should be improved and monitored as a matter of urgency. (HP46)**

Not achieved. There was not enough education provision to meet the needs of the prison. The education department had places for only 70 learners on full-time education. A recent cut in the prison's purposeful activity target had resulted in cuts in evening classes. There was insufficient provision for people at the ends of the learning spectrum, both those with additional and complex learning needs and the more able. This limited the progression of many prisoners.

See main recommendation HP45 and recommendation 5.2.

MR10 **All prisoners should have access to meaningful work, and there should be more opportunities to acquire work skills. (HP47)**

Not achieved. There were only 289 work places available through the industries department. This was not enough to meet the needs of the prison population. At least 400 prisoners were unemployed at any one time. In the contract workshops, which undertook various packing and assembly contracts, there was not enough work to keep prisoners fully occupied and there were few opportunities for prisoners to gain skills which would help them to gain employment. This lack of provision meant that waiting lists for prisoners wishing to access many work or learning opportunities were too long and prisoners did not always get the placement of their choice.

See main recommendation HP46.

MR11 **A visitor centre should be provided. (HP48)**

Achieved. The visitors' waiting room had been completely refurbished and now provided a pleasant environment for visitors on arrival. The centre opened half an hour before the visits start time. On arrival, visitors booked in at the prison's main gate, went through the standard search procedure and then waited in the waiting area for the start of their visit. The area was bright and welcoming and there was lots of useful information on display. There was a play area for young children, and refreshments were available from vending machines. Members of staff from the Prison Advice and Care Trust were on duty in this area; they provided a useful and valued information service to visitors, as well as being available to answer queries on the telephone helpline.

Progress on recommendations since the last report

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 prisoners' individual needs are recognised and given proper attention.

- 1.1 Juveniles should not travel in escort vehicles with adult prisoners. (9.55)

The juvenile unit was not inspected.

- 1.2 The use of the video court link should be promoted, and its expansion into other areas, such as for probation interviews, should be explored. (1.6)

Achieved. Proactive work with local courts had resulted in an average of over 30% of eligible hearings being dealt with through video link (for some magistrates courts, this figure averaged between 75% and 95%). Since January 2008, the video link suite had also been used for five inter-prison visits, nine probation interviews and 73 legal interviews.

Additional information

- 1.3 Global Solutions Limited provided inter-prison transport and Reliance was responsible for escorting prisoners to and from courts. Managers and reception staff described good working relationships with both contractors and any problems were usually resolved without any managerial involvement. Reliance managers had attended two prison security meetings in 2008 and there was regular telephone contact between prison and contractor managers to discuss issues of common interest or concern.

- 1.4 Our survey showed that the number of prisoners who spent more than four hours in the escort van was significantly lower than at comparator prisons: 4% of adults and 3% of young adults. Despite short journey times, prisoners could spend up to an hour waiting on the escort vehicle once it arrived at the establishment. Only five vans were allowed in the prison at any time and prisoners were dealt with one by one, which created long delays during busy periods.

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 The reception process should be prisoner-focused rather than process driven. (1.31)

Not achieved. Figures for January to May 2008 showed an average of 1,120 movements of prisoners through reception each month. This included an average of 569 receptions, of which 24% were prisoners new to prison. The reception process remained too mechanistic and prisoners spent unnecessarily long periods in reception with little to occupy them, unclear about what was going to happen next. Some procedures and working practices built in delays, and the physical design of the reception area was not suitable for the many different groups of prisoners that passed through it and needed to be kept apart. Staff rarely addressed prisoners by their given name. In our survey, 65% of young adults, which was similar to the comparator, felt that they had been treated well or very well in reception. However, only 54% of adults felt that they had been treated well, which was worse than both the 71% comparator and the figure of 64% at the previous inspection.

We repeat the recommendation.

1.6 The cell sharing risk assessment should be conducted in private. (1.32)

Achieved. A separate interview room had been built in reception and was in use.

1.7 A separate room should be provided for the Insiders working in reception. (1.33)

Partially achieved. The Insiders and Listener did not have a dedicated room but if they needed to speak to someone in private, one of the available rooms was used. Limited use was made of the Insiders, who saw most newly arrived prisoners for only a few minutes to provide information and take details of telephone numbers. They made drinks for prisoners in the holding rooms but were not encouraged to sit and talk to these prisoners while they waited to complete other elements of the reception process.

Further recommendation

1.8 Subject to risk assessment, prisoners should have greater access to the Insiders while waiting in reception.

1.9 Information displayed in the holding rooms should be in a variety of relevant languages. (1.34)

Not achieved. All information was in English. The DVD showing aspects of the prison was not operating when we visited reception.

We repeat the recommendation.

1.10 All prisoners should be allowed the opportunity to shower on their first night. (1.35)

Partially achieved. Some prisoners were required to have a shower in reception for personal hygiene reasons. During the reception interview, all prisoners were offered the opportunity to take a shower in reception but most were recorded as having declined. Some prisoners we spoke to said that they had not realised that this would be the only opportunity to shower. Due to time constraints, it was rare for prisoners to be offered a shower once on the induction wings. Thirty per cent of adult prisoners and 20% of young adults surveyed said that they were offered the opportunity to shower on their day of arrival; both figures were significantly worse than the comparators of 44% and 43%, respectively.

Further recommendation

- 1.11 The availability of showers in reception should be promoted and the proportion of prisoners able to shower before being locked up on their first night should be increased.

- 1.12 **Information given to prisoners during the reception and first night procedures and induction should be legible, accurate and up-to-date. (1.36)**

Partially achieved. The information provided by reception Insiders had been revised, and the induction programme was based on a PowerPoint presentation, which was updated regularly. There were delays between changes taking place in the prison and this being reflected in the information provided to prisoners. For instance, the name of a group of prisoner peer workers had changed from peer drug awareness resettlement team (P-DART) to resettlement advisers, yet the first night and induction material and the peer workers' identification badges and T-shirts still referred to P-DART. Most of the printed material we read was legible but lacked imagination in its presentation, often relying on dense script, which did not meet the needs of prisoners with poor reading skills.

We repeat the recommendation.

- 1.13 **Strip searching of prisoners should only take place if risk assessment indicates. (1.37)**

Achieved. While all prisoners leaving and arriving through reception were subject to a full search, this was no longer the case for those attending video-link hearings.

- 1.14 **First night cells should be furnished appropriately and offer a more welcoming environment. (1.38)**

Not achieved. Generally, new prisoners were allocated to wherever there was a space. Wing cleaners prepared cells for new arrivals but some of those we saw had dirty toilet basins and pictures left on the wall from the previous occupants. There was nothing to differentiate these cells from ordinary cells (see also recommendation MR3 and paragraph 1.27).

We repeat the recommendation.

- 1.15 **There should be support systems for prisoners on their first night and night staff should be familiar with prisoners new to custody and the prison. (1.39)**

Not achieved. There were no distinct procedures for checking on first night prisoners once they had been locked in their cell, and little to differentiate the treatment of prisoners who were in prison for the first time. Prisoners who had been assessed by health services staff as particularly vulnerable, such as those who had received long sentences, were located in the inpatients unit overnight but it was not clear what additional support this offered or why this could not be provided on the main wings. In our survey, 53% of adults and 61% of young adults said that they had been given information about the support that was available for people feeling depressed or suicidal; both of these figures were significantly better than the comparators for similar prisons. Night staff on the induction units had been given a formal handover and knew the location of all new prisoners, but during our night visit the night duty officer on D wing was not aware of a prisoner who had arrived that day.

We repeat the recommendation.

- 1.16 **The first night compact should be completed fully, and prisoners should be able to discuss their concerns with residential staff during the first night interview. (1.40)**

Achieved. First night assessments formed part of the initial induction assessment booklet, and all of the booklets we sampled had been completed. This process was repeated and reinforced on a reception board that took place on the morning following arrival.

1.17 Prisoners should be kept fully occupied through a comprehensive induction programme. (1.41)

Partially achieved. Our survey showed that 93% of adults had the induction course, but only 81% of young adults; the latter was lower than the comparator and less than in 2006. There was a structured one-week programme, and prisoners were involved in group presentations or individual interviews on most mornings and afternoons. They were not occupied for the whole induction period but were encouraged to borrow books from the library during this time, and on the young adult unit puzzle books were provided to occupy prisoners while in-cell. On D wing, all suitable rooms were used for group work programmes during the day, so induction sessions took place in the early evening; this clashed with the association time and meant that the full programme could take twice as long to complete.

Further recommendation

1.18 The induction programme on D wing should be similar in length to those on the main induction wings and should not clash with other regime activities.

1.19 There should be greater staff involvement in the delivery of key elements in the induction programme, which should supplement information provided by the peer drug awareness resettlement team. (1.42)

Achieved. The induction programme was made up of a range of inputs from induction staff, specialist staff and prisoner representatives. Prisoners confirmed that they had seen a number of specialist staff during their induction. However, when we met with the Listeners they told us that they had not been involved in the induction programme on A and B wings for several months.

Further recommendation

1.20 Listeners should be involved in the induction programme.

1.21 Assessments made at the reception board should be comprehensively recorded and any judgements should be substantiated. (1.43)

Achieved. This was now all recorded in the initial assessment induction booklet.

1.22 The effectiveness of the induction programme should be reviewed and analysed, in consultation with prisoners and induction should be centrally coordinated and consistently delivered. (1.44)

Achieved. The programme had been reviewed and was delivered consistently across all three induction units. Feedback forms were used to try to improve the quality of the induction programme, and staff from the three wings responsible for induction had begun to meet to share ideas and develop best practice. Our survey showed low prisoner satisfaction with the content of the induction programme, with 54% of adults and 61% of young adults, against the

comparators of 63% and 65%, respectively, saying that the course covered everything they needed to know about the prison.

1.23 The induction assessment passport system should be rolled out to include young adults and prisoners on remand. (1.45)

Not achieved. The passport system was no longer in use (see recommendation 8.6).

1.24 Notices in the admission building that identify the rooms holding vulnerable prisoners should be removed. (1.46)

Achieved. Although separate holding rooms were still used for young people and vulnerable prisoners, there were no signs to identify these cells.

1.25 There should be sufficient numbers of reception Insiders at all times. (1.47)

Achieved. A system of succession planning ensured that gaps did not occur.

1.26 All reception packs should include PIN telephone credits. (1.48)

Achieved. Prisoners received a free four-minute telephone call in reception and had a £2.50 PIN telephone credit advance. This was supported by our survey, in which 78% of adults and 89% of young adults (compared with the 47% and 70% comparators, respectively) said that they had the opportunity to make a free telephone call on their day of arrival.

Additional information

- 1.27** The initial assessment and induction documentation had been revised, and reception, first night and induction staff were clear about their respective responsibilities. Arrangements were applied consistently, irrespective of where prisoners spent their first night. Prisoners had opportunities to speak to staff in private, and immediate concerns, such as contact with family, were dealt with. However, a significant number of prisoners did not arrive on the induction units before 7pm, which meant that there were often time pressures to finalise first night arrangements before prisoners were locked up at 8pm. Little use was made of prisoner Insiders on the induction units. On the adult units, there were no longer dedicated cells set aside as first night cells, and there was no guarantee that the two safer custody cells on the young adult unit would be available for new arrivals. This had affected the quality of the first night accommodation. Almost a quarter of all prisoners surveyed said that they did not feel safe on their first night.

Further recommendations

- 1.28** Other than in exceptional circumstances, prisoners should be transferred to the induction wings in sufficient time for full first night procedures to be completed and to allow them to settle on the wing before being locked up for their first night.
- 1.29** Listeners and Insiders should be available on the induction wings to complement the work of first night staff and advise and support new arrivals.

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 Cells in a poor state of decoration should be repainted. (2.16)

Partially achieved. While efforts had been made to redecorate cells, a significant number were still in a poor state of decoration. Cells in A2 (the induction unit) and in B wing were particularly dirty.

We repeat the recommendation.

2.2 The foam mattresses should be replaced by more suitable mattresses for metal bed frames. (2.17)

Achieved. The majority of mattresses on all residential units had been replaced. While the new mattresses were foam mattresses, they were more suitably covered and did not become wet and slippery with sweat, as at the previous inspection. Many beds had been adapted with new bases to reduce the risk of dampness further.

2.3 Shared cells should have adequate storage space. (2.18)

Not achieved. Access to adequate storage remained a problem in both single and shared cells.

We repeat the recommendation.

2.4 Prisoners should be provided with a lockable cupboard. (2.19)

Not achieved. Lockable cupboards were not available to any prisoners. The number of shared cells had increased since the previous inspection. Additionally, there were a number of complaints relating to property going missing from cells that had been left unlocked by staff, for which the prison had paid compensation.

We repeat the recommendation.

2.5 Disabled prisoners should have equal access to washing and bathing facilities. (2.20)

Achieved. All prisoners had equal access to washing and bathing facilities.

2.6 Prisoners should be provided with outdoor clothing for inclement weather. (2.21)

Partially achieved. Significant quantities of outdoor coats had been ordered and were held in stores. However, wing staff and prisoners were not aware that the clothing was available for issue. Hats/hoods were not allowed for security reasons.

We repeat the recommendation.

Further recommendation

2.7 Suitable headwear should be provided for inclement weather.

2.8 Notices on wing notice boards should be readable and in a range of languages (2.22)

Not achieved. The notice boards were positioned in the same places as in the previous inspection, at an unsuitable height. The information available was difficult to read and was presented in the form of direct copies of policy documents. There was no information available in different languages. D wing had some examples of more suitable notices for violence reduction.

We repeat the recommendation.

Additional information

- 2.9 The main residential areas were spread across four wings. A and B wings contained four units each, with 300 cells across three landings. A wing housed adult male convicted prisoners and B wing convicted and unconvicted young adults. C wing contained 69 cells on one landing for adult males on voluntary drug testing (VDT), and D wing 69 cells on one landing for vulnerable adult prisoners. There was additional accommodation on E2 (segregation unit) and the healthcare unit.
- 2.10 The communal areas of the residential units were clean, light and airy, with good lines of vision for staff. The condition of cells varied. In some cells that had recently been redecorated, toothpaste (used by prisoners to attach pictures to the walls) had not been removed from the walls before painting. Cell furniture was inadequate, particularly in shared cells, with much of it in a poor condition. Some of the cells we looked at contained offensive displays of pictures, and the local policy on this was inconsistently applied. Few cells had curtains.
- 2.11 Association facilities were adequate (see section on time out of cell) and dining tables were available for use during association periods. There were five telephones on each unit and prisoners had daily access to these.
- 2.12 Each cell had an emergency call bell that was connected to an intercom system. This should have provided a quick response to prisoners. However, the computer printout for the first three days of the inspection showed evidence of lengthy waits on occasion for an initial response to a cell call bell, and also of calls being cancelled with no response, particularly on the young adult units.
- 2.13 All prisoners, except those on the basic level of the incentives and earned privileges (IEP) scheme, could wear their own clothes, and the majority chose to do so. There were adequate laundry facilities on each unit that could be used on a rota basis, and irons and ironing boards were available. Bedding was changed weekly. In our survey, 93% of adults and 95% of young adults said that they received clean sheets weekly, which was significantly better than the comparators of 81%.
- 2.14 Prisoners were given time at weekends to clean their cells. Our survey showed that only 69% of adult prisoners, compared with the 76% comparator, said that they could get cleaning

materials every week. We received many complaints during the inspection from prisoners wanting to clean their cells daily.

- 2.15 There was good access to showers and toilets, and our survey showed that over 90% of all prisoners were able to shower daily. However, the shower areas on all units were inadequately screened, and staff failed to challenge prisoners wandering around the landings in various states of undress.

Further recommendations

- 2.16 The policy on offensive displays should be applied consistently.
- 2.17 Cell call bells should be answered promptly.
- 2.18 Shower areas should be screened adequately, and a policy for prisoners' state of dress while out on the landings introduced.
- 2.19 Prisoners out of their cells should be properly dressed, and this should be enforced.

Housekeeping points

- 2.20 Prisoners should be given more opportunities to clean their cells.
- 2.21 Prisoners should be allowed to have curtains as earned privileges.

Staff–prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by all 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.

- 2.22 Staff should patrol all residential areas. (2.30)

Achieved. Staff were observed in all areas of the residential units when prisoners were unlocked and we found few instances of staff congregating in offices. However, there was limited interaction with prisoners (see paragraph MR4).

Additional information

- 2.23 The prisoners we spoke to described varying relationships with staff. There was a general view that staff were reasonably friendly on a day-to-day basis but provided little assistance beyond that. We received a number of comments about staff displaying favouritism towards certain individuals or groups, particularly prisoners who had been at the prison before and were known to staff. Among the adult population, 68% of prisoners surveyed said that they had a member of staff they could turn to with a problem and 57% felt that most staff treated them with respect; both of these results were significantly worse than the 72% and 76% comparators, respectively. Among young adults, 72% said that they had someone they could turn to with a

problem, which was better than the 69% comparator, but just 55% felt that most staff treated them with respect, which was worse than the 67% comparator.

- 2.24 We saw evidence of staff of all grades failing to enforce prison rules or to challenge inappropriate behaviour and activity by prisoners. Managers had recently introduced changes to the initial training of staff to try to address some of these ongoing issues.
- 2.25 Staff were mainly distant during exercise, association and when supervising meals. They observed prisoners but rarely took the opportunity to initiate contact or interact with them. This was supported by our survey, in which fewer than 20% of all prisoners said that staff normally spoke to them during association (see recommendation 5.58 and paragraph 7.4). Relationships were observed and reported by prisoners as being better on the specialist units such as C and D wings. **See main recommendation HP49.**

Personal officers

Expected outcomes:

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

- 2.26 **All prisoners should meet their personal officer within a week of their arrival. (2.37)**

Achieved. Personal officers were allocated during the induction process, so prisoners knew whom to approach, and entries in the wing history files we sampled indicated that most personal officers introduced themselves to the prisoners in their care within a reasonable period of time.

- 2.27 **Personal officers should talk to their prisoners at least weekly to discuss any problems or concerns and help them to access any services they require, and make regular entries (at least weekly) in wing files, identifying any significant events and a summary of discussions with, or developments relevant to, the prisoner. (2.38)**

Partially achieved. Entries were mostly observational or related mainly to aspects of behaviour or the administration of the IEP scheme. The quality of entries on C and D wings tended to be better, with evidence of direct contact with the prisoner and more detailed descriptions of his current circumstances and any relevant developments (see paragraph MR4).

- 2.28 **All personal officers should be given written instructions setting out the role and function of the personal officer scheme and stating clearly their responsibilities. (2.39)**

Achieved. This was clearly set out in the personal officer policy, and all staff we spoke to were clear about what was required of them.

- 2.29 **The personal officer scheme should not be cell-based to avoid unnecessary changes of personal officer. (2.40)**

Achieved. None of the wings used a cell-based allocation system. On A and B wings allocation was done alphabetically (based on the prisoner's surname) and on D wing new arrivals were allocated to whichever personal officer had capacity. These systems had reduced

unnecessary changes of personal officer but we still found a number of examples of regular changes, due mainly to moves between units or staff changes.

2.30 Personal officers should play an active part in key aspects of the care of prisoners for whom they are responsible, including attendance at relevant reviews and committees. (2.41)

Partially achieved. There was evidence of attendance at assessment, care in custody and teamwork (ACCT) reviews but limited evidence of involvement in areas such as sentence planning.

We repeat the recommendation.

Additional information

2.31 The personal officer scheme was applied consistently across all units. Entries in wing history sheets showed a reasonable level of contact between staff and prisoners, although not always weekly, as required. Our survey and group discussions showed that prisoners knew who their personal officer was, although only around half of all prisoners found them helpful or very helpful, which was lower than in comparator prisons. There was little evidence of routine involvement or engagement by personal officers in key matters such as diversity, self-harm and resettlement matters.

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 Identified bullies should be observed for a period before they are told they are being monitored. (3.8)

Not achieved. The newly implemented violence reduction strategy did not contain a system for monitoring identified bullies without their knowledge. Staff monitored the behaviour of some prisoners and recorded concerns in their wing files but the strategy gave no guidance about how this initial level of monitoring should be conducted.

Further recommendation

- 3.2 The violence reduction strategy should contain a protocol to enable staff to monitor and document the activities of prisoners who are suspected of bullying, without their knowledge.

- 3.3 The bullying course should be delivered to prisoners before they reach stage three of the strategy. It should also be available to prisoners who display a pattern of violent behaviour, as an alternative to placing them in the segregation unit. (3.9)

No longer relevant. The bullying course had been replaced by a violence reduction programme. This programme consisted of 16 sessions over a four-week period and was available to anyone who had a history of violence and aggression. There was a waiting list of a few months for this course.

- 3.4 There should be an investigation into the bullying activity on B wing and an action plan developed. (3.10)

Achieved. A detailed bullying survey had been conducted in March 2007 with young adults on B wing and also adult prisoners. A steering group had been formed to study the outcome of the survey and to develop a new violence reduction strategy. In this survey, 77% of young adults reported that they had experienced at least one incident of bullying behaviour against them in the previous month and 58% reported behaviours indicative of being a perpetrator. The bullying survey also found that only 13% of young adults had told an officer that they were being bullied. In our own prisoner survey, only 8% of young adults stated that they would report victimisation (by other prisoners or staff) to a member of staff, against a comparator of 33%. The prison had identified the low percentage of prisoners reporting incidents and was seeking to address this issue through a combination of staff and prisoner training, together with the implementation of the new strategy.

3.5 There should be documentation and a support protocol for victims of bullying. (3.11)

Achieved. The only bullying monitoring document in use was a community support plan (CSP), which was used to monitor and provide interventions, both for perpetrators and for victims of bullying. At the time of the inspection, there was no dedicated violence reduction coordinator. Evidence from completed and current CSPs indicated that victims were carefully monitored and had care plans to provide support.

3.6 Staff should be alert to any bullying of vulnerable prisoners or their visitors on their way to visits and should intervene. (3.12)

Not achieved. Prisoners from the vulnerable prisoner unit still complained that both they and their visitors had been subject to verbal abuse while on their way to the visits hall. Information from prisoners and volunteers in the visits reception area indicated that the incidence of abuse had reduced since the previous inspection but there appeared to be an acceptance among some staff that the problem was inevitable. We saw prisoners on the exercise yard on A wing gathering to watch visitors arriving, and there appeared to be no member of staff in the vicinity to monitor and challenge any inappropriate behaviour.

We repeat the recommendation.

3.7 Prisoner representatives should attend violence reduction committee meetings. (3.13)

Partially achieved. We were told that prisoner representatives attended the safer custody and violence reduction meetings. These meetings were scheduled to take place every month but, for a variety of reasons, no meetings had taken place in March or May of 2008. No prisoner representatives had attended the April 2008 meeting.

Further recommendation

- 3.8** Prisoner representatives other than Listeners should be invited and encouraged to attend the main violence reduction committee meeting.

Additional information

- 3.9** The prison had invested considerable resources in bullying and violence reduction. Following an internal prisoner survey in March 2007, a professor from the University of Central Lancashire had been commissioned to report on bullying behaviours at Parc.
- 3.10** Violence reduction was a standing agenda item at all prisoner consultative meetings. At these meetings, there were lively, open and productive discussions on bullying issues. Prisoner representatives indicated that tobacco and the practice of 'double bubble' when paying back debts, together with gambling, were significant issues (see section on time out of cell and recommendation 5.58).
- 3.11** The new violence reduction systems were not yet fully understood by all staff and prisoners. It was difficult to judge how effective they would be once they were implemented fully. There were plans to conduct an audit-based review of the CSP documents, followed by a more comprehensive review of the new procedures to evaluate their effectiveness, but a timetable for these reviews had not been set.

- 3.12 The violence reduction strategy stated that if an assessment, care in custody and teamwork (ACCT) document was opened, the CSP should be suspended. It was unclear how this would operate in practice, as the purpose of the two documents was different. We did not see any examples of when this had occurred but the logical result would be that the monitoring and interventions in respect of the bullying behaviour would be lost or the purpose of the ACCT document would become confused.
- 3.13 We were told, both by prisoners and by staff, that there were tensions between geographical groupings within the prison. The tensions were fluid, sometimes occurring between English and Welsh prisoners and at other times between prisoners from Bristol and Cardiff or prisoners from the South Wales valleys and the cities of Cardiff and Swansea. Staff believed that these tensions resulted in fights and there were a large number of violent incidents between prisoners. The prison had just started to monitor the nationality and geographical origin of prisoners involved in fights, and the figures were available for June 2008.
- 3.14 Working with the prison, the Valley and the Vale Community Arts Film Project were in the process of producing a film dealing with issues of bullying and violence in prison. The film clips were intended for use as part of prisoner induction and violence reduction awareness workshops. Five adult prisoners and five young adults were involved in the project, taking part in all aspects of planning, writing, acting and editing the film.
- 3.15 The new violence reduction strategy had been implemented in March 2008 and the aim was to train all members of staff by March 2009. Eight members of staff had been trained to deliver the programme, and at the time of the inspection 164 members of staff had received training in violence reduction awareness. The programme was comprehensive and covered general bullying issues and an analysis of the current situation at Parc, as well as training in the new violence reduction procedures.

Further recommendations

- 3.16 An action plan for the implementation of the violence reduction strategy should include plans for the evaluation of the new procedures. All relevant departments should be provided with feedback.
- 3.17 An evaluation of the new strategy should incorporate a comparison of bullying and violence levels pre- and post-implementation.
- 3.18 Anti-bullying monitoring should not automatically be suspended when an ACCT form is opened.
- 3.19 All staff should receive training in violence reduction awareness by the target date of March 2009, and there should be a programme of refresher training.

Good practice

- 3.20 *A local community arts project was producing a film with prisoners about issues of bullying and violence reduction. It was intended to use this as part of prisoner induction and in violence awareness training.*
- 3.21 *The prison monitored the nationality and geographical origin of prisoners involved in fights to provide them with data to enable them to monitor any emerging trends or patterns.*

Self-harm and suicide

Expected outcomes:

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

- 3.22 The safer custody meeting should review all F2052SH (self-harm monitoring) booklets and incidents of self-harm to identify any areas for improvement to practice and policy. (3.25)

Not achieved. Only the numbers and location of prisoners on ACCT forms were monitored. The safer custody coordinator reviewed all cases in 'high risk' areas such as the healthcare unit, the segregation unit and the young persons unit but there was no such oversight for other locations.

Further recommendation

- 3.23 The safer custody meeting should review all ACCT documents and incidents of self-harm to identify any areas for improvement to practice and policy.

- 3.24 All staff in contact with prisoners should receive regular training in suicide prevention work. (3.26)

Partially achieved. Suicide prevention issues were included in the initial training programme for new staff, and regular training sessions were run for other staff. The suicide prevention policy required all staff to have attended training within the previous two years. We were provided with figures that showed that 40% had been trained in the previous 12 months but it was not clear what percentage were within the two-year deadline.

- 3.25 Prisoners at risk of self-harm should not be located in the segregation unit other than for exceptional reasons, and national polices should be followed in managing prisoners at risk placed there. (3.27)

Partially achieved. The suicide prevention policy described the procedures for locating prisoners at risk of self-harm in the segregation unit. At the time of the inspection, two prisoners in the segregation unit were subject to open ACCTs and their needs were assessed but interaction was limited (see also paragraph 6.24).

- 3.26 The approach to managing juveniles on the F2052SH system should be reviewed. (3.28)

The juvenile unit was not inspected.

- 3.27 Information on the reasons for the use of Listeners should be logged, and analysed by the safer custody meeting for possible action. (3.29)

Not achieved. The number and location of callouts were reported monthly but not the reasons. There was no evidence of any discussions with the Samaritans to overcome their concerns

about safeguarding confidentiality. The Listeners summarised the three main reasons for callouts as: relationship and family concerns; frustration and lack of communication about internal prison matters; and sentencing and recall issues.

We repeat the recommendation.

Additional information

- 3.28 This inspection came at a time of transition for the safer custody team. New people had only just or not yet taken up post, and a detailed action plan had been finalised following an internal audit in June 2008. This action plan addressed many of the issues we identified during the inspection and appeared to provide a sound basis for rectifying current gaps and shortfalls and for developing good practice. The suicide prevention and self-harm policy had not been reviewed since June 2006 and did not reflect many current procedures. The safer custody team had not met monthly, as required, and input and attendance by prisoner Listeners at that meeting had not been consistent. However, there had been a strong and clear strategic approach to managing the potential impact on prisoners of a well-publicised theory of a suicide pact among young people in the local community.
- 3.29 Around 30 prisoners a month were placed on self-harm monitoring and a good database enabled open ACCT cases to be tracked effectively. At the time of the inspection, there were 26 open ACCT documents: six adults on A wing, three adults on D wing, 10 young adults on B wing and seven healthcare unit inpatients. Some of the cases we sampled showed a cautious approach, with 'precautionary' use of the ACCT system and a reluctance to close documents. For example, the only reason for one prisoner being placed on an ACCT document was that it was his first time in custody. Decisions had already been taken to leave two prisoners on ACCT documents even though the judicial hearings that were likely to trigger self-harm attempts were not due to take place for several months. There were also examples of good support being given to some prisoners displaying disturbed or challenging behaviour. Many prisoners we spoke to, including the Listeners, said that staff took seriously the care of prisoners on ACCT documents and that the system worked well. Despite the strong emphasis on work with families (see section on children and families of offenders), there was no evidence of prisoners' families or friends being involved in the management of prisoners at risk of self-harm.
- 3.30 Since the previous inspection, five prisoners had died while in custody at the establishment. Two of these deaths had been self-inflicted – one in March 2006 and the other in June 2006. The inquests into these cases were due to be held in July 2008. Recommendations from the investigation reports by the Prison and Probation Ombudsman had been converted into individual action plans for each case and these were managed by the head of performance management. There was no combined action plan or monitoring of progress by the safer custody meeting.
- 3.31 Listener training ran approximately twice a year, and the latest group completed their training during the inspection. This brought the total number of Listeners to 16, of whom five were on D wing. Most Listeners were located on C wing, and not all wings had Listeners. There were no photographs of Listeners on display, so prisoners did not necessarily know whom to approach – for example, in work areas. Listeners always worked in pairs and a rota system was in operation. Under a warning card system, Listeners could refuse further contact during the night with prisoners who had abused the system by making three false callouts in a two-week period. Few Listeners were in single cells or shared with other Listeners, and they said that callouts during the night were an inconvenience to their cell mates. The Listeners spoke highly of the support they received from the Samaritans, by telephone if necessary, and at the weekly support meeting. However, due to recent staff changes, many of the Listeners were unclear

about which staff were involved in safer custody and generally felt inadequately supported by prison staff.

- 3.32 Not all prisoners could access a Samaritans' telephone at night. A spacious and comfortable crisis suite was located in the healthcare unit. According to the log, it had been used twice in 2008, although Listeners reported having used it at least five times. No record had been made of the finishing time of the most recent session. A visit to the crisis suite was not included in the training programme for new Listeners.

Further recommendations

- 3.33 The suicide prevention and self-harm policy and procedures should be updated in consultation with relevant external agencies and Listeners, to reflect recognised good practice in reducing the risk of self-harm
- 3.34 The safer custody committee should meet regularly and ensure regular attendance and contribution from designated disciplines and Listeners.
- 3.35 The quality of care maps and reviews in open ACCT cases should be closely monitored and prisoners should not remain subject to monitoring for longer than is necessary.
- 3.36 There should be more opportunity for prisoners' families and friends to contribute to the support and care of prisoners at risk of self-harm, and consideration should be given to their involvement in each case.
- 3.37 Recommendations from investigations into deaths in custody should be combined into a central action plan or incorporated into the safer custody action plan, and progress against the recommendations monitored by the safer custody committee.
- 3.38 All prisoners should have access to a Samaritan telephone at night.
- 3.39 Procedures should be introduced to record and monitor effectively the use of the crisis suite.

Housekeeping points

- 3.40 Photographs of the current Listener group should be displayed on residential units and in key areas around the prison, to allow prisoners to identify them.
- 3.41 All Listeners should visit the crisis suite and have the facilities and procedures explained to them, and such a visit should form part of future Listener training.

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

No recommendations were made under this heading at the previous inspection.

Additional information

- 3.42 An equality and inclusion policy document was in draft form at the time of the inspection and covered the full range of diversity and equality issues for staff and prisoners. The policy document was not informed by a needs analysis and did not focus sufficiently on service provision or how it expected to meet the needs of the diverse population.
- 3.43 In our survey, 5% of respondents said that they had a disability, which was significantly higher than at comparator establishments (2%). However, prison records showed that there were only 10 prisoners with some form of disability or mobility concerns, which suggested significant under-reporting. Nine of these prisoners were located on D wing. Each wing had a designated and trained disability liaison officer (DLO), each of whom was able to identify prisoners with a declared disability. Information was maintained on prisoners with disabilities but this was not used to manage the needs of these prisoners or to consult with them. One of the DLOs told us that prisoners were asked if they had any disability when in reception, but some residential staff believed that this questioning took place on the wings and was their responsibility. Emergency evacuation plans were available for prisoners with mobility problems. Not all prisoners were aware of this, and it appeared to be an arrangement that had only recently been introduced. All prisoners with disability issues had a disabled sticker on their cell door.
- 3.44 Only one cell on each residential unit was adapted for disabled access. On D wing, three prisoners used wheelchairs, two of whom were confined to wheelchairs. One of the prisoners was unable to access his cell in the wheelchair and relied on the goodwill of his cell mate to ensure that he was able to get in and out of bed and collect his meals from the servery. The prisoner located in the adapted cell said that he went for a bath once a week in the healthcare unit, if he was collected, and he received assistance from the wing cleaner who cleaned his cell. The oldest prisoner on the wing, who was also disabled, had a cell that was slightly modified to enable his wheelchair to gain access, although his cell was furthest away from the wing servery and clothing exchange store. There was no Buddy system in operation, whereby prisoners with mobility issues could seek support from an identified prisoner.
- 3.45 There were good links between prisoners with disabilities and the disabilities nurse in the healthcare unit. Prisoners were aware that this nurse could assist with securing equipment for them upon their release and provide support and advice while they were at the establishment.
- 3.46 An over-50s group had been running on D wing for over eight months, and the older prisoners found this to be a source of support. They had visiting speakers from the voluntary and community sector, including Age Concern, but there were insufficient formal links with external agencies, particularly concerning older prisoners' resettlement needs. Although nearly 15% of the population were over 50 years old, the group was only delivered on D wing. There was little consultation with older prisoners about their individual needs or care.
- 3.47 A gay prisoners group, 'Parc Voices', had started in March 2008 at the request of prisoners on D wing. Both gay and 'gay friendly' prisoners on D wing were permitted to attend. An application had to be submitted to the race equality officer (REO), and prisoners who were permitted to attend had to sign a compact regarding their conduct during the group. The group discussed a range of issues but there were no formal links with the healthcare unit to contribute to the group.
- 3.48 There was no system for prisoners to report homophobic incidents but the REO had agreed that racist incident report forms (RIRFs) could be used until an alternative system was available. However, staff were not aware of this arrangement. The REO was keen to develop

methods of monitoring homophobic incidents and was aware of openly gay prisoners at the establishment who had experienced discriminatory behaviour, and recognised that this was not being sufficiently addressed. The REO had made links with the Stonewall Diversity Champions Project to support the establishment in addressing the needs of gay prisoners.

Further recommendations

- 3.49 The equalities and inclusion policy should be informed by a needs analysis and focus more on service provision and how it meets the needs of the diverse population.
- 3.50 A Buddy system for prisoners with disabilities should be explored to provide additional support to disabled prisoners and those with mobility difficulties.
- 3.51 The over-50s group should be available to all at the establishment who are eligible, and the particular needs of this group of prisoners should be assessed.
- 3.52 A process should be introduced for reporting homophobic incidents.
- 3.53 Prisoners with disabilities should be identified at reception and a care plan drawn up for their management.
- 3.54 Links with the voluntary and community sectors for the resettlement of older prisoners should be formalised.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

Race equality

- 3.55 **The chair of the race relations management team (RRMT) should ensure that all departments are represented at RRMT meetings, and more external community representatives should be encouraged to join. (3.42)**

Achieved. The Director chaired the bi-monthly race equality action team (REAT) meeting. Senior managers from relevant departments and residential units were part of the overall membership and attended regularly. The establishment had forged good links with the Valley Race Equality Council (VALREC), members of which were part of the REAT and supported the establishment in engaging with the local community. There were no other community representatives in attendance at the REAT meetings. The establishment was aware that insufficient links with community agencies had been made and planned to undertake joint work with VALREC to rectify this.

- 3.56 **All staff should be trained in race relations and diversity, including the prison's own diversity strategy and race relations policy. (3.43)**

Not achieved. Only 39% of prison custody officers had received diversity training. Additionally, only two residential managers and none of the senior management team had undertaken the

training. Nearly a third of non-operational staff had been trained. See **main recommendation HP50**.

3.57 Deficiencies identified in the Commission for Racial Equality report should be addressed in the prison's action plan. (3.44)

Not achieved. Some of the deficiencies highlighted in the Commission for Racial Equality (CRE) report were included in the establishment's race equality action plan. A meeting was held in June 2008 to update this action plan and also to include actions relating to the forthcoming CRE review. At the time of the inspection, the revised action plan had not been completed.

We repeat the recommendation

3.58 The RRMT should investigate concerns about tensions between English and Welsh prisoners. (3.45)

Not achieved. Although the REAT meeting monitored the nationality of the prison population, there was no investigation into the tensions that existed between English and Welsh prisoners (see paragraph 3.13).

We repeat the recommendation.

3.59 There should be a specific recruitment drive to attract black and minority ethnic staff to work at Parc. (3.46)

Achieved. The prison had taken steps to advertise vacancies in diverse publications and in more ethnically diverse areas to attract more staff from black and minority ethnic backgrounds. At the time of the inspection, less than 2% of the staff were from black and minority ethnic backgrounds, although this had increased since the previous inspection. The prison had used specialist consultants not only to progress the recruitment of black and minority ethnic staff, but also to facilitate attracting good quality staff. The majority of staff employed at the prison were from the locality, where just over 1% of the total population were from black or minority ethnic backgrounds.

3.60 Any discriminatory patterns highlighted through ethnic monitoring should be investigated and appropriate action taken, and staff and prisoners should be informed of such action. (3.47)

Partially achieved. Ethnic monitoring data were presented at the REAT meeting, as well as details of investigations that had been undertaken when action was required, such as the number of black and minority ethnic prisoners in employment positions of responsibility. However, not all indicators of possible discrimination were investigated. Data over the previous two months showed an over-representation of black and minority ethnic prisoners subject to adjudications but it was not clear what level of investigation had taken place to explain this, or the outcome. Staff and prisoners were not routinely informed of any actions undertaken.

We repeat the recommendation.

Additional information

3.61 The diversity strategy document had not been updated since the previous inspection and there was no way of monitoring if staff had accessed the policy to ensure that they were aware of the expected standards and objectives of the establishment. The diversity and race relations annual plan stated that the establishment had taken steps to promote different cultures,

notably Black History Month, and the delivery of various workshops. However, staff training was not one of the key objectives for 2008.

- 3.62 The REO had been appointed in July 2007 and was also responsible for aspects of the diversity agenda and for foreign national prisoners. This workload was unmanageable and the REO committed the majority of her time to race equality work, delivering training to race relations representatives and new staff, and managing and investigating racist incidents. Senior managers were aware of this and were taking action to invest significantly in the diversity strategy. Once a separate REO and foreign nationals coordinator had been appointed, the current REO would take up post as an equalities and inclusion manager.
- 3.63 The REO attended the REAT meeting and supported the race relations representatives (there were eight at the time of the inspection) in their work across the prison. All of the race relations representatives received payment for undertaking this role, although this did not preclude them from undertaking education opportunities or further employment. The race relations representatives were not part of the REAT meeting agenda, and although there was some evidence from the minutes that they participated, they were hardly included in the meetings and were given little opportunity to provide feedback from their respective wings.
- 3.64 Prisoner focus groups were held monthly and were open to any prisoner who wanted to increase awareness about race equality issues. Formally intended for black and minority ethnic prisoners, this meeting had been extended to all prisoners owing to some of the tensions that existed at the establishment (see recommendation 3.58). This provided an opportunity for diverse groups to discuss issues and promote greater understanding between prisoners. Although average attendance rates were low, at between eight and 10, useful discussions took place about prisoners' perceptions, catering, the shop, foreign national issues and residential issues. Relevant managers were invited to the meetings when appropriate. The minutes of the focus groups were given to all who attended but were not publicised on the wings. Issues that were discussed at the focus group were fed back to the REAT meeting by the REO.
- 3.65 The REO had undertaken diversity and REAT training. Staff and prisoner training was discussed at the REAT meeting, and it had been acknowledged in February 2008 that there was a need to catch up with training for existing staff and also provide comprehensive diversity training for newly recruited staff. The establishment had commissioned VALREC to provide opportunities for staff to become more aware of equality issues through community visits. In addition, in conjunction with VALREC, the REO provided new staff with two days' diversity training, including information on relevant legislation, policies, cultural awareness and race equality issues. Arrangements had been made for existing staff to undertake the training in September and October 2008, with staff on B wing to be among the first, as the majority of RIRFs emanated from B wing.
- 3.66 Eight per cent of prisoners were from black and minority ethnic backgrounds. In our survey, responses from black and minority ethnic prisoners were significantly worse than those of white prisoners regarding their treatment by staff and other prisoners: 50% of black and minority ethnic respondents said that they had a member of staff they could turn to if they had a problem, compared with 70% of white respondents, and 37% of black and minority ethnic respondents, compared with 59% of white respondents, said that most staff treated them with respect. Additionally, 50%, compared with 25% of white respondents, said that they had been victimised by a member of staff.
- 3.67 During the inspection, we held a black and minority ethnic prisoner group consisting of young adult and adult prisoners. The adult prisoners said that they had not experienced overt racism from staff but believed that staff lacked cultural awareness. They felt that staff were reluctant to

challenge racist issues on the wings, as they sometimes did not identify it as racist or felt ill-equipped to deal with it. Young adults said that staff were racist but could not provide evidence of this. They also believed that, as over 70% of staff were from Bridgend and the South Wales valleys, they often supported the behaviour of prisoners from this area and did not challenge these prisoners' racist behaviour. The perception that staff did not actively tackle racist behaviour, and the fact that less than 40% of prison custody officers had received diversity training, contributed to the overall negative perceptions of black and minority ethnic prisoners.

Further recommendation

- 3.68 The prisoner race relations representatives should play a greater part in the REAT and have a slot in which to feed back prisoner views and experiences.

Housekeeping point

- 3.69 The prisoner focus groups should be better advertised across the establishment and wings, and all prisoners should have access to the minutes of the meeting and dates for future meetings.

Managing racist incidents

- 3.70 **Staff and prisoners who submit racist incident reports should be informed in writing of the result of the investigation and any subsequent action to be taken. (3.48)**

Achieved. The REO investigated the majority of RIRFs submitted by staff and prisoners. The REO acknowledged the receipt of a RIRF and, following investigation, a report outlining the outcome of the investigation was given to the complainant. If prisoners were not satisfied with the outcome, they could refer the matter to be independently investigated by VALREC, and this appeals process was widely publicised across the establishment.

- 3.71 **Completed investigations of racist incidents should be monitored independently and routinely. (3.49)**

Partially achieved. The establishment had a Service Level Agreement with VALREC to undertake the monitoring of RIRFs, and this had been done in 2007. However, at the time of the inspection, none of the completed investigations undertaken in 2008 had been independently monitored.

We repeat the recommendation.

- 3.72 **Reports into investigations of racist incidents should include a detailed account of the investigation and the subsequent action. (3.50)**

Partially achieved. Due to the high number of RIRFs that were submitted, the REO did not provide a detailed account of the investigations that were undertaken or subsequent action. However, the majority of cases were adequately investigated.

We repeat the recommendation.

- 3.73 **Prisoners and staff who display racist behaviour in any form should be challenged. (3.51)**

Partially achieved. RIRFs submitted by prisoners about staff were initially investigated by the

REO but more serious allegations made against staff were referred to the Director to investigate and take action. The REO had made attempts to support staff to challenge negative behaviour on the residential wings but staff were insufficiently trained to feel confident in dealing with some of the issues, such as name calling, that were submitted on RIRFs. **We repeat the recommendation.**

3.74 Victims and reporters of racist incidents should be protected. (3.52)

Not achieved. The REO made efforts to ensure that the victims and reporters of racist incidents were adequately protected. However, we saw one RIRF, which had been submitted by a prisoner about a member of staff, that had been referred to a manager to investigate in the REO's absence. The RIRF was left in the office and was seen by the member of staff about whom the allegation had been made. The prisoner subsequently sent another complaint, expressing his concern that the member of staff had seen his complaint. The prisoner then withdrew the original complaint. There was no follow-up contact with the prisoner to explore why the complaint had been withdrawn, or support offered. The REO told us that every effort was made not to relocate victims or reporters of racist incidents but that if they requested a move to another wing, this would be facilitated, if appropriate. The establishment was in the process of installing a free telephone number through which prisoners could report racist incidents directly to VALREC.

We repeat the recommendation.

Additional information

- 3.75** The profile of race equality issues had been raised: it was discussed at prisoner forums and the REAT meeting was publicised in the wings. Race relations representatives were part of the induction process and delivered a talk about race equality issues and the process of making a complaint to staff or to the REO if prisoners experienced any racism or discrimination.
- 3.76** There had been a significant increase in the number of RIRFs submitted: 122 in 2008 to date, compared with a total of 65 in 2007. Many of the RIRFs we looked at concerned name calling, which could have been managed on the wings.
- 3.77** The REO carried out some trend analysis of the RIRFs, and case studies were discussed at the REAT meeting to keep the team informed of the nature of incidents that were being investigated. The outcomes of the investigations were monitored, and around 40% of the RIRFs submitted were upheld. If prisoners were found to be engaging in racist behaviour they could be put on report, which resulted in an adjudication hearing. Some, but not all, adjudications in which the charge involved racist behaviour and was proven were referred to the REO so that it could be monitored.
- 3.78** The REO used mediation between prisoners who agreed to the process, particularly to address misunderstandings between different races. The REO also referred perpetrators of racist behaviour to a cultural awareness programme that was delivered each month around the different wings. This sought to raise prisoners' understanding about racial prejudice and discrimination and to promote different cultures. Prisoners could also self-refer, and approximately 10 prisoners had attended each course since March 2007. Accreditation for the course was being sought from the Open College Network.
- 3.79** Staff had intercepted paraphernalia and letters to and from extremist organisations, and racist graffiti and symbols were removed from walls and prisoners' cells. The REO wrote to any senders of racist letters and also to the prisoners to whom such letters were addressed,

informing them that the letter had been intercepted and informing them of the establishment's race equality policy.

Race equality duty

- 3.80 There should be displays throughout the prison and other activities promoting diversity. (3.53)

Partially achieved. The corridors leading to the diversity room contained a range of pictures promoting diversity but little was done to publicise different cultures across the residential units.

We repeat the recommendation.

Additional information

- 3.81 The establishment had made links with positive role models and celebrities, who delivered workshops and participated in sports events to promote diversity across the establishment. They were well attended by prisoners. The REAT meeting discussed the planning of future cultural events.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.82 Immigration detainees should not be held in Prison Service custody beyond the end of their sentence. (3.61)

Partially achieved. Two foreign national prisoners had been detained on immigration warrants since 8 July 2008 and 15 December 2007, respectively. The latter had attended court one week before the inspection and had had his sentence reduced; consequently, his sentence had been recalculated. The former was located in the healthcare unit and an ACCT document had been opened, as he was distressed owing to issues concerning his immigration status – in particular, the lack of progress regarding his deportation. He was placed on normal location during the inspection, after being informed that he was to be transferred to an immigration removal centre within a week. The REO, in her role as foreign nationals coordinator, was supported by a foreign nationals clerk, who ensured that information about the foreign national prisoners in the establishment was maintained, and liaised with population management regarding prisoners who were approaching the end of their sentence but were subject to immigration warrants. Although there were no records of the average length of stay of immigration detainees, the foreign nationals clerk told us that it was not unduly lengthy.

We repeat the recommendation.

- 3.83 A needs analysis of the foreign national prisoner population should be undertaken and regularly updated, and should inform a foreign nationals policy. (3.62)

Not achieved. A needs analysis had not been undertaken and the establishment's

management and delivery of services for foreign national prisons was in the developmental stages. Although there was a foreign nationals policy, it had not been informed by a needs analysis, and little consultation had been undertaken with foreign national prisoners. The establishment was planning to recruit a foreign nationals coordinator to address many of the deficits, and a needs analysis was highlighted as a priority task which needed to be undertaken before reviewing the foreign nationals policy document.

We repeat the recommendation.

- 3.84 There should be a foreign nationals coordinator, and multidisciplinary foreign nationals committee, to oversee the implementation of the foreign nationals policy and ensure continuous development of services for foreign nationals. (3.63)**

Partially achieved. Some aspects of the foreign nationals policy had recently been implemented. The REAT had a strategic overview of foreign national prisoners, and the REO provided a report to the REAT meeting, although this mainly comprised quantitative data. A foreign nationals steering group had been established two months before the inspection and was chaired by the foreign nationals coordinator. Terms of reference had been established but the membership of the group had not been stipulated. Its objectives focused primarily on the implementation of the foreign nationals policy and the development of services for foreign national prisoners. Two meetings had taken place and representatives from Bridgend Coalition Against Racism had attended the first meeting. Wing managers were invited, as well as representatives from the chaplaincy and library. It was too early to establish whether the meeting had had a positive effect on foreign national prisoners.

- 3.85 There should be foreign national prisoner representatives on the foreign nationals committee and in the prison; foreign national prisoners should have good access to them. (3.64)**

Partially achieved. A foreign national prisoner representative was employed to consult with foreign national prisoners located on A wing, and further representatives were being recruited for the other wings. The representative attended the steering group meetings. The representative had a great deal of experience regarding the immigration system and the establishment, having been at Parc for the previous three years. The foreign national representative had a good overview of the other foreign national prisoners located on A wing and was allowed to have access to them, although his role, and that of the foreign nationals steering group, had not yet been advertised across the establishment. The representative was positive about the foreign nationals steering group and was confident that he would be able to contribute to the development of the services for foreign national prisoners.

We repeat the recommendation.

Housekeeping points

- 3.86** Photographs and the role of the foreign national prisoner representatives should be publicised across the wings.
- 3.87** Staff should be informed of the foreign nationals steering group and minutes should be available to foreign national prisoners and staff.

- 3.88 A foreign nationals support group should meet at least monthly and report to the foreign nationals committee. (3.65)**

Not achieved. There was no separate foreign nationals support group but foreign national

prisoners were permitted to attend the monthly prisoner focus group. The foreign nationals coordinator hoped to convene a separate foreign nationals support group, although it was unlikely to happen until the new coordinator had been recruited, owing to workload demands. In the interim, the foreign nationals steering group was the main forum where the needs of foreign national prisoners were discussed, and it was acknowledged that consultation with this group of prisoners was needed.

We repeat the recommendation.

3.89 Prisoners should have access to accredited translation and interpreting services, and there should be records of languages spoken by staff and prisoners who can assist with translation. (3.66)

Partially achieved. The majority of foreign national prisoners could speak English. For those who could not, a small number of forms (complaints forms and RIRFs) had been translated, but there were no translated notices informing prisoners that these translated forms could be provided by staff, and little translated information in general was available across the wings. However, the establishment regularly used Language Line translation services for those who could not speak English. There was a log of staff and prisoners who spoke different languages, although this was out of date and had not been circulated among staff.

Further recommendation

3.90 A list of languages spoken by staff and prisoners should be updated and circulated to staff.

3.91 Foreign national prisoners and immigration detainees should be identified at an early stage, and there should be early contact with the Immigration Service about immigration detainees. (3.67)

Achieved. A foreign nationals checklist, to be completed by admissions staff, had been introduced in February 2008. This was comprehensive and provided the foreign nationals coordinator with useful information. The information was also made available to the foreign nationals clerk, who notified the United Kingdom Border Agency (UKBA) of the release dates of foreign national prisoners. UKBA attended the establishment regularly to discuss individual cases.

3.92 There should be formal contact with local accredited immigration advice and support agencies. (3.68)

Not achieved. Throughout our discussions with foreign national prisoners, they consistently informed us that no immigration advice and support agencies attended the establishment. Foreign national prisoners relied on the foreign nationals coordinator to access immigration solicitors and for support, and we were told that residential staff often referred matters to the coordinator, as they were unable to provide assistance. One foreign national prisoner we spoke to was informed a week before the inspection that he would be deported on the date that his sentence expired (16 July 2008). He was concerned that he did not have legal representation and did not understand how he could challenge this decision. The foreign nationals coordinator was not able to meet the needs of those approaching the end of their sentence. However, she was aware of the deficits in advice and support services and had made contact with Asylum Justice and the Welsh Refugee Council with a view to arranging for them to attend the establishment to provide a service.

We repeat the recommendation.

Additional information

- 3.93 At the time of the inspection, there were 43 foreign national prisoners, comprising 21 different nationalities – the largest group being of Jamaican origin, followed by Vietnamese. Foreign national prisoners were provided with the Prison Service foreign nationals handbook, which was available in a range of languages. During the inspection, we spoke to foreign national prisoners, and they were all aware of who the foreign nationals coordinator was. They were also aware of their entitlements and received international telephone calls in lieu of visits.

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.

- 3.94 **The applications process should be reviewed to place more responsibility on residential staff to resolve prisoner concerns. (3.93)**

Not achieved. Prisoners had little confidence in the applications process, and residential staff had no ownership of the process. Prisoner concerns were not routinely dealt with by residential staff and this was reflected in the high number of formal complaints relating to minor residential issues or submitted under the confidential access system.

We repeat the recommendation.

- 3.95 **Information about applications and complaints should be available in a variety of formats and languages that are accessible to prisoners with reading or language difficulties. (3.94)**

Not achieved. There were few notices in residential units relating to either the applications or complaints systems. Those that were in place were in English and there was no evidence of provision being made for prisoners who could not read or write. One such prisoner told us that when he had asked for help with making a complaint, the complaint form was put under his door but he was offered no help to complete it; he had therefore been unable to raise some important issues with senior staff. Complaints forms were not available in other languages.

We repeat the recommendation.

- 3.96 **Replies to complaints should include an apology when appropriate. (3.95)**

Achieved. In the majority of instances where it was appropriate, an apology was included in the response.

- 3.97 **Data on complaints that are rejected, upheld or withdrawn, or go to appeal should be collected and analysed. (3.96)**

Not achieved. While information and statistics on various aspects of the complaints process were collected, there was no analysis or use of the information to improve the complaints process or deal with any concerns that arose.

We repeat the recommendation.

3.98 Residential staff should seek to resolve routine matters informally. (3.97)

Not achieved. The operational policy for applications and complaints gave a clear outline for dealing with matters informally. However, a significant number of prisoners reported that staff did not help them to deal with routine issues. Prisoners had to resort to using the formal complaints procedure to resolve simple matters.

We repeat the recommendation.

3.99 There should be an audit trail for applications, which notes when the prisoner receives a response. (3.98)

Not achieved. On all units, the applications process did not record when the prisoner received a response.

We repeat the recommendation.

Additional information

3.100 Forms for applications were available either in racks or from wing staff/offices at specific times of the day. Complaints forms were displayed in racks on all wings but many were empty and prisoners told us that they had not been filled for several days. There was no formal system for replenishing supplies at regular intervals. The designated complaints boxes were all locked and were emptied every night by the night orderly officer.

3.101 When asked in our survey if applications were dealt with fairly, 71% of young adults responded positively, which was significantly better than the 62% comparator; however, only 48% of adults responded positively, which was significantly worse than the 57% comparator. Satisfaction with complaints was poorer, with 38% of young adults and 28% of adults thinking that complaints were dealt with fairly. In addition, more than a third of adults said that they had been made or encouraged to withdraw a complaint. Although we found few recorded instances of complaints being formally withdrawn, several prisoners complained that when they tried to make a complaint staff would approach them to find out what it concerned, and in particular if it was about a member of staff. Prisoners felt that this was an intrusion into their privacy and right to make a formal complaint. Many prisoners also expressed low levels of confidence in the confidentiality of complaints and reported some recrimination from staff when complaints were made about individuals.

3.102 A total of 1,694 complaints had been made in the year to May 2008. Of these, 230 (14%) related to residential matters and 200 (12%) to confidential access. The establishment's performance in terms of complaints was slightly below the key performance target.

3.103 We sampled a number of complaints forms. Responses were varied but mainly detailed and respectful. A significant number of responses to young adults showed that a member of staff had spoken to the young adult in person to resolve the issues raised. No details were kept of which complaints had been quality checked, but in general the arrangements for managing complaints were reasonable. Insufficient use was made of the detailed information presented monthly to senior managers to inform decision making and improve procedures.

Further recommendations

3.104 Managers should implement a system whereby prisoners who complain about staff do not face recrimination.

3.105 Quality checks of complaints should be improved and outcomes recorded.

Housekeeping point

3.106 The supply of complaints forms on residential units should be replenished daily.

Legal rights

Expected outcomes:

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

3.107 All key legal advice documents and publications should be stocked and available in the prison library. (3.105)

Achieved. A range of appropriate legal advice documents, in accordance with the relevant Prison Service Order, was now available in the library.

Additional information

3.108 The provision of legal services overall was underdeveloped. In our survey, both age groups responded significantly worse than in comparator prisons to questions about access to bail information. An officer on B wing (for young adults) and a colleague on A wing (for adult prisoners) were the main contact points for legal issues. However, they received no dedicated time for this work. In essence, the service they provided amounted to a simple referral service. If a prisoner presented with a particular problem, relating to bail, making an appeal or any other legal matter, he would be put in touch with a solicitor from his local area. No local advice or assistance was available, for example in terms of completing applications. In part, this was due to the fact that there had been no national training available for legal services for some time, so there were no trained staff to deal with issues.

Further recommendation

3.109 There should be a dedicated and trained legal services officer to provide information and support for prisoners.

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.

3.110 First night symptom relief for opiate users should be consistently available. (3.53)

Not achieved. There were first night symptom relief protocols for opiate-dependent prisoners but medication was only offered to those experiencing severe withdrawal. Some prisoners and

young adults reported uncomfortable first nights without any symptomatic relief. Patient group directions (PGDs) had not yet been developed.

Further recommendation

3.111 Appropriate first night medication should be issued consistently, new patient group directions implemented and reception nurses trained accordingly.

3.112 **A clinical lead for the treatment of substance users should be identified, and current roles clarified. Joint working protocols should be developed to ensure integrated care. (8.54)**

Achieved. A specialist general practitioner (GP) was in post, and a second GP had also undertaken the required training. A substance misuse lead nurse, who also specialised in dual diagnosis, had been seconded from Primecare Forensic Medical (the health services provider), and she had close links with the counselling, assessment, referral, advice and throughcare (CARAT) service and the mental health in-reach team. Joint working protocols, cross-referrals and multidisciplinary team meetings facilitated the care coordination of prisoners with substance misuse problems.

3.113 **There should be individual care plans and reviews for prisoners undergoing detoxification. (8.55)**

Partially achieved. There were care plans and reviews for prisoners and young adults prescribed either methadone or buprenorphine, and for those with complex mental health needs. Current resources within the clinical substance misuse service did not allow for this practice to extend to all prisoners undergoing detoxification.

We repeat the recommendation.

Additional information

3.114 The clinical management of drug- or alcohol-dependent prisoners had improved, with comprehensive protocols and specialist clinical staff now in place, but first night symptom relief was still not consistently available, and the prison lacked a dedicated stabilisation/detoxification unit.

3.115 Prisoners experiencing severe withdrawal symptoms or presenting with complex mental health needs were admitted as inpatients; however, beds were limited to 14, and one prisoner had spent his first night in the special cell waiting for a bed space to become available. The majority of prisoners undergoing detoxification were located on the adult or the young adult induction unit.

3.116 In 2007, 364 adult and young adult prisoners had undergone detoxification, against a target of 260. Welsh prisons were not currently funded under the integrated drug treatment system (IDTS), and options for maintenance prescribing were still limited.

3.117 In the six months up to May 2008, 76 prisoners had been prescribed methadone on a maintenance or reduction basis. Since then, subutex and suboxone regimes had also been introduced. This group attended the healthcare unit daily for supervised consumption, had regular contact with the substance misuse nurse and felt well supported, whereas another 78

prisoners undertaking lofexidine detoxification received no regular input. Their medication was administered by nurses on the units, and they did not have care plans and reviews.

- 3.118 Prisoners could start taking the opiate blocker naltrexone 12 weeks before release, and 18 had taken up this option in the previous six months. On rare occasions, prisoners were prescribed subutex or suboxone to minimise the risk of overdosing on release.
- 3.119 The random mandatory drug testing (MDT) positive rate averaged 5.1% in 2007, and so far in 2008 it stood at 4.3%, against a target of 8.9%. Prisoners testing positive for a class A drug were automatically put on closed visits, without supporting intelligence.
- 3.120 The MDT scheme was well coordinated and resourced by two dedicated testers and five additional officers trained in the procedure, but suspicion testing levels were low. During the previous six months, 254 drug-related security information reports resulted in 23 tests and a positive rate of only 17.4%. Approximately 50% of target testing requests were out of date by the time they reached MDT staff.
- 3.121 There were comprehensive security measures to reduce drug supply. These included regular searches (including staff), the use of two active and two passive drug dogs, PIN telephone monitoring, closed visits and intelligence analysis. Finds and MDT figures showed that adults mainly used heroin, and young adults cannabis.

Further recommendations

- 3.122 The clinical substance misuse service should be adequately resourced to provide comprehensive assessments and coordinated care to adult and young adult prisoners.
- 3.123 The establishment should ensure that target testing is undertaken within the required timeframe.
- 3.124 The practice of automatically imposing closed visits on prisoners testing positive for a class A drug should cease.

Section 4: 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.

- 4.1 The pharmacy accommodation should be redesigned and refurbished to provide secure storage for medication and equipment, and confidential areas for pharmacy staff to hold clinics. (4.45)

Not achieved. There were plans to relocate the pharmacy to the new healthcare centre when it was built.

We repeat the recommendation.

- 4.2 Wing treatment rooms should be refurbished and fitted with lockable metal cupboards for pharmacy items, and all medicines should be stored in them whenever they are not in use. (4.46)

Partially achieved. The treatment rooms had not been refurbished but lockable metal cabinets for the storage of medicines had been installed. Some medicines, including in-possession medicines that had not been collected, were not locked away and in some treatment rooms we found loose tablets and blister packs.

We repeat the recommendation.

Further recommendation

- 4.3 Loose medicines should not be left out in treatment rooms, and all medicines should be kept in the original manufacturer's carton.

- 4.4 The system for providing general stock to the medication rooms on the wings should be reviewed and rooms individually stocked. (4.47)

Achieved. A minimum amount of stock was held in treatment rooms, and rooms were individually stocked.

- 4.5 Stock should not be kept on wings unless it is used for patients on that wing. (4.48)

Achieved. Stock held in treatment rooms was only used for prisoners on that wing. The majority of medicines in use were named patient medications for prisoners on that wing.

- 4.6 Out of hours provision should be dealt with separately in accordance with the out of hours policy. (4.49)

Achieved. An out-of-hours policy was in place.

- 4.7 The admissions medical room should be relocated to a more secure site in the department and laid out to provide a safe environment for staff. (4.50)

Not achieved. The room was the same as at the previous inspection, except that an alarm

system had been fitted. The alarm was in working order and health services staff held personal alarms. However, the room remained isolated from the rest of the admissions area, and the accommodation layout was unsatisfactory, in that there was no natural light in the room and it was small and cramped. The prisoner sat between the nurse and the door, thereby compromising the personal safety of health services staff.

We repeat the recommendation.

4.8 Prescription and administration charts should be completed accurately. (4.51)

Partially achieved. In general, charts were completed correctly, except that some prescribers did not annotate charts to indicate that an in-possession risk assessment had taken place.

We repeat the recommendation.

4.9 The role of the pharmacist should be reviewed to ensure that full benefit is derived from having a pharmacy in house, and pharmacy clinics should be introduced. (4.52)

Partially achieved. Pharmacy staff comprised a pharmacist and two technicians – one full time and one part time. An additional pharmacy technician was being recruited, which would allow staff to provide more pharmacy clinics.

We repeat the recommendation.

4.10 The healthcare manager should be a member of the senior management team. (4.53)

Achieved. The healthcare manager was a member of the senior management team and attended senior management team meetings.

4.11 Healthcare staffing should be reviewed to ensure that enough appropriately qualified nurses are available to provide care to patients, and that registered mental health nurses do not undertake general nursing duties to the detriment of mental health services. (4.54)

Achieved. Staffing had improved and this included an increase in the number of registered mental health nurses (RMNs). The RMNs were employed almost exclusively on mental health duties, although they also undertook wing treatment rounds; there was no evidence that this compromised mental health services. A further four RMNs had been recruited but two vacancies were still to be filled. Once sufficient numbers were in place, the primary mental health service would be able to expand and include the planned day care support.

4.12 The mental health trust should ensure that there are sufficient suitably trained nursing and support staff to meet the mental health needs of prisoners. (4.55)

Achieved. Two community psychiatric nurses had been recruited and were supported by a manager within the local community mental health team.

4.13 The healthcare manager should identify the reasons for prisoner dissatisfaction with healthcare services. (4.56)

Not achieved. Members of the health services team had participated in general prisoner wing meetings for a while but had not done so recently. Prisoners remained dissatisfied about health services in general, and this was supported in our prisoner groups and survey.

Further recommendation

4.14 Dedicated health forums, at which nominated wing representatives can meet with senior health professionals, should be initiated to provide an opportunity for prisoners to discuss general health issues and for health services staff to inform prisoners of any planned changes in the provision of health services.

4.15 The use of general stock medication should be audited and stock should be reconciled with prescriptions issued. (4.57)

Partially achieved. General stock medication was no longer issued to treatment rooms. Paracetamol and ibuprofen were given to prisoners as special sick medication but their use was not audited.

We repeat the recommendation.

4.16 The special sick policy should be reviewed and a suitable list of medicines for supply by nurses for minor ailments agreed. Introduction of patient group directions should be considered. (4.58)

Partially achieved. There was a limited list of medicines, and plans were in hand to introduce patient group directions (PGDs).

We repeat the recommendation.

4.17 Dispensary standard operating procedures should be updated and all pharmacy staff should sign their understanding of the document. (4.59)

Partially achieved. The new pharmacist was in the process of updating all standard operating procedures.

4.18 GPs should see prisoners in the segregation unit in accordance with Prison Service orders. (4.60)

Achieved. Doctors visited prisoners in the segregation unit every day.

4.19 Extra sessions for the optician should be introduced to reduce the waiting list. (4.61)

Not achieved. A new optician was in post but the waiting list remained unacceptably high: 66 patients were waiting to be seen and three had been waiting since March 2008.

We repeat the recommendation.

Additional information

4.20 There was evidence of good joint working with the local health board and with other health providers in the area. Overall, we found that prisoners had good access to a wide range of clinical services, which were at least comparable with those found in the community. A health needs assessment had been completed in 2005 and a prison health delivery plan in 2006; neither had been updated since, although G4S's head of medical services was due to review both documents later in 2008. A Prison Partnership Board was in place, as well as regular clinical governance meetings.

- 4.21 A new prisoner accommodation block, incorporating a new healthcare unit, was due to be built, starting at the end of 2008. As a result, there had been no improvements to the current healthcare unit. The unit was located on the ground floor and disabled access was satisfactory. It was divided into two distinct areas: outpatients and the inpatient unit. All areas were reasonably well maintained, clean and, despite the lack of natural light, bright and welcoming. Extensive health promotion and health information, in English and Welsh, was on display in both areas for prisoners to read or take away.
- 4.22 Outpatients had only one waiting room containing health literature and a television. The room was free of graffiti and well decorated. Adult and young adult prisoners were kept apart through having separate clinic days and appointment times.
- 4.23 There were a number of consulting rooms, treatment rooms and offices for nursing, medical, and administrative staff, and for visiting health professionals. All rooms were furnished appropriately, with a good level of equipment. There was no electronic clinical management system, so everything was hand written.
- 4.24 The inpatient area was large but had little natural light, although it was well maintained, with pictures on the walls. The association area was large, with areas for communal dining. A television, pool table and two telephones were available for patients' use. The bathrooms were reasonably clean but in a poor state of decoration, with paint peeling off the walls and floors. A separate bathroom was suitable for use by disabled patients. The exercise area was large and pleasant, with flower beds and seating areas.
- 4.25 There were 14 bed spaces, arranged in double and single rooms; wherever possible, patients were allocated to single rooms. All rooms were large, had integral sanitation and some had showers. Four of the single cells had closed-circuit television. One of the double rooms had been converted to accommodate older or disabled patients and was appropriately equipped with hospital beds and high chairs. The names of the nurse and doctor responsible for the care of the patient were displayed outside each room.
- 4.26 Two of the rooms were used as observation cells but both were inappropriately sited. One had a full perspex door, and was next to the entrance of the inpatient unit and fairly remote from the nurses' station. The other cell had a perspex window in the door, which looked out onto the main association area. This room was used only as a last resort, as staff felt that it undermined the dignity of any patient held there and could also unsettle other patients.
- 4.27 The office, known as the 'goldfish bowl', was off the association area and had a good sight line for observing patients in the association area and in the observation cells. The office was small but reasonably well equipped.
- 4.28 Treatment rooms on the four house blocks were used only to administer medications to prisoners; this was done through a secure hatch in the door. The rooms were reasonably tidy but were small and in a poor state of decoration; most had grubby floors and dusty shelves and equipment. Pharmacy reference books were either missing or out of date, and pharmacy staff did not routinely check these rooms. There were some healthcare notices outside the rooms, one of which gave details about the health clinics on offer, who ran them and the length of the waiting lists.
- 4.29 Health promotion was strongly supported and the prison was represented on a Wales National Offender Management Service health promotion group. There was also an inhouse health promotion group, which met regularly and promoted health days for prisoners and staff.

- 4.30 Clinical governance measures included the management and accountability of staff. All full-time health services staff were employed by Primecare Forensic Medical. The healthcare manager was a senior RMN with extensive prison experience; she had been at Parc for over four years. Staffing levels were good and included RMNs and registered general nurses (RGNs), many of whom had additional qualifications, such as in sexual health, asthma and diabetic nursing. Eight staff had completed nurse triage training courses. The team also included a clinical substance misuse nurse who was both an RGN and RMN. There was, however, a need for an additional substance misuse nurse and administrator to complement the team, enable the new service to develop and provide prisoners with comprehensive support. Two health services staff had been identified as the health focus for older prisoners and prisoners with disabilities, and nurses attended the older persons meeting quarterly.
- 4.31 Healthcare assistants (HCAs) provided support to the health services team, and there was good administrative support. There were no dedicated custody officers in the healthcare unit but officers were allocated to outpatients to cover the core day. Their support was imperative to the smooth running of the healthcare unit, and they managed prisoners brought to the unit until they went back to the wings.
- 4.32 Trained GPs attended the prison every day, one of whom had a special interest in the management of prisoners with substance use needs.
- 4.33 Professional training for staff was well supported and there were regular training sessions within the prison. Clinical supervision was supported and protected time given. Two senior nurses were trained supervisors.
- 4.34 Emergency equipment was held in the inpatients unit and was checked every night.
- 4.35 Clinical records were held securely, both in outpatients and in the inpatient unit. Records in outpatients were well managed and entries were appropriate, although signatures were not always decipherable and there were no means of finding out who had made the entry. Inpatient clinical records were of a high standard but, again, signatures were sometimes indecipherable. The care plans we reviewed had comprehensive entries; these were reviewed by a multidisciplinary group at least weekly, or more often if deemed necessary. Prescription and administration charts were appropriately completed.
- 4.36 Complaints were dealt with inhouse and those we reviewed were responded to appropriately. Prisoners unhappy with the reply were able to take the issue to Primecare Forensic Medical, G4S or the local health board.
- 4.37 The management of communicable disease was good and there were links with the Health Protection Agency. Prisoners were offered hepatitis vaccinations but those under the age of 24 were not routinely offered the MMR vaccination. Barrier protection was not yet available, although a draft policy was in place to provide condoms in the near future.
- 4.38 On arrival, all new arrivals were seen in the admissions medical room and a comprehensive initial screening completed; this included a consent form for the sharing of information. Prisoners were given information, both verbally and through a health booklet, on how to access health services. The majority of initial screening was undertaken by an RMN; this had the advantage of enabling prisoners with mental health concerns to be identified, particularly those who had not been in prison before. Any prisoner displaying such concerns was located in the healthcare unit for overnight observation. A secondary health screening was carried out the next day in the healthcare unit, and any new arrival requesting, or whom staff felt needed, to see the doctor did so at the same time.

- 4.39 Once on the wings, prisoners who wanted to access any health service spoke to the nurse during the morning medication rounds and these requests were taken back to the healthcare unit. The night nurse made all outpatient appointments during their shift, which was a poor use of their time. Health services staff delivered individual appointment slips for prisoners and a list of all prisoners with appointments to the appropriate wings each day. There were few waiting lists for clinics, except for the optician. Prisoners asking to see a doctor were triaged first by nurses and an early appointment with the doctor was made where necessary. The number of prisoners who did not attend appointments was not excessive. Some such prisoners claimed that they did not receive notification of the appointment.
- 4.40 There was a good range of nurse-led clinics, including well-man, weight loss and sexual health. Chronic disease clinics were delivered by nurses trained in that specialty, with support from community specialist nurses. Diabetic prisoners were screened regularly and had access to a chiropodist and optician, the latter including retinal screening. Prisoner comments books were held in outpatients and prisoners were able to make entries about the clinic they had visited. Comments we saw were all complimentary.
- 4.41 There was a special sick policy with a limited list of simple medicines. Supplied medicines were recorded on the front of the prescription and administration chart if the patient was already receiving medication but it was not clear if records were made of the supply of medications to prisoners without prescription charts. Prisoners were not allowed medications such as paracetamol or ibuprofen in-possession, and these items were not available through the prison shop. There was a need for PGDs to be developed which would allow nurses, following a documented risk assessment, to administer simple pain relief to prisoners in possession.
- 4.42 Controlled drugs (CDs) were held in a secure cabinet and record keeping was satisfactory. CDs confiscated on admission to the prison were held securely but there was no formal procedure for their disposal. Out-of-date CDs were present in the CD cabinet.
- 4.43 Patient information leaflets were provided with most in-possession medicines.
- 4.44 A medicines and therapeutics committee met every three months.
- 4.45 A physiotherapist visited twice weekly. The gym ran health-related programmes, such as an over-50s group and a weight loss programme. A drop-in clinic operated on D wing every other week, whereby a senior nurse was present on the wing during evening association to answer any health-related questions in an informal setting. This was well received by prisoners.
- 4.46 The pharmacy was located in the outpatients area, with a secure hatch leading into the waiting room. The pharmacy door was locked at all times. An out-of-hours cupboard was available when the pharmacy was closed. Nurses taking medication from this cupboard were instructed to leave behind a photocopy of the prescription, to validate the removal of any medication. This did not always appear to happen, and the cupboard was not routinely checked by pharmacy staff. If the medication required was not present in the out-of-hours cupboard, nursing staff could obtain pharmacy keys from the main gate, access the pharmacy and annotate the log book to indicate the reason for access. We were told that annotation of the log book was not always carried out.
- 4.47 A dentist provided four sessions a week. Dental services were good and all prisoners requesting to see the dentist did so within two weeks of their application. This session was used to assess their dental health and discuss future treatment. Any treatment needed was carried out within eight weeks of the assessment.

- 4.48 Inpatient services were well structured and managed by a senior RMN. Trained nurses were on the unit every day and there was good support from HCAs. Time out of cell was appropriate and health services staff organised therapeutic activity for patients. There were good interactions between health services staff and patients, and prisoners told us that nurses were patient and supportive. Patients who were able to leave inpatients to attend education or the gym were allowed to do so, and in the majority of cases patients and their visitors met in the ward area.
- 4.49 We discovered that one of the inpatients had been held in special accommodation and in strip clothing. When we investigated this, we found that such clothing was only used as a last resort, and that the patient had been taken out of strip clothing the next day. However, no record of this had been kept centrally.
- 4.50 A discharge board was held in which the senior nurse and a wing manager met to discuss the patient's future management.
- 4.51 Some external appointments had been cancelled but efforts were made to avoid this. In the period January to May 2008, 29% of hospital appointments had been cancelled owing to lack of escorts, but all had been rebooked. Work was underway to address this problem.
- 4.52 Mental health services were provided by Primecare Forensic Medical RMNs and the Abertawe Bro Morgannwg University NHS Trust. Primary mental health policies were in place but some had not been reviewed. The team consisted of one senior nurse, supported by six RMNs. The team held four RMN clinics every week, and all RMNs had their own caseload and were responsible for specific wings. Referrals were made through the admission process and from other health services staff, wing officers and prisoners themselves. Referrals were normally seen within two weeks unless the request was more urgent, when the prisoner would be seen immediately. A formal mental health assessment was made and a care pathway completed. All prisoners arriving at the prison on anti-psychotic medication were automatically seen by the team and by the visiting forensic psychiatrist, who held two sessions a week. In the absence of the psychiatrist, one of the GPs would provide medical support to the team.
- 4.53 There was an over-reliance by wing staff on the mental health in-reach team to monitor all prisoners placed on an assessment, care in custody and teamwork (ACCT) document, and this added to the caseload of all RMNs. In many cases, prisoners placed on an ACCT document were located inappropriately in the inpatient unit. New officers had a two-day mental health awareness course during their initial training but nothing else thereafter. There were no day care services for inpatients or prisoners on the wings. New staff were being recruited to provide such a service but in the meantime health services staff reviewed prisoners with low level mental health needs. Counselling services were too limited to address prisoners' numerous mental health issues. There were no therapeutic interventions, such as relaxation, self-esteem and anxiety management.
- 4.54 The mental health in-reach team provided good support to prisoners. The team comprised two full-time cognitive behavioural therapists, two trained community psychiatric nurses (CPNs), a clinical psychologist covering six sessions a week and a visiting general consultant psychiatrist for three sessions a week. The two CPNs each carried a caseload of 25 patients and were wing based. While this was welcomed, the accommodation was limited and was located in the middle of the wing corridor. In addition, the clinical psychologist shared the office with one of the CPNs. Referrals to the team were through the primary care team, and a multidisciplinary team met every week to discuss referrals and allocate patients. All in-reach patients were on a care programme approach (CPA), either on enhanced or standard CPA. CPA reviews always involved the prisoner's personal officer and, where appropriate, community teams.

Further recommendations

- 4.55 The health needs assessment, with a supporting action plan, should be updated as a matter of urgency.
- 4.56 An electronic clinical patient management system should be introduced.
- 4.57 The observation cell in the inpatient association area should be returned to normal use and the perspex window removed.
- 4.58 Pharmacy staff should regularly check medication held in the treatment rooms.
- 4.59 Additional substance misuse workers, including nursing and administrative staff, should be recruited to ensure that prisoners receive appropriate care and support.
- 4.60 A record of health services staff signatures and designations should be readily available to personnel accessing clinical records.
- 4.61 All young adults under the age of 24 should be offered the MMR vaccination on admission.
- 4.62 Barrier protection should be provided and prisoners should receive appropriate health information.
- 4.63 Additional administrative staff should be employed to make outpatient appointments and deliver the appointments to the patient.
- 4.64 When a prisoner is supplied with special sick medicines, the administration should be recorded on a prescription and administration chart. This should include the name of the prisoner, the date of supply and why the medication was given. Pharmacy staff should audit stock regularly to reconcile usage.
- 4.65 Medicines such as paracetamol and ibuprofen should be allowed to be held in-possession, following a documented risk assessment.
- 4.66 There should be a formal procedure for disposal of controlled drugs confiscated on admission.
- 4.67 Nurses entering the pharmacy out of hours should always record their name, the time and the purpose for which the pharmacy was entered.
- 4.68 Regular audits should be undertaken by pharmacy staff.
- 4.69 If in-possession medication is not collected by patients, there should be follow-up procedures to investigate whether the medication is still required.
- 4.70 Strip clothing should only be used in the healthcare unit in exceptional circumstances, and the patient should be returned to normal clothing at the earliest opportunity. A central record of the use of strip clothing should be held.
- 4.71 All primary mental health policies should be reviewed and updated annually.
- 4.72 Mental health awareness for all officers should be updated at least annually.

4.73 The primary mental health in-house team should introduce coping strategies for prisoners with low level mental health needs.

4.74 Generic counselling services should be introduced to provide more support for prisoners.

Housekeeping points

4.75 The inpatient shower area should be redecorated and have a regular cleaning schedule.

4.76 Wing treatment rooms should have a regular cleaning schedule.

Good practice

4.77 *The 'drop in' clinic provided the opportunity for vulnerable prisoners, including older prisoners, to seek informal advice from health services staff without having to attend the healthcare unit.*

Section 5: 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.

- 5.1 There should be a wider range of educational programmes for vulnerable prisoners. (5.13)

Not achieved. The prison provided part-time educational programmes for vulnerable prisoners. However, there was no classroom for the basic skills class; prisoners were taught in a noisy recreation area, which was not suitable for this purpose (see recommendation 5.2).
We repeat the recommendation.

- 5.2 Additional evening and weekend classes should be provided. (5.14)

Not achieved. Since the previous inspection, the prison's purposeful activity hours target had been reduced from 32 to 26 hours. As a result, there had been a reduction in the provision of evening classes in subjects such as psychology and foreign languages. In addition, the funding for the information and communications technology (ICT) flexible learning project had come to an end and replacement funding had not been secured. This meant that for prisoners who worked full time or were on the vulnerable prisoners unit, there was little access to educational opportunities. The prison did not do enough to provide time-out-of-cell enrichment activities, evening classes or classes for prisoners who were more able. There was no provision for developing independent living skills, such as cooking.
We repeat the recommendation.

- 5.3 Allocation to education classes should be properly co-ordinated and should reflect prisoners' needs and initial skills assessments. (5.15)

Not achieved. At the time of the inspection, the allocations policy and the role of the allocations board were being reviewed, as the current systems were not working sufficiently well. The prison did not pay enough attention to risk assessments, educational needs or incentives and earned privileges (IEP) status when allocating prisoners to the various activities. Links between sentence planning and learning and skills were underdeveloped. Although allocations staff could obtain the results of initial basic skills screening, they did not use these effectively to make allocations. The allocations board did not meet, and access to learning and work opportunities by prisoners was not always equitable. The results of assessments did not always inform the planning of work, to ensure that prisoners attended programmes that matched their abilities or that challenged them appropriately. Tutors did not make enough use of sentence plan or other assessment information when setting learning targets, or to inform individual learning plans or make decisions about meeting needs.
We repeat the recommendation.

5.4 Literacy and numeracy provision should meet the needs of prisoners and include classes for speakers of English as a second language. (5.16)

Partially achieved. The quality of basic skills provision was good, although in a few classes there was an over-reliance on the completion of worksheets. There were now English for speakers of other languages (ESOL) classes to meet the needs of foreign national prisoners, although the course was not accredited. There was no discrete provision for prisoners with additional or complex learning needs, and classes contained prisoners from too wide a range of ability. This impeded the progress that prisoners could make.

We repeat the recommendation.

5.5 ICT resources should be improved. (5.17)

Achieved. ICT resources, including computer applications, were of industry standard. Teaching rooms were of a good standard, and induction into the area emphasised aspects of health and safety well. Prisoners were able to achieve computer literacy and information technology (CLAIT), CLAIT PLUS and European computer driving licence qualifications and develop skills in word processing, spreadsheets and PowerPoint presentations.

5.6 There should be arrangements to cover for teachers' absences. (5.18)

Partially achieved. Although there had been improvements in this area, arrangements for maintaining a full staffing complement were not managed well enough. A few staff vacancies took too long to fill. There was not enough flexibility in the staffing group to cover for staff absence. There was no overtime budget to cover teacher absences, even though there was a pool of tutors with security clearance.

We repeat the recommendation.

5.7 Data collection and the management of information should be improved. (5.19)

Achieved. The systems for collecting and monitoring data were good. A range of data was collected, including classroom efficiency figures, key performance target data, recruitment, attendance, retention and basic skills assessment results. These data sets were used to improve performance and the quality of the learning and skills provision. For example, classroom efficiency figures were analysed at the quality improvement group to improve attendance.

5.8 A quality improvement policy, or equivalent, should be drawn up, together with an action plan with deadlines. (5.20)

Achieved. Comprehensive and effective quality improvement strategies were in place. A self-assessment report (SAR) contained critical and evaluative comments, was supported by data and an SAR action plan had been produced. Most of the actions on the previous SAR action plan had been achieved. A useful quality calendar programmed key processes such as writing the SAR, carrying out observations, curriculum team meetings and appraisals. The monthly quality improvement group was well attended. Tutors were given good feedback and action points were recorded. Those being observed had the opportunity to comment on the experience and outcomes of their observation.

5.9 Prisoners in workshops should have sufficient work to occupy them during the working day. (5.41)

Not achieved. In the contract workshops, which undertook various packing and assembly contracts, there was not enough work to keep prisoners fully occupied. This lack of provision meant that waiting lists for prisoners wishing to access many work or learning opportunities were too long and prisoners did not always get the placement of their choice.

We repeat the recommendation.

5.10 There should be a comparable pay and bonus structure for education and other work activities. (5.42)

Achieved. There was an up-to-date local pay policy, which ensured that prisoners were not disadvantaged by attending learning and skills. All prisoners could access the basic jobs on offer. Prisoners wanting higher paid jobs, such as technicians or quality controllers, had to meet a range of criteria. This system was good and provided real-life experience for these prisoners. There was an adequate system of sanctions for prisoners who did not turn up for work, including stopping their pay. Prisoners who were sick or unable to work were paid at the standard rate.

Additional information

5.11 Nearly all prisoners received a basic skills screening test, which was delivered by prisoner peer partners. New arrivals found this informal approach helpful. The tests were marked by induction staff, who made the results available to other staff in the prison. Prisoners received a useful booklet on the educational opportunities available to them. This booklet was available in Braille, but not yet in Welsh.

5.12 Some good account had been taken of labour market information and prisoner interest in planning enhancements to provision, but changes to the training on offer were not made quickly enough to respond to prisoners' needs. Although a former welding block had been developed to accommodate training in plastering and carpentry, delays in staff taking up appointments had resulted in the closure of courses in motor mechanics and carpentry. There was no provision for programmes in brickwork, plastering or catering, although these formed part of the development plan.

5.13 Many prisoners did not have access to progression opportunities that challenged them enough or enabled them to progress as far as they could. For example, in graphic design, prisoners who achieved level one awards could not progress to level two, which meant that the skills they had developed in the six-week programme could not be further applied.

5.14 Managers and tutors did not promote the Welsh language and culture sufficiently. Across the prison, there were few bilingual signs or posters. The availability of learning resources in Welsh was poor. Staff did not identify Welsh speakers clearly enough and the Welsh dimension was not fully embraced in learning provision.

5.15 The prison had made good use of a range of one-off initiatives from external agencies and individuals, which broadened the richness and range of the curriculum. These included various sports initiatives, a cultural diversity facilitator and a good link with the Hay book festival. However, these short-term projects were not always followed through, and the new approaches and opportunities they offered were not embedded well enough in the curriculum.

5.16 Overall, resources for learning and skills were adequate. Classrooms were clean and appropriately equipped, and a lift in the amenities block provided good access for prisoners with mobility problems. In art and media studies, tutors had good access to resources, and although art rooms were cramped and had no natural light, they were used to excellent effect

in displaying prisoners' work. There was an adequate budget for buying new teaching materials and upgrading furniture. The peer partner, parenting and ESOL courses did not have designated classrooms.

- 5.17 Prisoners were referred to learning and skills by sentence planning staff, the activities allocations unit, general applications, induction officers or by self-referral. Referrals by offender supervisors accounted for a minority of these. Participation by prisoners from black and minority ethnic groups in learning and work provision was generally good. Managers had identified that members from one minority group did not participate enough in education and had begun to take appropriate action to improve participation. Attendance at classes during the inspection was good, although the same was not always true for punctuality. Movement to work and learning was slow; this meant that classes often got off to a slow start and there were frequent interruptions.
- 5.18 The core education programme included basic skills, vocational training and distance learning. The prison also supported an effective peer mentoring scheme, which enabled prisoners to train as classroom assistants. There were around 20 prisoners carrying out this role. There had been a recent reduction in E-learning due to the withdrawal of external funding. This had reduced considerably the prison's out-of-cell learning activities. There were plans to network the learning materials left over from the project on the education computer system and make these available to prisoners on the house blocks.
- 5.19 Most work areas delivered accredited qualifications, and prisoners had the opportunity to progress to higher skilled and paid jobs within each workshop. Between January and April 2008, 501 prisoners had attained a qualification. There was good achievement of additional qualifications, such as the site safety certificate and food safety certificate, which supported future employment.

Library

- 5.20 **Library services should be covered as part of the main induction programme. (5.28)**
- Achieved.** All prisoners visited the library as part of the induction programme.
- 5.21 **There should be attempts to reduce the book loss rate, and replacement of stock should be expedited. (5.29)**
- Achieved.** Book losses in the library had reduced significantly following the installation of a computerised system, and prisoners who had been discharged or transferred were tracked effectively. There was a 25% stock rotation and the prison had recently purchased £8,000 of new stock.
- 5.22 **Cancellations of library sessions should be minimal. (5.30)**
- Partially achieved.** Access to the library for most prisoners, particularly workers and vulnerable prisoners, was limited; they could only visit on weekends or one evening a week. These sessions were sometimes cut because of a shortage of prison staff. Weekday access was limited to those on education. The library only admitted 20 prisoners for between 20 and 30 minutes at any one time.
- We repeat the recommendation.**

Further recommendation

5.23 Prisoners on the vulnerable prisoners unit should have better access to the library for recreational purposes and to carry out research projects.

5.24 There should be sufficient books to support all education classes and workshops. (5.31)

Achieved. The library stocked a range of course books which supported prisoners' areas of study. There was also a good range of other non-fiction books. Relationships with education staff were good and classes took it in turns to visit the library during the day to carry out research.

5.25 The range of books in other languages should be increased to meet the needs of the prisoner population. (5.32)

Achieved. There were adequate stocks of books and dictionaries in a range of foreign languages. The librarian had a good and flexible system for renting books for the changing foreign national population. Foreign newspapers were too slow in arriving from foreign embassies.

Additional information

5.26 The prison contracted out its library services to Bridgend County Borough Council. The full- and part-time librarians provided a clean and welcoming environment. Staff were not qualified but were experienced and enthusiastic.

5.27 There was an adequate stock of books. These included large print books, a selection of books by black and Asian authors and books for beginner readers. The librarian had a good relationship with the prison's stores, which meant that the system for getting books in and out of the prison worked reasonably well.

5.28 The library hosted the Storybook Dads project and the prison's readers and writers in residence schemes. Prisoners used two computers to practise driving theory tests.

5.29 The library had a good range of reference books. These included legal textbooks, books on asylum and immigration law and the Prisoners' Handbook. The latter was available in different languages. Prison Service Orders were available and listed in a folder.

Physical education and health promotion

Expected outcomes:

Physical education (PE) 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.

5.30 The range of accredited training courses in physical education should be expanded. (5.49)

Achieved. There was now a good range of accredited training. Achievement of YMCA Certificates in Fitness Instruction at levels one and two was good, at 100% in the current year. Overall, during 2007, 98% of all prisoners on gym courses had achieved a qualification. The Mobile Team Challenge and the Parc Cadets scheme provided prisoners with good opportunities to gain skills and qualifications that supported their general employability. The Parc Cadets scheme also prepared prisoners to consider a career in the armed forces.

5.31 PE orderlies should be offered an appropriate accredited training programme, such as a national vocational qualification, to match their work activities. (5.50)

Achieved. PE staff deployed orderlies well and they could achieve appropriate accreditation which matched their work activities. They also developed real-life work experience.

5.32 A larger space should be provided for the cardiovascular and weight training rooms. (5.51)

Achieved. Physical education facilities were appropriate for the demographic make-up of the prison population. There were good, clean facilities for PE, including an indoor climbing wall and a wide range of physical equipment, including for cardiovascular work.

5.33 The surface of the external sports area should be made safe. (5.52)

Achieved. The area had been covered in Astro turf.

Further recommendation

5.34 The prison should ensure that the provision of a new houseblock on the existing Astro turf does not lead to loss of external play areas in the future.

5.35 A classroom should be sited near the sports facilities. (5.53)

Achieved. There was a PE classroom located near the sports facilities.

Additional information

5.36 Overall, there was a good holistic approach to PE. PE staff and officers on the wings encouraged non-participants to take part in daily exercise and to use the PE facilities. There was a varied programme for health promotion and personal fitness, which met a range of needs. The individual programmes for health and fitness linked well to diet, and prisoners could make healthy meal choices.

5.37 A good assessment of prisoners' health was undertaken by health services and PE staff before prisoners participated in exercise. All prisoners, including older prisoners, had the opportunity to use the gym at least twice a week. Enhanced level prisoners had increased opportunities to use the gym and to play team games such as football. There was a good weight loss programme; this included using body mass index as one of the criteria for participation. The body mass index criteria for those with diabetes wishing to undertake the weight loss programme was set lower than the norm.

- 5.38 All prisoners who used the PE facilities during the day were encouraged to shower. Clean towels and shampoo were available after every session. There was a high take-up of showering in the curtained cubicles by older prisoners, with many younger prisoners electing to spend longer on their exercise programmes and showering on the wing. During evening PE sessions, showers were only available on the wings.
- 5.39 Accidents were recorded and monitored well by PE staff and the PE manager. There was a programme for rehabilitation for prisoners who had had accidents, with links between PE and health services staff and with the part-time physiotherapist.

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.

- 5.40 The multi-faith room should be relocated to a larger and more welcoming venue (5.61)

Partially achieved. The needs of the growing numbers of Muslim prisoners had been met by using the existing chapel with a partition. Better provision was incorporated into the plans for the new accommodation.

We repeat the recommendation.

- 5.41 The chaplaincy team should be more fully integrated into all aspects of prison life, and effective communications should be established with other departments and policy leads (5.62)

Partially achieved. Involvement in wider regime activities had improved, although attendance at meetings was sporadic. Chaplaincy team members were engaged in a variety of strategic and case management meetings but there had been no attendance at the regimes meeting since August 2007, and attendance at the race equality action team meeting was not consistent.

We repeat the recommendation.

Additional information

- 5.42 There were four full-time, four part-time and two volunteer visiting chaplains. The team was fully integrated, with the Muslim chaplain undertaking generic duties and full team engagement in chaplaincy events. The team was aware of the number of prisoners attending faith services and activities, and was responsive to need. Christian, Muslim, Sikh, Buddhist, Jehovah's Witness and pagan prisoners had weekly access to corporate worship or faith meetings. With the exception of Mormon, pagan and Rastafarian, chaplains of all faiths represented in the prisoner population visited the prison either weekly or by request. Where chaplains were not available, the coordinating chaplain fielded requests and access to worship. In the absence of the Muslim chaplain, Friday prayers were covered by a relief Imam but not the Islamic classes, which were therefore cancelled.
- 5.43 A chaplain would visit any prisoner who was unable to attend religious services through ill health or discipline concerns.

- 5.44 Involvement of chaplaincy team members with individuals at risk of suicide and self-harm, particularly those deemed to be at high risk in the healthcare unit, was good. The support given by the chaplaincy team to prisoners, staff and families in crisis, particularly with respect to terminal illness or self-inflicted deaths, was consistent. The Anglican chaplain was trained as a family liaison officer.
- 5.45 There was good volunteer support for chaplaincy activities in the prison, although these were predominantly Christian organisations. Prisoners were able to celebrate major religious festivals but the prison was not good at advertising and promoting these events.

Kainos programme

- 5.46 The Kainos process should be analysed to determine whether it represents best use of one of the establishment's few small units. (5.68)

No longer relevant. The Kainos programme was no longer in place.

- 5.47 Managers should ascertain the reasons why few or no minority ethnic prisoners take up the Kainos provision. (5.69)

No longer relevant. See recommendation 5.46.

- 5.48 The place of Kainos in the sentence planning processes and resettlement agenda should be formalised following a review of its contribution. (5.70)

No longer relevant. See recommendation 5.46).

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.

- 5.49 There should be an effective system to accurately record actual time out of cell; this should take into account non-attendance and cancellation of activities. (5.75)

Achieved. A comprehensive computerised system recorded all aspects of regime activities and time out of cell. It included information relating to non-attendance at, or cancellation of, work and education activities, although there was evidence of some over-reporting.

- 5.50 Staff should adhere to the advertised regime, and make routines more predictable to prisoners.(5.76)

Not achieved. Daily routines were displayed but not always adhered to by staff. We witnessed a number of occasions where prisoners were locked up 15 minutes earlier than in the advertised regime after the serving of lunch and evening meals.

We repeat the recommendation.

Additional information

- 5.51 Time out of cell calculations were based on a complicated formula that took into account the number of prisoners, purposeful activity hours (including interruptions), association, meal times, domestic times (cell cleaning), movements and legal visits. However, the system assumed that all prisoners took the full association and exercise of two hours a day.
- 5.52 The prison target for time out of cell had been reduced from 10 to eight hours in April 2008 and this had resulted in a corresponding reduction in time out of cell for prisoners. Time out of cell, as measured at the time of the inspection, met the new target. In our survey, 9% of adults (compared with the 19% comparator) and 3% of young adults (compared with the 10% comparator) reported spending 10 or more hours out of their cell each day.
- 5.53 The prison was holding 200 more prisoners than at the previous inspection, and the number of unemployed prisoners had risen by approximately this number in that time. A prisoner who was unemployed and who participated in exercise and association during the daytime could then be locked in his cell from 5.30pm until 12.30pm the following day.
- 5.54 The daily regime was routinely disrupted by cessations of movement during the core day. We saw this on several occasions, and at times staff and prisoners were unable to leave or enter residential units for periods of up to 20 minutes, as electronic doors had been locked at the unit entrances. Prisoners who were in outside areas had to face the elements, and sometimes got wet. The cessation of movement was used while young people or prisoners from D wing were moved to or from activities or when a net test call was carried out on the radio system.
- 5.55 There was good access to association, which was predictable and rarely cancelled. Association activities were mainly appropriate, although we saw approximately 20 prisoners on one unit playing poker and using casino-style gambling chips. When we asked unit staff if this translated into debt, they assured us that it did not. However, the security manager told us that there was significant intelligence surrounding gambling and debt from these activities (see paragraph 3.10).
- 5.56 Exercise was often curtailed or cancelled in inclement weather, and no alternative activity was offered on some units.
- 5.57 During exercise on one of the young adult units, we noticed several prisoners congregating at the windows of the induction unit. Staff did not challenge this, and when asked about it did not see it as a particular issue, or that bullying or passing of items might be taking place.

Further recommendations

- 5.58 Staff should be encouraged to challenge inappropriate behaviour by prisoners on exercise and association, and gambling activity should cease.
- 5.59 The practice of ceasing movement for the general prisoner population at certain times should be reviewed to enable more productive use of staff and prisoner time.
- 5.60 Additional activities should be provided for unemployed prisoners.

Section 6: 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. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

No recommendations were made under this heading at the previous inspection.

Additional information

- 6.1 There were no obvious weaknesses in security measures and procedures. The security department was well resourced and intelligence systems worked effectively.
- 6.2 Some elements of dynamic security were weak. Although staff-prisoner relationships were generally positive, we saw examples of staff failing to engage with prisoners or to challenge inappropriate behaviour (see section on staff-prisoner relationships). In addition, there were large numbers of unemployed prisoners, which meant that many prisoners were not occupied by purposeful activity.
- 6.3 Prisoners were informed of the rules during the induction process. However, wing rules were not prominently displayed in the communal areas and some were located in the office, which prisoners were not allowed to enter without permission. Prisoners we spoke to were aware of behaviour that might lead to disciplinary action.
- 6.4 There was a backlog of categorisation reviews, dating from April 2008. It was extremely difficult to move prisoners on to appropriate training prisons from the establishment, and this was particularly acute for sex offenders and prisoners from out of area who were seeking to move closer to home. Opportunities for young adults to move to category D conditions were limited.

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.

Adjudications

No recommendations were made under this heading at the previous inspection.

Additional information

- 6.5 The disciplinary procedure of minor reports had been introduced on 1 March 2008. They were carried out only on B wing, with the young adults, and there were, on average, five minor

reports issued each week for specific offences. The minor report could be transferred to a full adjudication if the offence was found to be more serious than originally thought. The punishments given were generally loss of association, loss of television and loss of other privileges for three to five days. There had been 57 minor reports in the year to date.

- 6.6 There had been 297 proven adjudications in the five months preceding the inspection, and a total of 54 had not been proven. Serious charges and drug-related offences were appropriately referred to the independent adjudicator. In May 2008, 28% of the black and minority ethnic population had been on adjudication and this had been highlighted in the ethnic monitoring data as being high. However, there was no evidence that this had been investigated or was being monitored at the adjudications quarterly review meetings.
- 6.7 The Ministry of Justice controller no longer conducted adjudications; this task had been handed over to the establishment to undertake. The room set aside for adjudications was located in the segregation unit and was adequate. The charged prisoner sat on a fixed chair at a table, and the adjudications hearing was appropriately conducted by the duty director. A distinction was made between young adults and adult prisoners, and the adjudicating duty director paid particular attention to the young adults' understanding of the process and the charges. Prisoners were given an opportunity to give their version of events but were not provided with writing material during the course of the hearing.
- 6.8 The adjudications were investigated thoroughly and the tariffs were applied appropriately. A quarterly review of the adjudications process was chaired by the deputy director and attended by wing managers, staff from the wings and a representative from the security department. The application of tariffs was discussed and reviewed, as was the completion of the paperwork.

Use of force

- 6.9 **The reasons for the high use of force against young adults and juveniles should be identified and the underlying causes addressed. (6.21)**

Achieved. Although the use of force by staff against young adults had increased, records suggested that force was primarily used to separate fights between prisoners, and that the lowest level of force was normally used. Records of all incidents in which force had been used were collated and monitored by the senior management team meeting. These records identified the names of the prisoners involved, their location and ethnicity, as well as a brief description of the events leading up to the incident. The type of force used was described, as well as the names of the staff involved. The records provided further analysis of uses of force against black and minority ethnic prisoners, and a summary of whether there had been any increases.

Additional information

- 6.10 There had been a moderate rise in the use of force, in line with the increased population. Force had been used 230 times in the previous six months compared with 192 times in the same period in 2007. Almost half of the uses of force in the previous three months had involved juveniles, 44% young adults and 9% adults. Most of the incidents were spontaneous and there had been 10 planned uses of force, which had been video-recorded.
- 6.11 The establishment kept additional records of all uses of force in which control and restraint (C&R) techniques had been used. In the previous three months, C&R had been used 15 times.

When cuffs or C&R techniques were used, an explanation was recorded and any learning subsequent to the events. All incidents in which force was used were followed up by a debrief with all the staff involved, as well as with the C&R coordinator and orderly officer, if appropriate. This was done to ensure that the appropriate level of force was used and to establish if any other action could have been taken to prevent force being used.

- 6.12 Nearly 90% of prison custody officers had received C&R training, and the C&R coordinator provided monthly statistic regarding staff who had received refresher training. There were six C&R instructors at the establishment, with a further two being recruited, and they were required to attend yearly five-day refresher training. Use of force paperwork was completed to a reasonable standard, generally, and provided assurances that force was used appropriately, although 'injury to inmate' forms were not always filed with the use of force paperwork.

Housekeeping point

- 6.13 Injury to inmate forms should be filed with the use of force paperwork.

Segregation unit

- 6.14 Arrangements for education and other regime opportunities for longer stay segregation unit prisoners should be improved and provided consistently. (6.22)

Not achieved. During the inspection, 12 prisoners were located in the unit (the number increased towards the end of the inspection). The majority of prisoners were located there for good order or discipline. Two young adults were there for their own protection, described as 'own interest'. One had been in the segregation unit for six weeks, was on remand and had not participated in any in-cell work or education since his location there. Staff told us that in-cell activities could be arranged, although this had not taken place for some time and was often mundane work. We were also told by the unit supervisor that association was offered to the young adults if there were enough of them for it to take place, but it was unclear how many young adults there needed to be. The second young adult had been in the segregation unit for just over a week and had spent the majority of his time reading and drawing in his cell, and told us that he was content with this. The cleaner had been located in the segregation unit since November 2007, and had a better regime than most on the unit, as he had access to the gym twice a week and spent a large amount of time out of his cell. At the beginning of his time on the unit he had made enquiries about participating in education, but he had had little opportunity to do so. Staff said that there was a comprehensive plan for his reintegration into the community, as it was highly likely that he would be released from the segregation unit. However, there was no evidence of this in his file and he was unaware of any reintegration plans. The unit remained an unsuitable environment for long-term residents, particularly vulnerable young adults located there for their own protection.

We repeat the recommendation.

- 6.15 There should be additional activities for young adults segregated for their own interest. (6.23)

Not achieved. See recommendation 6.14.

- 6.16 Reasons for the use of special cell accommodation should always be recorded. (6.24)

Achieved. The special accommodation in the segregation unit had been used seven times in

the previous six months, with the average length of time in the cell being over nine hours. The paperwork gave an explanation as to why the prisoner had been placed in the special cell. The majority of the prisoners located in this cell were placed in strip clothing but records did not always detail why this was necessary. Observations were conducted at a minimum of every 15 minutes, although records were rudimentary and did not demonstrate any meaningful interaction that might have facilitated calming down the prisoner and enabling him to be removed from the special accommodation sooner.

Further recommendations

- 6.17 Prisoners should spend the minimum amount of time in special accommodation and there should be meaningful interaction with prisoners there, to facilitate them being returned to normal accommodation as soon as possible.
- 6.18 Reasons for the use of strip clothing should be recorded.
- 6.19 Prisoners should only be placed strip clothing in exceptional circumstances, where it is essential for their safety, and for the shortest possible period.

6.20 The special cell should not be used for prisoners who self-harm. (6.25)

Achieved. The segregation policy clearly outlined that the special accommodation was to be used for the temporary confinement of a violent or refractory prisoner, but only if it was necessary to prevent the prisoner causing harm to himself or others. Of the seven uses of the special accommodation in the previous six months, none had been used for prisoners who self-harmed.

Additional information

- 6.21 The segregation unit was clean and bright, with similar association facilities to those on main location. The paperwork for the location of prisoners in the unit was properly authorised and prisoners we spoke to had a copy of the unit rules and regime and were informed in writing of the reason that they were located there. All prisoners were strip searched when they were located on the unit from main location, but not if they were received on the unit straight from reception.
- 6.22 There were clear selection criteria for staff working on the unit and these were published in the segregation policy. All prisoners had their location on the unit reviewed by a senior manager, a member of the Independent Monitoring Board, a representative from the healthcare unit, a member of the allocation and categorisation team and a supervisor from the segregation unit. Behaviour targets were largely standardised and did not take into consideration the individual needs of the prisoner. The targets mainly concerned prisoners abiding by the unit rules, keeping their cell clean and being polite to staff.
- 6.23 The regime was basic but allowed prisoners to use the showers and telephone daily, although there was normally insufficient time during the core day for prisoners to take a full hour's exercise, as published in the daily routine. Prisoners went to the servery to collect their meals and ate in their respective cells. They had access to a small selection of books, and the library trolley was located on the unit twice a week for their use. A member of the chaplaincy, the duty governor and a member of health services staff attended the unit daily, and this was recorded

in the files. All prisoners were allocated a personal officer, whose name was displayed outside their cells.

- 6.24 During the inspection, there were two prisoners on open assessment, care in custody and teamwork (ACCT) documents, and they were located in the cells with cameras. Observations were conducted primarily through watching them on camera. Interaction by staff in general was limited and this was reflected in the wing records. One of the two self-inflicted deaths that had occurred since the previous inspection had taken place in the segregation unit. An action plan had been devised and the recommendations which related to the segregation unit had been implemented. The segregation now had closed-circuit television coverage, reviews were more multidisciplinary and prisoners on the unit had access to mental health services and counselling services.

Further recommendation

- 6.25 Behaviour targets should be individualised and take into consideration prisoners' individual needs and risk factors.

Incentives and earned privileges

Expected outcomes:

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

- 6.26 The incentives and earned privileges (IEP) scheme should be reviewed to determine its effectiveness. (6.33)

Not achieved. The scheme was essentially the same scheme that had been in operation at the previous inspection. There had been amendments to the privileges available to prisoners at the different levels, and an effort had been made to increase the privileges for those on the enhanced level of the scheme. Prisoners told us that they appreciated these additional privileges, particularly increased access to the gym. There was no evidence that the scheme had been reviewed to assess how effectively it was operating.

We repeat the recommendation.

- 6.27 The rules governing IEP and its application should be set out and consistently applied. (6.34)

Partially achieved. The IEP scheme was clearly explained in the policy document and the process was well understood, both by staff and by prisoners. However, a review of wing files indicated that although some prisoners had received many warnings, no IEP review had been triggered. It was difficult to assess whether discretion has been applied consistently, and some prisoners, particularly on B wing, complained of inequitable treatment and favouritism. Although there was no direct evidence to support this, the records did not provide assurances to the contrary and overall there was insufficient transparency and consistency in the application of the scheme.

We repeat the recommendation.

6.28 Adherence to sentence plans should play a greater part in promotion within the scheme. (6.35)

Achieved. Compliance with sentence planning was a requirement before prisoners could be promoted to the enhanced level of the scheme.

6.29 Prisoners should be informed in writing before they are demoted. (6.36)

Achieved. Before any prisoner's IEP level was downgraded, he was invited to attend an IEP review board. The IEP policy stated that prisoners should be present for any review to downgrade. In all the records we inspected, prisoners had signed the review board record to confirm that they had been present at the review. Prisoners were informed in writing of the outcome of the review and their right to appeal against any decision.

6.30 Regular IEP boards should be held with representatives of all units present to encourage consistency throughout. Staff should be made aware of what managers are looking for in their quality checks. (6.37)

Not achieved. The scheme did not appear to be applied consistently and there was no evidence of a system to ensure consistency between the different units.
We repeat the recommendation.

Additional information

6.31 There were few prisoners on the basic level of the scheme. On A wing, only one prisoner had been downgraded to basic between January and May 2008. In a population of over 1,100 this was surprising and was not consistent with the number of incidents and adjudications taking place.

6.32 The disciplinary procedure of minor reports on B wing may have led to a reduction in the use of the IEP scheme to manage behaviour and a corresponding reduction in the number of young adults on the basic level (see section on discipline).

Section 7: 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.

No recommendations were made under this heading at the previous inspection.

Additional information

- 7.1 The storage and preparation of food in the regeneration kitchen were good, despite the limited facilities. Personal protective clothing was not always worn, and staff and prisoners involved in serving food at the wing serveries did not always conform to food and hygiene regulations. The majority of servery workers had completed relevant training but a few were waiting to participate in food hygiene courses. There were no opportunities for adult prisoners to cook for themselves or gain catering qualifications.
- 7.2 A reasonable variety of meals was offered, with a three-week rotating menu. Two hot meals were served each day but prisoners did not have access to five portions of fruit and vegetables daily. Prisoners no longer had a served breakfast but were issued with a locally prepared breakfast pack the day before, and fresh milk was given out in the morning. Provision for medical and religious needs was appropriate and of a good quality; prisoners we spoke to who had special dietary requirements expressed satisfaction with the food. The prison tried to ensure that a Muslim prisoner was part of the servery team, to supervise the serving of halal meals. Meal times were too early, with lunch at 11.30am and the evening meal at 4.30 pm.
- 7.3 There was evidence of consultation with prisoners about planned changes to the menu. However, the food survey was limited in the information sought and did not elicit views about religious, cultural or medical diets.
- 7.4 Despite the limited number of tables for the increased wing populations, prisoners were offered the opportunity to eat in association on a rotating basis. This meant that those collecting their food last had limited time to eat their meal. On the young adult wing, staff did not challenge poor behaviour at meal times, including the throwing of condiments (see main recommendation HP49).

Further recommendation

- 7.5 Breakfast should be served on the day it is to be eaten.
- 7.6 Lunch should be served between noon and 1.30 pm and dinner between 5pm and 6.30pm.

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.

No recommendations were made under this heading at the previous inspection.

Additional information

- 7.7 Prisoners had weekly and emergency access to a good variety of reasonably priced goods through a local bagging and delivery service. Smoking items were mostly cheaper than at other prisons, although some food and toiletries were slightly more expensive. Maximuscle Prograin weight gain powder was on sale to young adults.
- 7.8 Orders through catalogue purchasing were slower but offered a good range of products, and the prices were not excessive. The most popular catalogue items were bought in by the prison shop to reduce delivery times.
- 7.9 Prisoner views were taken into account and there was a weekly purchasing surgery, held in residential areas, in which prisoners' queries were responded to face to face. The quality of the service was reflected in our survey, in which 58% of adults and 76% of young adults said that the shop sold a wide enough range of goods to meet their needs; both figures were significantly higher than in comparator prisons.

Further recommendation

- 7.10 Maximuscle Prograin weight gain powder should be removed from the shop list for young adults.

Good practice

- 7.11 *A weekly purchasing surgery was held on residential units.*

Section 8: 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.

- 8.1 There should be a comprehensive resettlement needs analysis of the prisoner population, and its results used to inform all service developments in resettlement. (8.6)

Partially achieved. Some work had been done to establish the needs of the prisoner population with regard to the introduction of offender management and in the children and families of offenders, and attitudes, thinking and behaviour resettlement pathways. However, there was still no overarching needs assessment. Given the complex nature of the population at the prison, this was essential in order to inform the overall strategic direction of resettlement services and the provision of interventions.

We repeat the recommendation.

Additional information

- 8.2 A comprehensive reducing reoffending strategic framework had been developed, and this included details of the offender management arrangements and provision in the resettlement pathways. This fed into higher level work across Wales, where the probation service and the Welsh prisons oversaw offender management and resettlement work through a monthly meeting of key managers and a series of offender management and resettlement pathway working groups. This had led to some good joint working between Parc, the other Welsh prisons and the probation service.

- 8.3 The reducing reoffending strategy group was scheduled to meet monthly, although it had only met twice over the previous year. This group aimed to provide a lead on strategic issues, having a strong focus on offender management. However, with the exception of substance misuse and offending behaviour issues, its approach to other resettlement pathway intervention work was not coherent.

Further recommendation

- 8.4 The reducing reoffending policy group should meet more regularly and focus on both offender management and the resettlement pathways.

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.

8.5 Sentence planning targets should be individualised. (8.12)

Not achieved. Prisoners subject to sentence planning through the offender assessment system (OASys) attended a sentence planning board, where targets were set. However, we saw examples of targets set at these boards which did not reflect the areas of risk and need identified in the OASys and were largely driven by the interventions that were available at the prison. Targets did not state what behaviours or attitudes needed to be adopted.

We repeat the recommendation.

8.6 The passport scheme should be extended to cover remand prisoners and young prisoners. (8.13)

Not achieved. The initial resettlement needs of short-term prisoners were addressed during the induction programme, with input from housing, offender management, drug and resettlement workers. A rapid interventions officer also provided one-to-one input for prisoners needing more support. However, the provision with regard to ongoing custody planning for the 27% of the population who were unconvicted, unsentenced or serving sentences of less than 12 months was poorly developed. The passport needs assessment had been abandoned, and although an alternative was in development, this did not cover all areas of need and was not used to deliver custody planning.

Further recommendation

8.7 Custody planning should be introduced for all short-term prisoners, including those on remand and young prisoners.

8.8 Parc should receive sufficient resources to implement OASys (offender assessment system) efficiently. (8.14)

Achieved. OASys had been rolled out at the same time as phase two of offender management (OM). This meant that the prison started with a large backlog of those requiring assessment, at a time when it was also introducing the new OM arrangements. At the time of the inspection, there were few assessments outstanding outside the eight-week window for completion. All prisoners requiring assessment on arrival at the prison were allocated to one of the 14 offender supervisors. In OM cases, they relied on the outside offender manager to complete the OASys. In non-OM cases, offender supervisors completed the OASys after interviewing the prisoner concerned and gathering other relevant information.

8.9 There should be a national strategy to deal with the increasing number of prisoners serving indeterminate sentences for public protection. (8.20)

Partially achieved. Prisoners serving indeterminate sentences for public protection (IPP) had been brought under the OM arrangements in January 2008. This meant that IPP prisoners, including those at Parc, were allocated an offender manager in the community and an offender supervisor in prison to case manage them. However, the legacy of a long-term lack of strategic management of IPP prisoners remained, with a large number not in the right prison to meet their needs, and many already over tariff. Few additional resources had been provided to cope with the large number of IPP prisoners in the system, and insufficient offending behaviour programme places were available; until this was addressed, it would continue to impede the progress of IPP prisoners through their sentence.

Further recommendation

8.10 Sufficient resources should be provided to manage IPP prisoners effectively throughout their sentence, including the provision of offending behaviour courses to meet the level of need.

8.11 **There should be facilities to allow young life sentenced prisoners to start their sentences at a main centre in Wales. (8.21)**

Not achieved. There was no facility to allow young life-sentenced prisoners to start their sentence in a specialist lifer unit in Wales, which meant that they had to be moved to prisons in England for this purpose. This resulted in them being held in prisons that were long distances from their family and friends.

We repeat the recommendation.

8.12 **The Youth Justice Board's placement system should ensure that young people from Wales are not located in English young offender institutions if there are places available at Parc. (9.54)**

The juvenile unit was not inspected.

8.13 **Prisoners should receive feedback about the results of home detention curfew applications and appeals. (8.80)**

Achieved. Prisoners were informed in writing of the outcome of home detention curfew applications and appeals. Work on home detention curfew applications was up to date.

Additional information

8.14 At the time of the inspection, the establishment held 63 IPP prisoners and 10 lifers. The position with regard to moving on IPP prisoners had recently improved with the introduction of the third phase of OM, although 13 of those held were over tariff and most were category C prisoners.

8.15 The 10 lifers had been allocated to a lifer-trained offender supervisor, who had ensured that they were seen promptly, and, if needed, an OASys and other relevant paperwork produced. However, no specific support such as lifer forums or lifer days was provided.

8.16 A total of 277 prisoners were in scope for phase two of OM, and 63 for phase three of OM. Such prisoners were allocated an offender supervisor shortly after arrival at the prison and were seen within the first three to four days, when their initial resettlement needs were identified. An OASys assessment was completed within eight weeks and a written sentence plan was produced, which was reviewed yearly. The offender management unit (OMU) team was multidisciplinary, made up of prison and seconded probation staff. The team was dispersed on the residential units, which made them more visible.

8.17 There was good attendance of offender managers at sentence planning boards, with 86% of boards in the previous year being chaired by them in person and most of the remainder involving a telephone conference. This was the product of good joint working between managers at the establishment and probation colleagues in the community. However, there was little involvement of non-OM staff, including personal officers, in sentence planning boards.

- 8.18 Once the sentence plan had been completed, contact between the offender supervisor and prisoner was less structured. While some prisoners, notably prolific offenders, had regular contact from outside workers, and the location of OMU staff on the units made them visible and accessible, most contact was ad hoc until a review was due or six months before release from custody. This left the majority of in-scope prisoners without a structured programme of regular ongoing reviews and/or encouragement.
- 8.19 Offender supervisors also completed OASys assessments for those prisoners out of scope for OM but who nevertheless required a sentence plan, and most of this work was up to date. Once the sentence plan had been completed, like in-scope prisoners, contact was minimal until a review was due.
- 8.20 Public protection was well managed from the OMU, and information circulated to all relevant parties, including informing prisoners of any restrictions. The public protection forum met monthly and records indicated relevant and detailed discussions taking place.

Further recommendations

- 8.21 Lifers and IPP prisoners should be moved on quickly to prisons where their needs can be better met or, if this is not possible, more specialist assistance provided to them.
- 8.22 Lifer forums or days should be held at least twice a year to help lifers to understand and engage with risk reduction and their eventual release.
- 8.23 Personal officers and specialist resettlement staff working with prisoners should be encouraged to attend sentence planning boards.
- 8.24 Offender supervisors should meet with prisoners in scope of offender management on their caseloads at least bi-monthly to discuss progress in achieving targets.

Good practice

- 8.25 *Collaborative work between the prison and outside probation staff had developed excellent relationships, resulting in most sentence planning boards being chaired by external offender managers.*

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

Accommodation

- 8.26 Resettlement opportunities through the release zone should be extended to cover sex offenders. (8.76)

Not achieved. The release zone was no longer delivered. Pre-release resettlement work was instead delivered through a resettlement fair, which was offered to prisoners within four to six weeks of release. For young adults and adults who were not on the vulnerable prisoners unit (D wing), this meant that they could meet a range of prison resettlement staff and community-based groups and employers to discuss release plans and opportunities. Prisoners on D wing had a restricted version of this offered to them, which included input from prison workers but little from community-based groups.

Further recommendation

- 8.27 The opportunities available in the pre-release resettlement fair should be the same for all prisoners.

- 8.28 Levels of prisoner homelessness on release should be checked and, if necessary the mentoring services should be increased. (8.77)

Achieved. Accommodation services were well developed, with input from trained inhouse workers, Prison Link Cymru and Nacro. All prisoners seen during induction had a housing need assessment carried out. In the year to March 2008, 2,037 such assessments had been completed, and records indicated that further work had been undertaken with over 1,700 of these. Arrangements instigated by the Welsh Assembly Government meant that all Welsh prisoners were guaranteed accommodation on release; however, the much smaller number of English prisoners released had no such guarantee. All prisoners indicating a housing need were seen within six weeks of release, although not all pre-discharge prisoners were contacted routinely at this stage to ensure that no homeless prisoners slipped through the net. In the year to the inspection, 148 short-term prisoners had been referred to the transitional support mentoring scheme (TSS), which could provide up to three months' support for offenders with substance-related problems post-release, including assistance in finding and maintaining accommodation. Prisoner mentors from TSS told us that the accommodation guarantee operating for prisoners released into Wales often provided unsuitable housing. For example, some offenders released from Parc (and other prisons) with alcohol problems had been provided with bed and breakfast accommodation located above public houses.

Further recommendations

- 8.29 Prisoners being released to England should have the same guarantee of accommodation as those being released to Wales.
- 8.30 All prisoners within four to six weeks of release should be seen to establish whether they have a suitable release address, and action taken if this is not the case.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

No recommendations were made under this heading at the previous inspection.

Additional information

- 8.31 The community integration manager had recruited two resettlement teachers and planned a number of developments. These included the provision of personal portfolios, a comprehensive pre-release course and improved communication with offender supervisors. It was too early to judge the impact of these initiatives. Classroom facilities to deliver resettlement opportunities were too limited but the prison expansion plans included a new resettlement centre.
- 8.32 There was good access to a range of services on offer from Jobcentre Plus, Careers Wales and Remploy. Nearly all prisoners were aware of the guidance services available to them. Two Careers Wales advisers attended inductions and offered impartial careers advice. However, details of the work done through this service were not integrated into prisoners' individual learning plans or resettlement plans. Information about this service was not contained in the learning and skills information booklet.
- 8.33 Resettlement staff were successful in maintaining the employment of short-term prisoners.
- 8.34 In a few cases, release on temporary licence arrangements had been used successfully to allow prisoners to follow a specialist plastering course at an external venue and complete useful community projects in a local village.
- 8.35 The establishment had previously run regular resettlement events. These involved employment agencies and other training providers attending the prison to talk to prisoners who were about to be released from custody. However, during 2008, these events had only taken place a few times, giving prisoners insufficient help to continue with learning and skills when they left prison.

Further recommendations

- 8.36 Resettlement events should be reinstated.
- 8.37 Prisoners should have information about employment help, and this work should be integrated into their learning and resettlement plans.

Mental and physical health

- 8.38 There were good arrangements for the management of prisoners about to be released. Prisoners were invited to a pre-release clinic a week before release and offered a physical check-up. They were given a letter for their general practitioner (GP), and those without a GP were told how to register with one and given a list of names and addresses for all GPs in the area to which they were to be released. A nurse was in admissions every morning to ensure that prisoners received their medication and to answer any final queries. Prisoners under the management of the mental health in-reach team were also seen by their community psychiatric

nurse before release. Community mental health teams were invited into the prison to discuss release issues and to ensure that throughcare for the prisoner was in place.

Finance, benefit and debt

No recommendations were made under this heading at the previous inspection.

Additional information

- 8.39 The onsite Jobcentre Plus worker provided assistance with benefit claims, and the accommodation officers with rent arrears. A budget management course was offered but, despite plans to extend provision in this area, services were still underdeveloped.

Further recommendation

- 8.40 Provision to support prisoners with their financial and debt issues should be further developed.

Drugs and alcohol

- 8.41 There should be population needs assessments to inform the drug strategy. (8.49)

Achieved. A range of needs assessments had been conducted and an alcohol audit had taken place. Findings informed the current drug and alcohol strategy.

- 8.42 The drug strategy policy should contain detailed action plans and performance measures, and an alcohol strategy should be developed and integrated. (8.50)

Partially achieved. While there were key objectives for some areas, such as voluntary drug testing (VDT), the policy did not contain a comprehensive annual action plan. Alcohol services now formed an integral part of the strategy.

Further recommendation

- 8.43 The drug strategy policy should contain detailed action plans and performance measures.

- 8.44 Clinical management protocols should be comprehensive and drawn up in consultation with a substance misuse specialist. (8.51)

Achieved. A comprehensive range of treatment protocols had been developed in consultation with the specialist GP and the psychiatrist. The establishment was waiting for feedback from the local health board.

- 8.45 Specialist clinical advice should be available to doctors treating substance dependent children and young people. (8.52)

The juvenile unit was not inspected.

- 8.46 The management of the counselling, assessment, referral, advice and throughcare (CARAT) service should be reviewed. (8.56)

Achieved. A team leader, who was accountable to the drug strategy manager, offered casework supervision and line management to five workers. All CARAT staff were now directly employed by the company.

8.47 In light of the number of remands, the structured support for young people should be reviewed, and short duration courses considered. (8.57)

Achieved. Young adults on remand or serving short sentences could access CARAT group work modules covering harm reduction, crack/cocaine awareness and relapse prevention. A total of 70 had participated in these courses during the previous six months. The number eligible for the prison addressing substance-related offending (P-ASRO) programme had increased, with young adults now making up 25% of participants.

8.48 A peer support scheme should be developed for those who have completed the P-ASRO programme. (8.58)

Achieved. A full-time peer supporter offered one-to-one support during and after the course. He had received training for this role and was supervised by the P-ASRO treatment manager. Rolling peer support groups had been running on different wings, and were due to restart. P-ASRO facilitators also offered pre-release refresher groups.

8.49 Prisoners found guilty of drug use should not also be demoted in the incentives and earned privileges (IEP) scheme, and there should be a support mechanism to assist prisoners who fail drug tests. (8.59)

Partially achieved. Under the prison's compliance testing scheme, enhanced level prisoners who tested positive were demoted and relocated if they resided on one of the VDT units. They were referred to the CARAT service, but review panels to discuss options with prisoners no longer met and support had not been formalised.

8.50 Voluntary drug testing (VDT) should be available to all prisoners regardless of location. (8.60)

Partially achieved. VDT was available on the adult (C wing) and the young adult (B3) VDT units, as well as on D wing (the vulnerable prisoner unit). All enhanced level prisoners on A4 and on other units were expected to sign compliance testing compacts but VDT was not open to those on a standard regime on general units.

We repeat the recommendation.

8.51 The VDT units for adults and for young prisoners should offer structured support. (8.61)

Not achieved. Peer support and relapse prevention modules had been discontinued on C wing owing to lack of resources within the CARAT team, and staff told us that the ethos of the VDT unit had been lost. On B3, officers had delivered a support programme (called 'get sorted') but this too had stopped as a result of re-profiling.

We repeat the recommendation.

8.52 There should be health promotion initiatives to raise prisoner awareness about the use of anabolic steroids. (8.62)

Achieved. Health promotion initiatives were mainly aimed at young adults. The gym induction programme incorporated steroid awareness, and a focus on weight training was discouraged. One of the gym instructors had undertaken specialist training to develop initiatives and he

linked in with the drug strategy group. A CARAT worker also specialised in this area and offered one-to-one information; he worked closely with nursing staff. There was no evidence that steroid use had reached problematic levels.

8.53 The voluntary drug testing facility on C wing should be refurbished. (8.63)

Not achieved. The VDT suite was cramped and was also used as a storage area.
We repeat the recommendation.

Additional information

- 8.54** The substance misuse nurse was also responsible for ensuring that treatment continued in the community, and this could be challenging. There were restrictions placed on referrals by a new prescribing service, which treated prisoners participating in the drug intervention programme (DIP).
- 8.55** Supply reduction was well integrated with treatment services. All prisoners testing positive were referred to the CARAT service, and the security department was represented at drug strategy meetings.
- 8.56** A total of 256 adults and 34 young adults were on compliance testing compacts during July 2008. Testing took place with the required frequency but prisoners were not risk assessed. As a result of the VDT needs analysis, both compliance and VDT schemes were under review.
- 8.57** A dedicated drug strategy manager coordinated the different strands of the strategy effectively. She represented the prison at community and area planning meetings and ensured cohesive work between services and departments internally. Drug strategy meetings were well attended and took place quarterly. The manager also fed information into the reducing reoffending strategy and attended monthly CARAT team meetings and the VDT steering group.
- 8.58** A range of joint working protocols had been developed and there was a good level of multidisciplinary work between providers. This facilitated the care coordination of prisoners and young adults.
- 8.59** The CARAT service consisted of a team leader and five workers, with an additional worker due to start. Supervision and management arrangements were appropriate. The team offered daily induction input for prisoners, young adults and vulnerable prisoners separately, and was on target to meet the triage assessment key performance target of 270 per year.
- 8.60** In July 2008, the active caseload stood at 297 (including 62 young adults), with another 49 files suspended. This was high in relation to team resources but low considering the size of the population and the fact that 47% of prisoners and 46% of young adults said that they had a drug problem on arrival (compared with 12% of adults at other training prisons and 13% of young adults in young offender institutions). Alcohol problems were even more pronounced: 45% of adults and 31% of young adults said they had an alcohol problem on admission to the prison. This compared with only 14% and 16% at the time of the previous inspection – a significant rise. In addition to one-to-one work, prisoners could access three validated group work modules: a one-day drug and alcohol harm reduction module, a one-day drug and alcohol relapse prevention module and a three-day crack/cocaine awareness module.
- 8.61** CARAT staff could not provide ongoing intervention to primary alcohol users, and the needs analysis had identified that an alcohol programme was required. The prison was due to pilot

the control of violence and aggression for angry and impulsive drinkers (COVAID) programme, which could be delivered on a one-to-one or on a group work basis.

- 8.62 The CARAT service was well integrated into the prison and was represented at relevant meetings. Care plans were copied to the OMU, and joint work with health services included monthly dual diagnosis meetings.
- 8.63 Prisoners and young adults with at least six months left of their sentence could undertake the P-ASRO programme, which continued to be well run. In 2007, 96 had started and 88 completed the course. The tripartite management structure was in place, including a dedicated treatment manager. Four facilitators were in post, assisted by the peer supporter. The team linked in closely with CARAT and health services. Post-course reviews were well attended and involved family members, offender managers and supervisors, as well as personal officers.
- 8.64 Good throughcare links with four local DIP teams had been developed, 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; 109 prisoners had been allocated a mentor during the previous six months.

Further recommendations

- 8.65 CARAT service provision should be increased to meet the needs of the population.
- 8.66 An alcohol programme should be provided.
- 8.67 The establishment should review its compliance and VDT schemes. Testing frequency should be determined by individual risk assessments.

Children and families of offenders

- 8.68 **The use of release on temporary licence (ROTL) should be extended. (8.78)**

Partially achieved. In the year to the inspection, there had been 580 uses of ROTL, involving a small number of prisoners, almost exclusively for the purposes of community project work and to maintain family ties. ROTL was not used to support wider resettlement activities – for example, to attend job and rehabilitation interviews.

We repeat the recommendation.

- 8.69 **Prisoners should have the opportunity to participate in ROTL board discussions, unless there are specific reasons to the contrary. (8.79)**

Partially achieved. While prisoners could attend ROTL boards, they were not routinely informed of this or formally invited.

We repeat the recommendation.

Additional information

- 8.70 There was a genuine commitment to providing services for prisoners' families. In addition to the improvements made to basic visits provision (see paragraph MR11), a steering group known as 'Parc Supporting Families' (PSF) had been created in an attempt to provide a strategic and multidisciplinary approach to maintaining and enhancing prisoners' family ties.

PSF had established links not only with different departments within the establishment, but also with various community partner agencies.

- 8.71 A range of additional services was provided, including family-centred visits. These were run once a month and provided an opportunity for prisoners to spend quality time with their families and children. A range of additional activities was provided, as well as free refreshments for visitors, partly funded by prisoners themselves. Family liaison officers were based on every wing as a first point of contact. Other initiatives included a 'Learning Together' club, whereby fathers worked to achieve an Open College Network 'Helping Your Child' qualification and then had special visits with their children, where they helped them with their homework. Prisoners spoke positively about these visits. Storybook Dads and the Big Book Share scheme were also run, in addition to the Parenting Matters group programme being piloted with Barnardos Cymru, both for prisoners and for their partners. Another improvement to the experiences of visitors had been the introduction of a free bus service to the prison. There were other initiatives underway or in the process of being developed and, overall, services were good.

Attitudes, thinking and behaviour

- 8.72 **A needs analysis should be carried out to determine the range and number of programmes at Parc. (8.30)**

Achieved. A needs analysis completed at the prison and collaboratively in the Welsh region had highlighted some gaps in offending behaviour programme (OBP) provision. These included interventions to address alcohol misuse, domestic violence and anger management. Parc had been involved in pilot work to develop programmes to meet some of these needs, supplying a tutor for the Integrated Domestic Abuse Programme (IDAP) course run in HMP Cardiff.

Additional information

- 8.73 A range of OBPs were run at the prison. These included enhanced thinking skills (ETS), with 48 places available each year; the rolling sex offender treatment programme, with 24 places; focus on resettlement, with 82 places and P-ASRO, with 96 places. All achieved or exceeded targets each year, and had achieved good external audit results.
- 8.74 At the time of the inspection, ETS was running with a significant waiting list of 105 prisoners, which meant that some prisoners assessed as needing the course would be released without doing so. Higher-risk and other priority offenders were prioritised for the places available.
- 8.75 A range of non-accredited programmes was offered, overseen by an interventions panel, which ensured their efficacy and integrity. The deputy governor and senior managers involved in reducing reoffending work made up the interventions panel and sat regularly to review any newly developed non-accredited programme. Non-accredited interventions included a deniers programme for sex offenders, a motivational course and a simple problem-solving programme for young adults.

Further recommendation

- 8.76 Sufficient enhanced thinking skills places should be available to meet the need of the population.

Good practice

8.77 *The interventions panel was attended by a range of managers and specialists to oversee the introduction of any new non-accredited courses, ensuring their appropriateness to meet a pre-determined need.*

Section 9: Summary of recommendations, housekeeping points and good practice

The following is a listing of recommendations, housekeeping points 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**

- 9.1 The amount and range of education should be improved and monitored as a matter of urgency. (HP45)
- 9.2 All prisoners should have access to meaningful work, and there should be more opportunities to acquire work skills. (HP46)
- 9.3 The role and function of Parc should be clarified. (HP47)
- 9.4 There should be adequate provision in Wales for vulnerable young adults and for those sentenced to indefinite life sentences. (HP48)
- 9.5 Managers should ensure that staff interact more readily with prisoners on their units and are trained and supported to assist prisoners and challenge inappropriate behaviour. (HP49)
- 9.6 All staff should be trained in race relations and diversity, including the prison's own diversity strategy and race relations policy. (HP50)
- 9.7 A dedicated stabilisation/detoxification unit, with a supportive regime and structured support, should be established. (HP51)

Recommendations **to NOMS**

- 9.8 There should be facilities to allow young life sentenced prisoners to start their sentences at a main centre in Wales. (8.11)

Recommendations **to the Director**

First days in custody

- 9.9 The reception process should be prisoner-focused rather than process driven. (1.5)
- 9.10 Subject to risk assessment, prisoners should have greater access to the Insiders while waiting in reception. (1.8)
- 9.11 Information displayed in the holding rooms should be in a variety of relevant languages. (1.9)
- 9.12 The availability of showers in reception should be promoted and the proportion of prisoners able to shower before being locked up on their first night should be increased. (1.11)

- 9.13 Information given to prisoners during the reception and first night procedures and induction should be legible, accurate and up-to-date. (1.12)
- 9.14 First night cells should be furnished appropriately and offer a more welcoming environment. (1.14)
- 9.15 There should be support systems for prisoners on their first night and night staff should be familiar with prisoners new to custody and the prison. (1.15)
- 9.16 The induction programme on D wing should be similar in length to those on the main induction wings and should not clash with other regime activities. (1.18)
- 9.17 Listeners should be involved in the induction programme. (1.20)
- 9.18 Other than in exceptional circumstances, prisoners should be transferred to the induction wings in sufficient time for full first night procedures to be completed and to allow them to settle on the wing before being locked up for their first night. (1.28)
- 9.19 Listeners and Insiders should be available on the induction wings to complement the work of first night staff and advise and support new arrivals. (1.29)

Residential units

- 9.20 Cells in a poor state of decoration should be repainted. (2.1)
- 9.21 Shared cells should have adequate storage space. (2.3)
- 9.22 Prisoners should be provided with a lockable cupboard. (2.4)
- 9.23 Prisoners should be provided with outdoor clothing for inclement weather. (2.6)
- 9.24 Suitable headwear should be provided for inclement weather. (2.7)
- 9.25 Notices on wing notice boards should be readable and in a range of languages (2.8)
- 9.26 The policy on offensive displays should be applied consistently. (2.16)
- 9.27 Cell call bells should be answered promptly. (2.17)
- 9.28 Shower areas should be screened adequately, and a policy for prisoners' state of dress while out on the landings introduced. (2.18)
- 9.29 Prisoners out of their cells should be properly dressed, and this should be enforced. (2.19)

Personal officers

- 9.30 Personal officers should play an active part in key aspects of the care of prisoners for whom they are responsible, including attendance at relevant reviews and committees. (2.30)

Bullying and violence reduction

- 9.31 The violence reduction strategy should contain a protocol to enable staff to monitor and document the activities of prisoners who are suspected of bullying, without their knowledge. (3.2)
- 9.32 Staff should be alert to any bullying of vulnerable prisoners or their visitors on their way to visits and should intervene. (3.6)
- 9.33 Prisoner representatives other than Listeners should be invited and encouraged to attend the main violence reduction committee meeting. (3.8)
- 9.34 An action plan for the implementation of the violence reduction strategy should include plans for the evaluation of the new procedures. All relevant departments should be provided with feedback. (3.16)
- 9.35 An evaluation of the new strategy should incorporate a comparison of bullying and violence levels pre- and post-implementation. (3.17)
- 9.36 Anti-bullying monitoring should not automatically be suspended when an ACCT form is opened. (3.18)
- 9.37 All staff should receive training in violence reduction awareness by the target date of March 2009, and there should be a programme of refresher training. (3.19)

Self-harm and suicide

- 9.38 The safer custody meeting should review all ACCT documents and incidents of self-harm to identify any areas for improvement to practice and policy. (3.23)
- 9.39 Information on the reasons for the use of Listeners should be logged, and analysed by the safer custody meeting for possible action. (3.27)
- 9.40 The suicide prevention and self-harm policy and procedures should be updated in consultation with relevant external agencies and Listeners, to reflect recognised good practice in reducing the risk of self-harm. (3.33)
- 9.41 The safer custody committee should meet regularly and ensure regular attendance and contribution from designated disciplines and Listeners. (3.34)
- 9.42 The quality of care maps and reviews in open ACCT cases should be closely monitored and prisoners should not remain subject to monitoring for longer than is necessary. (3.35)
- 9.43 There should be more opportunity for prisoners' families and friends to contribute to the support and care of prisoners at risk of self-harm, and consideration should be given to their involvement in each case. (3.36)
- 9.44 Recommendations from investigations into deaths in custody should be combined into a central action plan or incorporated into the safer custody action plan, and progress against the recommendations monitored by the safer custody committee. (3.37)

- 9.45 All prisoners should have access to a Samaritan telephone at night. (3.38)
- 9.46 Procedures should be introduced to record and monitor effectively the use of the crisis suite. (3.39)

Diversity

- 9.47 The equalities and inclusion policy should be informed by a needs analysis and focus more on service provision and how it meets the needs of the diverse population. (3.49)
- 9.48 A Buddy system for prisoners with disabilities should be explored to provide additional support to disabled prisoners and those with mobility difficulties. (3.50)
- 9.49 The over-50s group should be available to all at the establishment who are eligible, and the particular needs of this group of prisoners should be assessed. (3.51)
- 9.50 A process should be introduced for reporting homophobic incidents. (3.52)
- 9.51 Prisoners with disabilities should be identified at reception and a care plan drawn up for their management. (3.53)
- 9.52 Links with the voluntary and community sectors for the resettlement of older prisoners should be formalised. (3.54)

Race equality

- 9.53 Deficiencies identified in the Commission for Racial Equality report should be addressed in the prison's action plan. (3.57)
- 9.54 The RRMT should investigate concerns about tensions between English and Welsh prisoners. (3.58)
- 9.55 Any discriminatory patterns highlighted through ethnic monitoring should be investigated and appropriate action taken, and staff and prisoners should be informed of such action. (3.60)
- 9.56 The prisoner race relations representatives should play a greater part in the REAT and have a slot in which to feed back prisoner views and experiences. (3.68)
- 9.57 Completed investigations of racist incidents should be monitored independently and routinely. (3.71)
- 9.58 Reports into investigations of racist incidents should include a detailed account of the investigation and the subsequent action. (3.72)
- 9.59 Prisoners and staff who display racist behaviour in any form should be challenged. (3.73)
- 9.60 Victims and reporters of racist incidents should be protected. (3.74)
- 9.61 There should be displays throughout the prison and other activities promoting diversity. (3.80)

Foreign national prisoners

- 9.62 Immigration detainees should not be held in Prison Service custody beyond the end of their sentence. (3.82)
- 9.63 A needs analysis of the foreign national prisoner population should be undertaken and regularly updated, and should inform a foreign nationals policy. (3.83)
- 9.64 There should be foreign national prisoner representatives on the foreign nationals committee and in the prison; foreign national prisoners should have good access to them. (3.85)
- 9.65 A foreign nationals support group should meet at least monthly and report to the foreign nationals committee. (3.88)
- 9.66 A list of languages spoken by staff and prisoners should be updated and circulated to staff. (3.90)
- 9.67 There should be formal contact with local accredited immigration advice and support agencies. (3.92)

Applications and complaints

- 9.68 The applications process should be reviewed to place more responsibility on residential staff to resolve prisoner concerns. (3.94)
- 9.69 Information about applications and complaints should be available in a variety of formats and languages that are accessible to prisoners with reading or language difficulties. (3.95)
- 9.70 Data on complaints that are rejected, upheld or withdrawn, or go to appeal should be collected and analysed. (3.97)
- 9.71 Residential staff should seek to resolve routine matters informally. (3.98)
- 9.72 There should be an audit trail for applications, which notes when the prisoner receives a response. (3.99)
- 9.73 Managers should implement a system whereby prisoners who complain about staff do not face recrimination. (3.104)
- 9.74 Quality checks of complaints should be improved and outcomes recorded. (3.105)

Legal rights

- 9.75 There should be a dedicated and trained legal services officer to provide information and support for prisoners. (3.109)

Substance use

- 9.76 Appropriate first night medication should be issued consistently, new patient group directions implemented and reception nurses trained accordingly. (3.111)

- 9.77 There should be individual care plans and reviews for prisoners undergoing detoxification. (3.113)
- 9.78 The clinical substance misuse service should be adequately resourced to provide comprehensive assessments and coordinated care to adult and young adult prisoners. (3.122)
- 9.79 The establishment should ensure that target testing is undertaken within the required timeframe. (3.123)
- 9.80 The practice of automatically imposing closed visits on prisoners testing positive for a class A drug should cease. (3.124)

Health services

- 9.81 The pharmacy accommodation should be redesigned and refurbished to provide secure storage for medication and equipment, and confidential areas for pharmacy staff to hold clinics. (4.1)
- 9.82 Wing treatment rooms should be refurbished and fitted with lockable metal cupboards for pharmacy items, and all medicines should be stored in them whenever they are not in use. (4.2)
- 9.83 Loose medicines should not be left out in treatment rooms, and all medicines should be kept in the original manufacturer's carton. (4.3)
- 9.84 The admissions medical room should be relocated to a more secure site in the department and laid out to provide a safe environment for staff. (4.7)
- 9.85 Prescription and administration charts should be completed accurately. (4.8)
- 9.86 The role of the pharmacist should be reviewed to ensure that full benefit is derived from having a pharmacy in house, and pharmacy clinics should be introduced. (4.9)
- 9.87 Dedicated health forums, at which nominated wing representatives can meet with senior health professionals, should be initiated to provide an opportunity for prisoners to discuss general health issues and for health services staff to inform prisoners of any planned changes in the provision of health services. (4.14)
- 9.88 The use of general stock medication should be audited and stock should be reconciled with prescriptions issued. (4.15)
- 9.89 The special sick policy should be reviewed and a suitable list of medicines for supply by nurses for minor ailments agreed. Introduction of patient group directions should be considered. (4.16)
- 9.90 Extra sessions for the optician should be introduced to reduce the waiting list. (4.19)
- 9.91 The health needs assessment, with a supporting action plan, should be updated as a matter of urgency. (4.55)
- 9.92 An electronic clinical patient management system should be introduced. (4.56)
- 9.93 The observation cell in the inpatient association area should be returned to normal use and the perspex window removed. (4.57)

- 9.94 Pharmacy staff should regularly check medication held in the treatment rooms. (4.58)
- 9.95 Additional substance misuse workers, including nursing and administrative staff, should be recruited to ensure that prisoners receive appropriate care and support. (4.59)
- 9.96 A record of health services staff signatures and designations should be readily available to personnel accessing clinical records. (4.60)
- 9.97 All young adults under the age of 24 should be offered the MMR vaccination on admission. (4.61)
- 9.98 Barrier protection should be provided and prisoners should receive appropriate health information. (4.62)
- 9.99 Additional administrative staff should be employed to make outpatient appointments and deliver the appointments to the patient. (4.63)
- 9.100 When a prisoner is supplied with special sick medicines, the administration should be recorded on a prescription and administration chart. This should include the name of the prisoner, the date of supply and why the medication was given. Pharmacy staff should audit stock regularly to reconcile usage. (4.64)
- 9.101 Medicines such as paracetamol and ibuprofen should be allowed to be held in-possession, following a documented risk assessment. (4.65)
- 9.102 There should be a formal procedure for disposal of controlled drugs confiscated on admission. (4.66)
- 9.103 Nurses entering the pharmacy out of hours should always record their name, the time and the purpose for which the pharmacy was entered. (4.67)
- 9.104 Regular audits should be undertaken by pharmacy staff. (4.68)
- 9.105 If in-possession medication is not collected by patients, there should be follow-up procedures to investigate whether the medication is still required. (4.69)
- 9.106 Strip clothing should only be used in the healthcare unit in exceptional circumstances, and the patient should be returned to normal clothing at the earliest opportunity. A central record of the use of strip clothing should be held. (4.70)
- 9.107 All primary mental health policies should be reviewed and updated annually. (4.71)
- 9.108 Mental health awareness for all officers should be updated at least annually. (4.72)
- 9.109 The primary mental health in-house team should introduce coping strategies for prisoners with low level mental health needs. (4.73)
- 9.110 Generic counselling services should be introduced to provide more support for prisoners (4.74)

Learning and skills and work activities

- 9.111 There should be a wider range of educational programmes for vulnerable prisoners. (5.1)

- 9.112 Additional evening and weekend classes should be provided. (5.2)
- 9.113 Allocation to education classes should be properly co-ordinated and should reflect prisoners' needs and initial skills assessments. (5.3)
- 9.114 Literacy and numeracy provision should meet the needs of prisoners and include classes for speakers of English as a second language. (5.4)
- 9.115 There should be arrangements to cover for teachers' absences. (5.6)
- 9.116 Prisoners in workshops should have sufficient work to occupy them during the working day. (5.9)
- 9.117 Cancellations of library sessions should be minimal. (5.22)
- 9.118 Prisoners on the vulnerable prisoners unit should have better access to the library for recreational purposes and to carry out research projects. (5.23)

Physical education and health promotion

- 9.119 The prison should ensure that the provision of a new houseblock on the existing AstroTurf does not lead to loss of external play areas in the future. (5.34)

Faith and religious activity

- 9.120 The multi-faith room should be relocated to a larger and more welcoming venue (5.40)
- 9.121 The chaplaincy team should be more fully integrated into all aspects of prison life, and effective communications should be established with other departments and policy leads (5.41)

Time out of cell

- 9.122 Staff should adhere to the advertised regime, and make routines more predictable to prisoners. (5.50)
- 9.123 Staff should be encouraged to challenge inappropriate behaviour by prisoners on exercise and association, and gambling activity should cease. (5.58)
- 9.124 The practice of ceasing movement for the general prisoner population at certain times should be reviewed to enable more productive use of staff and prisoner time. (5.59)
- 9.125 Additional activities should be provided for unemployed prisoners. (5.60)

Discipline

- 9.126 Arrangements for education and other regime opportunities for longer stay segregation unit prisoners should be improved and provided consistently. (6.14)
- 9.127 Prisoners should spend the minimum amount of time in special accommodation and there should be meaningful interaction with prisoners there, to facilitate them being returned to normal accommodation as soon as possible. (6.17)

- 9.128 Reasons for the use of strip clothing should be recorded. (6.18)
- 9.129 Prisoners should only be placed strip clothing in exceptional circumstances, where it is essential for their safety, and for the shortest possible period. (6.19)
- 9.130 Behaviour targets should be individualised and take into consideration prisoners' individual needs and risk factors. (6.25)

Incentives and earned privileges

- 9.131 The incentives and earned privileges (IEP) scheme should be reviewed to determine its effectiveness. (6.26)
- 9.132 The rules governing IEP and its application should be set out and consistently applied. (6.27)
- 9.133 Regular IEP boards should be held with representatives of all units present to encourage consistency throughout. Staff should be made aware of what managers are looking for in their quality checks. (6.30)

Catering

- 9.134 Breakfast should be served on the day it is to be eaten. (7.5)
- 9.135 Lunch should be served between noon and 1.30 pm and dinner between 5pm and 6.30pm. (7.6)

Prison shop

- 9.136 Maximuscle Prograin weight gain powder should be removed from the shop list for young adults. (7.10)

Strategic management of resettlement

- 9.137 There should be a comprehensive resettlement needs analysis of the prisoner population, and its results used to inform all service developments in resettlement. (8.1)
- 9.138 The reducing reoffending policy group should meet more regularly and focus on both offender management and the resettlement pathways. (8.4)
- 9.139 Sentence planning targets should be individualised. (8.5)
- 9.140 Custody planning should be introduced for all short-term prisoners, including those on remand and young prisoners. (8.7)
- 9.141 Sufficient resources should be provided to manage IPP prisoners effectively throughout their sentence, including the provision of offending behaviour courses to meet the level of need. (8.10)
- 9.142 Lifers and IPP prisoners should be moved on quickly to prisons where their needs can be better met or, if this is not possible, more specialist assistance provided to them. (8.21)

- 9.143 Lifer forums or days should be held at least twice a year to help lifers to understand and engage with risk reduction and their eventual release. (8.22)
- 9.144 Personal officers and specialist resettlement staff working with prisoners should be encouraged to attend sentence planning boards. (8.23)
- 9.145 Offender supervisors should meet with prisoners in scope of offender management on their caseloads at least bi-monthly to discuss progress in achieving targets. (8.24)

Resettlement pathways

- 9.146 The opportunities available in the pre-release resettlement fair should be the same for all prisoners. (8.27)
- 9.147 Prisoners being released to England should have the same guarantee of accommodation as those being released to Wales. (8.29)
- 9.148 All prisoners within four to six weeks of release should be seen to establish whether they have a suitable release address, and action taken if this is not the case. (8.30)
- 9.149 Resettlement events should be reinstated. (8.36)
- 9.150 Prisoners should have information about employment help, and this work should be integrated into their learning and resettlement plans. (8.37)
- 9.151 Provision to support prisoners with their financial and debt issues should be further developed. (8.40)
- 9.152 The drug strategy policy should contain detailed action plans and performance measures. (8.43)
- 9.153 Voluntary drug testing (VDT) should be available to all prisoners regardless of location. (8.50)
- 9.154 The VDT units for adults and for young prisoners should offer structured support. (8.51)
- 9.155 The VDT facility on C wing should be refurbished. (8.53)
- 9.156 CARAT service provision should be increased to meet the needs of the population. (8.65)
- 9.157 An alcohol programme should be provided. (8.66)
- 9.158 The establishment should review its compliance and VDT schemes. Testing frequency should be determined by individual risk assessments. (8.67)
- 9.159 The use of release on temporary licence (ROTL) should be extended. (8.68)
- 9.160 Prisoners should have the opportunity to participate in ROTL board discussions, unless there are specific reasons to the contrary. (8.69)
- 9.161 Sufficient enhanced thinking skills places should be available to meet the need of the population. (8.76)

Housekeeping points

Residential units

- 9.162 Prisoners should be given more opportunities to clean their cells. (2.20)
- 9.163 Prisoners should be allowed to have curtains as earned privileges. (2.21)

Self-harm and suicide

- 9.164 Photographs of the current Listener group should be displayed on residential units and in key areas around the prison, to allow prisoners to identify them. (3.40)
- 9.165 All Listeners should visit the crisis suite and have the facilities and procedures explained to them, and such a visit should form part of future Listener training. (3.41)

Race equality

- 9.166 The prisoner focus groups should be better advertised across the establishment and wings, and all prisoners should have access to the minutes of the meeting and dates for future meetings. (3.69)

Foreign national prisoners

- 9.167 Photographs and the role of the foreign national prisoner representatives should be publicised across the wings. (3.86)
- 9.168 Staff should be informed of the foreign nationals steering group and minutes should be available to foreign national prisoners and staff. (3.87)

Applications and complaints

- 9.169 The supply of complaints forms on residential units should be replenished daily. (3.106)

Health services

- 9.170 The inpatient shower area should be redecorated and have a regular cleaning schedule. (4.75)
- 9.171 Wing treatment rooms should have a regular cleaning schedule. (4.76)

Discipline

- 9.172 Injury to inmate forms should be filed with the use of force paperwork. (6.13)

Examples of good practice

Bullying and violence reduction

- 9.173 A local community arts project was producing a film with prisoners about issues of bullying and violence reduction. It was intended to use this as part of prisoner induction and in violence awareness training. (3.20)
- 9.174 The prison monitored the nationality and geographical origin of prisoners involved in fights to provide them with data to enable them to monitor any emerging trends or patterns. (3.21)

Health services

- 9.175 The 'drop in' clinic provided the opportunity for vulnerable prisoners, including older prisoners, to seek informal advice from health services staff without having to attend the healthcare unit. (4.77)

Prison shop

- 9.176 A weekly purchasing surgery was held on residential units. (7.11)

Strategic management of resettlement

- 9.177 Collaborative work between the prison and outside probation staff had developed excellent relationships, resulting in most sentence planning boards being chaired by external offender managers. (8.25)

Resettlement pathways

- 9.178 The interventions panel was attended by a range of managers and specialists to oversee the introduction of any new non-accredited courses, ensuring their appropriateness to meet a pre-determined need. (8.77)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Jonathan French	Team Leader
Karen Dillon	Inspector
Gail Hunt	Inspector
Vinnett Pearcy	Inspector
Sara Snell	Inspector
Sean Sullivan	Inspector
Lucy Young	Inspector
Bridget McEvilly	Healthcare inspector
Sigrid Engelen	Substance use inspector
John Reynolds	Dental services inspector
Jill Williams	Pharmacy inspector.
Sandra Fieldhouse	HM Inspectorate of Probation
Samantha Booth	Researcher
Ellie Davies-Hoare	Researcher
Catherine Nicols	Researcher
Rachael Bubalo	Team leader, Estyn
Jenny Blackaby	Estyn inspector
Alun Connick	Estyn inspector
Angharad Reed	Estyn inspector
Malcolm Ware	Estyn inspector

Appendix II: Prison population profile

Information not available.

Appendix III: Staff–prisoner relationship interviews

On Tuesday 8 July 2008, 20 prisoners were approached by the research team to undertake structured interviews regarding staff–prisoner relationships at HMP/YOI Parc. Individuals were randomly selected from each unit, excluding the segregation unit and healthcare unit.

Two interviews were conducted on C and D wings and eight on A and B wings.

Interviews were undertaken in a private interview room, and participation was voluntary.

An interview schedule was produced for the purpose of maintaining consistency; thus, all interviewees were asked the same questions. All interviewees were asked to identify whether the questions identified staff behaviour/attitudes that existed at HMP/YOI Parc, as well as rating the behaviour/attitudes on a scale of 1–4 (1 = most positive score to 4 = most negative score). A 'seriousness score' was then calculated, multiplying the number of individuals who felt that the negative behaviour/attitudes existed by the average rating score.

Demographic information

- Average length of time in prison on this sentence was approximately 11.5 months, ranging from one month to four years
- Average length of time at HMP/YOI Parc was approximately six months, ranging from one month to 20 months
- For seven interviewees, this was their first time in prison
- Nineteen interviewees were sentenced, one serving a life sentence. Sentence length ranged from three months to nine years (excluding those serving life sentences).
- Average age was 27 (ranging from 18 to 46)
- Seven interviews were conducted with black and minority ethnic prisoners and 13 with white prisoners
- One interviewee did not have English as a first language.
- Three interviewees self-reported their religion as Christian; three as Muslim; two as Church of England, one as Roman Catholic, one as Buddhist and the remaining 10 stated that they had no religion.
- Four interviewees stated that they had a disability
- One interviewee stated that he was a foreign national

Staff–prisoner relationships

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern, as well as rating the problem as being high – that is, 4 (on a scale of 1–4).

	This negative behaviour/ attitude exists (number of respondents)	Average rate	Seriousness score
Staff do not routinely knock before entering cell	16	4	64
Staff address prisoner by names other	15	3.73	56

than first names or Mr/Miss			
Staff fail to encourage prisoner to engage in activities	14	3.79	53
Staff do not provide assistance in applying for jobs/ education/ ROTL etc	12	3.92	47
Staff treat prisoners unfairly	12	3.17	38
Staff fail to help prisoners maintain contact with family	10	3.8	38
Lack of trust in staff to deal with problems in confidence	9	3.78	34
Unfair application of prison rules by staff	10	3.3	33
Staff unfair in dealing with applications	9	3.56	32
Staff display inappropriate behaviours	12	2.58	31
Lack of staff to turn to for help, if there is a problem	8	3.88	31
Staff fail to promote responsible behaviour	8	3.75	30
Staff unhelpful with questions or day-to-day issues	7	3.57	25
Personal officers unapproachable for help	6	4	24
Staff fail to challenge inappropriate behaviour	7	3.29	23
Staff do not place an appropriate amount of trust in prisoner	6	3.67	22
Staff unfair and inconsistent in dealing with IEP scheme	6	3.67	22
Staff are aggressive in their body language	7	2.79	19.5
Staff members give something to prisoner in return for favours	7	2.71	19
Staff say inappropriate comments/ display inappropriate attitudes	7	2.57	18
Staff do not take bullying seriously	5	3.6	18
Staff do not allow prisoner to arrive to activities on time	5	3.4	17
Staff do not interact with prisoner	4	3.75	15
Most staff are disrespectful	5	2.6	13
Staff response to fighting in not appropriate/ sufficient	3	4	12
Staff unfair in dealing with complaints	3	3.33	10
Staff discrimination by ethnicity	3	2.67	8
Prisoner disrespectful to staff	2	2	4
Staff discrimination by religion	1	2	2
Staff discrimination by sexual orientation	0	0	0
Staff discrimination by age	0	0	0
Staff discrimination by disability	0	0	0

Overall ratings

Interviewees were asked to give a rating for staff–prisoner relationships at HMP/YOI Parc, with 1 being excellent and 4 being poor. Interviewees were asked to do this for specific staffing groups:

- Officers were rated as 2.25 (all 20 interviewees provided a rating)
- Health services staff were rated as 2.21 (16 interviewees provided a rating)
- Education staff were rated as 1.63 (eight interviewees provided a rating)
- PE/ gym staff were rated as 2.11 (17 interviewees provided a rating)
- Non-uniform staff (specialist services; e.g. psychology/CARAT) were rated as 2.14 (14 interviewees provided a rating)

Average ratings for officers by wing

- C wing – 2
- D wing – 1.5
- A wing – 2.4
- B wing – 2.4

Appendix IV: Use of force analysis

1. Use of force register

An analysis of the use of force register was conducted for the months of April, May and June 2008. Results are detailed below:

- The number of use of force incidents across the months was as follows:

April	37
May	56
June	35
Total	128

- Use of force incidents were split across age groups as follows:

Young people	61 (48%)
Young adults	56 (44%)
Adults	11 (9%)
Total	128

- The ethnicity of young people, young adults and adults against whom use of force was used was as follows:

Ethnicity	YP (no; % within age group)	YA (no; % within age group)	Adult (no; % within age group)	Overall
White (including white other)	50 (82%)	45 (80%)	10 (91%)	105 (82%)
Black	9 (15%)	6 (11%)	1 (9%)	16 (13%)
Mixed	/	3 (5%)	/	3 (2%)
Asian	2 (3%)	2 (4%)	/	4 (3%)
Total	61	56	11	128 (100%)

- Events were recorded as planned/unplanned as follows, broken down by age group:

	YP (no; % within age group)	YA (no; % within age group)	Adult (no; % within age group)	Overall
Planned	1 (2%)	8 (14%)	1 (9%)	10 (8%)
Unplanned	60 (98%)	48 (86%)	10 (91%)	118 (92%)
Total	61	56	11	128 (100%)

- Use of force occurred in the following locations, broken down by age group:

Location	YP (no; % within age group)	YA (no; % within age group)	Adult (no; % within age group)	Overall
A wing	/	/	5 (45%)	5 (4%)

C wing	/	/	1 (9%)	1 (1%)
D wing	/	/	/	0
B wing	/	43 (77%)	1 (9%)	44 (34%)
Healthcare	/	6 (11%)	2 (18%)	8 (6%)
Seg/adjudication room	2 (3%)	5 (9%)	1 (9%)	8 (6%)
Other (gym/POW hospital/Area 1 etc)	1 (2%)	2 (4%)	1 (9%)	4 (3%)
E1/G	58 (95%)	/	/	58 (45%)
Overall	61	56	11	128 (100%)

- The events leading to each incident was recorded on the register as follows, broken down by age group:

	YP (no; % within age group)	YA (no; % within age group)	Adult (no; % within age group)	Overall
Non-compliance	15 (25%)	12 (21%)	3 (27%)	30 (23%)
Fight with /assault on prisoner	31 (51%)	33 (59%)	3 (27%)	67 (52%)
Assault on staff	4 (7%)	4 (7%)	3 (27%)	11 (9%)
Self-harm/prevent injury to self	1 (2%)	1 (2%)	/	2 (2%)
Relocation to seg	/	1 (2%)	/	1 (1%)
'Not known'	6 (10%)	4 (7%)	2 (18%)	12 (9%)
'Searches'	1 (2%)	1 (2%)	/	2 (2%)
Other	2 (3%)	/	/	2 (2%)
Damaged cell	1 (2%)	/	/	1 (1%)
Total	61	56	11	128 (100%)

- The circumstances surrounding the incidents was recorded as follows, broken down by age group:

	YP (no; % within age group)	YA (no; % within age group)	Adult (no; % within age group)	Overall
Prevent injury to self/self-harm	6 (10%)	3 (5%)	1 (9%)	10 (8%)
Injury to third party	52 (85%)	49 (88%)	10 (91%)	111 (87%)
Transfer to Broadmoor	/	1 (2%)	/	1 (1%)
Relocation	/	1 (2%)	/	1 (1%)

Adjudication	/	1 (2%)	/	1 (1%)
'Other'	3 (5%)	1 (2%)	/	4 (3%)
Total	61	56	11	128 (100%)

- Cuffs were recorded as having been used in 6 (5%) incidents, all for escorts. Five were young adults and one was an adult prisoner.

2. Use of force forms

HM Inspectorate of Prisons was provided with use of force records from 1 April 2008 to 30 June 2008. In total, there were 128 completed use of force documents over this period across the prison, with 67 across the young adult and adult wings. A sample of forms was selected from the use of force forms for adults and young adults. Overall, 33 records were analysed, which constituted 49% of the total forms over this sample period. Our sample included incidents involving 25 young adults and eight adults:

	Total number in sample	Number of black and minority ethnic prisoners
April 08	11	1
May 08	11	1
June 08	11	1
Total	33	3 (9%)

The ethnicity of the prisoner was not recorded on three forms.

Location of use of force

Understandably, considering that most cases involved young adults, B wing was the main location for use of force incidents.

	Number of cases
A wing	3
B wing	20
Healthcare	5
Segregation unit	2
Gym	1
Outside B block (grounds)	1
POW hospital	1

Relocation following incident

The majority of incidents in our sample resulted in prisoners being relocated back to their own cell (n=27, 82%) and in one case the prisoner was moved to an empty cell on the wing to calm down. In two cases (6%) the prisoner was relocated to the segregation unit. In one case the prisoner was placed in special accommodation, stripped of clothing and left with a blanket, having attempted to assault a member of staff in the segregation unit. Following one incident in the healthcare unit, the prisoner was placed in a safe cell, as he had threatened to self-harm if placed on report. One incident had occurred in an outside hospital and therefore there was no relocation following the incident.

Reasons for use of force

- 13 forms indicated that use of force had been used to break up a fight and escort prisoners back to their cells. However, an additional six incidents had 'events leading up to the incident' ticked as 'none known', but also involved breaking up fights among prisoners. Including these, 19 (58%) incidents were in response to fights.
- Six (18%) incidents were in response to an assault/attempted assault on staff, six (18%) in response to 'non-compliance', which mainly involved prisoners refusing to return to their cells. One incident involved escorting a prisoner to the segregation unit in ratchet cuffs, and one incident occurred in an outside hospital, where prison staff had helped to prevent the prisoner from pulling tubes out of his chest.
- Two (6%) of the sampled incidents were marked as planned, although these both involved non-compliance in the healthcare unit, so officers had been called over to help escort prisoners back into their cells. Neither incident was video-recorded. Two forms did not have it marked whether the incident was planned or spontaneous, and the other 29 (88%) were spontaneous incidents.
- On one form the section 'force used to prevent' was blank, for the other 32 forms, the reason recorded was as follows:

Force used to prevent:	Number of cases (%)
Injury to self (the officer involved/prisoner)	4 (13%)
Self-harm	1 (3%)
Injury to third party	23 (72%)
Damage to property	0
Abscond/escape attempt	0
Other	4 (13%)

- Control and restraint (C&R) was indicated as being used in 15 cases (45%).
- Ratchet handcuffs were used in three cases (9%). In one case this was to escort a prisoner to the segregation unit, with cuffs used due to previous behaviour. In another, the prisoner had inserted a razor blade in his mouth and refused to hand it over, and he was taken to the segregation unit. In the third case cuffs were applied as a prisoner held in the segregation unit had attempted to assault a member of staff. As he had not calmed down while held in C&R locks, cuffs were applied and he was sat on his bed. The prisoner had become aggressive after he had been told that his bedding was to be removed as he had failed to get out of bed during the duty governor's rounds.
- Medication was administered under restraint in two cases (6%). One incident had occurred in an outside hospital, where the prisoner's hands had been restrained to prevent him from pulling tubes out of his chest and while a sedative was administered to calm the prisoner down. The other incident had occurred within Parc's healthcare centre. The prisoner involved was restrained for two days in a row to administer medication. The first incident had been video-recorded but the second had not. Both were planned incidents.
- There were no incidents in which a baton was used.
- There were no incidents in which a body belt was used.

Authorisation

27 (82%) forms were clearly authorised, of these:

- Four forms were authorised by a PCO4 (15%)
- Eight by a PCO5 (30%)
- 15 by a PCO6 (56%)

F213

- 18 (55%) of the forms had a F213 form attached to the record. A separate folder containing F213 forms was looked through and forms were found for 29 (88%) of the incidents in our sample.
- There were no SASH forms found with any of these documents. A F213SH form had been completed for the prisoner who had placed a razor blade in his mouth.

Appendix V: Summary of prisoner questionnaires

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 1 July 2008, the prisoner population at HMP Parc was 700. The sample size was 126. Overall, this represented 18% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was 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; or
- 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, 113 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 90%. In addition to the four respondents who refused to complete a questionnaire, five questionnaires were not returned and four were returned blank.

Comparisons

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

Some questions were 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 were excluded from the analysis.

The following analyses were conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 47 trainer prisons since April 2003.
- The current survey responses in 2008 against the responses of prisoners surveyed at HMP Parc in 2005.
- A comparison within the 2008 survey between the responses of white adult prisoners and those from a black and minority ethnic group.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, 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 those 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, as well as examples of comments made by prisoners. Percentages have been rounded up or down, 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 were excluded). The actual numbers will match up, as the data were cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data were weighted for comparison purposes.

Young adult 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 1 July 2008, young adult population at HMYOI Parc was 390. The sample size was 113. Overall, this represented 29% of the young adult population.

Selecting the sample

Respondents were randomly selected from a local inmate database system (LIDS) young adult population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

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

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was 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; or
- 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, 102 respondents completed and returned their questionnaires. This represented 26% of the prison population. The response rate was 90%. In addition to the two respondents who refused to complete a questionnaire, eight questionnaires were not returned and one was returned blank.

Comparisons

The following documents detail the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions were 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 were excluded from the analysis.

The following analyses were conducted:

- The current survey responses in 2008 against comparator figures for all young adults surveyed in Young Offender Institutes. This comparator is based on all responses from young adult surveys carried out in 26 young offender institutes since April 2003.
- The current survey responses in 2008 against the responses of young adults surveyed at HMYOI Parc in 2005.
- A comparison within the 2008 survey between the responses of white young adults and those from a black and minority ethnic group.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, 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 young adults' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those 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, as well as examples of comments made by young adults. Percentages have been rounded up or down, 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 were excluded). The actual numbers will match up, as the data were cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data were weighted for comparison purposes.

Appendix Va : Summary of adult prisoner interviews

Section 1: About You

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

Q1.1 What wing or houseblock are you currently living on?

See front cover

Q1.2 How old are you?

<i>Under 21</i>	2%
<i>21 - 29</i>	49%
<i>30 - 39</i>	26%
<i>40 - 49</i>	17%
<i>50 - 59</i>	4%
<i>60 - 69</i>	1%
<i>70 and over</i>	1%

Q1.3 Are you sentenced?

<i>Yes</i>	84%
<i>Yes - on recall</i>	12%
<i>No - awaiting trial</i>	3%
<i>No - awaiting sentence</i>	2%
<i>No - awaiting deportation</i>	0%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	5%
<i>Less than 6 months</i>	8%
<i>6 months to less than 1 year</i>	8%
<i>1 year to less than 2 years</i>	11%
<i>2 years to less than 4 years</i>	26%
<i>4 years to less than 10 years</i>	25%
<i>10 years or more</i>	5%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	12%
<i>Life</i>	0%

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>	5%
<i>6 months or less</i>	44%
<i>More than 6 months</i>	51%

Q1.6 How long have you been in this prison?

<i>Less than 1 month</i>	9%
<i>1 to less than 3 months</i>	15%
<i>3 months to less than 6 months</i>	18%
<i>6 months to less than 12 months</i>	21%
<i>12 months to less than 2 years</i>	27%

2 years to less 4 years	8%
4 years or more.....	3%

Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)

Yes.....	7%
No.....	93%

Q1.8 Is English your first language?

Yes.....	97%
No.....	3%

Q1.9 What is your ethnic origin?

White - British	82%	Asian or Asian British - Bangladeshi	0%
White - Irish.....	2%	Asian or Asian British - Other.....	0%
White - Other.....	5%	Mixed Race - White and Black Caribbean	2%
Black or Black British - Caribbean... ..	3%	Mixed Race - White and Black African.....	0%
Black or Black British - African	0%	Mixed Race - White and Asian	1%
Black or Black British - Other	1%	Mixed Race - Other.....	1%
Asian or Asian British - Indian.....	0%	Chinese.....	0%
Asian or Asian British - Pakistani	1%	Other ethnic group.....	3%

Q1.10 What is your religion?

None.....	44%	Hindu.....	0%
Church of England.....	19%	Jewish.....	0%
Catholic.....	18%	Muslim.....	5%
Protestant	1%	Sikh.....	0%
Other Christian denomination	7%	Other	3%
Buddhist.....	4%		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight.....	96%
Homosexual/Gay.....	1%
Bisexual.....	2%
Other.....	1%

Q1.12 Do you consider yourself to have a disability?

Yes.....	14%
No.....	86%

Q1.13 How many times have you been in prison before?

0	1	2 to 5	More than 5
27%	16%	25%	32%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
36%	60%	4%

Q1.15	Do you have any children under the age of 18?	
	Yes.....	53%
	No.....	47%

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	5%	42%	20%	15%	11%	5%	2%
Your personal safety during the journey	7%	54%	10%	15%	8%	4%	2%
The comfort of the van	2%	13%	12%	36%	36%	0%	2%
The attention paid to your health needs	2%	34%	23%	14%	14%	6%	7%
The frequency of toilet breaks	2%	13%	17%	16%	32%	3%	17%

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>
33%	45%	15%	4%	3%

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>
10%	55%	19%	10%	3%	3%

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?	85%	14%	1%
Before you arrived here did you receive any written information about what would happen to you?	9%	80%	11%
When you first arrived here did your property arrive at the same time as you?	87%	13%	0%

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>Loss of property.....</i>	<i>7%</i>	<i>Feeling depressed or suicidal</i>	<i>68%</i>
<i>Housing problems.....</i>	<i>32%</i>	<i>Health problems.....</i>	<i>73%</i>
<i>Contacting employers.....</i>	<i>8%</i>	<i>Needing protection from other prisoners.....</i>	<i>19%</i>
<i>Contacting family.....</i>	<i>67%</i>	<i>Accessing phone numbers.....</i>	<i>64%</i>
<i>Ensuring dependants were being looked after.....</i>	<i>9%</i>	<i>Other</i>	<i>5%</i>
<i>Money worries.....</i>	<i>12%</i>		

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

<i>Didn't have any problems</i>	35%	<i>Money worries</i>	26%
<i>Loss of property</i>	11%	<i>Feeling depressed or suicidal</i>	16%
<i>Housing problems</i>	16%	<i>Health problems</i>	19%
<i>Contacting employers</i>	4%	<i>Needing protection from other prisoners</i>	6%
<i>Contacting family</i>	17%	<i>Accessing phone numbers</i>	20%
<i>Ensuring dependants were looked after</i>	6%	<i>Other</i>	4%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	92%	4%	4%
When you were searched, was this carried out in a respectful way?	68%	21%	10%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
6%	48%	28%	12%	4%	3%

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

<i>Information about what was going to happen to you</i>	46%
<i>Information about what support was available for people feeling depressed or suicidal</i>	53%
<i>Information about how to make routine requests</i>	37%
<i>Information about your entitlement to visits</i>	52%
<i>Information about health services</i>	50%
<i>Information about the chaplaincy</i>	39%
<i>Not offered anything</i>	24%

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

<i>A smokers/non-smokers pack</i>	91%
<i>The opportunity to have a shower</i>	30%
<i>The opportunity to make a free telephone call</i>	78%
<i>Something to eat</i>	85%
<i>Did not receive anything</i>	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)

<i>Chaplain or religious leader</i>	37%
<i>Someone from health services</i>	81%
<i>A listener/Samaritans</i>	14%
<i>Did not meet any of these people</i>	13%

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

Yes	13%
No	87%

Q3.9	Did you feel safe on your first night here?	
	Yes.....	77%
	No.....	15%
	Don't remember.....	7%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	7%
	Within the first week.....	71%
	More than a week.....	14%
	Don't remember.....	8%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	7%
	Yes.....	50%
	No.....	30%
	Don't remember.....	12%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	8%	40%	17%	21%	7%	7%
	Attend legal visits?	12%	50%	16%	9%	3%	10%
	Obtain bail information?	2%	12%	24%	17%	17%	27%
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						12%
	Yes.....						60%
	No.....						28%
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?				56%	34%	4% 6%
	Are you normally able to have a shower every day?				95%	5%	0% 0%
	Do you normally receive clean sheets every week?				93%	7%	0% 0%
	Do you normally get cell cleaning materials every week?				69%	30%	0% 1%
	Is your cell call bell normally answered within five minutes?				42%	45%	12% 2%
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?				64%	35%	0% 1%
	Can you normally get your stored property, if you need to?				28%	40%	21% 10%
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%	29%	23%	23%	23%	

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?
Have not bought anything yet..... 2%
 Yes..... 58%
 No..... 41%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	32%	50%	6%	9%	2%	2%
An application form	35%	55%	5%	4%	0%	1%

Q4.7 Have you made an application?
 Yes..... 91%
 No..... 9%

Q4.8 Please answer the following questions concerning applications

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	9%	44%	47%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	10%	35%	55%

Q4.9 Have you made a complaint?
 Yes..... 46%
 No..... 54%

Q4.10 Please answer the following questions concerning complaints

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	54%	13%	33%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	54%	7%	38%
Were you given information about how to make an appeal?	33%	20%	47%

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..... 54%
 Yes..... 17%
 No..... 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
36%	2%	24%	17%	15%	7%

Q4.13 Please answer the following questions about your religious beliefs?

	Yes	No	Don't know/ N/A
Do you feel your religious beliefs are respected?	43%	16%	41%
Are you able to speak to a religious leader of your faith in private if you want to?	46%	13%	41%

Q4.14 Can you speak to a listener at any time, if you want to?

Yes	No	Don't know
58%	4%	38%

Q4.15 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?	68%	32%
Do most staff treat you with respect?	57%	43%

Section 5: Safety

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

Yes.....	38%
No.....	63%

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

Yes.....	12%
No.....	88%

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

Never felt unsafe	65%	<i>At meal times</i>	5%
<i>Everywhere</i>	7%	<i>At health services</i>	5%
<i>Segregation unit</i>	6%	<i>Visit's area</i>	10%
<i>Association areas</i>	8%	<i>In wing showers</i>	4%
<i>Reception area</i>	4%	<i>In gym showers</i>	2%
<i>At the gym</i>	3%	<i>In corridors/stairwells</i>	5%
<i>In an exercise yard</i>	4%	<i>On your landing/wing</i>	5%
<i>At work</i>	5%	<i>In your cell</i>	5%
<i>During Movement</i>	10%	<i>At religious services</i>	0%
<i>At education</i>	0%		

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

Yes.....	21%
No.....	79%

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

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

- Q5.6 Have you been victimised by a member of staff or group of staff here?**
 Yes..... 28%
 No..... 72%
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | | | |
|---|-----|--|-----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 11% | <i>Because of your sexuality.....</i> | 1% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 3% | <i>Because you have a disability.....</i> | 3% |
| <i>Sexual abuse.....</i> | 0% | <i>Because of your religion/religious beliefs.....</i> | 3% |
| <i>Because of your race or ethnic origin.....</i> | 2% | <i>Being from a different part of the country than others.....</i> | 13% |
| <i>Because of drugs.....</i> | 6% | <i>Because of your offence/ crime.....</i> | 11% |
| <i>Because you were new here.....</i> | 6% | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
Not been victimised..... 62%
 Yes..... 12%
 No..... 26%
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
 Yes..... 22%
 No..... 78%
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
 Yes..... 28%
 No..... 72%
- Q5.11 Is it easy or difficult to get illegal drugs in this prison?**
- | | | | | | |
|------------------|-------------|----------------|------------------|-----------------------|-------------------|
| <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> | <i>Don't know</i> |
| 17% | 13% | 6% | 10% | 9% | 45% |

Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people:**
- | | Don't know | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor | 11% | 3% | 26% | 12% | 33% | 15% |
| The nurse | 11% | 11% | 48% | 12% | 12% | 6% |
| The dentist | 14% | 0% | 1% | 3% | 36% | 47% |
| The optician | 36% | 0% | 7% | 8% | 21% | 27% |
- Q6.2 Are you able to see a pharmacist?**
 Yes..... 65%
 No..... 35%

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	14%	5%	30%	15%	18%	18%
The nurse	9%	15%	40%	19%	10%	7%
The dentist	27%	6%	17%	12%	15%	23%
The optician	50%	6%	15%	10%	6%	12%

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>
	6%	3%	31%	19%	21%	19%

Q6.5 Are you currently taking medication?

Yes.....	46%
No.....	54%

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i>	54%
Yes.....	32%
No.....	13%

Q6.7 Do you feel you have any emotional well being/ mental health issues?

Yes.....	28%
No.....	72%

Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)

<i>Do not have any emotional well being/ mental health issues</i>	83%
<i>Doctor</i>	6%
<i>Nurse</i>	3%
<i>Psychiatrist</i>	5%
<i>Mental Health In Reach team</i>	3%
<i>Counsellor</i>	4%
<i>Other</i>	3%

Q6.9 Did you have a problem with either of the following when you came into this prison?

	<i>Yes</i>	<i>No</i>
Drugs	47%	53%
Alcohol	45%	55%

Q6.10 Have you developed a problem with either of the following since you have been in this prison?

	<i>Yes</i>	<i>No</i>
Drugs	7%	93%
Alcohol	2%	98%

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes.....	50%
No.....	13%
<i>Did not / do not have a drug or alcohol problem</i>	37%

Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes.....			41%
	No.....			21%
	Did not / do not have a drug or alcohol problem			38%
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?			
	Yes.....			32%
	No.....			10%
	Did not have a problem/Have not received help			58%
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	16%	65%	19%
	Alcohol	13%	65%	22%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes.....			19%
	No.....			22%
	N/A			59%

Section 7: Purposeful Activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)				
	Prison job.....			84%	
	Vocational or skills training.....			15%	
	Education (including basic skills).....			16%	
	Offending behaviour programmes.....			22%	
Q7.2	If you have been involved in any of the following, whilst in prison, do you think it will help you on release?				
		Not been involved	Yes	No	Don't know
	Prison job	18%	43%	30%	8%
	Vocational or skills training	35%	38%	21%	6%
	Education (including basic skills)	35%	32%	23%	11%
	Offending behaviour programmes	35%	32%	23%	10%
Q7.3	How often do you go to the library?				
	Don't want to go			10%	
	Never			24%	
	Less than once a week			18%	
	About once a week			43%	
	More than once a week			4%	
	Don't know			2%	

Q7.4	On average how many times do you go to the gym each week?	<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
		17%	12%	8%	23%	33%	6%	0%
Q7.5	On average how many times do you go outside for exercise each week?	<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know	
		8%	1%	17%	35%	37%	2%	
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>							8%
	<i>2 to less than 4 hours</i>							24%
	<i>4 to less than 6 hours</i>							17%
	<i>6 to less than 8 hours</i>							18%
	<i>8 to less than 10 hours</i>							17%
	<i>10 hours or more</i>							9%
	<i>Don't know</i>							6%
Q7.7	On average, how many times do you have association each week?	<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know	
		1%	0%	4%	15%	77%	4%	
Q7.8	How often do staff normally speak to you during association time?							
	<i>Do not go on association</i>							3%
	<i>Never</i>							27%
	<i>Rarely</i>							24%
	<i>Some of the time</i>							27%
	<i>Most of the time</i>							14%
	<i>All of the time</i>							5%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?							
	<i>Still have not met him/her</i>							29%
	<i>In the first week</i>							41%
	<i>More than a week</i>							19%
	<i>Don't remember</i>							11%
Q8.2	How helpful do you think your personal officer is?	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>	
		29%	13%	25%	12%	14%	8%	
Q8.3	Do you have a sentence plan/OASys?							
	<i>Not sentenced</i>							5%
	<i>Yes</i>							57%
	<i>No</i>							38%
Q8.4	How involved were you in the development of your sentence plan?							
	<i>Do not have a sentence plan/OASys</i>							44%

	<i>Very involved</i>	12%			
	<i>Involved</i>	18%			
	<i>Neither</i>	9%			
	<i>Not very involved</i>	13%			
	<i>Not at all involved</i>	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>	44%			
	Yes.....	41%			
	No.....	16%			
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>	44%			
	Yes.....	19%			
	No.....	37%			
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?				
	<i>Not sentenced</i>	5%			
	Yes.....	20%			
	No.....	75%			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes.....	13%			
	No.....	87%			
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....	36%			
	No.....	58%			
	<i>Don't know</i>	6%			
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....	15%			
	No.....	84%			
	<i>Don't know</i>	1%			
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>	4%			
	Yes.....	38%			
	No.....	52%			
	<i>Don't remember</i>	6%			
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)				
	<i>Don't know what my entitlement is</i>	9%			
	Yes.....	73%			
	No.....	18%			
Q8.13	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
	5%	43%	49%	3%	1%

- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
 Yes..... 46%
 No..... 54%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- | | | | |
|---|-----|---|-----|
| <i>Maintaining good relationships</i> | 35% | <i>Claiming benefits on release</i> | 80% |
| <i>Avoiding bad relationships</i> | 26% | <i>Arranging a place at college/continuing education on release</i> | 22% |
| <i>Finding a job on release</i> | 54% | <i>Continuity of health services on release</i> | 20% |
| <i>Finding accommodation on release</i> | 63% | <i>Opening a bank account</i> | 30% |
| <i>Help with your finances in preparation for release</i> | 26% | | |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**
- | | | | |
|---|-----|---|-----|
| <i>Maintaining good relationships</i> | 31% | <i>Claiming benefits on release</i> | 49% |
| <i>Avoiding bad relationships</i> | 30% | <i>Arranging a place at college/continuing education on release</i> | 34% |
| <i>Finding a job on release</i> | 69% | <i>Continuity of health services on release</i> | 30% |
| <i>Finding accommodation on release</i> | 58% | <i>Opening a bank account</i> | 41% |
| <i>Help with your finances in preparation for release</i> | 53% | | |
- 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?**
Not sentenced..... 5%
 Yes..... 44%
 No..... 51%

Appendix Vb : Summary of young adult prisoner interviews

Section 1: About You

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

Q1.1 What wing or houseblock are you currently living on?

See front cover sheet

Q1.2 How old are you?

<i>Under 21</i>	92%
<i>21 - 29</i>	8%
<i>30 - 39</i>	0%
<i>40 - 49</i>	0%
<i>50 - 59</i>	0%
<i>60 - 69</i>	0%
<i>70 and over</i>	0%

Q1.3 Are you sentenced?

<i>Yes</i>	69%
<i>Yes - on recall</i>	6%
<i>No - awaiting trial</i>	4%
<i>No - awaiting sentence</i>	22%
<i>No - awaiting deportation</i>	0%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	26%
<i>Less than 6 months</i>	13%
<i>6 months to less than 1 year</i>	10%
<i>1 year to less than 2 years</i>	17%
<i>2 years to less than 4 years</i>	24%
<i>4 years to less than 10 years</i>	10%
<i>10 years or more</i>	0%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	1%
<i>Life</i>	0%

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>	29%
<i>6 months or less</i>	36%
<i>More than 6 months</i>	35%

Q1.6 How long have you been in this prison?

<i>Less than 1 month</i>	15%
<i>1 to less than 3 months</i>	25%
<i>3 months to less than 6 months</i>	24%
<i>6 months to less than 12 months</i>	19%
<i>12 months to less than 2 years</i>	11%

2 years to less 4 years	8%
4 years or more.....	0%

Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)

Yes.....	9%
No.....	91%

Q1.8 Is English your first language?

Yes.....	95%
No.....	5%

Q1.9 What is your ethnic origin?

White - British	80%	Asian or Asian British - Bangladeshi	0%
White - Irish.....	2%	Asian or Asian British - Other.....	2%
White - Other.....	3%	Mixed Race - White and Black Caribbean	4%
Black or Black British - Caribbean... ..	4%	Mixed Race - White and Black African.....	0%
Black or Black British - African	1%	Mixed Race - White and Asian	0%
Black or Black British - Other	0%	Mixed Race - Other.....	1%
Asian or Asian British - Indian.....	1%	Chinese.....	0%
Asian or Asian British - Pakistani	2%	Other ethnic group.....	0%

Q1.10 What is your religion?

None.....	62%	Hindu.....	0%
Church of England.....	9%	Jewish.....	0%
Catholic.....	15%	Muslim.....	5%
Protestant	1%	Sikh.....	1%
Other Christian denomination	4%	Other	0%
Buddhist.....	3%		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight.....	96%
Homosexual/Gay.....	1%
Bisexual.....	3%
Other.....	0%

Q1.12 Do you consider yourself to have a disability?

Yes.....	10%
No.....	90%

Q1.13 How many times have you been in prison before?

0	1	2 to 5	More than 5
41%	14%	28%	17%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
72%	27%	1%

Q1.15	Do you have any children under the age of 18?	
	Yes.....	23%
	No.....	77%

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	3%	46%	21%	16%	12%	2%	1%
Your personal safety during the journey	7%	52%	17%	14%	6%	3%	1%
The comfort of the van	2%	10%	9%	24%	55%	0%	0%
The attention paid to your health needs	4%	26%	25%	17%	13%	8%	7%
The frequency of toilet breaks	1%	17%	17%	11%	41%	3%	10%

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>
37%	35%	23%	3%	2%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
19%	51%	22%	5%	2%	2%

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	74%	24%	2%
Before you arrived here did you receive any written information about what would happen to you?	16%	78%	6%
When you first arrived here did your property arrive at the same time as you?	81%	15%	4%

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>Loss of property.....</i>	16%	<i>Feeling depressed or suicidal.....</i>	66%
<i>Housing problems.....</i>	44%	<i>Health problems.....</i>	74%
<i>Contacting employers.....</i>	27%	<i>Needing protection from other prisoners.....</i>	16%
<i>Contacting family.....</i>	82%	<i>Accessing phone numbers.....</i>	73%
<i>Ensuring dependants were being looked after.....</i>	13%	<i>Other.....</i>	3%
<i>Money worries.....</i>	22%		

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

<i>Didn't have any problems</i>	30%	<i>Money worries</i>	32%
<i>Loss of property</i>	10%	<i>Feeling depressed or suicidal</i>	23%
<i>Housing problems</i>	13%	<i>Health problems</i>	18%
<i>Contacting employers</i>	6%	<i>Needing protection from other prisoners</i>	5%
<i>Contacting family</i>	27%	<i>Accessing phone numbers</i>	23%
<i>Ensuring dependants were looked after</i>	1%	<i>Other</i>	1%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	98%	1%	1%
When you were searched, was this carried out in a respectful way?	88%	12%	0%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
15%	50%	24%	6%	4%	2%

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

<i>Information about what was going to happen to you</i>	59%
<i>Information about what support was available for people feeling depressed or suicidal</i>	61%
<i>Information about how to make routine requests</i>	49%
<i>Information about your entitlement to visits</i>	69%
<i>Information about health services</i>	58%
<i>Information about the chaplaincy</i>	54%
<i>Not offered anything</i>	13%

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

<i>A smokers/non-smokers pack</i>	96%
<i>The opportunity to have a shower</i>	20%
<i>The opportunity to make a free telephone call</i>	89%
<i>Something to eat</i>	86%
<i>Did not receive anything</i>	0%

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)

<i>Chaplain or religious leader</i>	54%
<i>Someone from health services</i>	79%
<i>A listener/Samaritans</i>	18%
<i>Did not meet any of these people</i>	11%

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

Yes	11%
No	89%

Q3.9	Did you feel safe on your first night here?	
	Yes.....	74%
	No.....	20%
	Don't remember.....	7%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	20%
	Within the first week.....	64%
	More than a week.....	13%
	Don't remember.....	4%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	20%
	Yes.....	49%
	No.....	22%
	Don't remember.....	10%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?							
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>	
	Communicate with your solicitor or legal representative?	14%	27%	14%	30%	7%	8%	
	Attend legal visits?	18%	56%	14%	2%	1%	9%	
	Obtain bail information?	7%	23%	21%	18%	11%	20%	
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?							
	Not had any letters						9%	
	Yes.....						53%	
	No.....						38%	
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?				39%	42%	5%	13%
	Are you normally able to have a shower every day?				91%	9%	0%	0%
	Do you normally receive clean sheets every week?				95%	5%	0%	0%
	Do you normally get cell cleaning materials every week?				58%	41%	0%	1%
	Is your cell call bell normally answered within five minutes?				41%	53%	3%	3%
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?				51%	47%	0%	2%
	Can you normally get your stored property, if you need to?				30%	38%	26%	7%
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>		
		1%	19%	27%	31%	22%		

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?
Have not bought anything yet..... 2%
 Yes..... 76%
 No..... 22%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	39%	34%	5%	15%	2%	6%
An application form	27%	41%	15%	12%	3%	2%

Q4.7 Have you made an application?
 Yes..... 83%
 No..... 17%

Q4.8 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	18%	58%	24%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	18%	45%	38%

Q4.9 Have you made a complaint?
 Yes..... 27%
 No..... 73%

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?	74%	10%	16%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	75%	8%	17%
Were you given information about how to make an appeal?	76%	9%	15%

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..... 74%
 Yes..... 5%
 No..... 21%

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
63%	1%	10%	14%	6%	6%

Q4.13 Please answer the following questions about your religious beliefs?

	Yes	No	Don't know/ N/A
Do you feel your religious beliefs are respected?	46%	7%	46%

Are you able to speak to a religious leader of your faith in private if you want to? 49% 4% 47%

Q4.14 Can you speak to a listener at any time, if you want to?

Yes 57% No 9% Don't know 34%

Q4.15 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?	72%	28%
Do most staff treat you with respect?	55%	45%

Section 5: Safety

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

Yes..... 34%
No..... 66%

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

Yes..... 10%
No..... 90%

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

Never felt unsafe	67%	<i>At meal times</i>	11%
<i>Everywhere</i>	6%	<i>At health services</i>	3%
<i>Segregation unit</i>	3%	<i>Visit's area</i>	6%
<i>Association areas</i>	11%	<i>In wing showers</i>	9%
<i>Reception area</i>	0%	<i>In gym showers</i>	3%
<i>At the gym</i>	4%	<i>In corridors/stairwells</i>	3%
<i>In an exercise yard</i>	7%	<i>On your landing/wing</i>	9%
<i>At work</i>	2%	<i>In your cell</i>	11%
<i>During Movement</i>	7%	<i>At religious services</i>	2%
<i>At education</i>	2%		

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

Yes..... 21%
No..... 79%

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

<i>Insulting remarks (about you or your family or friends)</i>	9%	<i>Because you were new here</i>	6%
<i>Physical abuse (being hit, kicked or assaulted)</i>	7%	<i>Because of your sexuality</i>	2%
<i>Sexual abuse</i>	0%	<i>Because you have a disability</i>	1%
<i>Because of your race or ethnic origin</i>	5%	<i>Because of your religion/religious beliefs</i>	1%
<i>Because of drugs</i>	5%	<i>Being from a different part of the country than others</i>	7%

Having your canteen/property taken 5% *Because of your offence/ crime*..... 3%

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

Yes..... 27%
No..... 73%

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

<i>Insulting remarks (about you or your family or friends)</i>	8%	<i>Because of your sexuality</i>	0%
<i>Physical abuse (being hit, kicked or assaulted)</i>	2%	<i>Because you have a disability</i>	1%
<i>Sexual abuse</i>	0%	<i>Because of your religion/religious beliefs</i>	0%
<i>Because of your race or ethnic origin</i>	1%	<i>Being from a different part of the country than others</i>	7%
<i>Because of drugs</i>	3%	<i>Because of your offence/ crime</i>	5%
<i>Because you were new here</i>	8%		

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

Not been victimised..... 62%
Yes..... 3%
No..... 35%

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

Yes..... 24%
No..... 76%

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

Yes..... 22%
No..... 78%

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

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
19%	8%	5%	9%	8%	51%

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people:

	Don't know	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	15%	4%	33%	13%	27%	7%
The nurse	11%	11%	46%	13%	15%	4%
The dentist	22%	1%	10%	5%	34%	28%
The optician	41%	1%	7%	9%	22%	19%

Q6.2 Are you able to see a pharmacist?

Yes..... 72%
No..... 28%

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	35%	8%	30%	14%	8%	4%
The nurse	21%	11%	40%	18%	5%	5%
The dentist	54%	5%	15%	13%	8%	5%
The optician	73%	2%	9%	10%	4%	2%

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>
	20%	5%	33%	24%	12%	5%

Q6.5 Are you currently taking medication?

Yes.....	19%
No.....	81%

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>	82%
Yes.....	11%
No.....	6%

Q6.7 Do you feel you have any emotional well being/ mental health issues?

Yes.....	28%
No.....	72%

Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)

<i>Do not have any emotional well being/ mental health issues</i>	77%
<i>Doctor</i>	7%
<i>Nurse</i>	6%
<i>Psychiatrist</i>	9%
<i>Mental Health In Reach team</i>	10%
<i>Counsellor</i>	5%
<i>Other</i>	5%

Q6.9 Did you have a problem with either of the following when you came into this prison?

	<i>Yes</i>	<i>No</i>
Drugs	46%	54%
Alcohol	31%	69%

Q6.10 Have you developed a problem with either of the following since you have been in this prison?

	<i>Yes</i>	<i>No</i>
Drugs	3%	97%
Alcohol	3%	97%

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes.....	35%
No.....	15%
<i>Did not / do not have a drug or alcohol problem</i>	49%

Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes.....			23%
	No.....			29%
	Did not / do not have a drug or alcohol problem			48%
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?			
	Yes.....			17%
	No.....			5%
	Did not have a problem/Have not received help			77%
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	16%	61%	23%
	Alcohol	10%	66%	24%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes.....			15%
	No.....			30%
	N/A			55%

Section 7: Purposeful Activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)				
	Prison job.....			73%	
	Vocational or skills training.....			6%	
	Education (including basic skills).....			29%	
	Offending behaviour programmes.....			10%	
Q7.2	If you have been involved in any of the following, whilst in prison, do you think it will help you on release?				
		Not been involved	Yes	No	Don't know
	Prison job	47%	32%	14%	6%
	Vocational or skills training	70%	18%	5%	7%
	Education (including basic skills)	51%	32%	10%	6%
	Offending behaviour programmes	61%	20%	11%	8%
Q7.3	How often do you go to the library?				
	Don't want to go			14%	
	Never			31%	
	Less than once a week			26%	
	About once a week			25%	
	More than once a week			2%	
	Don't know			2%	

Q7.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
7%	4%	32%	31%	17%	2%	6%

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
4%	1%	16%	20%	54%	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>	15%
<i>2 to less than 4 hours</i>	36%
<i>4 to less than 6 hours</i>	19%
<i>6 to less than 8 hours</i>	14%
<i>8 to less than 10 hours</i>	4%
<i>10 hours or more</i>	3%
<i>Don't know</i>	9%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
2%	0%	4%	14%	72%	8%

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

<i>Do not go on association</i>	6%
<i>Never</i>	21%
<i>Rarely</i>	22%
<i>Some of the time</i>	34%
<i>Most of the time</i>	8%
<i>All of the time</i>	8%

Section 8: Resettlement

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

<i>Still have not met him/her</i>	33%
<i>In the first week</i>	35%
<i>More than a week</i>	11%
<i>Don't remember</i>	20%

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

<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
34%	11%	26%	11%	11%	8%

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

<i>Not sentenced</i>	27%
<i>Yes</i>	27%
<i>No</i>	45%

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

<i>Do not have a sentence plan/OASys</i>	73%
<i>Very involved</i>	6%

<i>Involved</i>	11%
<i>Neither</i>	3%
<i>Not very involved</i>	5%
<i>Not at all involved</i>	2%

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

<i>Do not have a sentence plan/OASys</i>	73%
Yes.....	19%
No.....	7%

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>	74%
Yes.....	10%
No.....	16%

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

<i>Not sentenced</i>	27%
Yes.....	17%
No.....	56%

Q8.8 Do you feel that any member of staff has helped you to prepare for your release?

Yes.....	11%
No.....	89%

Q8.9 Have you had any problems with sending or receiving mail?

Yes.....	38%
No.....	53%
<i>Don't know</i>	9%

Q8.10 Have you had any problems getting access to the telephones?

Yes.....	32%
No.....	67%
<i>Don't know</i>	1%

Q8.11 Did you have a visit in the first week that you were here?

<i>Not been here a week yet</i>	1%
Yes.....	37%
No.....	55%
<i>Don't remember</i>	7%

Q8.12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)

<i>Don't know what my entitlement is</i>	22%
Yes.....	63%
No.....	16%

Q8.13 How many visits did you receive in the last week?

<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
1%	45%	52%	2%	0%

Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?
 Yes..... 46%
 No..... 54%

Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)

<i>Maintaining good relationships</i>	25%	<i>Claiming benefits on release</i>	52%
<i>Avoiding bad relationships</i>	14%	<i>Arranging a place at college/continuing education on release</i>	29%
<i>Finding a job on release</i>	64%	<i>Continuity of health services on release</i>	21%
<i>Finding accommodation on release</i>	59%	<i>Opening a bank account</i>	18%
<i>Help with your finances in preparation for release</i>	25%		

Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)

<i>Maintaining good relationships</i>	17%	<i>Claiming benefits on release</i>	37%
<i>Avoiding bad relationships</i>	25%	<i>Arranging a place at college/continuing education on release</i>	39%
<i>Finding a job on release</i>	71%	<i>Continuity of health services on release</i>	20%
<i>Finding accommodation on release</i>	32%	<i>Opening a bank account</i>	31%
<i>Help with your finances in preparation for release</i>	41%		

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?
Not sentenced..... 29%
 Yes..... 38%
 No..... 33%

Thank you for completing this survey



Prisoner Survey Responses HMP Parc 2008

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

Key to tables

		HMP Parc	Trainer prisons comparator	HMP Parc 2008	HMP Parc 2005
	Any percent highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		113	4,679	113	95
SECTION 1: General Information					
2	Are you under 21 years of age?	2%	1%	2%	3%
3a	Are you sentenced?	96%	100%	96%	98%
3b	Are you on recall?	11%	7%	11%	
4a	Is your sentence less than 12 months?	16%	5%	16%	19%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	12%	2%	12%	
5	Do you have six months or less to serve?	44%	32%	44%	45%
6	Have you been in this prison less than a month?	9%		9%	
7	Are you a foreign national?	7%	14%	7%	10%
8	Is English your first language?	97%	88%	97%	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%	28%	11%	9%
10	Are you Muslim?	5%	13%	5%	
11	Are you homosexual/gay or bisexual?	4%	5%	4%	
12	Do you consider yourself to have a disability?	14%	15%	14%	
13	Is this your first time in prison?	27%	35%	27%	27%
14	Have you been in more than 5 prisons this time?	4%		4%	
15	Do you have any children under the age of 18?	53%	56%	53%	51%
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?	47%	51%	47%	47%
1b	Was your personal safety during the journey good/very good?	61%	61%	61%	59%
1c	Was the comfort of the van good/very good?	14%	19%	14%	8%
1d	Was the attention paid to your health needs good/very good?	36%	33%	36%	28%
1e	Was the frequency of toilet breaks good/very good?	15%	14%	15%	3%
2	Did you spend more than four hours in the van?	4%	11%	4%	4%
3	Were you treated well/very well by the escort staff?	65%	69%	65%	76%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	83%	85%	88%
4b	Before you arrived here did you receive any written information about what would happen to you?	9%	16%	9%	23%
4c	When you first arrived here did your property arrive at the same time as you?	87%	87%	87%	90%

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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?	7%		7%	
1c	Housing problems?	32%		32%	
1d	Problems contacting employers?	8%		8%	
1e	Problems contacting family?	67%		67%	
1f	Problems ensuring dependants were looked after?	9%		9%	
1g	Money problems?	12%		12%	
1h	Problems of feeling depressed/suicidal?	68%		68%	
1i	Health problems?	73%		73%	
1j	Problems in needing protection from other prisoners?	19%		19%	
1k	Problems accessing phone numbers?	64%		64%	
2	When you first arrived:				
2a	Did you have any problems?	65%	56%	65%	62%
2b	Did you have any problems with loss of property?	11%	14%	11%	3%
2c	Did you have any housing problems?	16%	12%	16%	19%
2d	Did you have any problems contacting employers?	4%	3%	4%	4%
2e	Did you have any problems contacting family?	17%	19%	17%	17%
2f	Did you have any problems ensuring dependants were being looked after?	6%	5%	6%	7%
2g	Did you have any money worries?	26%	17%	26%	17%
2h	Did you have any problems with feeling depressed or suicidal?	16%	13%	16%	17%
2i	Did you have any health problems?	19%	17%	19%	18%
2j	Did you have any problems with needing protection from other prisoners?	6%	4%	6%	5%
2k	Did you have problems accessing phone numbers?	20%	19%	20%	
3a	Were you seen by a member of health services in reception?	92%	87%	92%	91%
3b	When you were searched in reception, was this carried out in a respectful way?	68%	72%	68%	64%
4	Were you treated well/very well in reception?	54%	71%	54%	64%
5	On your day of arrival, were offered any of the following information:				
5a	Information about what was going to happen to you?	46%	49%	46%	
5b	Information about what support was available for people feeling depressed or suicidal?	53%	43%	53%	49%
5c	Information about how to make routine requests?	37%	37%	37%	38%
5d	Information about your entitlement to visits?	52%	44%	52%	53%
5e	Information about health services?	50%		50%	
5f	Information about the chaplaincy?	39%		39%	

Key to tables

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Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued				
6 On your day of arrival, were you offered any of the following:				
6a A smokers/non-smokers pack?	91%	74%	91%	69%
6b The opportunity to have a shower?	30%	44%	30%	29%
6c The opportunity to make a free telephone call?	78%	47%	78%	80%
6d Something to eat?	85%	77%	85%	89%
7 Within the first 24 hours did you meet any of the following people:				
7a The chaplain or a religious leader?	37%	49%	37%	45%
7b Someone from health services?	81%	71%	81%	73%
7c A listener/Samaritans?	14%	34%	14%	42%
8 Did you have access to the prison shop/canteen within the first 24 hours?	13%	27%	13%	22%
9 Did you feel safe on your first night here?	77%	84%	77%	80%
10 Have you been on an induction course?	93%	93%	93%	85%
For those who have been on an induction course:				
11 Did the course cover everything you needed to know about the prison?	54%	63%	54%	64%
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?	49%	51%	49%	
1b Attend legal visits?	62%	57%	62%	
1c Obtain bail information?	14%	19%	14%	
2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	60%	42%	60%	52%
3 For the wing/unit you are currently on:				
3a Are you normally offered enough clean, suitable clothes for the week?	56%	62%	56%	65%
3b Are you normally able to have a shower every day?	95%	93%	95%	99%
3c Do you normally receive clean sheets every week?	93%	81%	93%	93%
3d Do you normally get cell cleaning materials every week?	69%	76%	69%	75%
3e Is your cell call bell normally answered within five minutes?	42%	43%	42%	40%
3f Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	70%	64%	69%
3g Can you normally get your stored property, if you need to?	28%	33%	28%	33%
4 Is the food in this prison good/very good?	30%	33%	30%	37%
5 Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	48%	58%	61%
6a Is it easy/very easy to get a complaints form?	81%	86%	81%	78%
6b Is it easy/very easy to get an application form?	91%	90%	91%	86%
7 Have you made an application?	91%	85%	91%	78%

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SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	48%	57%	48%	58%
8b	Do you feel applications are dealt with promptly? (within 7 days)	39%	52%	39%	69%
9	Have you made a complaint?	46%	61%	46%	48%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	28%	35%	28%	47%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	16%	37%	16%	53%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	37%	25%	37%	14%
10c	Were you given information about how to make an appeal?	20%	34%	20%	33%
12	Is it easy/very easy to see the Independent Monitoring Board?	26%	42%	26%	39%
13a	Do you feel your religious beliefs are respected?	43%	56%	43%	43%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	46%	60%	46%	51%
14	Are you able to speak to a Listener at any time, if you want to?	58%	66%	58%	70%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	72%	68%	78%
15b	Do most staff, in this prison, treat you with respect?	57%	76%	57%	76%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	38%	30%	38%	28%
2	Do you feel unsafe in this prison at the moment?	12%	17%	12%	
4	Have you been victimised by another prisoner?	21%	20%	21%	12%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	12%	10%	12%	9%
5b	Hit, kicked or assaulted you?	6%	5%	6%	1%
5c	Sexually abused you?	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	3%	4%	3%	3%
5e	Victimised you because of drugs?	2%	2%	2%	1%
5f	Taken your canteen/property?	3%	3%	3%	1%
5g	Victimised you because you were new here?	4%	4%	4%	4%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	5%	2%	5%	
5j	Victimised you because of your religion/religious beliefs?	5%	3%	5%	
5k	Victimised you because you were from a different part of the country?	6%	5%	6%	2%
5l	Victimised you because of your offence/crime?	5%		5%	

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	28%	21%	28%	21%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks made about you, your family or friends?	11%	10%	11%	12%
7b	Hit, kicked or assaulted you?	3%	3%	3%	1%
7c	Sexually abused you?	0%	1%	0%	1%
7d	Victimised you because of your race or ethnic origin?	2%	4%	2%	3%
7e	Victimised you because of drugs?	6%	3%	6%	4%
7f	Victimised you because you were new here?	6%	4%	6%	6%
7g	Victimised you because of your sexuality?	1%	1%	1%	
7h	Victimised you because you have a disability?	3%	2%	3%	
7i	Victimised you because of your religion/religious beliefs?	3%	3%	3%	
7j	Victimised you because you were from a different part of the country?	13%	4%	13%	4%
7k	Victimised you because of your offence/crime?	11%		11%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	32%	39%	32%	14%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	22%	23%	22%	11%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	18%	28%	18%
11	Is it easy/very easy to get illegal drugs in this prison?	29%	31%	29%	23%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	29%		28%	
1b	Is it easy/very easy to see the nurse?	59%		59%	
1c	Is it easy/very easy to see the dentist?	1%		1%	
1d	Is it easy/very easy to see the optician?	7%		7%	
2	Are you able to see a pharmacist?	65%		65%	
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?	41%	52%	41%	34%
3b	The nurse?	60%	66%	60%	67%
3c	The dentist?	32%	48%	32%	39%
3d	The optician?	44%	51%	44%	43%
4	The overall quality of health services?	36%	47%	36%	37%

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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				
Healthcare continued				
5	Are you currently taking medication?	46%	41%	46%
For those currently taking medication:				
6	Are you allowed to keep possession of your medication in your own cell?	71%	90%	71%
7	Do you feel you have any emotional well being/mental health issues?	28%		28%
For those with emotional well being/mental health issues, are these being addressed by any of the following:				
8b	A doctor?	37%		37%
8c	A nurse?	19%		19%
8d	A psychiatrist?	31%		31%
8e	The Mental Health In-Reach Team?	19%		19%
8f	A counsellor?	25%		25%
9a	Did you have a drug problem when you came into this prison?	47%	12%	47%
9b	Did you have an alcohol problem when you came into this prison?	45%	5%	45%
10a	Have you developed a drug problem since you have been in this prison?	7%		7%
10b	Have you developed an alcohol problem since you have been in this prison?	2%		2%
For those with drug or alcohol problems:				
11	Do you know who to contact in this prison for help?	80%		80%
12	Have you received any help or intervention whilst in this prison?	66%		66%
For those who have received help or intervention with their drug or alcohol problem:				
13	Was this intervention or help useful?	76%		76%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	35%	21%	35%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	35%	15%	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?	47%	51%	47%
SECTION 7: Purposeful Activity				
1	Are you currently involved in any of the following activities:			
1a	A prison job?	84%		84%
1b	Vocational or skills training?	15%		15%
1c	Education (including basic skills)?	16%		16%
1d	Offending Behaviour Programmes?	22%		22%

Key to tables

	Any percent highlighted in green is significantly better				
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	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 Paic	Trainer prisons comparator	HMP Paic 2008	HMP Paic 2005
Purposeful Activity continued					
2ai	Have you had a job whilst in prison?	82%	86%	82%	78%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	53%	43%	53%	47%
2bi	Have you been involved in vocational or skills training whilst in prison?	65%	74%	65%	63%
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	58%	56%	58%	46%
2ci	Have you been involved in education whilst in prison?	65%	81%	65%	73%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	49%	65%	49%	59%
2di	Have you been involved in offending behaviour programmes whilst in prison?	65%	70%	65%	69%
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	50%	55%	50%	59%
3	Do you go to the library at least once a week?	46%	47%	46%	44%
4	On average, do you go to the gym at least twice a week?	63%	56%	63%	57%
5	On average, do you go outside for exercise three or more times a week?	72%	49%	72%	64%
6	On average, do you spend ten or more hours out of your cell on a weekday?	9%	19%	9%	13%
7	On average, do you go on association more than five times each week?	77%	75%	77%	82%
8	Do staff normally speak to you most of the time/all of the time during association?	19%	20%	19%	12%
SECTION 8: Resettlement					
1	Do you have a personal officer?	71%	72%	71%	76%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	53%	65%	53%	61%
For those who are sentenced:					
3	Do you have a sentence plan?	60%	63%	60%	62%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	53%	65%	53%	60%
5	Can you achieve some/all of you sentence plan targets in this prison?	72%	66%	72%	
6	Are there plans for you to achieve some/all your targets in another prison?	34%	37%	34%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	21%	31%	21%	
8	Do you feel that any member of staff has helped you to prepare for release?	13%	16%	13%	
9	Have you had any problems with sending or receiving mail?	36%	37%	36%	45%
10	Have you had any problems getting access to the telephones?	15%	20%	15%	27%
11	Did you have a visit in the first week that you were here?	38%	25%	38%	42%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	73%	70%	73%	84%

Key to tables

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		HMP Parc	Trainer prisons comparator	HMP Parc 2008	HMP Parc 2005
Resettlement continued					
13	Did you receive one or more visits in the last week?	53%	28%	53%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	46%		46%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	35%		35%	
15c	Avoiding bad relationships?	26%		26%	
15d	Finding a job on release?	54%	47%	54%	44%
15e	Finding accommodation on release?	63%	47%	63%	51%
15f	With money/finances on release?	26%	36%	26%	34%
15g	Claiming benefits on release?	80%	46%	80%	48%
15h	Arranging a place at college/continuing education on release?	22%	37%	22%	36%
15i	Accessing health services on release?	20%	42%	20%	36%
15j	Opening a bank account on release?	30%	34%	30%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	31%		31%	
16c	Avoiding bad relationships?	30%		30%	
16d	Finding a job?	69%	44%	69%	
16e	Finding accommodation?	58%	42%	58%	
16f	Money/finances?	53%	49%	53%	
16g	Claiming benefits?	49%	32%	49%	
16h	Arranging a place at college/continuing education?	34%	31%	34%	
16i	Accessing health services?	30%	22%	30%	
16j	Opening a bank account?	41%	40%	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?	47%	59%	47%	49%



Key Question Responses (Ethnicity) HMP Parc 2008

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

		BME prisoners	White prisoners
	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		12	101
1.3	Are you sentenced?	100%	95%
1.7	Are you a foreign national?	33%	4%
1.8	Is English your first language?	73%	100%
1.10	Are you Muslim?	33%	1%
1.13	Is this your first time in prison?	50%	24%
2.3	Were you treated well/very well by the escort staff?	67%	65%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	67%	87%
3.2a	Did you have any problems when you first arrived?	81%	63%
3.3a	Were you seen by a member of healthcare staff in reception?	92%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	50%	71%
3.4	Were you treated well/very well in reception?	50%	55%
3.9	Did you feel safe on your first night here?	67%	79%
3.10	Have you been on an induction course?	84%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	46%	49%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	58%	56%
4.3b	Are you normally able to have a shower every day?	84%	96%
4.3e	Is your cell call bell normally answered within five minutes?	42%	42%

Key to tables

		BME prisoners	White prisoners
	Any percent highlighted in green is significantly better		
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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Is the food in this prison good/very good?	16%	32%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	59%
4.6a	Is it easy/very easy to get a complaints form?	84%	81%
4.6b	Is it easy/very easy to get an application form?	91%	91%
4.9	Have you made a complaint?	50%	46%
4.13a	Do you feel your religious beliefs are respected?	37%	44%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	46%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	50%	70%
4.15b	Do most staff, in this prison, treat you with respect?	37%	59%
5.1	Have you ever felt unsafe in this prison?	42%	37%
5.2	Do you feel unsafe in this prison at the moment?	25%	11%
5.4	Have you been victimised by another prisoner?	16%	22%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	16%	4%
5.6	Have you been victimised by a member of staff?	50%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	25%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	54%	25%
5.11	Is it easy/very easy to get illegal drugs in this prison?	16%	31%

Key to tables

		BME prisoners	White prisoners
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	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		
6.1a	Is it easy/very easy to see the doctor?	9%	31%
6.1b	Is it easy/ very easy to see the nurse?	63%	58%
6.7	Do you feel you have any emotional well being/mental health issues?	46%	26%
7.1a	Are you currently working in the prison?	78%	84%
7.1b	Are you currently undertaking vocational or skills training?	34%	13%
7.1c	Are you currently in education (including basic skills)?	22%	16%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	11%	23%
7.3	Do you go to the library at least once a week?	46%	47%
7.4	On average, do you go to the gym at least twice a week?	58%	64%
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)	18%	8%
7.7	On average, do you go on association more than five times each week?	73%	78%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18%	19%
8.1	Do you have a personal officer?	67%	72%
8.9	Have you had any problems sending or receiving mail?	37%	36%
8.10	Have you had any problems getting access to the telephones?	18%	15%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	73%	73%



Prisoner Survey Responses HMP Parc (Young Adults) 2008

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

Key to tables

		HMP Parc	Young Adult prisons comparator	HMP Parc 2008	HMP Parc 2005
	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		102	1808	102	97
SECTION 1: General Information					
2	Are you under 21 years of age?	92%	86%	92%	98%
3a	Are you sentenced?	75%	82%	75%	86%
3b	Are you on recall?	6%	6%	6%	
4a	Is your sentence less than 12 months?	23%	18%	23%	34%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	1%	1%	
5	Do you have six months or less to serve?	36%	41%	36%	44%
6	Have you been in this prison less than a month?	15%		15%	
7	Are you a foreign national?	9%	10%	9%	8%
8	Is English your first language?	95%	93%	95%	97%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	15%	29%	15%	7%
10	Are you Muslim?	5%	19%	5%	
11	Are you homosexual/gay or bisexual?	4%	2%	4%	
12	Do you consider yourself to have a disability?	10%	11%	10%	
13	Is this your first time in prison?	41%	42%	41%	36%
14	Have you been in more than 5 prisons this time?	1%		1%	
15	Do you have any children under the age of 18?	23%	24%	23%	20%
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?	48%	33%	48%	45%
1b	Was your personal safety during the journey good/very good?	59%	57%	59%	73%
1c	Was the comfort of the van good/very good?	12%	11%	12%	10%
1d	Was the attention paid to your health needs good/very good?	30%	32%	30%	51%
1e	Was the frequency of toilet breaks good/very good?	18%	11%	18%	16%
2	Did you spend more than four hours in the van?	3%	7%	3%	2%
3	Were you treated well/very well by the escort staff?	70%	65%	70%	82%
4a	Did you know where you were going when you left court or when transferred from another prison?	74%	80%	74%	87%
4b	Before you arrived here did you receive any written information about what would happen to you?	16%	24%	16%	32%
4c	When you first arrived here did your property arrive at the same time as you?	81%	86%	81%	81%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
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:				
1a	Problems with loss of property?	16%		16%	
1b	Housing problems?	45%		45%	
1c	Problems contacting employers?	27%		27%	
1d	Problems contacting family?	82%		82%	
1e	Problems ensuring dependants were looked after?	13%		13%	
1f	Money problems?	22%		22%	
1g	Problems of feeling depressed/suicidal?	66%		66%	
1h	Health problems?	74%		74%	
1i	Problems in needing protection from other prisoners?	16%		16%	
1j	Problems accessing phone numbers?	73%		73%	
2	When you first arrived:				
2a	Did you have any problems?	69%	57%	69%	60%
2b	Did you have any problems with loss of property?	10%	8%	10%	8%
2c	Did you have any housing problems?	13%	14%	13%	14%
2d	Did you have any problems contacting employers?	6%	3%	6%	5%
2e	Did you have any problems contacting family?	27%	21%	27%	17%
2f	Did you have any problems ensuring dependants were being looked after?	1%	3%	1%	1%
2g	Did you have any money worries?	32%	19%	32%	20%
2h	Did you have any problems with feeling depressed or suicidal?	23%	14%	23%	14%
2i	Did you have any health problems?	18%	9%	18%	6%
2j	Did you have any problems with needing protection from other prisoners?	5%	5%	5%	8%
2k	Did you have problems accessing phone numbers?	23%		23%	
3a	Were you seen by a member of health services in reception?	98%	89%	98%	95%
3b	When you were searched in reception, was this carried out in a respectful way?	88%	68%	88%	78%
4	Were you treated well/very well in reception?	65%	63%	65%	60%
5	On your day of arrival, were offered any of the following information:				
5a	Information about what was going to happen to you?	59%	56%	59%	73%
5b	Information about what support was available for people feeling depressed or suicidal?	61%	52%	61%	66%
5c	Information about how to make routine requests?	50%	43%	50%	53%
5d	Information about your entitlement to visits?	69%	54%	69%	72%
5e	Information about health services?	58%		58%	
5f	Information about the chaplaincy?	54%		54%	

Key to tables

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		HMP Parc	Young Adult prisons comparator	HMP Parc 2008	HMP Parc 2005
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	96%	81%	96%	84%
6b	The opportunity to have a shower?	20%	43%	20%	27%
6c	The opportunity to make a free telephone call?	89%	70%	89%	89%
6d	Something to eat?	86%	82%	86%	92%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	54%	48%	54%	60%
7b	Someone from health services?	79%	67%	79%	71%
7c	A listener/Samaritans?	18%	25%	18%	41%
8	Did you have access to the prison shop/canteen within the first 24 hours?	11%	20%	11%	11%
9	Did you feel safe on your first night here?	74%	80%	74%	76%
10	Have you been on an induction course?	81%	92%	81%	91%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	61%	65%	61%	71%
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?	41%	60%	41%	82%
1b	Attend legal visits?	74%	67%	74%	76%
1c	Obtain bail information?	30%	44%	30%	64%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	53%	38%	53%	36%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	39%	55%	39%	66%
3b	Are you normally able to have a shower every day?	91%	55%	91%	99%
3c	Do you normally receive clean sheets every week?	95%	81%	95%	95%
3d	Do you normally get cell cleaning materials every week?	58%	56%	58%	88%
3e	Is your cell call bell normally answered within five minutes?	41%	41%	41%	53%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	51%	58%	51%	56%
3g	Can you normally get your stored property, if you need to?	30%	35%	30%	42%
4	Is the food in this prison good/very good?	20%	26%	20%	33%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	76%	46%	76%	68%
6a	Is it easy/very easy to get a complaints form?	72%	80%	72%	77%
6b	Is it easy/very easy to get an application form?	67%	85%	67%	86%
7	Have you made an application?	83%	75%	83%	79%

Key to tables

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		HMP Parc	Young Adult prisons comparator	HMP Parc 2008	HMP Parc 2005
SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	71%	62%	71%	78%
8b	Do you feel applications are dealt with promptly? (within 7 days)	54%	54%	54%	71%
9	Have you made a complaint?	27%	48%	27%	35%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	38%	38%	38%	64%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	32%	40%	32%	55%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	19%	27%	19%	28%
10c	Were you given information about how to make an appeal?	9%	32%	9%	37%
12	Is it easy/very easy to see the Independent Monitoring Board?	11%	25%	11%	25%
13a	Do you feel your religious beliefs are respected?	46%	48%	46%	44%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	49%	56%	49%	50%
14	Are you able to speak to a Listener at any time, if you want to?	58%	49%	58%	73%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	69%	72%	67%
15b	Do most staff, in this prison, treat you with respect?	55%	67%	55%	60%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	34%	31%	34%	30%
2	Do you feel unsafe in this prison at the moment?	10%	20%	10%	
4	Have you been victimised by another prisoner?	21%	23%	21%	26%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	9%	14%	9%	17%
5b	Hit, kicked or assaulted you?	7%	10%	7%	11%
5c	Sexually abused you?	0%	1%	0%	0%
5d	Victimised you because of your race or ethnic origin?	5%	3%	5%	2%
5e	Victimised you because of drugs?	5%	2%	5%	1%
5f	Taken your canteen/property?	5%	5%	5%	2%
5g	Victimised you because you were new here?	6%	6%	6%	8%
5h	Victimised you because of your sexuality?	2%	1%	2%	
5i	Victimised you because you have a disability?	1%	2%	1%	
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
5k	Victimised you because you were from a different part of the country?	7%	6%	7%	10%
5l	Victimised you because of your offence/crime?	3%		3%	

Key to tables

		HMP Parc	Young Adult prisons comparator	HMP Parc 2008	HMP Parc 2005
■	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				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	27%	23%	27%	22%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks made about you, your family or friends?	8%	13%	8%	12%
7b	Hit, kicked or assaulted you?	2%	5%	2%	4%
7c	Sexually abused you?	0%	1%	0%	0%
7d	Victimised you because of your race or ethnic origin?	1%	4%	1%	2%
7e	Victimised you because of drugs?	3%	1%	3%	4%
7f	Victimised you because you were new here?	8%	5%	8%	4%
7g	Victimised you because of your sexuality?	0%	1%	0%	0%
7h	Victimised you because you have a disability?	1%	2%	1%	
7i	Victimised you because of your religion/religious beliefs?	0%	4%	0%	0%
7j	Victimised you because you were from a different part of the country?	7%	5%	7%	8%
7k	Victimised you because of your offence/crime?	5%		5%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	8%	33%	8%	21%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	24%	27%	24%	27%
10	Have you ever felt threatened or intimidated by a member of staff in here?	23%	19%	23%	21%
11	Is it easy/very easy to get illegal drugs in this prison?	27%	21%	27%	30%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	37%		37%	
1b	Is it easy/very easy to see the nurse?	57%		57%	
1c	Is it easy/very easy to see the dentist?	11%		11%	
1d	Is it easy/very easy to see the optician?	9%		9%	
2	Are you able to see a pharmacist?	72%		72%	
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?	59%	59%	59%	67%
3b	The nurse?	65%	67%	65%	80%
3c	The dentist?	43%	44%	43%	36%
3d	The optician?	40%	44%	40%	50%
4	The overall quality of healthcare?	48%	55%	48%	60%

Key to tables

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		HMP Parc	Young Adult prisons comparator	HMP Parc 2008	HMP Parc 2005
Healthcare continued					
5	Are you currently taking medication?	19%	22%	19%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	65%	58%	65%	
7	Do you feel you have any emotional well being/mental health issues?	28%		28%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	A doctor?	30%		30%	
8b	A nurse?	25%		25%	
8c	A psychiatrist?	40%		40%	
8d	The Mental Health In-Reach Team?	45%		45%	
8e	A counsellor?	20%		20%	
9a	Did you have a drug problem when you came into this prison?	46%	13%	46%	30%
9b	Did you have an alcohol problem when you came into this prison?	31%	11%	31%	16%
10a	Have you developed a drug problem since you have been in this prison?	3%		3%	
10b	Have you developed an alcohol problem since you have been in this prison?	3%		3%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	70%		70%	
12	Have you received any help or intervention whilst in this prison?	45%		45%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	76%		76%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	39%	25%	39%	35%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	34%	25%	34%	40%
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?	34%	47%	34%	51%
SECTION 7: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	73%		73%	
1b	Vocational or skills training?	6%		6%	
1c	Education (including basic skills)?	29%		29%	
1d	Offending Behaviour Programmes?	10%		10%	

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Purposeful Activity continued					
2ai	Have you had a job whilst in prison?	53%	71%	53%	65%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	61%	52%	61%	55%
2bi	Have you been involved in vocational or skills training whilst in prison?	30%	66%	30%	52%
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	59%	56%	59%	49%
2ci	Have you been involved in education whilst in prison?	49%	77%	49%	56%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	67%	64%	67%	58%
2di	Have you been involved in offending behaviour programmes whilst in prison?	39%	60%	39%	43%
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	52%	58%	52%	46%
3	Do you go to the library at least once a week?	27%	28%	27%	28%
4	On average, do you go to the gym at least twice a week?	50%	48%	50%	59%
5	On average, do you go outside for exercise three or more times a week?	74%	36%	74%	69%
6	On average, do you spend ten or more hours out of your cell on a weekday?	3%	10%	3%	4%
7	On average, do you go on association more than five times each week?	72%	41%	72%	80%
8	Do staff normally speak to you most of the time/all of the time during association?	17%	22%	17%	19%
SECTION 8: Resettlement					
1	Do you have a personal officer?	67%	64%	67%	66%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	56%	62%	56%	56%
For those who are sentenced:					
3	Do you have a sentence plan?	38%	53%	38%	60%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	62%	70%	62%	67%
5	Can you achieve some/all of you sentence plan targets in this prison?	72%	76%	72%	
6	Are there plans for you to achieve some/all your targets in another prison?	37%	48%	37%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	23%	28%	23%	
8	Do you feel that any member of staff has helped you to prepare for release?	11%	13%	11%	
9	Have you had any problems with sending or receiving mail?	38%	38%	38%	37%
10	Have you had any problems getting access to the telephones?	32%	31%	32%	35%
11	Did you have a visit in the first week that you were here?	37%	38%	37%	37%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	62%	67%	62%	79%

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Resettlement continued					
13	Did you receive one or more visits in the last week?	54%	41%	54%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	46%		46%	
15	Do you know who to contact within this prison to get help with the following:				
15a	Maintaining good relationships?	25%		25%	
15b	Avoiding bad relationships?	15%		15%	
15c	Finding a job on release?	65%	46%	65%	55%
15d	Finding accommodation on release?	59%	49%	59%	46%
15e	With money/finances on release?	25%	34%	25%	38%
15f	Claiming benefits on release?	52%	45%	52%	54%
15g	Arranging a place at college/continuing education on release?	29%	41%	26%	37%
15h	Accessing health services on release?	22%	42%	22%	40%
15i	Opening a bank account on release?	18%	39%	18%	
16	Do you think you will have a problem with any of the following on release from prison?				
16a	Maintaining good relationships?	17%		17%	
16b	Avoiding bad relationships?	25%		25%	
16c	Finding a job?	71%	58%	71%	
16d	Finding accommodation?	32%	40%	32%	
16e	Money/finances?	41%	55%	41%	
16f	Claiming benefits?	37%	35%	37%	
16g	Arranging a place at college/continuing education?	39%	47%	39%	
16h	Accessing health services?	20%	19%	20%	
16i	Opening a bank account?	31%	30%	31%	
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?	53%	61%	53%	58%



Key Question Responses (Ethnicity) HMYOI Parc 2008

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

		BME prisoners	White prisoners
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Number of completed questionnaires returned		15	87
1.3	Are you sentenced?	53%	78%
1.7	Are you a foreign national?	14%	8%
1.8	Is English your first language?	74%	99%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.		
1.10	Are you Muslim?	33%	0%
1.13	Is this your first time in prison?	60%	38%
2.3	Were you treated well/very well by the escort staff?	47%	74%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	60%	77%
3.2a	Did you have any problems when you first arrived?	53%	73%
3.3a	Were you seen by a member of healthcare staff in reception?	100%	98%
3.3b	When you were searched in reception, was this carried out in a respectful way?	92%	87%
3.4	Were you treated well/very well in reception?	60%	66%
3.9	Did you feel safe on your first night here?	60%	76%
3.10	Have you been on an induction course?	93%	78%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	19%	45%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	19%	43%
4.3b	Are you normally able to have a shower every day?	86%	92%

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4.3e	Is your cell call bell normally answered within five minutes?	60%	37%
4.4	Is the food in this prison good/very good?	7%	22%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	80%
4.6a	Is it easy/very easy to get a complaints form?	67%	73%
4.6b	Is it easy/very easy to get an application form?	53%	70%
4.9	Have you made a complaint?	26%	27%
4.13a	Do you feel your religious beliefs are respected?	60%	44%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	47%	49%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	53%	76%
4.15b	Do most staff, in this prison, treat you with respect?	53%	55%
5.1	Have you ever felt unsafe in this prison?	26%	35%
5.2	Do you feel unsafe in this prison at the moment?	14%	9%
5.4	Have you been victimised by another prisoner?	33%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	26%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	0%
5.6	Have you been victimised by a member of staff?	16%	29%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	21%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	7%	25%

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5.11	Is it easy/very easy to get illegal drugs in this prison?	15%	30%
6.1a	Is it easy/very easy to see the doctor?	15%	41%
6.1b	Is it easy/ very easy to see the nurse?	43%	60%
6.7	Do you feel you have any emotional well being/mental health issues?	24%	28%
7.1a	Are you currently working in the prison?	65%	74%
7.1b	Are you currently undertaking vocational or skills training?	0%	6%
7.1c	Are you currently in education (including basic skills)?	35%	28%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	0%	11%
7.3	Do you go to the library at least once a week?	26%	27%
7.4	On average, do you go to the gym at least twice a week?	60%	48%
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)	7%	3%
7.7	On average, do you go on association more than five times each week?	40%	78%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	7%	18%
8.1	Do you have a personal officer?	40%	72%
8.9	Have you had any problems sending or receiving mail?	26%	40%
8.10	Have you had any problems getting access to the telephones?	36%	31%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	36%	67%