

Report on an announced inspection of

HMP Swansea

8 – 12 February 2010

by HM Chief Inspector of Prisons

Crown copyright 2010

Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	17
First days in custody	17
2 Environment and relationships	
<hr/>	
Residential units	21
Staff-prisoner relationships	23
Personal officers	24
3 Duty of care	
<hr/>	
Bullying and violence reduction	27
Self-harm and suicide	29
Applications and complaints	31
Legal rights	32
Faith and religious activity	32
Substance use	33
4 Diversity	37
<hr/>	
5 Health services	43
<hr/>	
6 Activities	
<hr/>	
Learning and skills and work activities	53
Physical education and health promotion	57
Time out of cell	57
7 Good order	
<hr/>	
Security and rules	59
Discipline	60
Incentives and earned privileges	62

8 Services

Catering	65
Prison shop	66

9 Resettlement

Strategic management of resettlement	67
Offender management and planning	68
Resettlement pathways	72

10 Recommendations, housekeeping points and good practice

Appendices

I Inspection team	91
II Prison population profile	92
III Summary of prisoner questionnaires and interviews	95

Introduction

For many years, Swansea has functioned as a local prison serving the courts of south and west Wales. Like many local prisons, it has to manage a range of challenges, including overcrowding, unsuitable Victorian accommodation and limited regime facilities. Despite this, we found that the prison continued to be an impressively safe place, underpinned by excellent staff-prisoner relationships.

However, we were disconcerted to find that, shortly before our arrival for this full announced inspection – and without notifying the Inspectorate – staff at the prison had been told that Swansea was to become a category C training prison. This appeared a singularly curious decision given the dearth of regime facilities. We were later pleased to learn from the National Offender Management Service Cymru that no such decision had yet been made.

Staff at Swansea manage their transient population, with its wide range of risks and needs, in a caring and appropriate way. Most prisoners felt safe and staff were fully focused on safety arrangements, with good management of early days in custody and sound violence reduction and suicide prevention procedures. It was commendable that staff rarely had to resort to adjudications, segregation or use of force. There was a relatively small drug use problem, and improved clinical support.

The prison was clean but cramped and overcrowded. Relationships between staff and prisoners were excellent. Personal officers were supportive, and the incentives and earned privileges scheme operated fairly. The small proportion of black and minority ethnic prisoners reported more negatively in our survey than their white counterparts but outcomes appeared fair, suggesting the need for better and more focused consultation. Foreign nationals were well supported, but other aspects of diversity, including disability, were less well developed. Health services were generally good.

Time out of cell was reasonable for a local prison, but would need to increase markedly to meet our expectations for a training prison. The quantity of purposeful activity was insufficient even for a local prison, although some education and training provision was of good quality. The library provided a good service. The PE department was impressive and offered a number of courses and qualifications that could lead to work opportunities for prisoners on release.

The prison lacked an effective strategic approach to resettlement, with no comprehensive needs analysis or identified leads for each pathway. These weaknesses were compounded by the surprising lack of a resettlement or reducing reoffending plan for all prisons in Wales – an omission that made it even harder for staff, and inspectors, to understand the rationale behind the plans to change the role of Swansea from a local prison.

Offender management arrangements were satisfactory, but custody planning for remand and short-term prisoners was in its infancy, and there were few opportunities for prisoners to address their offending behaviour. Work on the resettlement pathways varied: accommodation and finance services were good; support for employment and training on release was limited; substance use services were reasonable but did not adequately address alcohol problems, which a large number of prisoners reported. Visits arrangements remained poor.

Swansea is an effective local prison. It mitigates the inherent limitations of its overcrowded Victorian accommodation and limited regime by working hard to ensure a safe environment and excellent staff-prisoner relationships. These are the building blocks of any decent prison, but it is still difficult to conceive how it could be an effective training prison, given its physical

limitations and lack of regime. Staff should be rightly proud of what they have achieved, but their concerns about the recently announced plans for a change of role are entirely understandable.

Anne Owers
HM Chief Inspector of Prisons

April 2010

Fact page

Task of the establishment

Category B Local Prison

Region

Wales

Number held

402

Certified normal accommodation

248

Operational capacity

402

Date of last inspection

April 2005

Brief history

HMP Swansea is about half a mile from the city centre. Building started in 1845 and was completed in 1861. It operated as a men's and women's prison until 1922, when women were transferred to Cardiff. Swansea has since operated as a local prison, holding prisoners up to and including category B. In the early 1980s, Swansea introduced Samaritan-trained prisoner Listeners, a scheme that has now developed into a nationwide provision.

Short description of residential units

- B wing: the first night and induction unit. It has 21 double cells, two small dormitories and safer cells and can hold up to 49 prisoners.
- A and D wing: the largest wings, holding remand, sentenced and convicted prisoners. A wing holds 170 prisoners on four landings. D wing has capacity for 157 prisoners held mainly in double cells, but there are also four dormitories.
- C wing: a single landing below B wing, holding mainly enhanced prisoners who are prison orderlies. It holds 39 prisoners in a combination of double cells and dormitories.
- E wing: the segregation unit, with five cells, is separated by a gate from the end of C wing.

Healthy prison summary

Introduction

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

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

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

- 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.

Safety

HP3 Prisoners were treated well in reception and first night procedures and induction were good. Most prisoners felt very safe. There was very good attention to violence reduction and suicide and self-harm procedures, which were well managed. Segregation was little used and levels of use of force were very low. There was little

evidence of a major drug problem in the prison. Although the physical conditions for men withdrawing from drugs or alcohol were not ideal, detoxification and stabilisation procedures were much improved. Outcomes for prisoners were good against this healthy prison test.

- HP4 Most prisoners came from local courts and did not have long journeys, although some who came from courts in west Wales could spend up to 2.5 hours travelling. Some late arrivals put extra pressure on first night procedures. A video court was well used and reduced the number of unnecessary journeys.
- HP5 Reception was a relaxed and welcoming environment and prisoners did not spend too long there. Prisoners in our survey were positive about their treatment in reception and said they were searched respectfully. New arrivals were well supported by staff and Listeners. Almost all said they had felt safe on their first night, helped by some good procedures and positive relationships with staff. However, men withdrawing from drugs and alcohol had to share with others, which was unsatisfactory. Night staff were well briefed about new arrivals. Induction sessions were engaging and informative. All key areas were covered in some depth and were well delivered.
- HP6 Most prisoners found Swansea a safe prison. Safety was actively supported and promoted by the visible safer custody team and bolstered by positive staff-prisoner relationships. There was an effective violence reduction strategy with good links throughout the prison and a proactive approach to identifying and challenging any manifestation of violent or anti-social behaviour. Incidents were well investigated and analysed, but there was little evidence of any serious bullying behaviour.
- HP7 The safer custody team identified potentially vulnerable prisoners shortly after their arrival and, together with Listeners, provided good on-going support. Levels of self-harm were relatively low and good help was provided for those involved. There were good quality assessments for men considered at risk of self-harm and helpful multidisciplinary reviews were well organised by the safer custody team, who had a good knowledge and oversight of individual cases. On-going monitoring records demonstrated good support, with services including counselling and day care.
- HP8 Physical and dynamic security were sound. The number of security information reports was relatively low, but staff sometimes acted on information received without using the formal security reporting system, which suggested some under-reporting. Communication of security information to wing staff was satisfactory and included a daily briefing sheet.
- HP9 There was little use of segregation, which was appropriately monitored and mostly used for punishments of cellular confinement. Staff were professional and friendly towards segregated prisoners. The regime was basic, which was satisfactory for the majority of prisoners serving punishments, but a little restrictive for others. However, few men remained in the segregation unit for long.
- HP10 The number of adjudications was low. Records indicated that charges were appropriate and the large majority of hearings were appropriately conducted, although some did not show sufficient investigation to support findings of guilt. Punishments were reasonable and consistent. Periods of cellular confinement appeared to have a relatively high starting point, but were often commuted.

- HP11 There was very little use of force. Records were thoroughly completed and indicated appropriate usage. Despite the low use, related data collation was comprehensive, with good analysis at the use of force meetings to help identify any emerging trends. The special cell was rarely used.
- HP12 The year-to-date random mandatory drug testing positive rate was slightly above the target of 9%. Few suspicion tests had been conducted in the previous year, but this had recently improved. The supply reduction action plan was satisfactory and in our survey, fewer prisoners than the comparator said it was easy to get illegal drugs. Good links with the local community provider had resulted in more flexible prescribing regimes for opiate users. There was effective screening and care planning for men dependent on drugs or alcohol, with good joint work and support. However, there were no designated cells with hatches to allow unrestricted observation of prisoners withdrawing from drugs or alcohol or being stabilised.

Respect

- HP13 Staff-prisoner relationships were excellent. Personal officers were supportive, but this was not reflected in wing file entries. The prison was clean but overcrowded and many cells were cramped. Men could shower daily and had good access to clean kit. Food was satisfactory. Black and minority men reported poorer perceptions than others, but outcomes appeared fair. Support for foreign national men was good. Wider diversity work was underdeveloped and there was insufficient support for prisoners with disabilities. Health services, including mental health provision, were generally good. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP14 Staff-prisoner relationships were exceptionally positive. Significantly more than the comparator in our survey said most staff treated them with respect and that they had a member of staff they could turn to for help. However, there was no established prisoner council or other general regular consultation meeting. More than in other local prisons said they had a personal officer and this had doubled since our last full inspection in 2005. A very high proportion said their personal officers were helpful, although the quality of personal officer entries in wing files belied the good knowledge officers had of prisoners. Most entries were regular, but very brief and restricted to descriptions of behaviour rather than resettlement objectives or family issues.
- HP15 The outside areas and residential wings were generally clean. Unconvicted prisoners were required to share cells with convicted prisoners. Most cells were clean, but many cell toilets were not screened. Torn sheets were often used as screens and for curtains. Some cells had broken windows and not all had lockers. All prisoners could shower daily. Not all unconvicted prisoners had facilities to wash their personal clothing, but access to clean bedding and prison clothes for all prisoners was well managed.
- HP16 There were good systems for managing incentives and earned privileges procedures and most prisoners said the scheme operated fairly. The basic regime was not overly restrictive.
- HP17 In our survey, satisfaction with the food was similar to other local prisons, but none of the black and minority ethnic prisoners surveyed said it was good. Serveries were

well maintained and appropriately supervised. Shop arrangements were satisfactory, but there were not enough goods to meet the specific needs of black and minority ethnic prisoners.

- HP18 The chaplaincy team was small and stretched, but supported by a community chaplaincy service. Most prisoners said their religious beliefs were respected. Facilities were adequate, with one multi-faith room for all services. An Imam presided at Friday prayers for about 12 Muslim prisoners, but there was no additional support for Muslims.
- HP19 The diversity policy did not fully cover all diversity areas, including older prisoners and sexuality. There was some identification of the needs of prisoners with disabilities, but no individual care plans and poor services, with no converted cells for those with mobility problems and very few appropriate adaptations. Officers' refusal to push wheelchairs was at odds with their otherwise supportive approach and prisoners with disabilities reported more negatively in our survey against a range of issues.
- HP20 Black and minority ethnic prisoners were a relatively small 6% of the population and almost all staff were white. The management of race equality was sound and the membership and work of the race equality team was well publicised. A good range of ethnic monitoring data was collected and examined, but there was little active promotion of race equality and diversity. Groups and individuals we spoke to raised no specific concerns about race and outcomes appeared fair, but black and minority ethnic prisoners were much more negative in our survey than white prisoners across a range of areas. There were no specific consultation groups with black and minority ethnic prisoners where these views could be discussed, although the race equality officer had actively tried to engage. There were very few reported racist incidents and they were generally well investigated.
- HP21 There were 18 foreign national prisoners, including one immigration detainee. Fortnightly immigration surgeries with UK Border Agency officials had started, but there had been delays moving detainees to immigration removal centres. There was an appropriate foreign national policy and a recent needs analysis has been carried out to inform services, which included a range of translated materials. Good recent progress had been made to support foreign national prisoners with the appointment of specific prison officer caseworkers for each of them. Support groups had begun and foreign national prisoner representatives had been appointed. Telephone interpreting services were used appropriately.
- HP22 Prisoners were more positive than the comparator in our survey about the handling of applications and complaints and significantly more said applications and complaints were dealt with fairly. Replies to complaints were mostly timely and appropriate, but a small minority were poor and there was no quality assurance system to help address this. Suitable bail and legal services were provided.
- HP23 Engagement between healthcare staff and prisoners was good. Some of the healthcare environment was poor, particularly the waiting room, but work was in hand to improve these areas. Primary care services were good, but some routine appointments to see the doctor took too long. A wide range of clinics was run and an effective start had been made in developing chronic disease management. Approximately 25% of external hospital appointments were cancelled by the prison, which was too many. The quality of dental care was satisfactory, with reasonable waiting times of up to three weeks, but waits to see an optician were too long. There

was a good pharmacy service and nurses actively used patient group directives to ensure prisoners had appropriate treatment when the GP was not present. Mental health services were good and included a counselling service, but some transfers to hospital took too long. Good day services were provided for men with mental health problems.

Purposeful activity

- HP24 Time out of cell was reasonable for a local prison. The quality of education and training was generally good, but overall there were not enough activity places to keep all prisoners fully occupied. The library provided a good service. PE provision was very positive, with some good training related to employment. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP25 Time out of cell was reported at an average of 8.2 hours, but this was not possible even if all prisoners were out of their cells for the maximum time allowed by the core day. Only enhanced prisoners in full-time employment were able to spend up to eight hours out of their cell each day. We found about 23% of prisoners locked in their cells at 10.30 one morning, but some had chosen to stay in their cells rather than go to association. General time out of cell had improved significantly from previously and compared well with many other local prisons. There was good access to association and most prisoners had two, sometimes three, periods a day. Prisoners did not have the opportunity to spend a full hour in the open air each day and the exercise period was early, with no outdoor clothing provided.
- HP26 The importance of learning and skills in reducing reoffending was not sufficiently prioritised or promoted, although the learning and skills manager and her team had responded well to recent changes required to align their planning to meet the Welsh Assembly's strategic direction. However, there were shortcomings in quality assurance arrangements and the collection and analysis of data was not good enough to drive improvements. Overall, there were not enough places in work or education to provide purposeful activity for all prisoners throughout the day. Allocation to activities did not take sufficient account of prisoners' previous education or work experience or link well to sentence planning. Initial assessment and guidance was inadequate.
- HP27 There were 68 part-time places in education each day, the equivalent of 34 full-time places, which was relatively low. The curriculum was broad and balanced and nearly all courses carried appropriate accreditation, although a few qualifications were not demanding enough to help prisoners develop their skills. A recently introduced short four-week basic skills courses met the needs of many prisoners well. Occasional programmes of visiting teachers in areas such as poetry and art helped enrich the provision. Most prisoners arrived at classes on time, but in some sessions around half of prisoners did not attend. The general quality of teaching was good and in a few cases outstanding, but teachers did not always vary their teaching style well enough to meet the range of abilities and needs. Many prisoners achieved well in their classes and developed a range of skills. However, shortcomings in data collection and analysis made it difficult to get an accurate picture of achievements.
- HP28 Including education, there was a total of 332 activity places, but many were part time and did not fully occupy men. About 70 men were unemployed. Most jobs had useful

accreditation attached and prisoners made good progress towards achieving them. Although there was some good use of labour market information, there were few links with employers. Workshops were well equipped with modern industry-standard equipment. In BICS, the standard of work and achievement were excellent. There was enough work in the workshops to engage men meaningfully. Prisoners in the cycle workshop were particularly positive and achieved useful qualifications, as did kitchen workers. However, laundry workers had no opportunities to achieve a qualification.

- HP29 Library services were not well promoted at induction, but access was good, with opportunities to use the library at least once a week. Access for prisoners on A wing and for those on education, where the two library facilities were, was better, but the A wing facility was about to close. The new library in the education department was bright and welcoming with a good range of fiction and non-fiction books, including easy readers and books in other languages. There was a good selection of Welsh language books and books on Welsh culture, as well as appropriate Prison Service materials.
- HP30 The PE department was well staffed, with good facilities, although the fitness room was cramped. The sports hall was effectively used, as were the outdoor facilities, although these were limited to a four-a-side football pitch. Prisoners were able to attend a minimum of two sessions in the gym each week. An appropriate range of PE-related qualifications provided prisoners with good transferable skills.

Resettlement

- HP31 There was an insufficiently strategic approach to developing resettlement services across the pathways and no needs analysis. Offender management processes were satisfactory, but there were few opportunities for men to address their offending behaviour and many repeat offenders remained unchallenged. Accommodation and finance services were good and some family work was developing, but visits arrangements were poor. Drug services were reasonable, but there were no effective interventions for men with alcohol problems. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP32 An insufficiently strategic approach to resettlement was not helped by the lack of an up-to-date regional strategic resettlement or reducing reoffending plan for Wales. A survey had been used to help identify resettlement needs, but this was limited in scope and no use was made of other information such as offender assessment system (OASys) assessments. An action plan, based on resettlement pathways, did not include time-bounded targets and there were no designated pathway leads or pathway meetings to help develop services. Not all areas of the prison were represented at resettlement meetings and there was only limited voluntary sector representation.
- HP33 In our survey, 56% of sentenced prisoners, against a comparator of 37%, said they had a sentence plan and there was no backlog. The offender management unit (OMU) had a sound structure and the co-location of a number of functions aided communication and joint work. OMU staff were positive about their work, but offender management work was not well understood or integrated with wing-based services. Seventy prisoners were formally in scope for offender management. They were

promptly allocated to offender supervisors, who had reasonable caseloads and generally kept in good contact. The quality of the OASys and sentence plans varied. Some offender managers had not updated OASys from previous sentences and the documents did not reflect current circumstances. It was not always possible to track the quality of on-going work with offender managers, and offender supervisor contacts with prisoners and interventions delivered were often not recorded. Identification of resettlement needs had just been introduced as an initial custody plan for those serving shorter sentences and on remand, but there were no effective follow up arrangements until just before release.

- HP34 Public protection arrangements were sound, with a comprehensive and up-to-date policy. Cases were well managed through regular public protection and risk management team meetings and information was appropriately shared.
- HP35 There were few interventions to address offending behaviour and the only two accredited programmes were enhanced thinking skills and the short duration programme (SDP) for drug users. These were not sufficient to meet the identified needs of prisoners, which was frustrating for prisoners and staff.
- HP36 The accommodation needs of all new arrivals were assessed and each wing had prisoner housing representatives who were well known to other prisoners. Housing benefits were safeguarded as necessary on arrival. Most prisoners came from the local area and few left the prison without accommodation, benefiting from the good Welsh provision.
- HP37 A part-time JobCentre Plus worker saw all new arrivals to give benefit advice, information on jobs and training opportunities on release, and to help with community care grants and benefits. Prisoners could open bank accounts and a money management course was run in education. Debt advice was also available from a weekly solicitor's surgery.
- HP38 Not enough was done to help prisoners make informed plans about jobs, education and training after release. There was no specialist independent careers advice and guidance and records of guidance were inadequate and sometime inappropriate. Some prisoners had clear ideas about using their skills to work independently, but received no support to develop skills in business planning.
- HP39 Visitors said they were well treated, but many said they had difficulty booking visits. There was still no visitors' centre and the booking-in room did not open early enough, so visitors had to queue outside with no shelter. The waiting room in the prison was cold and lacked basic facilities. All prisoners had to wear identifying bibs in the visits room even though visitors had to have photographic identification and a biometric system was used. Family visits were run four times a year and were open to all prisoners. Sure Start workers ran a weekly group for fathers and, subject to funding, a yearly Barnardo's parenting course was run.
- HP40 The drug strategy did not include alcohol and was not backed up by comprehensive action plans and targets. The strategy had not been informed by a needs analysis, although a survey had been done. The counselling, assessment, referral, advice and throughcare (CARAT) service was good, with daily induction input and two group work modules run each week. However, the CARAT remit excluded primary alcohol problems and there was no accredited alcohol programme to meet clearly identified

need. The SDP was well established and operated well. A compact-based drug testing scheme was run, but there was no dedicated drug support unit.

Main recommendations

- HP41 Diversity procedures should ensure through regular consultation with prisoners that the needs of minority groups are monitored and met.
- HP42 Services for men with disabilities should be improved to include better identification procedures and appropriate individual care plans based on assessed needs.
- HP43 Additional activity places should be provided to keep all men purposefully occupied.
- HP44 A regional resettlement/reducing reoffending policy for Wales should be developed to clarify the role of Swansea and other Welsh prisons and ensure effective resettlement provision at Swansea in relation to its changing functions.
- HP45 An effective custody/sentence planning process for unconvicted and short-sentenced prisoners should be established.
- HP46 A clear strategy for the development of the children and families resettlement pathway should be developed to include a thorough revision of visits arrangements to ensure that families and friends of prisoners have an appropriate and respectful visits experience.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 The local court escort service covered a large rural area and some prisoners arrived in reception late. Prisoners reported decent treatment in transit. Good use of video court appearances reduced the number of unnecessary escorts.
- 1.2 The prison served the local courts and the courts of west Wales extending to Haverford West. Most prisoners came from local courts and had relatively short journeys, but those from the outlying areas could spend up to 2.5 hours in the van. Most prisoners said the vans were uncomfortable and that the lack of seatbelts made them feel unsafe. They said they were treated well by escort staff and we observed some good interactions.
- 1.3 In our survey, prisoners were largely positive about transfers and escorts. Vans were not kept long at the gate, but the small sterile area meant prisoners could be kept waiting in vans at busy times in the evening. There were some late arrivals, frequently due to Swansea being used as the last drop-off point on the escort circuit. Some prisoners had been discharged from court before noon only to spend a long time in court cells and the van, arriving at the prison after tea time. This impacted on first night procedures, which then had to be rushed.
- 1.4 The video court was used frequently, sometimes for up to a third of court appearances each month, which reduced the number of unnecessary escorts.

Recommendation

- 1.5 Prisoners should not have to wait in court cells for long periods before being transferred to prison custody and should arrive at the prison before 7pm.

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.

- 1.6 Reception was clean and welcoming, and Listeners were readily available. Prisoners were well treated and most did not spend long in reception before moving to the first night centre, where most procedures took place on the first evening. Induction sessions were engaging and informative and the programme was flexible to meet individual needs.

Reception

- 1.7 Reception was clean and welcoming and staff were friendly and relaxed. In our survey, more prisoners than the comparator said they had been treated well in reception and that they had been searched respectfully. Staff interacted well with prisoners new to custody and provided good support.
- 1.8 The two large holding rooms were clean and had a range of information on display, but no other reading material. Prisoners were mostly left in the holding rooms with the doors open and prisoner orderlies who were trained Listeners engaged with them informally. A Listener was also formally allocated to reception and new arrivals could see him in private.
- 1.9 Prisoners were given an information sheet about what to expect in the first 24 hours. A range of reception questions had been translated into several languages and staff also regularly used a professional telephone interpreting service to communicate with new arrivals who did not speak English. Healthcare screening took place in a designated healthcare room. Prisoners could shower in reception, but some preferred to wait until they were on the first night centre on B wing. In our survey, significantly more prisoners than the comparator said they had been able to shower on their first day. A meal was provided at tea time and microwave meals for prisoners who arrived later.
- 1.10 Most prisoners did not spend long in reception and none we spoke to had stayed there longer than 1.5 hours. There were sometimes delays if healthcare staff were occupied elsewhere. A first night officer was responsible for escorting prisoners between reception and B wing. Reception staff completed the cell-sharing risk assessment (CSRA) using mainly the prisoner's accompanying paperwork. More in-depth interviews were the responsibility of B wing staff.

First night

- 1.11 All new arrivals went to B wing. They were given a set of bedding and were offered telephone credit costing £2 and a range of reception packs with the cost repaid in instalments. They signed behaviour and procedural compacts and were given enough time to ask questions. Staff were supportive and caring and prisoners were given a range of information about available services. In our survey, more prisoners than the comparator said they had received information about what would happen to them and were given help and support in their first 24 hours.
- 1.12 B wing was a dedicated first night centre and induction unit. It was small, clean and quiet. Staff spent a lot of time talking to prisoners and were highly visible during association. Staff coming on duty at night were given a detailed briefing of any issues of the day and information about new arrivals. The decent environment, good procedures and positive staff attitude were reflected in the fact that most prisoners said they had felt safe on their first night. A Listener was based on B wing and three prisoner cleaners were also employed as PALS (peer supporters).
- 1.13 A first night officer went through an information pack with new arrivals and answered any questions. The pack was up to date and included the induction timetable, an application form, a telephone compact and numbers form, a facilities list, a visits information sheet to send out, and a letter, envelope and pen. New arrivals were given enough time to familiarise themselves with the wing regime and routine.

- 1.14 Most new arrivals were allocated to a three-bed dormitory, unless the CSRA indicated a single cell. The cells were clean but basic and prisoners often had to share with men who were withdrawing from drugs or alcohol. Staff said the wing sometimes felt more like a detoxification unit than a first night centre (see also section on substance use).
- 1.15 A multidisciplinary reception board was held the morning after arrival, chaired by the wing senior officer and attended by the prisoner, chaplaincy team, drug support worker and safer custody officer. Prisoners were asked about resettlement issues. Practical issues were addressed and staff made referrals to other departments as necessary. Staff followed a useful guidance document, but this did not include specific questions about any dependents. Prisoner housing orderlies also saw all new arrivals and passed information to the housing officer.

Induction

- 1.16 Induction was a roll-on programme and most prisoners started on the first weekday after arrival. It took up to a week and a high proportion of prisoners in our survey said it covered all they needed to know. The programme was flexible enough to meet most individual needs. Staff ran multiple sessions during the week to ensure that prisoners covered the whole programme. Prisoners undergoing alcohol or drug detoxification or beginning maintenance programmes were expected to take part in induction, although this was flexible depending on individual health needs.
- 1.17 Most sessions were well delivered by trained staff and written notes were supplemented by an up-to-date video. Sessions were engaging and informative and covered a range of topics including race equality, drug issues, chaplaincy, safer custody and learning and skills. Delivery times varied according to individual needs and there was time for questions. Prisoners were given a detailed booklet covering all areas. This had not yet been translated into other languages. Prisoners new to Swansea were shown a 'first time at Swansea' DVD.
- 1.18 Depending on the availability of cells on other wings, most prisoners spent around seven to 10 days on B wing. While there, they were largely well occupied, normally with two association periods and exercise each day as well as attending induction sessions.

Recommendations

- 1.19 Prisoners should be asked specifically about arrangements for any dependents at the reception board.
- 1.20 All prisoners should be given a free telephone call on arrival.

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 There was significant overcrowding and unconvicted and convicted prisoners shared cells. Many shared cells had unscreened toilets. The heating system was being improved and cell windows replaced. Residential units were clean and there was good access to showers and clean clothing and bedding.

Accommodation and facilities

- 2.2 The operational capacity of 422 had temporarily been reduced to 402 while the in-cell call and fire system was upgraded. This still represented a significant level of agreed overcrowding, with most cells designed for one occupied by two prisoners. There were four residential wings (see fact page). Unconvicted and convicted prisoners were mixed in cells throughout the prison.
- 2.3 Cells had in-cell sanitation, but many toilets were unscreened and some cells were cramped. The design of most wings meant prisoners ate in their cells and washed plastic cutlery and plates in hand basins. Prisoners used torn sheets as makeshift screens and curtains. All cells had in-cell electricity, televisions and drinking water and most were reasonably decorated and furnished, but prisoners did not have lockable cupboards. Some cells on D wing had storage boxes and shelves instead of cupboards. Notice boards were in short supply, but pictures complied with the offensive displays policy. Cell inspections took place regularly and incentives and earned privileges warnings were used when cells were not up to standard.
- 2.4 Cell windows on all wings had restricted opening to reduce the amount of litter thrown out and the use of 'lines' between cells. Many windows were broken and in some cases prisoners had done this deliberately to improve ventilation. Windows were due to be replaced, but it was not yet known when work would start. Prisoners and staff on A wing said temperatures in some cells, particularly on the upper landings, were oppressive. Two cell doors on each landing had been fitted with vents as a trial and there were plans to extend this to all doors on the top landing. Air conditioning units had been used as a temporary measure. New boilers were being fitted along with equipment to control temperatures in various zones. There had also been some complaints that cells on the lower landings were cold.
- 2.5 There were few adaptations for prisoners with disabilities (see section on disability).
- 2.6 Cell call alarms were checked daily and 62% of prisoners in our survey, against a comparator of 36%, said they were normally answered within five minutes.
- 2.7 Each wing had pool or snooker tables, board games and communal television areas. Prisoners had several opportunities a day to use the telephone. Telephones had acoustic hoods, but there were no booths.

- 2.8 All wings had storerooms and interview rooms apart from A wing, the largest wing, which had no interview room. Each wing had a number of notice boards and information such as wing routines was clearly displayed, particularly on D wing.
- 2.9 There were no regular consultation meetings with prisoners about residential or general regime matters (see section on staff-prisoner relationships).

Clothing and possessions

- 2.10 Only prisoners on the enhanced regime and unconvicted prisoners were allowed to wear their own clothes, although unconvicted prisoners were encouraged to wear prison clothing unless they were likely to have a visit shortly after reception when clean clothes could be handed in. They could not mix personal and prison-issue clothes.
- 2.11 New arrivals were given two sets of prison clothing, two towels, sheets, blankets and a pillow case. Only two sets of underwear and two pairs of socks were provided, but all prisoners could have underwear handed in through visits. Clothing and sheets could be changed weekly and blankets exchanged fortnightly. Mattresses were replaced on request. Clothing and bedding were in reasonable condition. In our survey, significantly more than the comparator said they were offered enough clean clothes for the week.
- 2.12 Only prisoners on the enhanced regime could have their clothes washed in the prison laundry, a rule that excluded unconvicted prisoners on the standard regime who had a right to wear personal clothing. This also made it difficult for them to have clean clothes for court appearances. Facilities in the central laundry were poor, with only one of three washing machines working. Bedding and most prison clothing were sent to HMP Leyhill for washing.
- 2.13 There was a good selection of new clothing for prisoners needing clothes at discharge. Holdalls were available to carry out personal possessions.

Hygiene

- 2.14 The outside and communal areas of residential wings were generally very clean. A pest control company visited regularly and had raised no serious concerns. Water quality was routinely checked.
- 2.15 Most cells were kept clean. Brushes and mops were available on each landing and prisoners had no difficulty getting cleaning materials.
- 2.16 There was good access to showers. In our survey, 83% of prisoners said they could normally shower daily. Most showers had been refurbished and two new shower rooms opened on D wing during the inspection. Prisoners were issued with basic toiletries at reception and further supplies were available on residential wings for those who did not want to buy them from the shop.

Recommendations

- 2.17 Two prisoners should not have to share cells designed for one.
- 2.18 Unconvicted prisoners should not be required to share cells with convicted prisoners.

- 2.19 All cell toilets should be screened.
- 2.20 Prisoners should have lockable cupboards for their possessions.
- 2.21 All unconvicted prisoners should have the opportunity to launder their personal clothing and be allowed to mix personal and prison-issue clothing.

Staff-prisoner relationships

Expected outcomes:

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

- 2.22 Staff-prisoner relationships were exceptionally positive. Significantly more than the comparator in our survey said most staff treated them with respect and that they had a member of staff they could turn to for help. Many men had previously been at Swansea and were well known to staff. There was no established general prisoner representative meeting.
- 2.23 Interactions between staff and prisoners were appropriate and friendly and underpinned much of the positive work at the prison. Many officers addressed prisoners by their first names and relationships between staff and prisoners were very relaxed. Most officers demonstrated a genuine desire to help prisoners and we received many unsolicited comments from prisoners about how helpful the officers were. Most prisoners were from the local area and many had been at Swansea previously. There was a danger that prisoners who were not well known to officers could be overlooked, but there was little evidence of this.
- 2.24 Results in our survey reflected very positive relationships. Eighty-nine per cent of prisoners, much higher than the comparator of 68%, said most staff treated them with respect and 85%, significantly more than the comparator, said there was a member of staff they could turn to if they had a problem. A third of prisoners, almost twice as many as the comparator, said staff spoke to them most of time during association. All these figures were significantly better than at our last full inspection in 2005.
- 2.25 Some prisoners acted in representative roles such as Listeners and other peer supporters, but there was no properly established prisoner council or other general meeting for prisoners to take on responsibilities as wing representatives and participate appropriately in decisions that affected their daily lives. One consultation meeting had been held in December 2009 and we were told that a further meeting had been held in January 2010, but no minutes for the latter were available. There was no formal agenda to ensure that all appropriate topics were covered and the meeting was chaired at principal officer level, with no representatives from the senior management team or departments such as healthcare, catering, safer custody or resettlement.

Recommendation

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

Personal officers

Expected outcomes:

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

- 2.27 More prisoners than the comparator and double the number at the last full inspection in 2005 said they had a personal officer. A high proportion found their personal officers helpful, although the quality of personal officer entries in wing files belied the good knowledge officers had of prisoners. Entries were regular, but very brief and were mostly about behaviour rather than resettlement objectives or family issues.
- 2.28 The policy for the personal officer scheme was set out in a document marked as revised in January 2009. The aims of the scheme were set out in a policy statement at the front and in summary were to encourage positive behaviour, help prisoners address offending behaviour or lifestyle, maintain security and reduce the risk of reoffending and encourage an environment where prisoners were confident in approaching staff with personal problems and where staff were responsive to their needs. There was little doubt that the outcomes of the latter point were achieved for most prisoners (see section on staff-prisoner relationships), but it was not apparent that this was achieved through the operation of the personal officer scheme itself.
- 2.29 When asked in groups about personal officers, one prisoner said there was little need to place an emphasis on formal personal officer work at Swansea as so many officers were helpful and approachable. In our survey, 56% of prisoners, significantly higher than the comparator and twice the proportion at the last full inspection in 2005, said they had a personal officer. Of those who had a personal officer, 84%, substantially higher than the comparator of 62%, said they found them helpful.
- 2.30 Under the policy, personal officers were supposed to introduce themselves to the prisoners they were responsible for and the policy gave a list of other duties, including getting to know the prisoner, completing relevant reports as required, making good quality weekly entries in wing files, encouraging good behaviour and advising on resettlement issues and agencies that could help with reducing reoffending. Safer custody matters and supporting prisoners participating in programmes were also covered. There was no specific reference to family matters or helping prisoners maintain contact with their families. There was no dedicated training for personal officers.
- 2.31 Wing files demonstrated very little evidence of personal officer work. Few gave any indication that the personal officer had introduced themselves to prisoners. Entries were generally weekly, but did not contain much information and there was little evidence of management checks for quality. Most entries were superficial and confined to comments about behaviour, such as 'polite and respectful, no problems this week' and 'no problems to date'. Others gave apparently subjective assessments such as 'not to be trusted', with no explanation or any supporting information. There were very few references to family issues. These wing file entries did not reflect the level of effective personal officer work taking place, as was apparent from talking to prisoners and officers and managers such as the head of the offender management unit, who was very complimentary about the participation of personal officers in enhanced thinking skills reviews.

Recommendation

- 2.32 Personal officers should receive specific training about the scheme and what is required of them, including examples of effective wing file entries, which should include resettlement issues, any relevant family matters and progress with identified resettlement targets.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Senior managers prioritised safety and most prisoners found Swansea a very safe prison. Good relationships contributed to safety. There was an active safer custody team and effective violence reduction strategies.
- 3.2 Safer custody had been prioritised in recent years. The safer custody team met monthly and oversaw violence reduction, bullying and suicide prevention. It was chaired by a governor who was head of the safer custody team and attended by representatives of an appropriate range of departments as well as Listeners and Samaritans. Safety was well supported and promoted by the safer custody team and bolstered by very positive staff-prisoner relationships. The team included a part-time principal officer, two senior officers covering violence reduction and suicide prevention and five officers. It had been in place since October 2009, replacing the previous intensive prisoner support arrangements.
- 3.3 The violence reduction strategy had been revised in January 2009 and described how the prison aimed to reduce levels of violence through accurately reporting and investigating incidents and actively challenging them. It outlined the role of staff in the strategy, but had not been updated to include some important developments, such as the role of the safer custody team.
- 3.4 A member of the safer custody team interviewed all new arrivals within 24 hours and the team and Listeners contributed to induction. A support log opened for any prisoner requiring additional support recorded the contact and help provided by the safer custody team as well as other formal recording systems such as assessment, care in custody and teamwork (ACCT) documents kept by residential staff. On average, 10 support logs were opened each month and the quality of support recorded was excellent.
- 3.5 Focus groups involving 55 prisoners had been held as part of anti-bullying week in November 2009. These had indicated that prisoners felt unsafe in the visits waiting room and supervision of the area had subsequently been improved. The last violence and bullying survey in December 2008 had received only 24 responses from 400 questionnaires issued. There were no regular wing representative meetings where prisoners could raise issues of safety.
- 3.6 Posters and a policy statement promoting a culture of non-violence and explaining how staff, visitors and prisoners could report violence were displayed around the prison, and each wing had a dedicated safer custody notice board. A safer custody telephone line was advertised for prisoners, families and friends and checked daily. A theatre company had helped develop awareness of violence-related issues among prisoners.

- 3.7 In our survey, only 19% of prisoners, significantly fewer than the comparator of 41%, said they had ever felt unsafe. Results among black and minority ethnic prisoners were less positive, with 19% compared to 5% of white prisoners saying they felt unsafe at the time of the survey, but this was not supported by other sources of information (see sections on race equality and foreign nationals). Bullying did not appear to be a major problem and significantly fewer than the comparator said they had been victimised by other prisoners.
- 3.8 Effective violence reduction strategies were based on identifying indicators of violence, providing good awareness throughout the prison, and with an active approach to challenging a wide range of violent and anti-social behaviour. Potential sources of information about violence were closely scrutinised. A daily violence reduction checklist completed by a member of the safer custody team included checks of record of injury to prisoner forms, security information reports, outcomes from adjudications and wing observation books. There were good links with the race equality officer. The safer custody coordinator produced a comprehensive monthly report of violent incidents, which included monitoring the ethnicity of the prisoners involved and highlighting the number of prisoners considered at high risk when sharing a cell.
- 3.9 A log was kept of investigations, but outcomes were not always systematically recorded. There had been 191 investigations in 2009, but there was no comparative information from previous years. The violence reduction coordinator or a member of the safer custody team thoroughly investigated incidents, many of which related to minor disputes between individuals. Some were associated with problems originating in the local community and often involved threatening behaviour.
- 3.10 Prisoners were challenged appropriately following investigations. Many were given written advice on the potential consequences of violent or bullying behaviour and the sources of help available to deal with stressful situations. There was a three-stage strategy for dealing with suspected bullying, ranging from observation and monitoring (stage one), to an incentives and earned privileges review (stage two) to possible removal to segregation (stage three). The strategy had been used for only nine prisoners in 2009, which may have reflected the general approach of challenging incidents before they escalated. No prisoners were currently being monitored.
- 3.11 An information leaflet had been provided for staff, but there has been no specific training in the anti-bullying or violence reduction strategies. Some helpful interventions being developed included general violence reduction and anti-bullying awareness courses, which had run five times in January 2010. Two groups had run for prisoners new to custody. The safer custody team had contacted the family of one prisoner who was often victimised to help develop support for him. The team was aware of, and monitored, prisoners who were vulnerable because of their personalities or mental health and were integrated into the general population. Some groups recently developed to support them included coping skills and living with crisis. Yoga and acupuncture were also offered

Vulnerable prisoners

- 3.12 Following a serious assault, prisoners charged or convicted of sex offences had been accommodated together on a small spur of D wing until December 2009, when it had been agreed that they would all be held at HMP Cardiff. Only two sex offenders had since been held at Swansea, both for less than 10 days, and both had been located in an anti-ligature cell.

Housekeeping point

- 3.13 The violence reduction strategy document should be updated to reflect current practice.

Good practice

- 3.14 *The development of the safer custody team ensured effective support for prisoners at risk.*

Self-harm and suicide

Expected outcomes:

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

- 3.15 Senior managers demonstrated strong commitment to supporting prisoners at risk of suicide and self-harm and the safer custody team was active and caring. Good attention was given to increased risks in the early days of custody. ACCT procedures were sound, with some good multidisciplinary work. Listeners were active and felt supported by staff.
- 3.16 The management of suicide and self-harm strategies was overseen at the monthly safer custody team meeting (see section on bullying and violence reduction). There was a strong commitment to this area by senior managers.
- 3.17 The suicide prevention and self-harm management policy document had been updated in January 2010. It outlined the roles of staff and the safer custody team, highlighted particular risks for prisoners entering a local prison and described how Swansea would respond to these. The policy was reflected in practice through the good attention given to prisoners in the early days of custody. A representative from the escort company periodically attended the safer custody meeting and procedures to alert court custody officers to prisoners at risk had been established. The safer custody team interviewed prisoners shortly after arrival and provided on-going support as necessary.
- 3.18 A range of departments presented reports to the monthly safer custody meeting. The suicide prevention coordinator and safer custody officer reported on ACCT procedures and outlined the individual circumstances of all prisoners who self-harmed. There were relatively low levels of self-harm, often involving the same prisoners. Two serious near-fatal incidents had been investigated and had provided some learning. A comprehensive continuous improvement plan was regularly updated and incorporated actions required following investigations into deaths in custody. There had been two apparent self-inflicted deaths since the last inspection and there had been some progress in implementing subsequent actions, but recommendations from all investigations in recent years were not periodically reviewed.
- 3.19 Eight prisoners were being monitored under ACCT procedures. A central computerised log recorded all ACCTs opened and was accessible to all staff. The quality of ACCT procedures

was scrutinised closely at the safer custody meeting. Trends and weaknesses were identified and efforts made to address these through line managers. A safer custody daily briefing sheet for staff highlighted trigger points for individuals, actions required by staff and dates for next reviews.

- 3.20 ACCTs were generally good quality. Other than one chaplain, all assessors were officers. The safer custody team organised helpful multidisciplinary reviews and chaplains, mental health workers (Lighthouse), drugs workers and counsellors had attended reviews in the sample of ACCTs we looked at. Representatives from departments unable to attend sometimes sent written contributions. There were good links with healthcare. The suicide prevention coordinator attended twice weekly briefings with healthcare about prisoners for whom there were concerns, and healthcare staff regularly attended ACCT reviews. On-going support records demonstrated some good individual care. A member of the safer custody team attended most reviews and the team had a good knowledge and oversight of prisoners at risk. The suicide prevention coordinator acted as case manager in some of the more complex cases. Management checks were not always completed as required.
- 3.21 Counselling and day care services were available, along with acupuncture and yoga. A list of potential sources of help was included in some ACCTs. A few families had attended ACCT reviews. A helpful leaflet given to prisoners when an ACCT document was closed gave advice on how to manage negative feelings and where to get further help. Prisoners had recently been asked to complete a survey on how support could have been improved. Links to services in the community were made when a prisoner at risk was due for release.
- 3.22 The ACCT training register indicated a number of staff across all departments in need of refresher training or whose record of training was not up to date.
- 3.23 There were 12 Listeners, and prisoners had good access to them, including in reception and on the first night centre. They had been involved in a recently introduced group for prisoners new to custody and, along with Samaritans, contributed to the induction programme.
- 3.24 Listeners believed the scheme was supported by most staff and had good access around the prison. In our survey, 85% of prisoners, against a comparator of 60%, said they were able to speak to a Listener at any time if they wanted to. Listeners were well supported by Samaritans and the safer custody team. Facilities where prisoners could remain with Listeners overnight were used occasionally. Portable telephones with direct links to the Samaritans were available and prisoners were told about them at induction, but otherwise they were not well advertised. Landing telephones were not set up so that telephone calls to the Samaritans were free.
- 3.25 There were safer cells on B, C and D wings and in the healthcare centre. A gate with a transparent screen could be fitted on one cell in the segregation unit at short notice for constant observation. This was not an ideal location, but it was not a busy or entirely separate segregation unit and had been used only four times in the previous year for this purpose.
- 3.26 Reasonably good attention was given to emergency measures. All officers carried ligature cutters. Staff trained in first aid were identified when on duty by special tallies in the gate house and some with more recent training had received additional training in the use of a defibrillator. Twenty staff had also been trained as first responders by the local ambulance service; all had been trained to use defibrillators and training was refreshed annually. Defibrillators were located on the prison centre and on D wing and there were medical grab bags on each wing. However, there was no system to ensure that there were always appropriately trained staff on duty in the prison.

Recommendations

- 3.27 Recommendations from all death in custody investigations over recent years should be consolidated into a single action plan and reviewed periodically.
- 3.28 All staff should receive refresher training in ACCT procedures.
- 3.29 There should be better promotion of the Samaritans helpline and prisoners should be able to access it free of charge from landing telephones.
- 3.30 Managers should ensure that there are always appropriately trained first aid staff on duty in the prison.

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.

- 3.31 Prisoners were positive about the promptness and fairness of responses to applications and complaints. Most responses were of a good standard, but there were no quality assurance arrangements to identify where improvements could be made.
- 3.32 Information about applications and complaints was clearly displayed on all wings, but only in English. Applications were made using a carbonated form, with the prisoner keeping one copy. In our survey, 77% of prisoners said applications were dealt with fairly and 76% that they were dealt with promptly. Both results were significantly better than the comparators.
- 3.33 On average, only 34 complaints had been made each month in 2009. Related data were routinely monitored by the senior management team and there did not appear to be any significant trends or areas of concern. In our survey, prisoners were much more positive than the comparator that complaints were dealt with fairly and promptly. The prison's own data indicated that all complaints received an initial response within three days.
- 3.34 Systems for gathering and responding to complaints were good. Prisoners posted complaints in a locked box on each wing, all of which were emptied daily by the complaints clerk. Each complaint was entered onto a spreadsheet and subsequently tracked to ensure prompt response. Responses were generally very good, addressing the issues raised and respectfully and legibly signed by the respondent. A few were very poor, failed to address the issue and were confrontational in tone. No quality assurance was carried out by managers to address these deficiencies.

Recommendation

- 3.35 Senior managers should regularly conduct quality assurance checks on responses to complaints.

Legal rights

Expected outcomes:

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

- 3.36 Appropriate information and legal services were provided, but records of the number of bail reports submitted had only recently started. Four officers were due to receive updated legal service training. A firm of local solicitors provided a useful free weekly legal advice service.
- 3.37 Bail information was provided by a probation officer who saw all new unconvicted prisoners the day after arrival. Bail support was provided by Clear Springs, which offered accommodation and resettlement support in the community. The bail officer had been in post since January 2010. Prisoners seen about suitability for bail were recorded electronically, but the previous post-holder had not kept similar records so it was not possible to determine how many bail reports had been prepared or prisoners bailed as a result.
- 3.38 There were two legal service officers (LSOs). Both had been trained some years earlier and were due to receive new training alongside two officers from B wing in February 2010. Officers had access to a solicitors' directory and the library also held suitable up-to-date legal material. All new arrivals were asked during their resettlement interview about any outstanding legal or bail issues or if they wished to appeal, and referrals were made to legal or bail officers as required. All sentenced men were seen within two days to ensure they understood their right to appeal. Prisoners could contact the LSOs by application and records were kept of actions taken.
- 3.39 A local firm of solicitors operated a free weekly legal advice service to prisoners covering debt and housing issues, benefits and family and prison law. They could also refer prisoners to specialist providers in areas such as family, employment, mental health and immigration law.
- 3.40 Six suitably equipped legal visits booths were available on weekdays. The library had a good selection of legal reference books.

Faith and religious activity

Expected outcomes:

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

- 3.41 A small chaplaincy team was augmented by a community chaplaincy team that offered post-release support. The team was focused on pastoral and faith work and members were visible around the prison. Prisoners were positive about the support they received, but there was relatively little provision for Muslim prisoners. The chaplaincy organised a range of voluntary services in the prison.
- 3.42 There was a small in-house chaplaincy team, with just one full-time chaplain and 36 hours of sessional provision by other chaplains. The coordinating chaplain was mostly focused on induction work and providing religious services in addition to the formally required duties. The

team was supported by a community chaplaincy service of three chaplains based in the prison but working mostly in the community who provided befriending and post-release support. This service dealt with around 12 prisoners a month and provided a wide range of post-release advice and support, including prison gate pick up and follow up support for up to three months. The community chaplaincy team also worked with the Open College Network, which provided support in areas such as budgeting and financial awareness.

- 3.43 The on-site chaplaincy team provided a good range of pastoral support and was visible around the prison. In our survey, a high proportion of prisoners said they had seen a chaplain within 24 hours of arrival and a chaplain was a member of the reception board held the morning after arrival on B wing. One large multi-faith room was used for all religious services and was well maintained. There were constructive relationships between the different faith ministers.
- 3.44 A wide range of voluntary provision attached to the chaplaincy team included partners and families of prisoners, victim support, prison fellowship and a large group of prison visitors. The chaplaincy team was also responsible for organising voluntary cover in the domestic visits area.
- 3.45 Up to 12 prisoners usually attended Muslim services, although chaplaincy support was limited to just two hours for Friday prayers. The prison found it difficult to get more support for Muslim prisoners and an appointment had been delayed partly due to stringent security vetting procedures. Muslim prisoners we spoke to said Ramadan had been well organised and that the observance of the fasting period and subsequent religious celebrations were respected by staff. There had also been problems providing a Buddhist chaplain and the previous post-holder had travelled from the Midlands, which was both costly and inflexible.

Recommendation

- 3.46 **Appropriate provision should be provided for Muslim and Buddhist 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.

- 3.47 Substance-dependent prisoners received a good level of care, but there were no designated cells to allow unrestricted observation during initial stabilisation/detoxification. With the active engagement of the local criminal justice intervention team's clinical service, prescribing regimes for opiate users had become more flexible. The mandatory drug testing rate was slightly above target, but the prison had developed a supply reduction action plan to address this.

Clinical management

- 3.48 In our survey, 66% of prisoners said they had a drug problem and 43% an alcohol problem. Both results were more than twice the comparator and significantly more than at the last inspection in 2005.

- 3.49 Following initial reception screening, patient group directions were used to prescribe first night symptom relief. A secondary healthcare screen was undertaken 24 hours later, followed by a comprehensive substance use assessment and a GP appointment. Clinics also ran on Saturdays. Two GPs and the pharmacist had completed parts 1 and 2 of the RCGP training, while a band 6 substance misuse lead nurse and the mental health team leader had undertaken part 1. Comprehensive clinical management protocols had been introduced with advice from the local consultant psychiatrist in substance misuse. The policy included detailed care pathways.
- 3.50 In the previous 12 months, 262 opiate users had undergone detoxification and 248 maintenance treatment. Lofexidine was used in almost half the detoxification regimes, but this was changing. The local criminal justice intervention team's clinical service now provided weekly clinics to assess prisoners jointly with the substance misuse nurse and initiate methadone or suboxone treatment, which was then continued on release. During the inspection, only one prisoner received lofexidine, 42 were prescribed methadone, seven subutex and one suboxone (used for re-toxification before release). Prisoners could also start naltrexone treatment (an opiate blocker) while in custody and were trained to administer naloxone in case of overdose on release.
- 3.51 In the previous 12 months, 129 alcohol detoxification regimes had been completed. A band 7 clinical nurse specialist acted as the alcohol lead. Prisoners were given health promotion advice, brief interventions and referrals to the GP at weekly alcohol clinics.
- 3.52 Individual care plans were completed to a good standard and reviewed regularly. Weekly meetings with the counselling, assessment, referral, advice and throughcare team ensured that care was coordinated effectively. The mental health team's skill mix included dual diagnosis expertise. A high level of care and support was evident, but prisoners undergoing stabilisation/detoxification were located on the induction unit, which did not contain designated cells with hatches to allow unrestricted observation. They also shared cells with non-users, which was uncomfortable for all concerned (see section on first days in custody).

Drug testing

- 3.53 The random mandatory drug testing (MDT) positive rate averaged 10.9% over the previous nine months against a target of 9%. At the time of inspection the figure reported by the performance development unit was 15.8%, but this included false positives found to be consistent with medication.
- 3.54 The prison received few drug-related security information reports and suspicion testing was low. The MDT programme was usually staffed for only one day a week, but officers met the weekend testing target and a frequent testing scheme was in operation. Test results and drug finds pointed towards opiates and cannabis as the main drugs of use. Links with local police had been strengthened and netting had been installed to prevent drugs being thrown over the perimeter wall. There was a supply reduction plan and the prison gave this area appropriate priority. In our survey, 21% of prisoners, against a comparator of 32% and compared to 36% in 2005, said it was easy to get illegal drugs in the prison.

Recommendation

- 3.55 Prisoners undergoing stabilisation/detoxification should be located in designated cells that allow for unrestricted observation.

Good practice

- 3.56 *The local community justice intervention team's clinical service provided weekly clinics to assess opiate-dependent prisoners and helped instigate appropriate individual treatment regimes that were continued on release.*
- 3.57 *The provision of a dedicated clinic offering health promotion advice, brief interventions and GP referral for prisoners with alcohol problems provided helpful support for those prisoners.*

Section 4: Diversity

Expected outcomes:

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

- 4.1 There was an up-to-date diversity policy underpinned by various action plans, but not covering sexuality issues or older prisoners. There were regular, well attended meetings and some community engagement, but relatively little promotion of diversity issues.
- 4.2 The diversity policy had been updated in January 2010. It covered the legal framework, but there was no guidance on how it would be applied or a local needs analysis. The policy was supported by a diversity and race equality action plan that set out all the audit baselines relating to race equality and previous inspectorate recommendations. A separate action plan related to prisoners with disabilities and foreign national prisoners, but did not include anything for older prisoners or addressing issues about sexuality. Three per cent of prisoners in our survey said they had a Gypsy or Traveller background, but this not recognised in the prison.
- 4.3 There was no separate diversity manager, but there was a full-time race equality officer and staff covering disability and foreign nationals. The diversity action team met monthly, chaired by the governor or deputy governor and mostly well attended. There were some links with external agencies such as community of ethnic monitoring and voluntary organisations (CEMVO) and the local ethnic youth support team, but their attendance at diversity meetings was irregular. Training for staff in the Prison Service diversity course, 'Challenge It, Change It', was under way.
- 4.4 There was relatively little promotion of diversity, although prisoners said Swansea was a tolerant place. Attempts to start evening diversity surgeries had received little take up. The diversity team was well publicised throughout the prison, but induction input was mostly limited to reporting racist incidents rather than wider diversity issues. There was no wider monitoring of equality issues.

Recommendation

- 4.5 The diversity policy and action plans should be based on a needs analysis of the population and should reflect the needs of older prisoners, Gypsy and Traveller groups and issues of sexuality.

Race equality

- 4.6 Management support for race equality was well embedded, but there was insufficient promotion of cultural and racial diversity. Prisoners from minority backgrounds reported more negatively than other prisoners in our survey, but individually and in groups did not raise any major concerns. Racist incident report forms were investigated promptly, although the number of reports was very low.

- 4.7 Black and minority ethnic prisoners accounted for 6% of the population and there were just three black and minority ethnic staff in contact roles. Race equality was managed day to day by a senior officer responsible for completing all audit requirements and carrying out any investigations arising from racist incident report forms (RIRFs). The governance of race equality was sound and the full-time race equality officer monitored a range of local areas, including access to programmes, bullying, employment and self-harm. The race equality team was well advertised in all residential and activity areas.
- 4.8 In our survey, black and minority ethnic prisoners were much more negative than white British prisoners across a range of areas, including that only 55% of black and minority ethnic prisoners compared to 93% of white prisoners said they were treated with respect. However, in our groups and individually, prisoners did not reflect these negative perceptions. Most said staff were supportive and gave no examples of racial discrimination, although some said there was a general lack of cultural awareness. The race equality officer found it difficult to get prisoners to engage in consultation. He regularly met Muslim prisoners after Friday prayers and had personally distributed a diversity questionnaire translated into various languages to all prisoners with a minority background, but had received a very low response. One prisoner had been appointed as a race equality representative, but was also a Listener and involved in other activities and had not yet attended the diversity meeting.
- 4.9 Racial and cultural diversity was under-promoted. Some special meals reflecting other cultures were provided through the catering department, but events such as black history month were not promoted and there was little displayed to reflect diversity.
- 4.10 RIRFs were freely available, with some guidance translated in other languages. In the whole of 2009, there had just been 18 RIRFs, most relating to verbally abusive language. They were investigated thoroughly, but few were proven. No use was made of mediation or other interventions for racist bullying. Several RIRFs were submitted by staff accused of racism, which were not strictly racist incidents. Complainants were often seen in person by the race equality officer or the functional head investigating the complaint and were given the findings of the investigation in writing. One complaint had been withdrawn, but the records did not make clear why. Quality assurance was provided by a Swansea-based ethnic minority support group, but had not taken place for some time due to long-term staff absence.
- 4.11 The race equality officer recorded all information on race hate crime or any prisoners refusing to share cells. Prisoners were advised about the consequences of racist behaviour. There was a comprehensive induction session on how to make a racist complaint, but no forum for wider discussion about race or diversity.

Recommendations

- 4.12 **More race equality representatives should be appointed and encouraged to attend diversity meetings.**
- 4.13 **Black and minority ethnic prisoner groups should be established and reasons behind negative perceptions about treatment discussed and addressed.**
- 4.14 **There should be wider promotion of race and cultural diversity and recognition of events such as black history month.**
- 4.15 **Interventions for challenging racism and protecting victims of racist bullying should be established.**

- 4.16 Alternative arrangements for quality assurance should be established to ensure that all racist incident report forms are independently checked regularly.

Religion

4.17 The race equality officer met regularly with Muslim prisoners and there was some monitoring of issues through the chaplaincy. Managers were aware of issues arising.

4.18 A member of the chaplaincy team regularly attended diversity meetings and the areas worked well together, with some good information sharing. There was some religious monitoring through the religious and faith report submitted to the diversity meeting. The race equality officer regularly spent time with Muslim prisoners after Friday prayers (see section on race equality). The complaints system allowed managers to identify trends and an issue about the number of Asian Muslim complaints had been highlighted and discussed at senior management level. Some training had been provided to staff about Islamophobia.

Foreign nationals

4.19 Arrangements for foreign national prisoners had improved recently. A coordinator was supported by staff acting as caseworkers. There were support meetings with foreign national prisoners and surgeries held with the UK Border Agency. There was just one detainee, but the prison had had problems transferring detainees to immigration removal detention centres. Interpreting services were used and there was a range of information available in languages other than English.

4.20 There were 18 foreign national prisoners, including one detainee, but the foreign national coordinator had confirmed only 13 and some were held on joint criminal/immigration warrants. A detainee from Somalia had been at the prison for several months following the expiry of his criminal sentence. One detainee was moved to an immigration removal centre during the inspection, four months after his sentence had expired. The group included four Vietnamese men who spoke little English. The prison tried to keep fellow language speakers together wherever possible and prisoners were allocated to classes in English for speakers of other languages (ESOL) soon after arrival.

4.21 An up-to-date policy was underpinned by an action plan and needs analysis and a range of translated materials. The foreign national coordinator did not have any specific time allocated to carry out these duties, but made time to do the job as part of his normal wing supervisor duties. Work had moved forward recently and all systems, including fortnightly surgeries with the UK Border Agency, were largely due to the efforts of the new coordinator. Prison officers had been appointed as caseworkers to individual foreign national prisoners and had received some local awareness training.

4.22 The coordinator had introduced support groups and foreign national prisoner representatives had been appointed. There was no independent immigration legal advice service, although some solicitors in Cardiff were being advertised for telephone advice. A range of translated material was available including question and answer guides in reception. A professional telephone interpreting service was well advertised and well used as part of the first night procedures, although we came across one example in healthcare when it was needed but not used. Prisoner interpreters were also used for non-confidential conversations. The prison had

just acquired some translation software with a handheld translator, which was being tested. Early release and the facilitated return scheme were advertised on the wings. Although most foreign national prisoners were positive about the prison, a number expressed concern that they were unfairly disadvantaged in applying for home detention curfew and category D status.

- 4.23 Foreign national prisoners were allowed to have overseas telephone calls irrespective of whether or not they received visits and did not have to make repeat applications to receive this.

Recommendations

- 4.24 The prison should establish links with an independent immigration advice agency to assist immigration detainees and other foreign national prisoners.
- 4.25 Foreign national prisoners should be moved to immigration removal centres as soon as their criminal sentence has expired.

Disability

- 4.26 There was some gap between the numbers disclosing a disability in our survey and those identified by the prison. Some needs had been identified and met, but there were no individual care plans and few adaptations for those with mobility problems.
- 4.27 The prison had identified 13% of prisoners as having a disability, compared to 20% in our survey. The nature of disabilities was not disclosed, but several prisoners had hearing and visual impairments and a number had restricted mobility. The action plan on disability was up to date and attributed to a senior officer acting as part-time disability liaison officer. He was supported by another officer who maintained records on particular needs and provided a report to the monthly diversity meeting. Neither member of staff had received any specific training. There were no separate impact assessments related to disability.
- 4.28 There was a ramp to B wing and most facilities were accessible with some assistance, but there were few adaptations for prisoners with physical disabilities. One shower on A wing had been adapted with rails and lowered switches, but did not have an integral seat, while C and D wings each had a double cell large enough to manoeuvre a wheelchair with a single lowered bed, but no other adaptations. A hearing loop was available on B wing. Cleaners were offered a bonus for cleaning the cells of prisoners with disabilities and those with poor mobility.
- 4.29 Some information about disclosed learning disabilities was shared with education staff and there was some peer support available for various literacy initiatives. Some staff were unwilling to push wheelchairs without training, which was at odds with the otherwise supportive staff attitude. The only prisoner in a wheelchair was in a cell with no additional provision such as a personal alarm, grab rails or other devices and no adapted shower on the wing. There was provision for a bath in the healthcare centre, but this was not used regularly. All prisoners with physical disabilities had a personal evacuation plan. Although there were no individual care plans, most staff we spoke to were aware of the particular issues of prisoners with disabilities on their wing.
- 4.30 In our survey, 19% of prisoners with disabilities compared to 33% of other prisoners said they had received sufficient help with health problems and 35% compared to 13% of other prisoners

said they felt unsafe. There were also more negative perceptions of access to the regime. There was some publicity about the disability liaison officer, but this was not included in information provided on arrival and some prisoners were unaware of the role. Disability issues were regularly discussed at the diversity meeting, but this focused mainly on personal evacuation plans and practicalities rather than equality of opportunity. Prisoners with disabilities who could not work were unlocked for association, but not for other periods.

Recommendations

- 4.31 The disability liaison officer should have training for the role, including in the legal obligations under the Disability Discrimination Act.
- 4.32 Reasonable adjustments should be made on all residential units to meet the needs of prisoners with disabilities and mobility problems.
- 4.33 Officers should assist prisoners in wheelchairs.
- 4.34 Prisoners with disabilities and older prisoners who are unable to work should be unlocked during the core day.

Older prisoners

- 4.35 There were very few older prisoners and staff were aware of those in their care. Some activities were provided through the gym. There was no retirement pay.
- 4.36 There were few older prisoners, although the oldest was 77 and there were five prisoners over the age of 60. All those we spoke to were happy with the treatment they received and had good relationships with staff, who clearly knew them well. Issues about mental health were addressed. An older prisoner pathway was being considered by the safer custody team. There were some gym classes for older prisoners and the introduction of carpet bowls for those aged 50 and over had been well received. Older prisoners were not prevented from working and most did so, but there was no specific retirement pay and those unable to work due to age were given basic unemployment pay. As with prisoners with disabilities, older prisoners were unlocked for association, but not for other periods (see section on disability).

Recommendation

- 4.37 Prisoners who are unable to work due to age should receive more than basic unemployment pay.

Sexual orientation

- 4.38 There was no acknowledgement of sexuality issues and no promotion of sexual diversity.
- 4.39 There was no acknowledgement or promotion of sexual diversity, although 4% of prisoners, slightly more than the comparator, said they were gay or bisexual. Prisoners said the environment would make it very hard to disclose sexuality to staff or other prisoners. Sexuality was not discussed as part of the diversity meetings.

Section 5: Health services

Expected outcomes:

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

5.1 Health services had developed significantly. There was 24-hour healthcare, including two crisis beds used for patients with acute mental health or alcohol withdrawal needs. Some of the healthcare environment was poor, but work to improve patient areas was under way. Primary care services were comprehensive and meeting prisoner needs, although routine appointments with the doctor could take too long. Dental waiting times were satisfactory, but patients waited too long to see the optician. Too many external hospital appointments were cancelled by the prison. Mental health services were very good, with a comprehensive primary mental health service that included counselling and therapeutic day services. There were close links with local forensic services, although transfers of patients to secure beds under the Mental Health Act could take too long.

General

- 5.2 Health services were commissioned by Abertawe Bro Morgannwg University Health Board. Some secondary care services were also provided by the health board, including geronto mental health in-reach, forensic mental health services and genito-urinary medicine. A comprehensive health needs assessment had been completed in late 2008 and staff said a new one had just begun for a planned change of role to a category C prison. A mental health needs assessment was planned for March 2010. There was a health delivery plan for 2008-10. There were excellent links between the prison and the commissioners and some joint working, particularly in respect of chronic disease management using the expert patient programme. The prison partnership board met quarterly.
- 5.3 The main healthcare department was an old building, but the environment was reasonably well decorated and clean apart from the two prisoner waiting areas and the prisoner toilet, which were dirty and poorly maintained. Some hard floors had been or were being replaced. Healthcare had benefited from the King's Fund Enhancing the Healing Environment programme and good planning and works to upgrade an old prison environment into one comparable with community primary care facilities was taking place.
- 5.4 The ground floor included a dedicated pharmacy, dental surgery and several consulting and interview rooms. There was a dedicated treatment room with a small ante room that housed the out-of-hours medication cupboard. A camera on the wall was trained on the drug cupboards and the monitor was in the main prison control room, but this was unnecessary and potentially intrusive in a patient treatment area. The treatment room floor was dirty and there were no handtowels near the basin. A large draughty bathroom was occasionally used for bathing prisoners with disabilities.
- 5.5 The second floor housed primary and secondary mental health services and two rooms retained as crisis beds, one of which was used for temporary storage. A large, light day therapy room was gradually being improved to support its new use for day services and there

were plans to refurbish the adjoining old shower facility to become a life skills kitchen for prisoners.

- 5.6 A newly refurbished treatment room on D wing was clean, bright and airy, but the treatment hatch was too high for wheelchair users. There was a hand basin with soap dispenser, but no hand towel dispenser. There were several bags containing resuscitation equipment, a spill kit bag, oxygen cylinders and an emergency spinal board. An older-style treatment room between A and B wings also served C wing, with two treatment hatches. This room was clean and functional, but the flooring was cracked in places. There were several bags of resuscitation equipment and an electrocardiogram machine.
- 5.7 A designated healthcare room in reception was situated immediately opposite the desk area. It was clean, tidy and functional, but had no hand basin. The door did not close properly, which potentially compromised patient confidentiality.

Clinical governance

- 5.8 The head of healthcare was a registered mental nurse (RMN) employed directly by the prison at Agenda for Change band 8c. The core healthcare staff employed directly by the Prison Service included a full-time pharmacist and a technician. The 24-hour GP service was provided by Swansea out-of-hours service (a local not-for-profit general practice group), which meant good continuity of care in and out of hours for prisoners. There was a service level agreement for the mental health in-reach service.
- 5.9 Staffing included one band 7 RMN/clinical deputy head of healthcare and 2.8 whole time equivalent band 6 lead nurses for substance use, primary care and primary mental health respectively. There were eight band 5 registered general nurses (RGNs), one band 5 RMN and two registered nurse vacancies for which recruitment had been suspended pending the prison's change of role. The practice manager was a senior healthcare officer and there were three other healthcare officers. All healthcare officers were being trained to take on more clinical support functions such as phlebotomy, the first responder role and immunisation to enable a more flexible and appropriately responsive healthcare team and helped preserve their skills and experience. There was one part-time administration support post.
- 5.10 There was clear shared ownership of healthcare governance between the prison and commissioners. A clinical governance framework identified the links between internal and external healthcare governance meetings. Internal governance meetings covered medicines management, primary care and mental health and substance use.
- 5.11 Paper clinical records were used except for limited use of the VISION system by the GPs. There were plans to implement SystmOne in 2010 in line with other prisons in the UK. Filing in paper records was generally satisfactory, but some entries were illegible. Current paper records were kept in lockable filing cabinets in the practice manager/administration office and there was a tracking system. Some records were also kept temporarily in the nurses' office in preparation for clinics. Archived records were largely kept in a new archive storage facility in healthcare, but some were also kept in the core prison records department.
- 5.12 The policy for reporting untoward incidents and complaints had not been updated since 2006. All complaints and incidents were reported quarterly to the partnership board and through the Abertawe Bro Morgannwg University Health Board clinical governance processes. The complaints process had been agreed by the prison and the commissioners to reflect Welsh Assembly government requirements. Forty clinical incidents had been reported in 2009, which

was low in relation to the volume and type of activity. The highest proportions related to dispensing, medication errors, record-keeping and clinical records.

- 5.13 There had been 36 self-harm reports logged by healthcare in 2009, a few of which were incomplete, with no nurse signature, no report number or no diagram detailing the injury site. There were on-going regular sample audits of issues such as reception screenings by the head of healthcare, although there was also scope for more formal audits to enhance all staff learning.
- 5.14 There was a comprehensive range of clinical policies and most showed evidence of regular review and updating. There were triage protocols in the D wing treatment room that were undated and unreferenced. A communicable diseases policy incorporated seasonal flu and a separate policy for the management of swine flu linked the prison with local health mechanisms. Staff said all prisoners on the induction wing were offered accelerated Hepatitis B screening and treatment. There was no available policy for general blood-borne virus testing, but there was good access to secondary genito-urinary medicine services.
- 5.15 Chronic disease management (CDM) included the use of a paper register, which was helping to improve physical health monitoring for patients with serious and enduring mental illness. There were weekly nurse-led and GP chronic disease management clinics using a specific CDM assessment template. There were 71 patients on the register, which covered patients with respiratory disease, cardiovascular disease, diabetes, epilepsy, pain management and older people. All the insulin-dependent diabetics could keep their testing and insulin equipment in possession.
- 5.16 First responder kits and portable defibrillators were in locked cupboards in the central areas between the wings and were checked by first responder trained staff. Various resuscitation equipment bags in the wing treatment rooms contained some unnecessarily duplicated items and some out-of-date dressings. All healthcare staff were trained in basic life support, healthcare officers were trained as first responders and all nursing staff were trained to use both cardio-pulmonary resuscitation and defibrillators. While it appeared that 24-hour first responder cover was usually available using both healthcare and discipline staff, there was no system to ensure this would always be the case.
- 5.17 New arrivals were asked to sign an information disclosure compact to enable sharing of confidential information. This allowed prisoners to decide which organisations or departments they agreed or did not agree to sharing information with. Prisoners were also asked to sign a medication compact. A patient information leaflet given to prisoners at induction was printed in a bold large font and gave clear information on how to access healthcare, what to expect and how to complain about the healthcare service.
- 5.18 A professional telephone interpreting service had been in operation only a few weeks. The only telephone point was in the healthcare officers' room and staff said an extension cable was used if a patient needed telephone interpretation. However, the clinical record of one foreign national prisoner who did not speak English showed no evidence that interpreting services had been used.
- 5.19 A cleanliness audit of healthcare conducted in 2009 had generated cleaning schedules that were used effectively by wing cleaners and monitored by healthcare officers.
- 5.20 There was a clear staff training needs analysis and training was apportioned between mandatory training, professional requirements and service needs. Identified staff training was aligned with changing prisoner needs, such as mental health first aid training and alcohol

misuse. All staff could access external training either through the local NHS or local higher education. Nursing staff were encouraged to access internal or external clinical supervision and about half of primary care nursing staff had taken up the opportunity. Mental health in-reach staff accessed clinical supervision through the health board.

- 5.21 Only limited health promotion material was displayed in the prison and there was little evidence that healthy living was actively promoted to prisoners. A new lead for health promotion had just been appointed.
- 5.22 Regular smoking cessation clinics where prisoners could get nicotine replacement patches were currently run by health board staff. Generally, health promotion was underdeveloped, but prisoners were given clear information about how to get condoms and could collect these from the nurses when they visited the wings.
- 5.23 It was not clear what proportion of staff had received mental health awareness training in the previous year.

Primary care

- 5.24 The range of primary care services was generally satisfactory, but there was no access to physiotherapy.
- 5.25 New arrivals were seen by a nurse for a reception health screening. Nurses we observed were thorough and paid good attention to indicators for self-harm and careful application of the substance use and alcohol screening tools. However, this was not reflected in all the clinical records, where there was wide variability in how nurses used the template allowing further narrative to be included. Prisoners received a secondary health assessment the day after arrival. This included automatic referral to the substance use nurse and a consultation with the GP where required. Secondary health assessments were complete and used to trigger further referrals appropriately.
- 5.26 There was a confidential healthcare application system, with forms available on each residential wing. The form was inappropriately described as a 'sick parade' form. Prisoners posted the form in wing healthcare boxes or handed them to the nurses when they visited the wings. Nurses saw all prisoners for nurse triage before deciding which service would best meet their needs. All appointments were then scheduled using a central clinic diary and a slip put in a confidential envelope and either handed to prisoners on the wings or put under cell doors by evening staff. Some prisoners said they had waited two or three weeks to see a GP and others said they were not always able to see the GP when they asked. The application forms were not collected daily and nurse triage sessions were not held every day. D wing prisoners waited up to 10 days from application for a GP appointment and A, B and C wing prisoners up to eight days.
- 5.27 Prisoners said they had waited a long time to see an optician and the waiting list was about seven weeks, which was too long for more urgent cases. There were no 'ready specs' for prisoners with simple vision problems. Staff said the average 'did not attend' rate across primary care appointments was about 17% for the previous year.
- 5.28 There was a weekly nurse-led sexually transmitted diseases clinic and a GP clinic, both of which supported a weekly consultant clinic provided by the local health board. There was a designated nurse-led Hepatitis B clinic to ensure prisoners received complete treatment programmes. Prisoners could self-refer in confidence and healthcare professionals triggered

referrals for blood-borne virus testing through health assessments or clinics. Staff said most patients were tested as a result of previous diagnoses rather than new cases of infection. All treatment was carried out in healthcare apart from invasive Hepatitis C procedures, which had to be carried out at a local hospital.

Pharmacy

- 5.29 An in-house pharmacy provided a dispensing service alongside technician-led medicines counselling clinics and pharmacist-led substance misuse review clinics. The pharmacist was involved in regular review of patient medication, including patients with long-term conditions such as diabetes. The prison used the local community prescribing formulary in line with local GP practices.
- 5.30 Patients could access medication out of hours on the authority of the local out-of-hours doctors' service. Medication could be provided from the out-of-hours cupboard in healthcare. Good records of stock use were audited regularly by the pharmacist against the prescriptions issued.
- 5.31 Refrigerator temperatures in both the main pharmacy and the treatment rooms were all within acceptable ranges and thermolabile products were stored appropriately. Nursing staff recorded fridge temperatures, but were unaware that they should reset the maximum and minimum temperatures after recording daily.
- 5.32 Records of the cleaning and calibrating of the methadone measuring equipment on A wing were not kept. A manual system was used on D wing.
- 5.33 There were some recording omissions in the medication administration charts and it was not always clear whether or not the patient had received medication. There was incomplete recording of diagnoses on the charts.
- 5.34 Administration of medication was carried out by nursing staff on the residential wings at 8.15am, 11.15am and 3.30pm through a screened hatch from the treatment rooms. This was well organised and consideration was given to patient confidentiality. A further dose at 7pm could be given if necessary or later if specifically requested by the prescriber. The medication times meant that a patient receiving a three-times-a-day dose received eight-hourly medication at four-hourly intervals, with a long gap of 17 hours overnight. Patients risk assessed as being allowed in possession medication received either weekly or monthly supplies. In-possession risk assessments were completed and regularly reviewed by nursing staff. There was a written policy for in-possession medication, but the risk assessment was not comprehensive or detailed enough. Risk assessments were not attached to the prescription and administration charts to ensure they were available to the prescriber at the time of diagnosis. In-possession medication was supplied for discharge or court.
- 5.35 A limited list of medication to be supplied to prisoners reporting sick was available and appropriately recorded on the medication administration charts. Comprehensive patient group directions enabled nurses to administer a wide range of medication. There was one nurse prescriber who used her skill within her primary mental health practice.
- 5.36 There appeared to be a high use of diazepam, which was used for a two-week detoxification for alcohol withdrawal and for four weeks for drug withdrawal.

- 5.37 Controlled drugs were largely appropriately managed, although two of the controlled drugs cabinets were not secured to the wall as required by current legislation. Some medication charts did not make clear what medication should be administered as the dose was ordered rather than the tablet denomination (for example, a dose of 12mg Subutex was ordered rather than one 8mg tablet plus two 2mg tablets). This could have posed an unnecessary calculation risk and potentially compromised patient safety.
- 5.38 There was some evidence of pharmacy and prescribing data audits.
- 5.39 A medicines and therapeutics committee met once a month attended by the pharmacist, the health board and other key stakeholders.

Dentistry

- 5.40 Dental care was commissioned by the local health board and provided by a general dental practitioner under general dental services regulations for the NHS. The dentist attended once a week for two clinical sessions and was assisted by a qualified dental nurse.
- 5.41 Prisoners made a written application to see the dentist, which were triaged by general nursing staff. Initial assessment of treatment urgency was undertaken by the nursing staff and, where appropriate, the GP. There were about 15 new applications a week, with 55 patients on the waiting list. The longest wait was three weeks. Clinical time was used effectively and the range of treatments, including oral health advice, was appropriate to the short stays of most patients.
- 5.42 Urgent cases were seen at the next available session, with appropriate medication prescribed by the healthcare team in the interim. Oral surgery and severe trauma cases were referred to local secondary care services. There was no provision for oral health promotion to prisoners as a whole.
- 5.43 Dental records were kept securely, but did not include a formal medical history, basic periodontal assessment and oral cancer screening. Dental staff did not routinely consult or write in the core clinical records.
- 5.44 There was appropriate compliance with required standards of equipment, materials and disposables to achieve satisfactory cross-infection control. However, the head rest and seat of the dental chair were torn. Other major capital equipment, such as the x-ray machine, autoclave and compressor, were appropriately certificated and maintained and disposal of clinical waste was satisfactory. The dental unit was not fitted with an amalgam separator. It was unlikely that the current equipment and the lack of a washer/disinfector would comply with anticipated regulatory change.

In-patients

- 5.45 Two crisis beds were used for patients with short-term acute mental health needs or withdrawing from alcohol. There was a protocol for the use of these beds and for transfers to Cardiff if the patient required full in-patient care. There had been four admissions to the crisis beds in 2009, three for acute/assessment of mental health needs and one for alcohol detoxification. Patient stays had ranged from one to seven days. When used, the beds were staffed by RMNs and overnight by the night nurse, who moved over from his/her usual location in the centre of the prison, and one discipline officer.

Secondary care

- 5.46 External appointments were managed by the practice manager/healthcare officer. Only one external appointment a day was allowed. In 2009, about 25% (55 out of 221 appointments) had been cancelled solely due to the prison being unable to facilitate them, which was unacceptable. A significant proportion had also been cancelled by the hospital. All prisoners going out to external appointments were handcuffed subject to a healthcare risk assessment.

Mental health

- 5.47 There was a very good primary mental health service described as 'the Lighthouse' and complemented by a wide range of day services and counselling. The service was led by a band 7 team leader and supported by a band 5 RMN.
- 5.48 All prisoners were screened for mental ill health indicators on arrival and at secondary health assessment and there were tight referral processes to enable prisoners with mental health needs to be referred early and appropriately.
- 5.49 There were Lighthouse clinics three days a week and prisoners could be assessed outside these times if necessary. Following an initial mental health assessment, patients could be referred to the GP, to on-going intervention at Lighthouse clinics or to the in-reach team. Good integration between primary and secondary mental health meant patients' changing needs could be dealt with promptly.
- 5.50 A generic counselling service also enabled access to cognitive behavioural therapy. It was provided by the prison and housed within healthcare.
- 5.51 Secondary mental health was provided by an in-reach team from Abertawe Bro Morgannwg University Health Board. The team included a band 6 community psychiatric nurse (CPN), two occupational therapists and a weekly consultant psychiatrist clinic. The consultant psychiatrist also had a background in substance use, which provided a helpful adjunct to the substance use service especially for patients with a dual diagnosis. Day services were led by the senior occupational therapist. Although it was relatively new and still developing, it already provided prisoners with an impressive range of group and individual interventions including anxiety and anger management, creative writing, music, and social and life skills. The day services register showed that 56 patients had benefited from day services between September 2009 and February 2010. There had been 97 referrals to the mental health in-reach team in 2009 and the CPN carried a caseload ranging between six and 20 patients.
- 5.52 A consultant forensic psychiatrist from the local medium secure unit also held a weekly clinic. While there were still some delays in accessing secure beds, the close links enhanced the referral and assessment process. There were delays of up to six weeks for patients waiting for medium and high secure beds, with court ordered transfers achieved within the 14-day deadline. Patients were usually managed on the residential wings pending transfer. There had been four Mental Health Act transfers in the previous year and there was one patient waiting for transfer to a low secure unit.

Recommendations

- 5.53 **There should be an up-to-date health needs assessment, including a mental health analysis, that reflects the needs of the prison population.**

- 5.54 The two prisoner healthcare waiting rooms and toilet should be refurbished.
- 5.55 The flooring in the treatment room on A/B wing should meet current infection control standards.
- 5.56 All entries in clinical records should be complete and legible and staff signatures and designations should be legible and in line with NMC standards for record-keeping.
- 5.57 The policy for untoward incidents and complaints should be updated and all incidents and complaints regularly reviewed and steps taken to increase the reporting of, and learning from, incidents and complaints.
- 5.58 All healthcare sections of self-harm reports and use of force documents should be completed fully and clearly to ensure proper recording in line with NMC standards for record-keeping.
- 5.59 There should be a clinical audit programme to inform service improvement for patients.
- 5.60 Triage protocols should be dated and appropriately evidenced.
- 5.61 There should be a policy for testing for blood-borne viruses.
- 5.62 Prisoners who cannot speak or understand English well should have access to professional interpreting services for all healthcare consultations regardless of location.
- 5.63 A health promotion strategy should be developed, including more displays of promotional material around the prison and oral health.
- 5.64 Links should be strengthened with the gym to enable prescription-based exercise referrals.
- 5.65 The reception screening should be completed fully to ensure prisoners' health needs are identified early.
- 5.66 The healthcare application system should be revised to ensure that prisoners have swifter access to GPs, who they can see on request.
- 5.67 More frequent optician clinics should be provided to ensure urgent needs are met.
- 5.68 Medication administration charts should be appropriately and fully completed.
- 5.69 The timing of medication rounds should enable clinically effective intervals between doses.
- 5.70 Controlled drug cabinets should be secured to the wall in line with current legislation.
- 5.71 Dosages on prescription charts should be written to reflect the dose denominations of tablets to reduce need for manual dosage calculation.
- 5.72 All dental records should include medical history, basic periodontal assessment and oral cancer screening.

- 5.73 Dental staff should routinely consult the core clinical records.
- 5.74 The dental chair unit should be replaced and include an amalgam separator.
- 5.75 External hospital appointments should be cancelled only in exceptional circumstances.
- 5.76 Patients waiting for secure beds under the Mental Health Act should not experience long delays.

Housekeeping points

- 5.77 Handtowels should be available next to all hand basins.
- 5.78 The camera in the treatment room in healthcare should be removed.
- 5.79 Health promotion material should be made available in healthcare areas and displayed throughout the prison.
- 5.80 The door to the reception healthcare room should close properly to ensure patient confidentiality.
- 5.81 Clinical records retained outside healthcare in the prison should be stored securely adhering to confidentiality requirements and monitored by the Caldicott Guardian.
- 5.82 Resuscitation kits should be reviewed to ensure that only in date and essential items are included.
- 5.83 Healthcare application forms should be collected daily from the wings.
- 5.84 'Ready specs' should be provided.
- 5.85 The fridge temperature range should be reset after daily checks are completed.
- 5.86 There should be consistent recording of cleaning and calibration of methadone measuring equipment.
- 5.87 In-possession risk assessment should be attached to medication administration charts.
- 5.88 The use of diazepam for detoxification/withdrawal regimes should be reviewed.
- 5.89 There should be early consideration of dental surgery layout, including cross-infection measures and provision of a washer/disinfector, to ensure compliance with anticipated statutory regulations.

Good practice

- 5.90 *The expert patient programme was a very useful way of enabling prisoners to take responsibility for their own health by supporting and educating their peers using their own experiences of chronic disease management.*

- 5.91 *The counselling service including access to cognitive behavioural therapy allowed prisoners to access talking therapy and to learn a set of coping strategies sustainable beyond their sentence.*
- 5.92 *The therapeutic day services provided a positive and broad set of interventions, including music, art, life skills and anger and anxiety management, which helped prisoners with mental health problems cope with life in the prison.*

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

6.1 The prison provided an adequate range of education and work opportunities, but these were insufficient to provide purposeful activity for most prisoners. Attendance at some activities was poor. Most prisoners participating in the learning and skills provision, the training workshops and the gym achieved good standards of work and made good progress towards reaching the goals in their individual learning plans. Prisoners achieved a good range of qualifications. The arrangements for assessing prisoners' learning needs and providing them with guidance throughout their sentence were inadequate.

Management

- 6.2 The learning and skills manager and her team had responded well to the strategic changes brought in by the devolvement of prison education funding from the UK government to the Welsh Assembly government. They had made a good start in aligning their planning to meet the strategic direction set out by the Assembly government in Learning to Change¹. However, the prison did not have an effective prison-wide management strategy for learning and skills and the central role of education and training in the prison was not always clearly understood by prison staff.
- 6.3 A useful learning and skills development plan identified what steps the prison should take to develop and improve provision and adequate progress had been made on some of the recommendations of previous inspection reports. There was also a comprehensive basic skills strategy that sought to link basic skills achievements to progression to other learning opportunities. However, these documents did not contain SMART targets so it was not always clear who was responsible for improving provision or how well plans were progressing.
- 6.4 The prison's quality assurance arrangements were not effective in monitoring the quality of learning and skills across the prison. A self-assessment report and a quality development plan identified accurately many of the areas in need of development. There were also important shortcomings in the collection and analysis of learning and skills data. Data relating to learners' retention and attainment were not accurate and did not support performance management of the area. It was therefore difficult to assess accurately how well individual prisoners had made progress and achieved qualifications.
- 6.5 The occupational profile showed there were 332 activity places, which were a mix of part-time and full-time places. Of these, the education department had 34 full-time or 68 part-time places each day. This was not enough to ensure that all prisoners were kept fully occupied throughout

¹ WAG/DCELLS strategic document on prison learning and skills

the working day. The regime monitoring data on one day of inspection showed 70 prisoners without work.

- 6.6 Attendance at activities was too variable. In some sessions, around half of prisoners did not attend. Prisoners were removed from education lists at short notice to attend other activities and this was not well managed. There was a satisfactory system for managing poor attendance, linked to the incentives and earned privileges scheme, but a few teachers did not follow up non-attendance quickly enough. Punctuality was good and most prisoners arrived on time.

Induction

- 6.7 Initial screening and assessment procedures were not effective enough to provide a clear understanding of prisoners' learning and skills needs. During induction, nearly all prisoners completed a Fast Track initial screening test, which was not reliable enough to assess accurately their level of basic skills. Few prisoners went on to receive a more comprehensive assessment, despite the high level of need. If prisoners continued to employment, vocational tutors did not have enough accurate information about the support they would need successfully to complete qualifications in the workshops. Procedures to identify and support prisoners with more complex learning needs were inadequate. Very few received a full diagnostic test.
- 6.8 Most new arrivals received a useful bilingual booklet that outlined the educational opportunities at Swansea. Despite this, many prisoners had a limited understanding of what jobs or education courses were available and most did not understand that there were different levels of education provision that could match their needs
- 6.9 Induction to the education department made good use of assessment to determine learners' basic skills and preferred learning styles. Many staff used this information well to plan learning and support.

Learning and skills

- 6.10 Overall, most teaching and training was good and in a few cases it was outstanding, but there were important shortcomings in a few sessions. Most tutors planned courses and sessions well. Many made sure learners engaged in activities that stimulated them, irrespective of previous knowledge and understanding. However, in a minority of classes, tutors expected all learners to do the same activities and did not challenge enough learners at a level appropriate to their need. Most tutors assessed and recorded learners' progress and achievement well and many made good use of questioning techniques to check their knowledge and understanding.
- 6.11 The education curriculum was sufficiently broad and balanced, with nearly all courses carrying appropriate accreditation. The recently introduced short four-week basic skills courses met the needs of many prisoners well, as did the money management course. Staff also organised occasional programmes of visiting teachers in areas such as poetry and art, which enriched the provision. Prisoners could study Welsh culture and relate historical events to their knowledge of contemporary Welsh issues. However, overall, staff did not promote Welsh language and culture well enough.
- 6.12 In basic skills classes, prisoners made good progress towards the short-term literacy and numeracy targets in their learning plans. There were dedicated key skills sessions. A new session had been introduced to provide a gentle introduction for those who did not cope well in

the prison and were reluctant to attend the education department. English for speakers of other languages (ESOL) provision for the few foreign national prisoners was good.

- 6.13 There was an adequate range of education and work opportunities. Most jobs had useful accreditation leading to recognised qualifications and many prisoners made good progress towards achieving them. However, provision did not take good enough account of prisoners' existing skills and experience. A few qualifications were not demanding enough and did not help prisoners to develop their skills. There were not enough progression opportunities.
- 6.14 Overall, teaching and vocational training accommodation was of a good or very good standard. A new library facility in the education department was bright and welcoming. Education classrooms had good facilities, with interactive whiteboards and computers that were used well. The education department and library were accessible to prisoners with restricted mobility.

Work

- 6.15 In workshops, most tutors were clear about how learners could gain accreditation of key skills in work-based settings. Key skills were mapped into all vocational areas. The prison also made effective use of two work-based learning providers to assess learners and help them gain accreditation.
- 6.16 Managers took good account of labour market information and learner interests in planning enhancements to provision. As a result, sewing machine operatives were offered an NVQ in performing manufacturing operations and a new multi-skills workshop was in an advanced stage of planning. Prisoners in recycling could gain qualifications in demand in the labour market. Learners gained a good range of generic certificates, such as in manual handling or health and safety, which improved their employment prospects. In BICS, the standard of work and achievement was excellent. However, partnerships with employers were underdeveloped.
- 6.17 Workshops had enough work to keep prisoners engaged. Prisoners in the cycle workshop and the kitchens were particularly positive and achieved useful qualifications, but laundry workers had no opportunities to achieve a qualification. Not all jobs offered meaningful employment. Workshops were well equipped with modern industry-standard equipment. In the cleaning workshop and IT suite, the standard was excellent, but there were problems with the machinery in the recycling workshop.
- 6.18 Prisoners applied for work by completing an application form. An allocations board had recently started to meet regularly. Staff made allocations primarily based on prisoners' security risks, with minimal account taken of previous education or work experience. Although an offender management supervisor had recently started to attend these boards, similarly little account was taken of sentence planning needs. Prisoners could apply for transfers, but the reasons for these changes had only recently started to be recorded so analysis was not possible. All foreign national prisoners were automatically referred to education so that staff could make an assessment of their language skills.
- 6.19 The local pay policy clearly set out pay rates for each job, but lacked consistency, with pay rates varying inexplicably from activity to activity and from wing to wing. This resulted in prisoners trying to move wings simply to gain better pay for the same job. The current pay structure did not offer incentives to attend training and become more skilled. The activities manager had recognised these shortcomings and had proposed a review and standardisation of the pay policy.

- 6.20 The standard of information, advice and guidance was inadequate. Not enough was done to help prisoners evaluate their futures so that they could make best use of the available learning opportunities. (See section on resettlement pathways.)

Library

- 6.21 Access to the library was good and all prisoners could use it at least once a week. There were around 800 users a quarter. Access for prisoners on A wing and for those on education was more frequent as both areas had a library. However, the A wing library was due to close and all library facilities were to be located in the education department. The library was staffed by a very experienced librarian who worked for 22 hours a week. An additional librarian had been appointed to work for 18 hours, allowing the library opening times to be extended.
- 6.22 The new library facility contained a very good range of fiction and non-fiction books, including easy readers and books in languages other than English. There was a good system to rent books to meet the needs of particular foreign national prisoners. A selection of magazines covering topics such as men's health and fitness and various sports was available, along with a good selection of Welsh language books and books on Welsh culture. The librarian worked well with education staff to provide learning support resources. There was a small but very useful collection of self-help books. There was a full range of legal textbooks and access to relevant Prison Service documents.
- 6.23 The library was not promoted well enough at induction and new arrivals did not automatically visit it to see the facilities or to learn about membership. Library orderlies could achieve appropriate accreditation.
- 6.24 The library did not have a computerised issues and returns system and book losses were high, at 11% of the stock.

Recommendations

- 6.25 Induction procedures should be improved to ensure that all prisoners understand what opportunities are available to them.
- 6.26 The systems for screening and assessing learning needs during induction should better inform the planning of teaching, learning and support for prisoners.
- 6.27 The allocations system should take account of prisoners' existing education and work experience and sentence planning requirements.
- 6.28 Prisoners with advanced skills should have adequate opportunities for further progression.
- 6.29 There should be effective strategies to promote use of the Welsh language.
- 6.30 Effective systems for collecting and analysing learning and skills data should be introduced.

Housekeeping point

- 6.31 The library should have an effective issues and returns system to minimise book losses.

Physical education and health promotion

Expected outcomes:

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

6.32 The PE department was well staffed and had good facilities, although the fitness room was cramped. The sports hall was effectively used, as were the outdoor facilities, although these were limited to a four-a-side football pitch. Prisoners had good access to a minimum of two sessions in the gym each week. An appropriate range of PE-related qualifications provided good transferable skills.

6.33 The PE department had good facilities and staffing. The fitness room had a good range of cardiovascular and weight-training equipment, but the space was small for the amount of equipment and number of users. The classroom adjacent to the fitness room was well equipped with adaptable furniture and good IT facilities for teaching and learning. There was also a good sports hall used for indoor sports. The outdoor facilities were limited to a four-a-side football pitch. The shower facilities were good and prisoners felt safe using them. Clean clothing and towels were supplied.

6.34 Prisoners could have a minimum of two sessions in the gym each week. Those who worked full-time could use the gym in the evening and at weekends. Two sessions a week of indoor bowls were well promoted and particularly popular with older prisoners.

6.35 An appropriate range of PE-related qualifications included a community sports leader association (CSLA) qualification at level two, an NVQ in sport and recreation and a Focus qualification at level one. All gym orderlies undertook these qualifications, which equipped them to deliver induction sessions for other prisoners. They also provided good transferable skills, especially the wider key skills of working with others and managing their own learning and performance, as well as improving their self-esteem.

Time out of cell

Expected outcomes:

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

6.36 The average recorded time out of cell of 8.2 hours was higher than was being achieved, but the reality still compared reasonably well with other local prisons. There was good access to association, but prisoners did not have a daily opportunity for a full hour in the open air.

6.37 Routines were displayed on wing notice boards and took place as advertised. The recorded average time out of cell was 8.2 hours, which was not possible even if all prisoners were out of their cells for the maximum time allowed by the core day. A prisoner working full-time and associating on the four nights available could be out of his cell for eight hours. Relatively few prisoners worked full-time. Most unemployed prisoners could expect two periods of association

a day, but many got three, and the maximum time they could be unlocked was 7.5 hours, better than in many other local prisons.

- 6.38 The regime was curtailed on Friday afternoon, which was used to complete domestic tasks and there was no evening association. Time unlocked at weekends varied between just over two hours for prisoners on B wing, nearly five hours for most prisoners on A and D wings and longer for prisoners on C wing. Wing managers submitted weekly returns that contributed to the time out of cell figures. These included routine submissions for a range of activities, including the wing barbers, shower cleaning and painters. Wing managers allowed prisoners out to complete some small tasks and it was difficult to ascertain the accuracy of what was recorded. In one mid-morning roll check, we found 23% of prisoners locked up, some of whom had chosen to stay in their cells. This was a big improvement on previously.
- 6.39 Wing diaries recorded few cancellations or curtailments of association periods. Rotas for wing association were published, but not all prisoners took up the opportunity for scheduled association, allowing staff to offer it to others. Association was for over an hour in the morning, nearly three hours in the afternoon and over an hour in the evening. There was less daily association for prisoners on the induction wing, but they did not remain on the wing for long. Prisoners in full-time work had evening association.
- 6.40 Wing procedures meant that association could be curtailed. Prisoners were only allowed to smoke in their cells and their association was terminated if they returned to their cell for a smoke. On A wing, where there was no communal toilet on the association landing, some prisoners who returned to their cells to use the toilet said they were not subsequently allowed back on association.
- 6.41 Prisoners did not have the opportunity to spend a full hour in the open air each day. Exercise periods were early in the day and no outdoor clothing was provided. The number of prisoners who went on exercise was not always recorded in wing daily diaries. Reasons for cancellation were recorded, but not the authorisation for cancellation. In our survey, only 29%, against a comparator of 39%, said they went out on exercise three or more times a week.

Recommendations

- 6.42 Prisoners should be able to return to their cells to smoke or use the toilet during association periods without removing themselves from association for the entire period.
- 6.43 Prisoners should be given the opportunity for at least one hour of exercise in the open air every day.

Housekeeping point

- 6.44 Prisoners should be provided with an outdoor jacket to wear during exercise in the open air.

Section 7: Good order

Security and rules

Expected outcomes:

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

7.1 Physical and dynamic security were sound, although there appeared to be under-reporting of security information in the formal system. Attendance at the security committee was poor. Security arrangements were appropriate for the population.

Security

- 7.2 Physical and dynamic security were sound, although security information report (SIR) submissions were comparatively low, averaging 80 a month in 2009. However, excellent staff-prisoner relationships produced good intelligence that was acted on and we observed several cases where staff conducted cell searches based on such intelligence without submitting an SIR. This suggested the issue was one of under-reporting.
- 7.3 The security committee met monthly and analysed an appropriate range of data to establish the effectiveness of on-going strategy and identify trends requiring additional action. Attendance was very poor, with key managers often absent. This had been acknowledged by senior managers.
- 7.4 The prison viewed drugs and mobile telephones as the most serious issues. Netting had been put in place where possible to prevent such items from being recovered by prisoners if thrown over the wall and the local police were assisting in preventative action. Drug testing as a result of security intelligence had been low, averaging no more than one or two a month in 2009. It had increased significantly in January 2010, coinciding with an increase in related resources. Data relating to target searching arising from intelligence were not maintained.
- 7.5 Security arrangements were appropriate for the population. Risk assessments for activities were carried out on an individual basis, with a new assessment raised when a prisoner applied for a new activity. There were eight prisoners on closed visits and five visitors banned, all for appropriate reasons.
- 7.6 The strip searching policy was not sufficiently clear. There was no formal governance and the local security strategy made no reference to squat searching or when more intrusive searching such as this would be justified. The last published guidance in 2007 made no reference to the criteria for a strip search being authorised.
- 7.7 Communication between the security department and other functions was adequate, with security attending all key meetings and a daily briefing sheet providing all staff with relevant updates.

Rules

- 7.8 Rules were explained to prisoners on induction and sufficiently publicised on units. Prisoners reported fair and consistent application of rules by staff.

Recommendations

- 7.9 All key functions should regularly attend the security committee.
- 7.10 There should be specific guidance within the local security strategy about the arrangements for strip searching, including when squat searching is allowed, with the requirement of authority from an appropriate manager. Such searching should be recorded and regularly reviewed by senior managers.

Discipline

Expected outcomes:

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

- 7.11 Levels of adjudications, incidents requiring use of force and the number of prisoners located in the segregation unit were all low. A good range of data relating to all three areas was routinely scrutinised by managers for emerging trends. The segregation unit offered a basic regime, suitable for most prisoners located there for punishment. Few prisoners stayed there long.

Disciplinary procedures

- 7.12 The number of disciplinary charges was extremely low, with 393 raised in 2009. Of these, 288 were proven. Most of the others were not proceeded with, often because prisoners did not return from court.
- 7.13 The deputy governor produced a good quality adjudications report. This was discussed at the quarterly adjudication standardisation meeting, with an appropriate range of data analysed for emerging trends. Regular quality assurance checks were carried out on adjudication documentation. All those we sampled had been appropriately raised and the large majority evidenced sufficient investigation by adjudicators to support their findings. Punishments were reasonable and consistent. Those that included periods of cellular confinement tended to have a high starting point of 10 days, but were not overly punitive as they related to charges involving the use or possession of class A drugs and in many cases were commuted for good behaviour. A small number of records did not have sufficient information to support the eventual finding of guilt.
- 7.14 Prisoners were notified in writing of being placed on adjudication the day before the hearing and officers said they would assist any prisoner who could not read. Adjudications were conducted in an appropriate room on C wing, with only one member of staff escorting prisoners unless an individual risk assessment indicated more were needed. Prisoners had every opportunity to engage in their adjudications and officers explained to them how to appeal against any finding of guilt after their adjudication.

Use of force

- 7.15 A use of force committee met quarterly and reviewed a good range of data for emerging trends. Minutes indicated appropriate representation from prison departments.
- 7.16 Levels of use of force were very low, with just 37 recorded incidents in 2009. Only 10 related to non-compliance on the part of the prisoner and five of these followed a refusal to comply with a strip search. All five prisoners were subsequently found to be in possession of an unauthorised article. There had been three planned uses of force in 2009, but none had been recorded by camera. Records indicated attendance by a member of healthcare staff at all three incidents. Use of force records were completed to a satisfactory standard.
- 7.17 Use of special accommodation was commendably low, with prisoners located in the special cell only three times in 2009. Records indicated that all three were relocated at the earliest opportunity.

Segregation unit

- 7.18 The segregation unit consisted of five furnished cells and a special unfurnished cell on C wing, but gated off from the rest of the wing. Use was low, with prisoners located on the unit 99 times in 2009, the majority serving a punishment of cellular confinement following adjudication. During the last six months of 2009, only one prisoner had spent more than two weeks in the segregation unit for good order reasons. Records indicated an overwhelming majority of prisoners were returned to normal location at Swansea rather than transferred to another prison.
- 7.19 All prisoners were routinely strip searched on locating to the segregation unit, which was inappropriate. They were given a copy of the segregation unit rules and routines, which was also explained by staff. Staff were very professional and displayed excellent inter-personal skills. One very emotional and aggressive prisoner was impressively managed by officers who de-escalated a potentially volatile situation without the need for force.
- 7.20 The regime was limited to daily access to showers, telephone calls and exercise. Prisoners could also attend chapel services and visits subject to risk assessments. While such a basic regime was adequate for most prisoners located in the segregation unit for punishment, it was insufficient for those located for any other reason. In-cell activities were limited to a stock of books on C wing. Prisoners who could not read had only a radio to occupy the time, although staff said they could obtain some materials from education such as painting by numbers. Televisions were available, but the criteria for having one were unclear and appeared to be at the discretion of a governor.
- 7.21 Few review boards were held as prisoners rarely spent more than three days in the unit for reasons of good order or discipline. When prisoners did stay longer, the records gave adequate reasons for continued segregation. Targets for such prisoners were too generic to provide genuine guidance and the Independent Monitoring Board was not always represented at boards.
- 7.22 There was no formal personal officer scheme in the unit, but prisoners received good care and attention from unit staff, who visited every prisoner at least hourly. All such visits were recorded by staff in segregation unit wing files, but these were never much more than a record of behaviour.

- 7.23 A segregation monitoring and review meeting took place quarterly and a good range of data was analysed for emerging trends.

Recommendations

- 7.24 Video cameras should be used to record all planned interventions.
- 7.25 Prisoners relocating to the segregation unit should be strip searched only if a risk assessment indicates it is necessary.
- 7.26 Subject to risk assessment, prisoners located in the segregation unit for reasons other than punishment should have access to off-unit activities such as workshops and education.

Housekeeping points

- 7.27 There should be clear criteria for prisoners having in-cell televisions in the segregation unit.
- 7.28 A member of the Independent Monitoring Board should be invited to all segregation unit review boards.

Incentives and earned privileges

Expected outcomes:

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

- 7.29 The local incentives and earned privileges policy mostly provided clear guidance. Good systems were in place for the operation of the scheme. There was no analysis of data to inform annual reviews of the policy. Prisoners reported fair treatment and said it encouraged good behaviour.
- 7.30 The incentives and earned privileges (IEP) policy provided clear guidance, but lacked details of the differences in the daily regimes for the different levels. Significantly more prisoners than the comparator in our survey reported fair treatment under the scheme. The policy was reviewed annually, but, except by ethnicity, there was no collation or analysis of data by managers to inform the review or respond to emerging patterns and trends.
- 7.31 New arrivals entered on the standard level, including those transferring from other prisons on basic. Those transferring on enhanced status remained on that level. In our survey, significantly more than the comparator said the scheme encouraged them to improve their behaviour. Prisoners on enhanced were eligible for extra private cash and two additional visits a month. Those on enhanced received extra association, but this depended on the numbers entitled to associate at any given session. Twenty-two per cent of prisoners were on enhanced. The amount of telephone credit prisoners could buy depended on regime level, which inappropriately limited contact with family and others.

- 7.32 The basic regime was not overly punitive, with two association periods a week and daily access to showers, exercise and the telephone. There were two prisoners on basic, both of whom reported fair treatment by staff. Records gave clear reasons for demotions to basic, but targets were too generic to provide helpful guidance to progress.
- 7.33 Movement between levels was generated by monthly review boards involving wing senior officers, a wing officer and the prisoner. Written submissions were also provided by the prisoner's allocated activity area and the offender management unit. Prisoners unable to attend could make written representations. All prisoners were reviewed at least once a year, although standard prisoners could apply for enhanced at any time. Three written behaviour warnings in a month resulted in a review board. Prisoners were interviewed by a wing manager and warned of a possible review of their regime level after receiving a second warning. Records indicated good systems and appropriate decisions on the part of review boards.

Recommendations

- 7.34 Prisoners should be able to buy as much telephone credit as their spends limit allows, regardless of regime level.
- 7.35 There should be periodic analysis of incentives and earned privileges data, such as by location and age, to detect and respond to emerging patterns and trends and inform annual reviews of the scheme.

Housekeeping point

- 7.36 Targets for prisoners on basic should provide clear guidance as to what they must do to achieve standard.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 The prison kitchen and wing serveries were well maintained and food preparation was carried out to a good standard. Satisfaction levels with the food were similar to other local prisons, but no black and minority ethnic prisoners surveyed said the food was good.
- 8.2 The prison kitchen was clean and in a good state of repair. A silver award had been achieved in the last environmental health inspection, with recognition of good food safety management and a high standard of compliance with food safety legislation.
- 8.3 Meal preparation took account of religious and cultural requirements, with separate storage areas where necessary. Prisoners were health screened and received basic food hygiene training before starting work in the kitchen. Training records were opened for all prisoners and they could gain a number of qualifications, including NVQs in hospitality and food preparation and cooking and a Royal Institute of Public Health award in food safety in catering. Serveries were clean and well maintained, with servery workers receiving appropriate food handling and health and safety training. They also had training records opened for them and could gain qualifications such as the BICS food premises cleaning certificate.
- 8.4 The menu was based on a four-week cycle and was balanced and healthy. A folder in each servery included photographs of each meal with a symbol denoting if it was suitable for particular dietary requirements. Serveries were well supervised. In our survey, 27% of prisoners, similar to the comparator, said the food was good or very good, but black and minority ethnic prisoners surveyed were more critical, with none saying the food was good. The catering manager had attended the diversity meeting only once.
- 8.5 Breakfast packs of cereal and the makings for a hot drink were given out the night before. Prisoners had to eat meals in their cells, which was a poor environment given the cramped conditions and lack of adequate screening for toilets.
- 8.6 A monthly catering committee put forward suggestions and comments that received specific published answers and resulted in changes to the menu accordingly. A survey had been completed two months before the inspection and had also resulted in changes to the menu.

Recommendation

- 8.7 **Black and minority ethnic prisoners should be consulted about the food and efforts made to ensure it meets more diverse cultural preferences.**

Prison shop

Expected outcomes:

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

- 8.8 A locally managed prison shop ensured new arrivals could place an order immediately if they had the funds. The range of items available was smaller than normally offered in local prisons, especially for black and minority ethnic prisoners.
- 8.9 The prison shop was managed by the prison, which meant new arrivals with sufficient funds could receive their initial order within 48 to 72 hours rather than the one to two weeks experienced by prisoners in other local prisons with central contract arrangements. Orders were delivered every Friday and queries and errors were dealt with quickly and efficiently.
- 8.10 However, storage facilities were limited, resulting in a smaller range of items on offer. In our survey, 38% of prisoners, against a comparator of 42%, said the shop sold a wide enough range of goods to meet their needs, but the figure fell to 10% among black and minority ethnic prisoners. Consultation arrangements involved a quarterly survey, with prisoners asked to choose from a list what items they would like to see available. Items which did not sell well were removed from the list. These arrangements seemed unlikely to meet the needs of minority groups.

Recommendation

- 8.11 A suitable range of items to meet the needs of black and minority ethnic prisoners should be provided for sale.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 There was an insufficiently strategic approach to resettlement, impeded by the lack of an up-to-date regional strategy. There was no effective needs analysis and pathway action plans lacked dates for completion and pathway leads. Some members of the resettlement policy committee did not play an active part.
- 9.2 There was an insufficiently strategic approach to resettlement, impeded by an out-of-date regional strategy. The existing strategy made no reference to the broader strategic agenda impacting on the roles of individual prisons in Wales and their specific contributions to reducing reoffending work. In the weeks before the inspection, a decision had been taken on the strategic deployment of prison roles in Wales, and Swansea was to change from a local to a training prison. This meant the current reducing reoffending strategy for the prison, although new, had limited longer-term value.
- 9.3 The strategy was not based on an effective needs analysis, but on just 100 responses to a prisoner survey completed in September 2009. Some aspects of need had not been adequately addressed, with no information on drugs and alcohol issues and their links to the types of offences for which prisoners were in custody. No use was made of offender assessment system (OASys) assessments. There was an action plan for each pathway, but no dates for completion of targets and no identified pathway leads. There were no pathway meetings with key agencies and prison staff to develop services. Information about the offender management unit was incorporated into the strategy and a separate offender management policy 2010-11 had also been published.
- 9.4 Only two accredited offending behaviour programmes were run, which did not meet the needs of all prisoners (see section on resettlement pathways).
- 9.5 A resettlement policy committee (RPC), chaired by the head of offender management, met quarterly. The terms of reference detailed the objectives of the meeting and the required attendees, but minutes indicated that some members did not play an active role in the development of the reducing reoffending strategy. Some areas had not been represented at the RPC for 12 months.
- 9.6 There were service level agreements with a number of voluntary and community groups, but very little representation from the voluntary sector at the RPC. There was no opportunity for these groups to meet together regularly and discuss the contributions they made to prisoners' resettlement.
- 9.7 All new arrivals were interviewed by a resettlement officer to complete a Cymru standard assessment form (C-SAT) based on the resettlement pathways. This had been introduced a month before the inspection and was used in all prisons in Wales. From this, prisoners were referred to other departments as necessary, such as JobCentre Plus, the accommodation

officer or drugs staff. This assessment was supposed to inform the development of a custody plan for all unconvicted prisoners and a sentence plan for those serving less than 12 months, but this was not the case (see section on offender management).

- 9.8 A formal pre-release board and exit interviews had only very recently been introduced and it was too early to assess their success in monitoring the effectiveness of resettlement services.

Recommendations

- 9.9 The reducing reoffending policy should be based on an up-to-date needs analysis and should include a strategy for action for each of the reducing reoffending pathways and a named lead.
- 9.10 All members of the resettlement policy committee should be represented at meetings.
- 9.11 The prison should regularly bring together voluntary and community sector groups providing services to review their contribution to the development of the reducing reoffending strategy.

Offender management and planning

Expected outcomes:

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

- 9.12 Offender management was central to the prison's approach to reducing reoffending and the offender management unit was adequately resourced. Most eligible prisoners had an OASys assessment and a sentence plan, but not all were up to date or of a satisfactory standard. Prisoners felt well supported by their offender supervisors, but offender managers were not involved with prisoners in all cases. The limited interventions available meant identified need was often unmet. There was a sound public protection policy and good attention was paid to many aspects of the work, but the quality of some risk management plans was insufficient. There was no effective custody planning for unconvicted prisoners or those serving less than 12 months.
- 9.13 Offender management applied to all prisoners in scope, meaning they were high or very high risk, prolific and priority offenders (PPO) or serving indeterminate sentences for public protection (IPP). Approximately 70 prisoners were in scope of the offender management model, including five IPPs and 31 PPOs.
- 9.14 Offender management was central to the prison's approach to reducing reoffending, although only a minority of prisoners were involved. The head of offender management led the reducing reoffending agenda and the reducing reoffending strategy contained information about offender management (see section on strategic management of resettlement). A separate offender management policy 2010-11 was also published, describing the functions and management of the offender management unit (OMU), the responsibilities of staff roles within it and links to other departments.

- 9.15 The development of offender management was overseen by the Wales Offender Management Development Implementation Group (OMDIG). The head of offender management represented the prison on this forum. The OMDIG had driven forward the creation of a standard training package on offender management. This was being rolled out in Swansea, as well as to other probation and prison staff in Wales. The prison had also participated in the development of the offender management quality assurance process used in Wales. This had developed from a management led 'audit' process to one where selected prison and probation OMU staff were paired in buddy arrangements. These staff reviewed cases and drew learning points from case studies focusing on OMU joint working practices.
- 9.16 The OMU was accommodated in one location and co-located with staff from a number of functions, including case administrators, the accommodation officer, home detention curfew/release on temporary licence, and observation, classification and allocation staff. This facilitated the exchange of information. Six offender supervisors held about 27 cases each. They had attended a range of suitable training courses and had direct access to probation CRAMS systems and to VISOR, giving them ready access to prisoner information held externally. Offender supervisors and administrative staff were clear about their purpose to promote the reduction of reoffending and public protection.
- 9.17 We read files on 18 prisoners, 10 of whom were in scope of offender management. Offender supervisors were allocated to prisoners in scope within two days of reception. Several files contained evidence of prompt signposting and referrals to internal prison facilities, such as healthcare, drugs workers and education.
- 9.18 Most eligible prisoners had an OASys assessment and a sentence plan and there was no backlog. All but two of 17 sentence plans seen by us contained relevant objectives. In our survey, 56% of sentenced prisoners, against a comparator of 37%, said they had a sentence plan. All planning meetings were minuted. Sentence plan reviews were undertaken for prisoners in scope quarterly, after any significant change such as completion of a programme and pre-release, but only annually for those not in scope.
- 9.19 Of the 18 cases, 16 were subject to standard determinate custodial sentences and two were extended sentences with specified licences. In seven cases, violent offences were identified as the index offence. Domestic violence featured in six and there were child protection concerns in two. Eight of the 10 in scope cases had an allocated offender manager and in all but one case an OASys was in place. However, some of these had been copied from earlier assessments without updating and were not relevant to the current sentence. Only half of the in scope OASys assessments had been completed to a satisfactory standard.
- 9.20 Less than half the case files contained evidence that the offender manager had coordinated the work of those involved in the case and ensured that all elements of the sentence plan were delivered. A tracking system was used to record when and if allocated offender managers had attended planning meetings and if they had been held in the required timescale. The head of offender management addressed shortfalls with probation managers in the community. In our offender management survey, similar to the comparator said they had a named offender manager, but just 47% of these prisoners, significantly worse than the comparator of 74%, said the offender manager had been in contact with them while in custody.
- 9.21 In two-thirds of cases, the risk of harm to others and the likelihood of reoffending had been reviewed in a timely way. In over three-quarters of cases, there was an objective for the prisoner to participate in an accredited programme, but this had happened in less than half of those cases. Sentence plans identified the services needed by prisoners, but their progress could be hindered by lack of suitable services. The published interventions and qualifications

document was out of date and some programmes were no longer available (see section on resettlement pathways).

- 9.22 Inconsistent recording in the files meant it was not possible to see what prisoners did day by day. OMU staff said a lot of relevant activity undertaken with prisoners went unrecorded. A minimum standard of quarterly contact with prisoners was established by the OMU, but in practice offender supervisors said they saw prisoners more often. In our offender management survey, 22% of prisoners said they met their supervisor weekly and 88%, against a comparator of 50%, said they had been supported by their supervisor.
- 9.23 There was some good communication between staff in the prison and with prisoners and 15 of the 18 case files indicated that the prisoner had participated in the sentence planning process. In our survey, all of those who had a sentence plan, against a comparator of 77%, said they had been involved in its development and all, against a comparator of 67%, said the plan took into account their individual needs.
- 9.24 There was evidence of standardised information exchanges with offender managers, but the general recording of contacts with offender managers was poor. In almost all cases, it was not possible to track the quality of on-going joint work between offender managers and offender supervisors.
- 9.25 There was evidence of progress against the factors linked to offending in half the cases, but evidence of improvements in attitudes or behaviour in only a third.
- 9.26 OMU staff reported good working relationships within the prison, but said their role was not fully understood by all staff. Wing files contained little comment about sentence plan targets, although personal officers contributed to sentence planning reviews.
- 9.27 There was no custody planning for unconvicted men or sentence planning for those serving less than 12 months, although senior managers thought there was. Senior managers expected that within 14 days personal officers would meet unconvicted prisoners to complete a custody plan and those serving less than 12 months to complete a sentence plan using information in the C-SAT (see section on management of resettlement). However, several personal officers and a senior officer we spoke to were unaware of this expectation. They were aware of the requirement, also recently introduced, to complete an exit interview with prisoners two weeks before release.
- 9.28 Sentenced prisoners were seen three weeks before release at a pre-release board where outstanding needs could be raised.
- 9.29 In the previous six months, 20 home detention curfew (HDC) applications had been approved. Of the 101 prisoners eligible for HDC, many were released, released on ECL, transferred or opted out before assessment. In the same timescale, five prisoners had applied for release on temporary licence, one of which had been granted.
- 9.30 There were 37 licence recalls, all of whom were seen individually once the reason for their recall was known.

Public protection

- 9.31 The recently reviewed public protection policy was comprehensive and reflected the core responsibilities of the new public protection manual. Public protection work was integrated into

the work of the OMU. An offender supervisor had the policy lead and held the majority of the relevant cases. Steps had been taken to create a back-up system and a number of OMU staff had shadowed and familiarised themselves with this work.

- 9.32 There were good systems to identify prisoners who posed a public protection risk, with a daily sift of current and any previous convictions for all new arrivals. Thirty prisoners were subject to public protection measures, of whom nine were managed at multi-agency public protection arrangements (MAPPA) level 2. Once identified, prisoners were seen individually by the public protection lead to explain any restrictions and signed to confirm they had received and understood the information. Wing staff could see who was subject to public protection procedures through the intranet and through notices on wing files.
- 9.33 An interdepartmental risk management team meeting (IRMT) chaired by the head of offender management had been introduced in January 2010 and had replaced the public protection meetings. The team included a suitable cross section of attendees and all relevant cases were reviewed fortnightly
- 9.34 A system to prompt MAPPA notifications began when a prisoner arrived. Notifications to outside agencies took place at seven, five and one month intervals before release. OMU staff were routinely invited to MAPPA meetings and sent reports if they could not attend.
- 9.35 In the cases seen by us, risk of serious harm screenings had been done routinely and were accurate in eight of the nine relevant in scope cases. In the 10 cases requiring an analysis of the risk of harm to others, nine had been completed and almost all were timely. However, the quality of the analysis was insufficient in half of the in scope cases, four did not sufficiently address risk to children and three did not reflect risk to other prisoners. Only half of the in scope cases had drawn on all available sources of information to complete the assessments of the risk of harm to others and in the same number there was evidence that assessments had not been communicated to all relevant staff. Risk management plans had been completed in 15 cases, but only eight of these were comprehensive. Five of the cases from the whole sample had had MAPPA involvement and these showed clear engagement of prison staff in the MAPPA process. In over two-thirds of cases, all reasonable action had been taken to keep to a minimum the individual prisoner's risk of harm to others.

Categorisation

- 9.36 There was only one observation, classification and allocation (OCA) officer and categorisation was usually completed within 14 days. The OCA officer saw all newly sentenced prisoners to explain the categorisation system and provide information about the appeal process. There was no published allocations policy or acceptance criteria and many prisoners remained at Swansea where they were close to home. Six suitable prisoners were sent to HMP Parc each week, usually voluntarily. Many prisoners asked to go to Parc to complete the controlling anger and learning to manage it (CALM) offending behaviour programme.
- 9.37 Many other moves were progressive. In a recent six month period, 233 prisoners had been transferred out of the prison, of which almost 50% had gone to HMP Parc. Other prisoners had gone to a variety of prisons, some to complete programmes and some to open conditions. There appeared to be few problems in moving IPPs.
- 9.38 Those attending offending behaviour courses or vocational training were placed on hold to prevent transfers elsewhere.

- 9.39 Re-categorisation boards were held annually for those serving four years and over and every six months for others.

Indeterminate-sentenced prisoners

- 9.40 One trained lifer officer in the OMU managed all lifer processes from sentence onwards. He saw all newly sentenced lifer and IPP prisoners to explain how their sentences would be managed and had very good personal knowledge of each of the prisoners. There were three prisoners serving life sentences and five IPPs. Two of the lifers were awaiting parole board hearings and the other was recently sentenced and likely to transfer to HMP Garth in the near future. Two IPP prisoners were beyond their tariff date, one by nearly six months and the other by just over two years. One of these men was being assessed for suitability for transfer to a secure hospital and the other was awaiting his parole hearing.

Recommendations

- 9.41 Offender managers should ensure that all OASys assessments are up to date and completed to a sufficient quality.
- 9.42 Offender managers should have regular contact with prisoners to coordinate well and help ensure delivery of the sentence plan.
- 9.43 Case records should contain up-to-date information on the work done with prisoners and the on-going contact with offender supervisors.
- 9.44 Good quality risk management plans should be produced in all relevant cases.
- 9.45 Assessments of the risk of harm to others should draw on all available sources of evidence and, where relevant, should be effectively communicated to other staff involved with the prisoner.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.46 Accommodation and finance needs were identified and did not rely on prisoners self-referring. Services to help prisoners find work or continue with their learning on release were poor and not enough was done to help prisoners make informed plans about what to do. Prisoners were not routinely seen by a GP before discharge.

Accommodation

- 9.47 Services managed by an accommodation pathway lead were good. In our survey, 49% of prisoners, significantly less than the comparator, said they had housing problems when they first arrived and 47%, more than the comparator, said they knew who to contact in the prison for help with housing. Accommodation services were managed by a resettlement officer.
- 9.48 All new arrivals were interviewed to complete a C-SAT (see section on management of resettlement). This identified prisoners' housing needs, including those likely to be homeless or of no fixed abode (NFA) on release. Tenancies were safeguarded or closed as necessary. Opportunities to identify prisoners' accommodation issues were provided at various stages of custody, including reception and pre-release boards and exit interviews. Some had recently been introduced and all were based on the resettlement pathways. A pre-release course that included housing issues had been introduced the week before the inspection.
- 9.49 A prisoner housing collator on B wing saw all new arrivals and completed a housing need form that was forwarded to the accommodation officer. This system was due to end in March 2010 with the introduction of the C-SAT. Housing collators were available on all wings. They took referrals from prisoners about housing issues and forwarded these to the accommodation officer. Their role was well known to other prisoners.
- 9.50 The Welsh Assembly guaranteed accommodation for Welsh prisoners and the accommodation officer referred prisoners to their local housing department who provided accommodation on release. In 2009, only eight of 520 releases had been to NFA. Prisoners could also access the transitional support scheme (TSS), aimed at Welsh prisoners with a substance misuse issue. The scheme provided a mentor pre-release and for 12 weeks post-release. The accommodation officer liaised with councils and accommodation agencies for prisoners returning to England as necessary.

Education, training and employment

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

- 9.51 JobCentre Plus staff gave adequate job hunting support to those who requested it. Many prisoners identified correctly that employers' attitudes to offending represented a barrier to their progress on release, but there were few opportunities to explore this further. A few prisoners had clear ideas about using their skills to work independently, but there was no help with business planning.
- 9.52 Prisoners did not have access to specialist, independent careers advice and guidance. Education staff provided a limited amount of guidance, but records showed this was often inadequate and occasionally inappropriate. In a very few cases, prison staff gave good support to help prisoners find employment. In one case, PE staff used their contacts to help a prisoner gain voluntary work on release.

Mental and physical health

- 9.53 Prisoners were not seen routinely before release or discharge, but could request to see the GP or nurse. A new pre-release course up to six weeks before release had just started, with a healthcare slot informed by a template to provide prisoners with information about community health services. It was too early to tell whether this helped prisoners in their re-entry to the community.

- 9.54 Prisoners on prescribed medication being released were given one week's supply to take home.
- 9.55 The head of healthcare linked with the OMU and attended internal risk management meetings, PPO meetings, and MAPPA 3 (identified high risk prisoners) meetings and led on resettlement for older prisoners. The community psychiatric nurse for the mental health in-reach team linked with MAPPA 1 and 2 cases.

Finance, benefit and debt

- 9.56 In our survey, a similar proportion of prisoners to the comparator said they had money worries on arrival, but more than the comparator said they knew who to contact in the prison for help with finances/claiming benefits on release. Prisoners identified with a benefit or debt problem during their C-SAT interview were referred to the JobCentre Plus worker or to the weekly advice surgery.
- 9.57 The JobCentre Plus worker was based in the prison three days a week. She attended the morning reception boards for new arrivals when she was in the prison and saw all new arrivals. Prisoners could also contact her by application. She gave information and advice at the recently introduced pre-release course and attended prisoners' pre-release boards. She gave advice on closing and claiming outstanding benefits. Appointments were made at jobcentres in the community for prisoners to attend on release to claim jobseekers allowance.
- 9.58 A money management course was run in education and prisoners could open a bank account. A local firm of solicitors operated a free weekly legal advice service to prisoners, which included finance and debt management.

Recommendations

- 9.59 A specialist advice and guidance service should be provided to help prepare prisoners for work, training or education after release.
- 9.60 Prisoners should be given relevant and appropriate help to improve their job hunting skills during the pre-release course.

Drugs and alcohol

9.61 The drug strategy policy did not include alcohol and was not based on a needs analysis. However, services were well coordinated. Prisoners with drug problems could access a range of interventions, including CARAT support and the short duration programme, but there was no designated drug support unit. There was a lack of services for primary alcohol users. Links with community services were well established.

9.62 The drug strategy committee was chaired by the head of safer custody and drug strategy and met bi-monthly with appropriate representation. The prison was represented at the local substance misuse action team (SMAT). The drug strategy policy had recently been reviewed, but did not include alcohol services and lacked performance measures. An action plan had been developed only for supply reduction initiatives. The results of a prisoner survey were being collated, but this did not amount to a comprehensive needs analysis to inform the strategy.

- 9.63 Prisoners were positive about the support available. In our survey, 80% of those with a drug/alcohol problem, against a comparator of 71%, said they had received help and 87%, against a comparator of 77%, said the help/intervention was useful.
- 9.64 Following benchmarking, the CARAT team had increased to a part-time manager and 4.5 workers from the local drug and alcohol service, WGCADA, as well as three officers. Their remit now included compact-based drug testing (CBDT). Appropriate management, supervision and training were in place.
- 9.65 Prisoners saw a CARAT worker during induction and the service was well advertised. Referral patterns showed good links between departments. The service was meeting the annual target of 555 triage assessments and the open caseload stood at 84 clients, with another 32 files suspended. The team's remit excluded on-going work with primary alcohol users, who received in-cell work packs, could access the short alcohol awareness module and attend weekly alcoholics Anonymous groups. However, one-to-one support and an accredited alcohol programme were lacking as Swansea had been unsuccessful in its bid to run the alcohol offending behaviour programme running at two other Welsh prisons.
- 9.66 The CARAT team had introduced the full range of integrated drug treatment system group work modules two months previously and ran two workshops a week. It also provided input into discharge boards and contributed to sentence plans, parole, home detention curfew and release on temporary licence boards, and the service was well integrated into the prison.
- 9.67 A designated CARAT worker linked in with the short duration programme (SDP), which was well established. Since April 2009, 96 prisoners had started and 65 had completed the programme against an annual target of 120 starts and 78 completions. The programme team consisted of a treatment manager employed by the probation service and three officer facilitators. The team had achieved an audit rating of 96%. Participants spoke highly of the support they received, but they did not receive pay while undertaking the SDP, which was not appropriate. Peer support was informal and course participants and facilitators were keen to develop this. There was no drug support wing to complement the work of the course. Those with complex needs were referred to the primary mental health team, the range of interventions including a counselling service.
- 9.68 Prisoners requiring a more intensive drug/alcohol rehabilitation programme could not access this in Wales. Some opted to transfer to a prison in England, but others did not want to break off contact with families and missed this opportunity.
- 9.69 The CARAT team had built up good links with a range of drug intervention programmes, all of which had appointed prison link workers. Problem alcohol users were referred to community alcohol services on release.
- 9.70 CBDT was available to prisoners independent of location. The target of 110 compacts was met and prisoners were tested once a month. Separate compacts were in place for voluntary and incentive-based testing and a new designated CBDT suite had been established.

Recommendations

- 9.71 **The drug strategy policy should include alcohol services and be informed by a needs analysis and detailed action plans and performance measures.**

- 9.72 An appropriate level of services and programmes for prisoners with alcohol problems should be provided.
- 9.73 Prisoners undertaking the short duration programme should be paid appropriately.
- 9.74 A peer support scheme should be developed to offer additional support to prisoners who complete the short duration programme.
- 9.75 A dedicated drug support/drug testing unit should be established where prisoners receive additional support to remain drug-free.
- 9.76 An intensive drug/alcohol rehabilitation programme should be provided for prisoners in Wales.

Children and families of offenders

- 9.77 Visits procedures had remained little changed for some years and did not provide a respectful experience for visitors. It was difficult to book a visit and there was no supportive visitors' centre. Visitors were locked into a cold waiting room with no facilities. Furniture in the visits room did not allow easy contact. Prisoners had to wear bibs despite other security measures. Children's sessions were run and there were some parenting courses. There was no identified children and families pathway lead and services were underdeveloped.
- 9.78 Visits procedures were basically unchanged from those reported at our previous two inspections in 2005 and 2008. Most prisoners were from the local area, which helped them maintain contact with family and friends.
- 9.79 Morning visits were held every day except Monday and Sunday and afternoon visits every day except Friday. Evening visits had been introduced, but had been underused and were no longer offered. Unconvicted and convicted prisoners' access to visits depended on their regime level, which was inappropriate for unconvicted prisoners.
- 9.80 The wrong telephone number for booking visits was given on the visiting order and in the information leaflet for visitors. Although senior managers said photographic identification for visitors was unnecessary, the visiting order, prisoners' information booklet and the visitor information leaflet all said this was a requirement. The visits policy stated that acceptable forms of identification were down to staff discretion, which was unsatisfactory.
- 9.81 Visitors said they were well treated by staff, but many complained about difficulties getting through to the booking line. We could not get through to the booking clerk one afternoon, but managed to speak to him on our third attempt the next morning. There was no facility to leave a number for a return call if the line was engaged and the telephone sometimes simply rang unanswered. There was no opportunity to book visits in person while at the prison. Visits could be booked by email, but not many visitors knew this. We received an acknowledgement of an email sent to the booking clerk 24 hours after sending.
- 9.82 Visits sessions lasted one hour. Two-hour visits could be booked, but two visiting orders had to be used. Visitors booked in at what was called the visitors' centre outside the main gate, but which was simply a booking-in room. It contained bench seating, one toilet and an assortment of prison and local and national information. Visitors were asked to arrive 45 minutes before

the start of their visit, but had to queue outside the prison in view of passers-by and without shelter or access to toilet facilities.

- 9.83 The booking-in room was staffed by operational support grade staff who checked visitors' photographic identification and finger scans and registered first-time visitors on the bio-metric system. Otherwise, first-time visitors were not offered specific information and support and visitors could not talk to staff in private. Visitors had 30 minutes in which to book in before the booking-in room closed about 15 to 30 minutes before each visit session. Anyone arriving 'late' was not allowed into the prison.
- 9.84 Once inside the prison, visitors passed through a search area where they could leave property in a locker. All male visitors had their hand stamped with ultra-violet ink. There was nowhere to place a baby safely while the carer was searched. Visitors could hand property in on weekdays only and we met some unconvicted prisoners who said they could not wear their own clothes as they only had visitors at weekends. An indication by the drug dog resulted in the offer of a closed visit or of leaving. No other security intelligence was required.
- 9.85 Visitors were locked in a cold waiting room beside the visits hall, where some waited for 30 minutes or more. The room had fixed easy seating, although one of the chairs was damaged and dangerous. Visitors said this had been the situation for several months even though they had reported it to staff. A range of prison and local and national information was displayed, but there were no toilets or refreshments and nothing to pass the time. Many young children quickly became bored and fractious. The whole process of entering the prison for visits appeared to be based on the convenience of the prison rather than providing a suitable and respectful experience for visitors.
- 9.86 The visits room could accommodate 17 groups. Prisoners sat on an identified chair across a wide low table, opposite three visitors' chairs. The visitors' chairs were not fixed to the floor, but tied to each other. The atmosphere was relaxed, but the furniture did not allow easy contact between prisoners and visitors. The children's play area was staffed by volunteers, but not in the mornings. A limited choice of refreshments was provided from a staffed refreshment bar, although this was closed on Sundays. Prisoners did not have access to a toilet when in visits. Many visitors said they also could not use the toilet in the visits room, although visits staff said they could. Staff in the visits room were aware of prisoners subject to child and/or public protection protocols.
- 9.87 There were three closed visits facilities. These were not individual closed booths and visits could not be held in private when more than one was in use. Prisoners could not have refreshments when using these facilities, although visitors could.
- 9.88 The reducing reoffending strategy highlighted that 54% of prisoners had children, but only 25% were visited by them. The two main reasons given by prisoners were 'I don't want them to visit' and 'children don't know'. The strategy included a limited action plan for the children and families pathway, but no dates for completion. The plan did not mention some of the services already in place, such as Sure Start courses and family days. It did not describe how the prison planned to address some of the issues highlighted by prisoners and reported in the strategy. There was no named pathway lead or meetings to develop services.
- 9.89 Four children's sessions, open to all prisoners and managed by education, gym staff and staff from statutory and non-statutory agencies in the local community, were held each year during school holidays. These were open to 10 prisoners and their children and could include grandchildren and nephews and nieces. No visiting orders were necessary.

- 9.90 A dads' parenting group, delivered by two Sure Start workers from the local social service department, was held weekly for a six-week course. Prisoners could join at any time. Aimed at prisoners living in the Swansea area, topics included responsible fatherhood, health and sexuality, esteem building and behaviour management. A 10-week parenting skills course facilitated by Barnardo's workers had run each year since 2008. The course was available for up to 10 prisoners, but could only be provided when there was sufficient funding.
- 9.91 Families were not invited to participate in sentence planning, but some had been involved in post-programme reviews for enhanced thinking skills and the short duration programme.
- 9.92 There was no opportunity for prisoners to undertake general relationship counselling with their immediate family and no provision for prisoners to receive incoming calls from children or to deal with arrangements for them.
- 9.93 Release on temporary licence was not used to allow primary carers to keep in touch with their children and there was no family support worker.

Recommendations

- 9.94 All unconvicted prisoners should have equal access to visits.
- 9.95 The visits booking system should be accessible and able to deal with the number of calls it routinely receives.
- 9.96 Closed visits should be authorised only when there is a significant risk justified by security intelligence not just a drug dog or drug test indication.
- 9.97 A well-run and properly equipped visitors' centre should be provided that is open at least one hour before and one hour after the advertised visiting times.
- 9.98 The visits waiting room should be heated and have toilet and refreshment facilities.
- 9.99 Prisoners should not have to wear bibs in the visits rooms.
- 9.100 A supervised play area should be provided during all visits sessions.
- 9.101 Families should be invited to attend sentence planning reviews.
- 9.102 Prisoners should be able to undertake general relationship counselling with their immediate family.
- 9.103 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them.
- 9.104 Release on temporary licence should be used to allow suitable primary carers to keep in contact with their children.
- 9.105 A qualified family support worker should be employed.
- 9.106 Prisoners should have access to toilet facilities during visits.
- 9.107 Prisoners using the closed visits booths should be able to have refreshments.

Housekeeping points

- 9.108 The correct telephone booking number should be included in prisoner information and on the visiting order.
- 9.109 Visitors should be able to hand in property at weekends.
- 9.110 The search area should provide a safe place to lay a baby while the carer is searched.
- 9.111 The damaged seating in the waiting room should be replaced.
- 9.112 All staff, prisoners and visitors should be made aware that photographic identification is unnecessary.
- 9.113 Visitors should be able to book the next visit before the current visit ends.
- 9.114 The furniture in the visits room should be arranged to ensure easy contact between prisoners and their visitors.

Attitudes, thinking and behaviour

- 9.115 There were only two accredited programmes and a need for other interventions had been identified.
- 9.116 There was no recent effective needs analysis but the need to address alcohol-related issues, domestic violence and victim issues had been identified.
- 9.117 There was no named pathway lead for attitudes, thinking and behaviour and no pathway meetings to develop services.
- 9.118 Details of the range of interventions and courses available were published in an interventions and qualifications document, dated January 2009. It included services offered by a variety of staff, including OMU, learning and skills, chaplaincy, CARAT, healthcare and programmes staff. However, the list was out of date and included programmes no longer available such as 'Stop and Think' and the A-Z motivational programme.
- 9.119 The only two accredited courses were enhanced thinking skills (ETS) and the short duration drug programme (see section on drugs and alcohol).
- 9.120 ETS was due to be replaced by the thinking skills programme (TSP) in April 2010. Swansea was committed to running four ETS courses during the financial year, each involving 10 prisoners. There was a target of 32 completions. Thirty-seven prisoners had completed in the current year and 35 prisoners were on the waiting list. A fifth ETS group was planned before the end of the financial year. Prisoners were allocated to ETS according to their earliest release date, although IPPs and life sentenced prisoners who needed the course urgently took priority. A seconded probation officer based in the prison and probation officers from the community facilitated the ETS courses. All prisoners were assessed for their motivation and suitability to attend ETS and could be referred to education for help to improve basic skills when necessary.

- 9.121 Family members, personal officers and offender managers and supervisors were invited to course reviews.

Recommendation

- 9.122 A needs analysis should establish the demand for interventions such as for domestic violence, alcohol and victim awareness, which should be provided if required.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendation	To the director of offender management
----------------------------	---

- | | |
|------|---|
| 10.1 | A regional resettlement/reducing reoffending policy for Wales should be developed to clarify the role of Swansea and other Welsh prisons and ensure effective resettlement provision at Swansea in relation to its changing functions. (HP44) |
|------|---|

Main recommendations	To the governor
-----------------------------	------------------------

- | | |
|------|--|
| 10.2 | Diversity procedures should ensure through regular consultation with prisoners that the needs of minority groups are monitored and met. (HP41) |
| 10.3 | Services for men with disabilities should be improved to include better identification procedures and appropriate individual care plans based on assessed needs. (HP42) |
| 10.4 | Additional activity places should be provided to keep all men purposefully occupied. (HP43) |
| 10.5 | An effective custody/sentence planning process for unconvicted and short-sentenced prisoners should be established. (HP45) |
| 10.6 | A clear strategy for the development of the children and families resettlement pathway should be developed to include a thorough revision of visits arrangements to ensure that families and friends of prisoners have an appropriate and respectful visits experience. (HP46) |

Recommendations	To NOMS
------------------------	----------------

Courts, escorts and transfers

- | | |
|------|--|
| 10.7 | Prisoners should not have to wait in court cells for long periods before being transferred to prison custody and should arrive at the prison before 7pm. (1.5) |
|------|--|

Offender management and planning

- | | |
|------|---|
| 10.8 | Offender managers should ensure that all OASys assessments are up to date and completed to a sufficient quality. (9.41) |
| 10.9 | Offender managers should have regular contact with prisoners to coordinate well and help ensure delivery of the sentence plan. (9.42) |

Recommendations

To the director of offender management

Resettlement pathways

- 10.10 An intensive drug/alcohol rehabilitation programme should be provided for prisoners in Wales. (9.76)
- 10.11 A needs analysis should establish the demand for interventions such as for domestic violence, alcohol and victim awareness, which should be provided if required. (9.122)

Recommendation

To UKBA

Foreign nationals

- 10.12 Foreign national prisoners should be moved to immigration removal centres as soon as their criminal sentence has expired. (4.25)

Recommendations

To the governor

First days in custody

- 10.13 Prisoners should be asked specifically about arrangements for any dependents at the reception board. (1.19)
- 10.14 All prisoners should be given a free telephone call on arrival. (1.20)

Residential units

- 10.15 Two prisoners should not have to share cells designed for one. (2.17)
- 10.16 Unconvicted prisoners should not be required to share cells with convicted prisoners. (2.18)
- 10.17 All cell toilets should be screened. (2.19)
- 10.18 Prisoners should have lockable cupboards for their possessions. (2.20)
- 10.19 All unconvicted prisoners should have the opportunity to launder their personal clothing and be allowed to mix personal and prison-issue clothing. (2.21)

Staff-prisoner relationships

- 10.20 A prisoner council led by a senior manager should be established, with agreed terms of reference and a standard agenda covering all important areas. (2.26)

Personal officers

- 10.21 Personal officers should receive specific training about the scheme and what is required of them, including examples of effective wing file entries, which should include resettlement issues, any relevant family matters and progress with identified resettlement targets. (2.32)

Self-harm and suicide

- 10.22 Recommendations from all death in custody investigations over recent years should be consolidated into a single action plan and reviewed periodically. (3.27)
- 10.23 All staff should receive refresher training in ACCT procedures. (3.28)
- 10.24 There should be better promotion of the Samaritans helpline and prisoners should be able to access it free of charge from landing telephones. (3.29)
- 10.25 Managers should ensure that there are always appropriately trained first aid staff on duty in the prison. (3.30)

Applications and complaints

- 10.26 Senior managers should regularly conduct quality assurance checks on responses to complaints. (3.35)

Faith and religious activity

- 10.27 Appropriate provision should be provided for Muslim and Buddhist prisoners. (3.46)

Substance use

- 10.28 Prisoners undergoing stabilisation/detoxification should be located in designated cells that allow for unrestricted observation. (3.55)

Diversity

- 10.29 The diversity policy and action plans should be based on a needs analysis of the population and should reflect the needs of older prisoners, Gypsy and Traveller groups and issues of sexuality. (4.5)

Race equality

- 10.30 More race equality representatives should be appointed and encouraged to attend diversity meetings. (4.12)
- 10.31 Black and minority ethnic prisoner groups should be established and reasons behind negative perceptions about treatment discussed and addressed. (4.13)
- 10.32 There should be wider promotion of race and cultural diversity and recognition of events such as black history month. (4.14)

- 10.33 Interventions for challenging racism and protecting victims of racist bullying should be established. (4.15)
- 10.34 Alternative arrangements for quality assurance should be established to ensure that all racist incident report forms are independently checked regularly. (4.16)

Foreign nationals

- 10.35 The prison should establish links with an independent immigration advice agency to assist immigration detainees and other foreign national prisoners. (4.24)

Disability

- 10.36 The disability liaison officer should have training for the role, including in the legal obligations under the Disability Discrimination Act. (4.31)
- 10.37 Reasonable adjustments should be made on all residential units to meet the needs of prisoners with disabilities and mobility problems. (4.32)
- 10.38 Officers should assist prisoners in wheelchairs. (4.33)
- 10.39 Prisoners with disabilities and older prisoners who are unable to work should be unlocked during the core day. (4.34)

Older prisoners

- 10.40 Prisoners who are unable to work due to age should receive more than basic unemployment pay. (4.37)

Health services

- 10.41 There should be an up-to-date health needs assessment, including a mental health analysis, that reflects the needs of the prison population. (5.53)
- 10.42 The two prisoner healthcare waiting rooms and toilet should be refurbished. (5.54)
- 10.43 The flooring in the treatment room on A/B wing should meet current infection control standards. (5.55)
- 10.44 All entries in clinical records should be complete and legible and staff signatures and designations should be legible and in line with NMC standards for record-keeping. (5.56)
- 10.45 The policy for untoward incidents and complaints should be updated and all incidents and complaints regularly reviewed and steps taken to increase the reporting of, and learning from, incidents and complaints. (5.57)
- 10.46 All healthcare sections of self-harm reports and use of force documents should be completed fully and clearly to ensure proper recording in line with NMC standards for record-keeping. (5.58)
- 10.47 There should be a clinical audit programme to inform service improvement for patients. (5.59)

- 10.48 Triage protocols should be dated and appropriately evidenced. (5.60)
- 10.49 There should be a policy for testing for blood-borne viruses. (5.61)
- 10.50 Prisoners who cannot speak or understand English well should have access to professional interpreting services for all healthcare consultations regardless of location. (5.62)
- 10.51 A health promotion strategy should be developed, including more displays of promotional material around the prison and oral health. (5.63)
- 10.52 Links should be strengthened with the gym to enable prescription-based exercise referrals. (5.64)
- 10.53 The reception screening should be completed fully to ensure prisoners' health needs are identified early. (5.65)
- 10.54 The healthcare application system should be revised to ensure that prisoners have swifter access to GPs, who they can see on request. (5.66)
- 10.55 More frequent optician clinics should be provided to ensure urgent needs are met. (5.67)
- 10.56 Medication administration charts should be appropriately and fully completed. (5.68)
- 10.57 The timing of medication rounds should enable clinically effective intervals between doses. (5.69)
- 10.58 Controlled drug cabinets should be secured to the wall in line with current legislation. (5.70)
- 10.59 Dosages on prescription charts should be written to reflect the dose denominations of tablets to reduce need for manual dosage calculation. (5.71)
- 10.60 All dental records should include medical history, basic periodontal assessment and oral cancer screening. (5.72)
- 10.61 Dental staff should routinely consult the core clinical records. (5.73)
- 10.62 The dental chair unit should be replaced and include an amalgam separator. (5.74)
- 10.63 External hospital appointments should be cancelled only in exceptional circumstances. (5.75)
- 10.64 Patients waiting for secure beds under the Mental Health Act should not experience long delays. (5.76)

Learning and skills and work activities

- 10.65 Induction procedures should be improved to ensure that all prisoners understand what opportunities are available to them. (6.25)
- 10.66 The systems for screening and assessing learning needs during induction should better inform the planning of teaching, learning and support for prisoners. (6.26)
- 10.67 The allocations system should take account of prisoners' existing education and work experience and sentence planning requirements. (6.27)

- 10.68 Prisoners with advanced skills should have adequate opportunities for further progression. (6.28)
- 10.69 There should be effective strategies to promote use of the Welsh language. (6.29)
- 10.70 Effective systems for collecting and analysing learning and skills data should be introduced. (6.30)

Time out of cell

- 10.71 Prisoners should be able to return to their cells to smoke or use the toilet during association periods without removing themselves from association for the entire period. (6.42)
- 10.72 Prisoners should be given the opportunity for at least one hour of exercise in the open air every day. (6.43)

Security and rules

- 10.73 All key functions should regularly attend the security committee. (7.9)
- 10.74 There should be specific guidance within the local security strategy about the arrangements for strip searching, including when squat searching is allowed, with the requirement of authority from an appropriate manager. Such searching should be recorded and regularly reviewed by senior managers. (7.10)

Discipline

- 10.75 Video cameras should be used to record all planned interventions. (7.24)
- 10.76 Prisoners relocating to the segregation unit should be strip searched only if a risk assessment indicates it is necessary. (7.25)
- 10.77 Subject to risk assessment, prisoners located in the segregation unit for reasons other than punishment should have access to off-unit activities such as workshops and education. (7.26)

Incentives and earned privileges

- 10.78 Prisoners should be able to buy as much telephone credit as their spends limit allows, regardless of regime level. (7.34)
- 10.79 There should be periodic analysis of incentives and earned privileges data, such as by location and age, to detect and respond to emerging patterns and trends and inform annual reviews of the scheme. (7.35)

Catering

- 10.80 Black and minority ethnic prisoners should be consulted about the food and efforts made to ensure it meets more diverse cultural preferences. (8.7)

Prison shop

- 10.81 A suitable range of items to meet the needs of black and minority ethnic prisoners should be provided for sale. (8.11)

Strategic management of resettlement

- 10.82 The reducing reoffending policy should be based on an up-to-date needs analysis and should include a strategy for action for each of the reducing reoffending pathways and a named lead. (9.9)
- 10.83 All members of the resettlement policy committee should be represented at meetings. (9.10)
- 10.84 The prison should regularly bring together voluntary and community sector groups providing services to review their contribution to the development of the reducing reoffending strategy. (9.11)

Offender management and planning

- 10.85 Case records should contain up-to-date information on the work done with prisoners and the on-going contact with offender supervisors. (9.43)
- 10.86 Good quality risk management plans should be produced in all relevant cases. (9.44)
- 10.87 Assessments of the risk of harm to others should draw on all available sources of evidence and, where relevant, should be effectively communicated to other staff involved with the prisoner. (9.45)

Resettlement pathways

- 10.88 A specialist advice and guidance service should be provided to help prepare prisoners for work, training or education after release. (9.59)
- 10.89 Prisoners should be given relevant and appropriate help to improve their job hunting skills during the pre-release course. (9.60)
- 10.90 The drug strategy policy should include alcohol services and be informed by a needs analysis and detailed action plans and performance measures. (9.71)
- 10.91 An appropriate level of services and programmes for prisoners with alcohol problems should be provided. (9.72)
- 10.92 Prisoners undertaking the short duration programme should be paid appropriately. (9.73)
- 10.93 A peer support scheme should be developed to offer additional support to prisoners who complete the short duration programme. (9.74)
- 10.94 A dedicated drug support/drug testing unit should be established where prisoners receive additional support to remain drug-free. (9.75)

- 10.95 All unconvicted prisoners should have equal access to visits. (9.94)
- 10.96 The visits booking system should be accessible and able to deal with the number of calls it routinely receives. (9.95)
- 10.97 Closed visits should be authorised only when there is a significant risk justified by security intelligence not just a drug dog or drug test indication. (9.96)
- 10.98 A well-run and properly equipped visitors' centre should be provided that is open at least one hour before and one hour after the advertised visiting times. (9.97)
- 10.99 The visits waiting room should be heated and have toilet and refreshment facilities. (9.98)
- 10.100 Prisoners should not have to wear bibs in the visits rooms. (9.99)
- 10.101 A supervised play area should be provided during all visits sessions. (9.100)
- 10.102 Families should be invited to attend sentence planning reviews. (9.101)
- 10.103 Prisoners should be able to undertake general relationship counselling with their immediate family. (9.102)
- 10.104 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.103)
- 10.105 Release on temporary licence should be used to allow suitable primary carers to keep in contact with their children. (9.104)
- 10.106 A qualified family support worker should be employed. (9.105)
- 10.107 Prisoners should have access to toilet facilities during visits. (9.106)
- 10.108 Prisoners using the closed visits booths should be able to have refreshments. (9.107)

Housekeeping points

Bullying and violence reduction

- 10.109 The violence reduction strategy document should be updated to reflect current practice. (3.13)

Health services

- 10.110 Handtowels should be available next to all hand basins. (5.77)
- 10.111 The camera in the treatment room in healthcare should be removed. (5.78)
- 10.112 Health promotion material should be made available in healthcare areas and displayed throughout the prison. (5.79)
- 10.113 The door to the reception healthcare room should close properly to ensure patient confidentiality. (5.80)

- 10.114 Clinical records retained outside healthcare in the prison should be stored securely adhering to confidentiality requirements and monitored by the Caldicott Guardian. (5.81)
- 10.115 Resuscitation kits should be reviewed to ensure that only in date and essential items are included. (5.82)
- 10.116 Healthcare application forms should be collected daily from the wings. (5.83)
- 10.117 'Ready specs' should be provided. (5.84)
- 10.118 The fridge temperature range should be reset after daily checks are completed. (5.85)
- 10.119 There should be consistent recording of cleaning and calibration of methadone measuring equipment. (5.86)
- 10.120 In-possession risk assessment should be attached to medication administration charts. (5.87)
- 10.121 The use of diazepam for detoxification/withdrawal regimes should be reviewed. (5.88)
- 10.122 There should be early consideration of dental surgery layout, including cross-infection measures and provision of a washer/disinfector, to ensure compliance with anticipated statutory regulations. (5.89)

Learning and skills and work activities

- 10.123 The library should have an effective issues and returns system to minimise book losses. (6.31)

Time out of cell

- 10.124 Prisoners should be provided with an outdoor jacket to wear during exercise in the open air. (6.44)

Discipline

- 10.125 There should be clear criteria for prisoners having in-cell televisions in the segregation unit. (7.27)
- 10.126 A member of the Independent Monitoring Board should be invited to all segregation unit review boards. (7.28)

Incentives and earned privileges

- 10.127 Targets for prisoners on basic should provide clear guidance as to what they must do to achieve standard. (7.36)

Resettlement pathways

- 10.128 The correct telephone booking number should be included in prisoner information and on the visiting order. (9.108)

- 10.129 Visitors should be able to hand in property at weekends. (9.109)
- 10.130 The search area should provide a safe place to lay a baby while the carer is searched. (9.110)
- 10.131 The damaged seating in the waiting room should be replaced. (9.111)
- 10.132 All staff, prisoners and visitors should be made aware that photographic identification is unnecessary. (9.112)
- 10.133 Visitors should be able to book the next visit before the current visit ends. (9.113)
- 10.134 The furniture in the visits room should be arranged to ensure easy contact between prisoners and their visitors. (9.114)

Good practice

Bullying and violence reduction

- 10.135 The development of the safer custody team ensured effective support for prisoners at risk. (3.14)

Substance use

- 10.136 The local community justice intervention team's clinical service provided weekly clinics to assess opiate-dependent prisoners and helped instigate appropriate individual treatment regimes that were continued on release. (3.56)
- 10.137 The provision of a dedicated clinic offering health promotion advice, brief interventions and GP referral for prisoners with alcohol problems provided helpful support for those prisoners. (3.57)

Health services

- 10.138 The expert patient programme was a very useful way of enabling prisoners to take responsibility for their own health by supporting and educating their peers using their own experiences of chronic disease management. (5.90)
- 10.139 The counselling service including access to cognitive behavioural therapy allowed prisoners to access talking therapy and to learn a set of coping strategies sustainable beyond their sentence. (5.91)
- 10.140 The therapeutic day services provided a positive and broad set of interventions, including music, art, life skills and anger and anxiety management, which helped prisoners with mental health problems cope with life in the prison. (5.92)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Hayley Folland	Inspector
Martin Owens	Inspector

Healthcare

Nicola Rabjohns	Healthcare inspector
Sigrid Engelen	Drugs inspector
John Reynolds	Dental inspector
Sue Melvin	Pharmacy inspector

Estyn

Rachael Bubalo
Alun Connick
Eleanor Davies

HMI Probation

Joe Simpson

Appendix II: Prison population profile²

Population breakdown by:

Status	21 and over	%
Sentenced	260	
Recall	36	
Convicted unsentenced	53	
Remand	47	
Civil prisoners		
Detainees	4	
Total	400	

Sentence	21 and over	%
Unsentenced	100	
Less than 6 months	48	
6 months to less than 12 months	20	
12 months to less than 2 years	66	
2 years to less than 4 years	99	
4 years to less than 10 years	49	
10 years and over (not life)	2	
ISPP	7	
LIFE	9	
Total	400	

Age	Number of prisoners	%
Minimum age	21	
Under 21 years	0	
21 years to 29 years	185	
30 years to 39 years	120	
40 years to 49	61	
50 years to 59 years	8	
60 years to 69 years	2	
70 plus years	3	
Maximum age	77	
Total	400	

Nationality	21 and over	%
British	376	
Foreign nationals	24	
Total	400	

² Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Nationality	21 and over	%
Hindu	0	
Buddhist	4	
Jewish	0	
Other	157	
No religion	239	
Total	400	

Sentenced prisoners only

Length of stay	21 and over	%
	Number	%
< than 1 month	2	
1 month to 3 months	10	
3 months to 6 months	35	
6 months to 1 year	23	
1 year to 2 years	66	
2 years to 4 years	99	
4 years or more	60	
Total	295	

Unsentenced prisoners only

Length of stay	21 and over	%
	Number	%
< than 1 month		
1 month to 3 months		
3 months to 6 months	No IQ report	
6 months to 1 year		
1 year to 2 years		
2 years to 4 years		
4 years or more		
Total		

Main offence	21 and over	%
Violence against the person	74	
Sexual offences	0	
Burglary	68	
Robbery	18	
Theft and handling	20	
Fraud and forgery	3	
Drugs offences	73	
Other offences	142	
Civil offences	0	
Offence not recorded/holding warrant	2	
Total	400	

Security category	21 and over	%
Uncategorised unsentenced	135	
Uncategorised sentenced	58	
Cat A	0	
Cat B	10	
Cat c	185	
Cat D	12	
Other	0	
Total	400	

Ethnicity	21 and over	%
White		
British	374	
Irish	1	
Other white	1	
Mixed		
White and black Caribbean	3	
White and black African	0	
White and Asian	1	
Other mixed	2	
Asian or Asian British		
Indian	2	
Pakistani	1	
Bangladeshi	2	
Other Asian	3	
Black or black British		
Caribbean	2	
African	4	
Other black	1	
Chinese or other ethnic group		
Chinese	2	
Other ethnic group	1	
Not stated	0	
Total	400	

Religion	21 and over	%
Baptist	1	
Church of England	57	
Roman Catholic	42	
Other Christian denominations	52	
Muslim	8	
Sikh	2	

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 5 January 2010, the prisoner population at HMP Swansea was 363. The sample size was 124. Overall, this represented 34% of the prisoner population.

Selecting the sample

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

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire. Interviews are carried out with any respondents with literacy difficulties. In this instance, no interviews were required.

Methodology

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

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:
have their questionnaire ready to hand back to a member of the research team at a specified time

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

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

Response rates

In total, 115 respondents completed and returned their questionnaires. This represented 32% of the prison population. The response rate was 93%. In addition to the three respondents who refused to complete a questionnaire, four questionnaires were not returned and two were returned blank.

Comparisons

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

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

The following analyses have been conducted:

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

In addition to the main prisoner survey, an offender management survey was distributed to a small sample of prisoners, randomly selected from the total population of prisoners who fall in scope under offender management. The following analyses have been conducted:

- The current survey responses against comparator figures for all (in scope) prisoners surveyed in local prisons. This comparator is based on all responses from offender management surveys carried out in eleven local prisons
- The current survey responses against comparator figures for all (in scope) prisoners surveyed across all prisons. This comparator is based on all responses from surveys carried out in thirty-three prisons of varying functional type

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

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys.

However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

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

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

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

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	1%
	<i>21 - 29</i>	45%
	<i>30 - 39</i>	32%
	<i>40 - 49</i>	17%
	<i>50 - 59</i>	4%
	<i>60 - 69</i>	0%
	<i>70 and over</i>	0%
Q1.3	Are you sentenced?	
	<i>Yes</i>	67%
	<i>Yes - on recall</i>	8%
	<i>No - awaiting trial</i>	16%
	<i>No - awaiting sentence</i>	10%
	<i>No - awaiting deportation</i>	0%
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	25%
	<i>Less than 6 months</i>	10%
	<i>6 months to less than 1 year</i>	11%
	<i>1 year to less than 2 years</i>	11%
	<i>2 years to less than 4 years</i>	21%
	<i>4 years to less than 10 years</i>	17%
	<i>10 years or more</i>	1%
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	4%
	<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>	28%
	<i>6 months or less</i>	36%
	<i>More than 6 months</i>	36%
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	13%
	<i>1 to less than 3 months</i>	25%
	<i>3 to less than 6 months</i>	18%
	<i>6 to less than 12 months</i>	26%
	<i>12 months to less than 2 years</i>	13%
	<i>2 to less than 4 years</i>	3%
	<i>4 years or more</i>	2%
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	5%
	<i>No</i>	95%
Q1.8	Is English your first language?	
	<i>Yes</i>	94%
	<i>No</i>	6%

Q1.9	What is your ethnic origin?		
	<i>White - British</i>	86%	<i>Asian or Asian British - Bangladeshi</i> 1%
	<i>White - Irish</i>	2%	<i>Asian or Asian British - other</i> 1%
	<i>White - other</i>	3%	<i>Mixed race - white and black Caribbean</i> 4%
	<i>Black or black British - Caribbean</i>	0%	<i>Mixed race - white and black African</i> 2%
	<i>Black or black British - African</i>	0%	<i>Mixed race - white and Asian</i> 0%
	<i>Black or black British - other</i>	0%	<i>Mixed race - other</i> 1%
	<i>Asian or Asian British - Indian</i>	0%	<i>Chinese</i> 0%
	<i>Asian or Asian British - Pakistani</i>	1%	<i>Other ethnic group</i> 1%

Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?	
	<i>Yes</i>	3%
	<i>No</i>	97%

Q1.11	What is your religion?		
	<i>None</i>	47%	<i>Hindu</i> 2%
	<i>Church of England</i>	26%	<i>Jewish</i> 0%
	<i>Catholic</i>	15%	<i>Muslim</i> 4%
	<i>Protestant</i>	1%	<i>Sikh</i> 0%
	<i>Other Christian denomination</i>	3%	<i>Other</i> 4%
	<i>Buddhist</i>	0%	

Q1.12	How would you describe your sexual orientation?	
	<i>Heterosexual/straight</i>	96%
	<i>Homosexual/gay</i>	1%
	<i>Bisexual</i>	3%
	<i>Other</i>	0%

Q1.13	Do you consider yourself to have a disability?	
	<i>Yes</i>	23%
	<i>No</i>	77%

Q1.14	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	21%	9%	32%	38%

Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?		
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	65%	26%	8%

Q1.16	Do you have any children under the age of 18?	
	<i>Yes</i>	59%
	<i>No</i>	41%

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?	8%	46%	11%	21%	8%	5%	1%
Your personal safety during the journey?	10%	58%	12%	11%	6%	3%	1%
The comfort of the van?	2%	6%	16%	36%	38%	1%	1%
The attention paid to your health needs?	5%	25%	29%	19%	13%	2%	7%
The frequency of toilet breaks?	5%	14%	15%	13%	27%	1%	25%

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>
	46%	35%	14%	3%	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>
	18%	50%	18%	6%	4%	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?	75%	22%	3%
Before you arrived here did you receive any written information about what would happen to you?	19%	79%	2%
When you first arrived here did your property arrive at the same time as you?	89%	7%	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>Didn't ask about any of these</i>	8%	<i>Money worries</i>	33%
<i>Loss of property</i>	23%	<i>Feeling depressed or suicidal</i>	73%
<i>Housing problems</i>	49%	<i>Health problems</i>	70%
<i>Contacting employers</i>	18%	<i>Needing protection from other prisoners</i>	29%
<i>Contacting family</i>	63%	<i>Accessing phone numbers</i>	62%
<i>Ensuring dependants were being looked after</i>	29%	<i>Other</i>	5%

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

<i>Didn't have any problems</i>	28%	<i>Money worries</i>	27%
<i>Loss of property</i>	8%	<i>Feeling depressed or suicidal</i>	22%
<i>Housing problems</i>	26%	<i>Health problems</i>	32%
<i>Contacting employers</i>	4%	<i>Needing protection from other prisoners</i>	5%
<i>Contacting family</i>	22%	<i>Accessing phone numbers</i>	21%
<i>Ensuring dependants were looked after</i>	5%	<i>Other</i>	3%

Q3.3 Please answer the following questions about reception:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Were you seen by a member of health services?	96%	3%	2%
When you were searched, was this carried out in a respectful way?	87%	11%	2%

Q3.4	Overall, how well did you feel you were treated in reception?	<i>Very well</i> 26%	<i>Well</i> 51%	<i>Neither</i> 18%	<i>Badly</i> 4%	<i>Very badly</i> 1%	<i>Don't remember</i> 0%
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)						
	<i>Information about what was going to happen to you.....</i>						82%
	<i>Information about what support was available for people feeling depressed or suicidal.....</i>						79%
	<i>Information about how to make routine requests.....</i>						74%
	<i>Information about your entitlement to visits.....</i>						69%
	<i>Information about health services.....</i>						75%
	<i>Information about the chaplaincy.....</i>						72%
	<i>Not offered anything.....</i>						9%
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)						
	<i>A smokers/non-smokers pack.....</i>						94%
	<i>The opportunity to have a shower.....</i>						53%
	<i>The opportunity to make a free telephone call.....</i>						64%
	<i>Something to eat.....</i>						87%
	<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 to you.)						
	<i>Chaplain or religious leader.....</i>						69%
	<i>Someone from health services.....</i>						85%
	<i>A Listener/Samaritans.....</i>						51%
	<i>Did not meet any of these people.....</i>						8%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?						
	<i>Yes.....</i>						44%
	<i>No.....</i>						56%
Q3.9	Did you feel safe on your first night here?						
	<i>Yes.....</i>						84%
	<i>No.....</i>						10%
	<i>Don't remember.....</i>						6%
Q3.10	How soon after your arrival did you go on an induction course?						
	<i>Have not been on an induction course.....</i>						15%
	<i>Within the first week.....</i>						72%
	<i>More than a week.....</i>						5%
	<i>Don't remember.....</i>						9%
Q3.11	Did the induction course cover everything you needed to know about the prison?						
	<i>Have not been on an induction course.....</i>						15%
	<i>Yes.....</i>						65%
	<i>No.....</i>						8%
	<i>Don't remember.....</i>						12%

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	19%	39%	14%	19%	4%	6%
	Attend legal visits?	22%	49%	14%	4%	1%	10%
	Obtain bail information?	13%	31%	18%	7%	7%	23%
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						8%
	<i>Yes</i>						43%
	<i>No</i>						49%
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
				<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
	Are you normally offered enough clean, suitable clothes for the week?			62%	33%	4%	2%
	Are you normally able to have a shower every day?			83%	13%	3%	1%
	Do you normally receive clean sheets every week?			93%	3%	4%	1%
	Do you normally get cell cleaning materials every week?			83%	14%	2%	1%
	Is your cell call bell normally answered within five minutes?			62%	30%	7%	2%
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?			75%	24%	1%	1%
	Can you normally get your stored property if you need to?			44%	27%	23%	6%
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%	25%	25%	27%	21%	
Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet</i>						1%
	<i>Yes</i>						38%
	<i>No</i>						61%
Q4.6	Is it easy or difficult to get:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	A complaint form	49%	40%	6%	0%	0%	5%
	An application form	49%	45%	3%	1%	0%	3%
Q4.7	Have you made an application?						
	<i>Yes</i>						83%
	<i>No</i>						17%
Q4.8	Please answer the following questions concerning applications: (If you have not made an application please tick the 'not made one' option.)						
				<i>Not made one</i>	<i>Yes</i>	<i>No</i>	
	Do you feel <i>applications</i> are dealt with fairly?			17%	64%	19%	
	Do you feel <i>applications</i> are dealt with promptly (within seven days)?			18%	63%	20%	
Q4.9	Have you made a complaint?						
	<i>Yes</i>						22%
	<i>No</i>						78%

Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)	<i>Not made one</i>	Yes	No			
	Do you feel <i>complaints</i> are dealt with fairly?	77%	11%	12%			
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	77%	14%	9%			
	Were you given information about how to make an appeal?	58%	28%	14%			
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison? <i>Not made a complaint</i> 78% <i>Yes</i> 6% <i>No</i> 16%						
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
		36%	6%	22%	20%	11%	4%
Q4.13	What level of the IEP scheme are you on now? <i>Don't know what the IEP scheme is</i> 14% <i>Enhanced</i> 28% <i>Standard</i> 55% <i>Basic</i> 3% <i>Don't know</i> 1%						
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme? <i>Don't know what the IEP scheme is</i> 14% <i>Yes</i> 62% <i>No</i> 14% <i>Don't know</i> 10%						
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour? <i>Don't know what the IEP scheme is</i> 14% <i>Yes</i> 58% <i>No</i> 20% <i>Don't know</i> 8%						
Q4.16	Please answer the following questions about this prison?		Yes	No			
	In the last six months have any members of staff physically restrained you (C&R)?		5%	95%			
	In the last six months have you spent a night in the segregation/care and separation unit?		12%	88%			

Q4.17	Please answer the following questions about your religious beliefs?	Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	56%	9%	34%
	Are you able to speak to a religious leader of your faith in private if you want to?	59%	9%	32%
Q4.18	Can you speak to a Listener at any time if you want to?			<i>Don't know</i>
	Yes			14%
	85%	No		
		2%		
Q4.19	Please answer the following questions about staff in this prison?		Yes	No
	Is there a member of staff you can turn to for help if you have a problem?		85%	15%
	Do most staff treat you with respect?		89%	11%

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?			
	Yes.....	19%		
	No.....	81%		
Q5.2	Do you feel unsafe in this prison at the moment?			
	Yes.....	7%		
	No.....	93%		
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	83%	<i>At mealtimes</i>	5%
	<i>Everywhere</i>	4%	<i>At health services</i>	3%
	<i>Segregation unit</i>	4%	<i>Visit's area</i>	3%
	<i>Association areas</i>	9%	<i>In wing showers</i>	8%
	<i>Reception area</i>	1%	<i>In gym showers</i>	4%
	<i>At the gym</i>	3%	<i>In corridors/stairwells</i>	5%
	<i>In an exercise yard</i>	9%	<i>On your landing/wing</i>	6%
	<i>At work</i>	4%	<i>In your cell</i>	3%
	<i>During movement</i>	6%	<i>At religious services</i>	0%
	<i>At education</i>	4%		
Q5.4	Have you been victimised by another prisoner or group of prisoners here?			
	Yes.....	9%		
	No.....	91%		
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)			
	<i>Insulting remarks (about you or your family or friends)</i>	4%	<i>Because of your sexuality</i>	3%
	<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>	2%	<i>Because of your age</i>	0%
	<i>Because of drugs</i>	2%	<i>Being from a different part of the country than others</i>	1%
	<i>Having your canteen/property taken</i>	2%	<i>Because of your offence/crime</i>	2%
	<i>Because you were new here</i>	0%	<i>Because of gang related issues</i>	2%

Q5.6	Have you been victimised by a member of staff or group of staff here?					
	Yes.....	15%				
	No.....	85%				
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)					
	<i>Insulting remarks (about you or your family or friends).....</i>	5%	<i>Because you have a disability.....</i>	1%		
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	4%	<i>Because of your religion/religious beliefs.....</i>	2%		
	<i>Sexual abuse.....</i>	0%	<i>Because of your age.....</i>	1%		
	<i>Because of your race or ethnic origin.....</i>	4%	<i>Being from a different part of the country than others.....</i>	1%		
	<i>Because of drugs.....</i>	6%	<i>Because of your offence/crime.....</i>	4%		
	<i>Because you were new here.....</i>	4%	<i>Because of gang related issues.....</i>	2%		
	<i>Because of your sexuality.....</i>	1%				
Q5.8	If you have been victimised by prisoners or staff, did you report it?					
	<i>Not been victimised.....</i>					81%
	Yes.....					5%
	No.....					14%
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes.....					11%
	No.....					89%
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes.....					13%
	No.....					87%
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>
	7%	14%	13%	8%	15%	44%

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	14%	12%	34%	14%	21%	5%
	The nurse	12%	23%	47%	7%	7%	3%
	The dentist	17%	5%	16%	8%	36%	19%
	The optician	32%	4%	14%	12%	19%	19%
Q6.2	Are you able to see a pharmacist?						
	Yes.....						69%
	No.....						31%
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	19%	17%	29%	17%	13%	6%
	The nurse	19%	20%	30%	16%	12%	4%
	The dentist	31%	19%	21%	13%	10%	6%
	The optician	47%	9%	12%	19%	7%	7%
Q6.4	What do you think of the overall quality of the health services here?						
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	
	12%	10%	42%	12%	19%	5%	

Q6.5	Are you currently taking medication?			
	Yes.....			50%
	No.....			50%
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>			50%
	Yes.....			26%
	No.....			24%
Q6.7	Do you feel you have any emotional well-being/mental health issues?			
	Yes.....			37%
	No.....			63%
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	<i>Do not have any issues/not receiving any help</i>			74%
	Doctor.....			20%
	Nurse.....			12%
	Psychiatrist.....			9%
	Mental health in-reach team.....			7%
	Counsellor.....			7%
	Other.....			4%
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	66%	34%	
	Alcohol	43%	57%	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes.....			6%
	No.....			94%
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes.....			64%
	No.....			8%
	<i>Did not/do not have a drug or alcohol problem</i>			28%
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem while in this prison?			
	Yes.....			58%
	No.....			15%
	<i>Did not/do not have a drug or alcohol problem</i>			28%
Q6.13	Was the intervention or help you received while in this prison, helpful?			
	Yes.....			50%
	No.....			7%
	<i>Did not have a problem/have not received help</i>			43%
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Drugs	17%	54%	29%
	Alcohol	12%	68%	20%

Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	Yes.....	39%
	No.....	13%
	N/A.....	48%

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	48%
	Vocational or skills training.....	9%
	Education (including basic skills).....	21%
	Offending behaviour programmes.....	11%
	Not involved in any of these	40%

Q7.2	If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	34%	37%	24%	5%
	Vocational or skills training	49%	29%	15%	7%
	Education (including basic skills)	40%	39%	16%	5%
	Offending behaviour programmes	47%	36%	11%	7%

Q7.3	How often do you go to the library?	
	Don't want to go	17%
	Never.....	22%
	Less than once a week	22%
	About once a week.....	25%
	More than once a week.....	13%
	Don't know.....	3%

Q7.4	On average how many times do you go to the gym each week?						
	Don't want to go	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	24%	18%	3%	8%	39%	5%	4%

Q7.5	On average how many times do you go outside for exercise each week?					
	Don't want to go	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	29%	18%	20%	18%	11%	4%

Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	Less than 2 hours.....	27%
	2 to less than 4 hours.....	15%
	4 to less than 6 hours.....	13%
	6 to less than 8 hours.....	11%
	8 to less than 10 hours.....	16%
	10 hours or more.....	13%
	Don't know.....	4%

Q7.7	On average, how many times do you have association each week?					
	Don't want to go	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	5%	1%	8%	30%	54%	3%

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	7%
	<i>Never</i>	13%
	<i>Rarely</i>	21%
	<i>Some of the time</i>	27%
	<i>Most of the time</i>	18%
	<i>All of the time</i>	14%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	44%
	<i>In the first week</i>	33%
	<i>More than a week</i>	9%
	<i>Don't remember</i>	14%
Q8.2	How helpful do you think your personal officer is?	
	<i>Do not have a personal officer/ still have not met him/her</i>	
	<i>Very helpful</i>	
	<i>Helpful</i>	
	<i>Neither</i>	
	<i>Not very helpful</i>	
	<i>Not at all helpful</i>	
	45%	18%
	28%	8%
	1%	0%
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	26%
	<i>Yes</i>	41%
	<i>No</i>	33%
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	60%
	<i>Very involved</i>	15%
	<i>Involved</i>	8%
	<i>Neither</i>	6%
	<i>Not very involved</i>	5%
	<i>Not at all involved</i>	6%
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>	61%
	<i>Yes</i>	34%
	<i>No</i>	6%
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>	60%
	<i>Yes</i>	22%
	<i>No</i>	18%
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%
	<i>Yes</i>	32%
	<i>No</i>	41%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	24%
	<i>No</i>	76%

Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....				21%
	No.....				73%
	Don't know.....				6%
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....				15%
	No.....				81%
	Don't know.....				4%
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				7%
	Yes.....				39%
	No.....				49%
	Don't remember.....				5%
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	8%	50%	40%	2%	0%
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>				28%
	Very well.....				18%
	Well.....				31%
	Neither.....				10%
	Badly.....				5%
	Very badly.....				6%
	Don't know.....				2%
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	Yes.....				47%
	No.....				53%
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)				
	<i>Don't know who to contact</i>	42%	<i>Help with your finances in preparation for release</i>	36%	
	<i>Maintaining good relationships</i>	21%	<i>Claiming benefits on release</i>	52%	
	<i>Avoiding bad relationships</i>	19%	<i>Arranging a place at college/continuing education on release</i>	22%	
	<i>Finding a job on release</i>	33%	<i>Continuity of health services on release</i>	31%	
	<i>Finding accommodation on release</i>	47%	<i>Opening a bank account</i>	22%	
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)				
	<i>No problems</i>	38%	<i>Help with your finances in preparation for release</i>	32%	
	<i>Maintaining good relationships</i>	18%	<i>Claiming benefits on release</i>	38%	
	<i>Avoiding bad relationships</i>	22%	<i>Arranging a place at college/continuing education on release</i>	20%	
	<i>Finding a job on release</i>	46%	<i>Continuity of health services on release</i>	24%	
	<i>Finding accommodation on release</i>	42%	<i>Opening a bank account</i>	32%	

Q8.17

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

<i>Not sentenced</i>	27%
<i>Yes</i>	38%
<i>No</i>	36%

Offender management survey

Section One: About you

Q1	How old are you?	
	<i>Under 21</i>	0
	<i>21 - 29</i>	6
	<i>30 - 39</i>	10
	<i>40 - 49</i>	2
	<i>50 - 59</i>	0
	<i>60 - 69</i>	1
	<i>70 and over</i>	0
Q2	Are you a foreign national? (i.e., do not hold UK citizenship)	
	<i>Yes</i>	2
	<i>No</i>	16
Q3	What is your ethnic origin?	
	<i>White - British</i>	16
	<i>White - Irish</i>	1
	<i>White - other</i>	0
	<i>Black or black British - Caribbean</i>	0
	<i>Black or black British - African</i>	0
	<i>Black or black British - other</i>	1
	<i>Asian or Asian British - Indian</i>	0
	<i>Asian or Asian British - Pakistani</i>	0
	<i>Asian or Asian British - Bangladeshi</i>	0
	<i>Asian or Asian British - other</i>	0
	<i>Mixed heritage - white and black Caribbean</i>	1
	<i>Mixed heritage - white and black African</i>	0
	<i>Mixed heritage - white and Asian</i>	0
	<i>Mixed heritage - other</i>	0
	<i>Chinese</i>	0
	<i>Other ethnic group</i>	0
Q4	Do you consider yourself to have a disability?	
	<i>Yes</i>	1
	<i>No</i>	17
Q6	Are you on recall?	
	<i>Yes</i>	6
	<i>No</i>	13
Q7	If yes, have you been told why you have been recalled?	
	<i>Yes</i>	6
	<i>No</i>	0
Q8	What is the length of your sentence?	
	<i>1 year to less than 2 years</i>	3
	<i>2 years to less than 4 years</i>	7
	<i>4 years to less than 10 years</i>	3
	<i>10 years or more</i>	1
	<i>IPP</i>	4

Q9	Approximately, how long do you have left to serve? (If you are serving an IPP sentence, please use the date of your next review board.)	
	<i>6 months or less</i>	6
	<i>More than 6 months</i>	12

Section Two: Reception and induction

Q10	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Housing problems</i>	7
	<i>Contacting employers</i>	2
	<i>Contacting family</i>	3
	<i>Feeling depressed or suicidal</i>	3
	<i>None of the above problems</i>	9
Q11	If you have answered yes to any of the above, were you helped with that problem within the first 24 hours?	
		<i>Yes</i> <i>No</i>
	Housing problems	0 4
	Contacting employers	0 1
	Contacting family	0 1
	Feeling depressed or suicidal	3 0
Q12	How soon after your arrival did you receive an induction?	
	<i>Did not receive an induction</i>	1
	<i>Within the first week</i>	18
	<i>More than a week</i>	0
Q13	If you have been on an induction, did it cover everything you needed to know about the prison?	
	<i>Yes</i>	15
	<i>No</i>	3
Q14	How soon after your arrival did you receive a 'skills for life' assessment (education assessment?)	
	<i>Did not receive a skills for life assessment</i>	10
	<i>Within the first week</i>	6
	<i>More than a week</i>	3
Q15	How soon after your arrival did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed of suicidal)?	
	<i>Did not receive an interview</i>	4
	<i>Within the first week</i>	13
	<i>More than a week</i>	2

Section Three: Sentence planning

Q16	Do you have a sentence plan?	
	<i>Yes</i>	8
	<i>No</i>	11

If you have answered no to Q16, please go to Section Four

Q17	Were you involved in the development of your sentence plan?	
	<i>Yes</i>	7
	<i>No</i>	0

Q18	Has your sentence plan taken into account your individual needs?	
	Yes.....	7
	No.....	0
Q19	Can you achieve all or some of your sentence plan targets in this prison?	
	Yes.....	7
	No.....	0
Q20	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	Yes.....	4
	No.....	3
Q21	Are there plans for you to achieve all/ some of your sentence plan targets whilst on licence in the community?	
	Yes.....	3
	No.....	2
Q22	Have you had any meetings to discuss your sentence plan while in custody?	
	Yes.....	6
	No.....	1
Q23	If yes, who has attended these meetings? (Please tick all that apply to you.)	
	Offender supervisor	5
	Prison staff from other departments.....	4
	Offender manager	5
	Other agencies.....	2
Q24	If you have had meetings, were these meetings useful to you?	
	Yes	6
	No.....	0

Section Four: Offender manager

Q25	Do you have a named offender manager (home probation officer) in the Probation Service?	
	Yes.....	16
	No.....	3

If you have answered no to Q25, please go to Section 5

Q26	Has your offender manager been in contact with you since you have been in custody?	
	Yes.....	7
	No.....	8
Q27	If yes, what type of contact have you had with your offender manager?	
	Letter.....	4
	Phone	2
	Visit.....	6
Q28	Has your offender manager changed since you have been in custody?	
	Yes.....	5
	No.....	9

Q29	Has your offender manager discussed your sentence plan with you?	
	<i>Do not have a sentence plan</i>	8
	<i>Yes</i>	5
	<i>No</i>	1
Q30	Do you think you have been supported by your offender manager while in custody?	
	<i>Yes</i>	6
	<i>No</i>	8

Section Five: Offender supervisor

Q31	Do you have an offender supervisor within this prison?	
	<i>Yes</i>	10
	<i>No</i>	9

If you have answered no to Q31, please go to Section Six

Q32	How often have you met with your offender supervisor?	
	<i>About every week</i>	2
	<i>About every month or less</i>	6
	<i>Never</i>	1
Q33	Do you think you have been supported by your offender supervisor in this prison?	
	<i>Yes</i>	7
	<i>No</i>	1

Section Six: Your time in custody

Q34	Do any of the below issues need to be considered so that you can take full part in activities in this prison? (Please tick all that apply to you.)	
	<i>No issues</i>	12
	<i>Religion</i>	0
	<i>Race</i>	0
	<i>Disability</i>	0
	<i>Language</i>	0
	<i>Reading/writing skills</i>	1
	<i>Other</i>	1
Q35	If you have answered yes to any of the above, were these difficulties dealt with?	
		<i>Yes</i> <i>No</i>
	Religion	0 0
	Race	0 0
	Disability	0 0
	Language	0 0
	Reading/writing skills	1 0
	Other	0 1

Q36	While in custody which of the following have you been helped with? (Please tick all that apply to you.)	
	<i>Housing</i>	3
	<i>Education/training/employment</i>	4
	<i>Money and debt</i>	1
	<i>Relationships (e.g. family/partner)</i>	1
	<i>Lifestyle (e.g. friendships)</i>	3
	<i>Drug use</i>	5
	<i>Alcohol use</i>	7
	<i>Emotional well-being (e.g. stress, feeling low)</i>	3
	<i>Thinking skills (e.g. acting on impulse)</i>	4
	<i>Attitude to offending</i>	6
	<i>Health</i>	5
	<i>Not had any help</i>	6
Q37	Has anyone done any work with you on basic skills?	
	<i>Yes</i>	5
	<i>No</i>	5
	<i>Don't need it</i>	9
Q38	Has anyone done any work with you on victim awareness?	
	<i>Yes</i>	4
	<i>No</i>	14
Q39	If yes, how useful was the work you received on victim awareness?	
	<i>Very useful</i>	4
	<i>Useful</i>	0
	<i>Neither</i>	0
	<i>Not very useful</i>	0
	<i>Not at all useful</i>	0
Q40	Has any member of staff helped you to address your offending behaviour while in custody?	
	<i>Yes</i>	3
	<i>No</i>	15

Section Seven: Resettlement

Q41	Has any member of staff helped you to prepare for your release while in custody?	
	<i>Yes</i>	4
	<i>No</i>	15
Q42	Do you think you will have a problem with the following on release from custody? (Please tick all that apply to you.)	
	<i>Maintaining/avoiding relationships</i>	7
	<i>Finding a job</i>	10
	<i>Finding accommodation</i>	10
	<i>Money/ finances</i>	6
	<i>Claiming benefits</i>	8
	<i>Arranging a place at college/continuing education</i>	3
	<i>Contacting external drug or alcohol agencies</i>	2
	<i>Accessing healthcare services</i>	0
	<i>Opening a bank account</i>	9
	<i>None of the above problems</i>	5

Q43 If you have answered yes to any of the above, have you had help with any of the following whilst in custody?

	<i>Yes</i>	<i>No</i>
Maintaining/avoiding relationships	2	5
Finding a job on release	0	6
Finding accommodation on release	2	7
Help with your finances in preparation for release	1	3
Claiming benefits on release	3	3
Arranging a place at college/continuing education on release	0	0
Contacting external drug or alcohol agencies on release	1	1
Continuity of healthcare on release	0	0
Opening a bank account	0	5

Q44 Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in the future?

<i>Yes</i>	10
<i>No</i>	8



Prisoner survey responses HMP Swansea 2010

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

Key to tables

		HMP Swansea 2010	Local prisons comparator	HMP Swansea 2010	HMP Swansea 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		115	4098	115	93
SECTION 1: General information					
2	Are you under 21 years of age?	1%	5%	1%	0%
3a	Are you sentenced?	75%	65%	75%	75%
3b	Are you on recall?	8%	11%	8%	
4a	Is your sentence less than 12 months?	20%	17%	20%	25%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	4%	4%	0%
5	Do you have six months or less to serve?	36%	32%	36%	41%
6	Have you been in this prison less than a month?	13%	21%	13%	
7	Are you a foreign national?	5%	14%	5%	11%
8	Is English your first language?	94%	88%	94%	96%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	10%	28%	10%	8%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%	3%	
11	Are you Muslim?	4%	12%	4%	
12	Are you homosexual/gay or bisexual?	4%	3%	4%	
13	Do you consider yourself to have a disability?	23%	20%	23%	
14	Is this your first time in prison?	21%	29%	21%	21%
15	Have you been in more than five prisons this time?	8%	9%	8%	
16	Do you have any children under the age of 18?	59%	55%	59%	69%
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?	54%	50%	54%	56%
1b	Was your personal safety during the journey good/very good?	68%	59%	68%	68%
1c	Was the comfort of the van good/very good?	8%	13%	8%	13%
1d	Was the attention paid to your health needs good/very good?	30%	29%	30%	36%
1e	Was the frequency of toilet breaks good/very good?	19%	15%	19%	16%
2	Did you spend more than four hours in the van?	3%	4%	3%	7%
3	Were you treated well/very well by the escort staff?	68%	66%	68%	71%
4a	Did you know where you were going when you left court or when transferred from another prison?	75%	72%	75%	87%
4b	Before you arrived here did you receive any written information about what would happen to you?	19%	15%	19%	17%
4c	When you first arrived here did your property arrive at the same time as you?	89%	81%	89%	91%

Key to tables

Key to tables		HMP Swansea 2010	Local prisons comparator	HMP Swansea 2010	HMP Swansea 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 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?	23%	12%	23%	
1c	Housing problems?	49%	30%	49%	
1d	Problems contacting employers?	18%	13%	18%	
1e	Problems contacting family?	63%	48%	63%	
1f	Problems ensuring dependants were looked after?	29%	14%	29%	
1g	Money problems?	33%	18%	33%	
1h	Problems of feeling depressed/suicidal?	73%	52%	73%	
1i	Health problems?	71%	62%	71%	
1j	Problems in needing protection from other prisoners?	29%	21%	29%	
1k	Problems accessing phone numbers?	62%	40%	62%	
2	When you first arrived:				
2a	Did you have any problems?	72%	78%	72%	78%
2b	Did you have any problems with loss of property?	8%	13%	8%	2%
2c	Did you have any housing problems?	26%	23%	26%	15%
2d	Did you have any problems contacting employers?	5%	7%	5%	4%
2e	Did you have any problems contacting family?	22%	33%	22%	25%
2f	Did you have any problems ensuring dependants were being looked after?	6%	8%	6%	6%
2g	Did you have any money worries?	27%	24%	27%	29%
2h	Did you have any problems with feeling depressed or suicidal?	22%	22%	22%	22%
2i	Did you have any health problems?	32%	28%	32%	24%
2j	Did you have any problems with needing protection from other prisoners?	6%	9%	6%	6%
2k	Did you have problems accessing phone numbers?	21%	32%	21%	
3a	Were you seen by a member of health services in reception?	96%	87%	96%	93%
3b	When you were searched in reception, was this carried out in a respectful way?	87%	70%	87%	80%
4	Were you treated well/very well in reception?	77%	58%	77%	81%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	82%	43%	82%	52%
5b	Information about what support was available for people feeling depressed or suicidal?	78%	43%	78%	49%
5c	Information about how to make routine requests?	74%	34%	74%	38%
5d	Information about your entitlement to visits?	69%	42%	69%	55%
5e	Information about health services?	75%	46%	75%	
5f	Information about the chaplaincy?	72%	43%	72%	

Key to tables

	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
		HMP Swansea 2010	Local prisons comparator	HMP Swansea 2010	HMP Swansea 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?	94%	83%	94%	75%
6b	The opportunity to have a shower?	53%	34%	53%	26%
6c	The opportunity to make a free telephone call?	64%	54%	64%	56%
6d	Something to eat?	87%	81%	87%	83%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	69%	47%	69%	52%
7b	Someone from health services?	85%	72%	85%	71%
7c	A Listener/Samaritans?	52%	25%	52%	46%
8	Did you have access to the prison shop/canteen within the first 24 hours?	44%	17%	44%	48%
9	Did you feel safe on your first night here?	84%	71%	84%	78%
10	Have you been on an induction course?	85%	75%	85%	75%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	77%	57%	77%	58%
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?	58%	41%	58%	
1b	Attend legal visits?	71%	60%	71%	
1c	Obtain bail information?	44%	24%	44%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	41%	43%	52%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	62%	48%	62%	39%
3b	Are you normally able to have a shower every day?	83%	78%	83%	43%
3c	Do you normally receive clean sheets every week?	93%	80%	93%	92%
3d	Do you normally get cell cleaning materials every week?	84%	60%	84%	88%
3e	Is your cell call bell normally answered within five minutes?	62%	36%	62%	51%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	64%	75%	69%
3g	Can you normally get your stored property, if you need to?	44%	27%	44%	23%
4	Is the food in this prison good/very good?	27%	24%	27%	20%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	38%	42%	38%	37%
6a	Is it easy/very easy to get a complaints form?	89%	79%	89%	76%
6b	Is it easy/very easy to get an application form?	94%	86%	94%	90%
7	Have you made an application?	84%	84%	84%	75%

Key to tables

	Any percent highlighted in green is significantly better.	HMP Swansea 2010	Local prisons comparator	HMP Swansea 2010	HMP Swansea 2005
	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 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	77%	54%	77%	67%
8b	Do you feel applications are dealt with promptly (within seven days)?	76%	47%	76%	57%
9	Have you made a complaint?	22%	45%	22%	47%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	48%	31%	48%	40%
10b	Do you feel complaints are dealt with promptly (within seven days)?	60%	35%	60%	40%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	29%	25%	29%	32%
10c	Were you given information about how to make an appeal?	29%	24%	29%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	29%	25%	29%	53%
13	Are you on the enhanced (top) level of the IEP scheme?	28%	27%	28%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	62%	53%	62%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	58%	44%	58%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	8%	5%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	12%	11%	12%	
13a	Do you feel your religious beliefs are respected?	56%	54%	56%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	56%	59%	51%
14	Are you able to speak to a Listener at any time, if you want to?	85%	60%	85%	63%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	85%	69%	85%	69%
15b	Do most staff, in this prison, treat you with respect?	89%	68%	89%	70%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	19%	41%	19%	26%
2	Do you feel unsafe in this prison at the moment?	7%	19%	7%	
4	Have you been victimised by another prisoner?	9%	23%	9%	15%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	4%	11%	4%	9%
5b	Hit, kicked or assaulted you?	2%	8%	2%	2%
5c	Sexually abused you?	0%	1%	0%	1%
5d	Victimised you because of your race or ethnic origin?	2%	4%	2%	2%
5e	Victimised you because of drugs?	2%	4%	2%	2%
5f	Taken your canteen/property?	2%	5%	2%	2%
5g	Victimised you because you were new here?	0%	6%	0%	0%
5h	Victimised you because of your sexuality?	3%	1%	3%	
5i	Victimised you because you have a disability?	1%	3%	1%	
5j	Victimised you because of your religion/religious beliefs?	0%	3%	0%	
5k	Victimised you because of your age?	0%	2%	0%	
5l	Victimised you because you were from a different part of the country?	1%	4%	1%	4%
5m	Victimised you because of your offence/crime?	2%	5%	2%	
5n	Victimised you because of gang related issues?	2%	3%	2%	

Key to tables

		HMP Swansea 2010	Local prisons comparator	HMP Swansea 2010	HMP Swansea 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?	16%	27%	16%	26%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	6%	12%	6%	14%
7b	Hit, kicked or assaulted you?	4%	5%	4%	5%
7c	Sexually abused you?	0%	1%	0%	2%
7d	Victimised you because of your race or ethnic origin?	4%	5%	4%	5%
7e	Victimised you because of drugs?	6%	4%	6%	1%
7f	Victimised you because you were new here?	4%	6%	4%	2%
7g	Victimised you because of your sexuality?	1%	1%	1%	
7h	Victimised you because you have a disability?	1%	3%	1%	
7i	Victimised you because of your religion/religious beliefs?	2%	3%	2%	
7j	Victimised you because of your age?	1%	2%	1%	
7k	Victimised you because you were from a different part of the country?	1%	4%	1%	5%
7l	Victimised you because of your offence/crime?	4%	5%	4%	
7m	Victimised you because of gang related issues?	2%	3%	2%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	25%	33%	25%	22%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	11%	25%	11%	
10	Have you ever felt threatened or intimidated by a member of staff in here?	13%	24%	13%	
11	Is it easy/very easy to get illegal drugs in this prison?	21%	32%	21%	36%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	46%	26%	46%	
1b	Is it easy/very easy to see the nurse?	70%	47%	70%	
1c	Is it easy/very easy to see the dentist?	21%	9%	21%	
1d	Is it easy/very easy to see the optician?	18%	11%	18%	
2	Are you able to see a pharmacist?	69%	44%	69%	
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?	57%	46%	57%	45%
3b	The nurse?	61%	59%	61%	71%
3c	The dentist?	59%	32%	59%	71%
3d	The optician?	38%	36%	38%	46%
4	The overall quality of health services?	59%	41%	59%	42%

Key to tables

	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
		HMP Swansea 2010	Local prisons comparator	HMP Swansea 2010	HMP Swansea 2005
Healthcare continued					
5	Are you currently taking medication?	50%	48%	50%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	52%	58%	52%	
7	Do you feel you have any emotional well-being/mental health issues?	37%	34%	37%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	27%	43%	27%	
8b	A doctor?	55%	30%	55%	
8c	A nurse?	34%	14%	34%	
8d	A psychiatrist?	27%	18%	27%	
8e	The mental health in-reach team?	21%	28%	21%	
8f	A counsellor?	18%	10%	18%	
9a	Did you have a drug problem when you came into this prison?	66%	32%	66%	40%
9b	Did you have an alcohol problem when you came into this prison?	43%	22%	43%	29%
10a	Have you developed a drug problem since you have been in this prison?	7%	9%	7%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	89%	82%	89%	
12	Have you received any help or intervention while in this prison?	80%	71%	80%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	87%	77%	87%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	46%	31%	46%	44%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	32%	26%	32%	37%
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?	76%	58%	76%	47%

Key to tables

	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
		HMP Swansea 2010	Local prisons comparator	HMP Swansea 2010	HMP Swansea 2005
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	48%	43%	48%	
1b	Vocational or skills training?	9%	11%	9%	
1c	Education (including basic skills)?	21%	26%	21%	
1d	Offending behaviour programmes?	11%	8%	11%	
2ai	Have you had a job whilst in this prison?	66%	66%	66%	69%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	56%	40%	56%	17%
2bi	Have you been involved in vocational or skills training while in this prison?	52%	53%	52%	54%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	57%	50%	57%	27%
2ci	Have you been involved in education while in this prison?	60%	63%	60%	66%
For those who have been involved in education whilst in this prison:					
2cii	Do you feel the education will help you on release?	65%	60%	65%	44%
2di	Have you been involved in offending behaviour programmes while in this prison?	53%	49%	53%	48%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	68%	48%	68%	39%
3	Do you go to the library at least once a week?	37%	37%	37%	46%
4	On average, do you go to the gym at least twice a week?	52%	40%	52%	56%
5	On average, do you go outside for exercise three or more times a week?	29%	39%	29%	66%
6	On average, do you spend ten or more hours out of your cell on a weekday?	13%	8%	13%	6%
7	On average, do you go on association more than five times each week?	54%	48%	54%	18%
8	Do staff normally speak to you most of the time/all of the time during association?	33%	17%	33%	20%
SECTION 8: Resettlement					
1	Do you have a personal officer?	56%	43%	56%	21%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	84%	62%	84%	89%
For those who are sentenced:					
3	Do you have a sentence plan?	56%	37%	56%	37%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	58%	58%	58%	71%
5	Can you achieve some/all of your sentence plan targets in this prison?	86%	58%	86%	
6	Are there plans for you to achieve some/all your targets in another prison?	55%	47%	55%	
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?	44%	26%	44%	
8	Do you feel that any member of staff has helped you to prepare for release?	24%	14%	24%	
9	Have you had any problems with sending or receiving mail?	22%	44%	22%	29%
10	Have you had any problems getting access to the telephones?	15%	33%	15%	32%
11	Did you have a visit in the first week that you were here?	39%	35%	39%	43%
12	Did you receive one or more visits in the last week?	42%	40%	42%	

Key to tables

	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
		HMP Swansea 2010	Local prisons comparator	HMP Swansea 2010	HMP Swansea 2005
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	68%	47%	68%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	47%	36%	47%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	21%	14%	21%	
15c	Avoiding bad relationships?	19%	10%	19%	
15d	Finding a job on release?	33%	32%	33%	40%
15e	Finding accommodation on release?	47%	34%	47%	52%
15f	With money/finances on release?	36%	22%	36%	36%
15g	Claiming benefits on release?	52%	36%	52%	48%
15h	Arranging a place at college/continuing education on release?	22%	21%	22%	37%
15i	Accessing health services on release?	31%	27%	31%	37%
15j	Opening a bank account on release?	22%	20%	22%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	19%	13%	19%	
16c	Avoiding bad relationships?	22%	14%	22%	
16d	Finding a job?	46%	51%	46%	
16e	Finding accommodation?	42%	44%	42%	
16f	Money/finances?	32%	42%	32%	
16g	Claiming benefits?	38%	35%	38%	
16h	Arranging a place at college/continuing education?	20%	26%	20%	
16i	Accessing health services?	24%	20%	24%	
16j	Opening a bank account?	32%	34%	32%	
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?	51%	48%	51%	44%



Prisoner OM survey responses HMP Swansea 2010

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

Key to tables

Any percent highlighted in green is significantly better.		HMP Swansea	Local prisons OM comparator	HMP Swansea	Overall comparator
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		19	218	19	612
SECTION 1: General information					
1	Are you under 21 years of age?	0%	7%	0%	13%
2	Are you a foreign national?	11%	7%	11%	9%
3	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	11%	21%	11%	25%
4	Do you consider yourself to have a disability?	6%	24%	6%	19%
5	Is this prison in your home probation area?	67%	53%	67%	30%
6	Are you on recall?	32%	26%	32%	18%
7	Were you sentenced to less than two years?	17%	18%	17%	13%
8	Do you have six months or less to serve?	33%	29%	33%	29%
SECTION 2: Reception and induction					
9	Did you have any of the following problems when you first arrived here:				
9a	Housing problems?	39%	24%	39%	25%
9b	Problems contacting employers?	11%	11%	11%	10%
9c	Problems contacting family?	17%	26%	17%	15%
9d	Problems of feeling depressed/suicidal?	17%	18%	17%	23%
9e	None of the above problems?	50%	48%	50%	55%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	100%	80%	100%	75%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	83%	63%	83%	66%
For those who have received a basic skills assessment:					
12	Did you receive a 'basic skills' assessment within the first week?	67%	32%	67%	44%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)	79%	54%	79%	56%
SECTION 3: Sentence planning					
14	Do you have a sentence plan?	42%	57%	42%	71%
For those who have a sentence plan:					
15	Were you involved in the development of your sentence plan?	100%	77%	100%	75%
16	Has your sentence plan taken into account your individual needs?	100%	67%	100%	61%
17	Can you achieve all or some of your sentence plan targets in this prison?	100%	65%	100%	71%

Key to tables

Any percent highlighted in green is significantly better.		HMP Swansea	Local prisons OM comparator	HMP Swansea	Overall comparator
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.					
18	Are there plans for you to achieve some/all your targets in another prison?	57%	39%	57%	33%
19	Are there plans for you to achieve some/all your targets whilst on licence in the community?	60%	51%	60%	44%
20	Have you had any meetings to discuss your sentence plan whilst in custody?	86%	85%	86%	82%
21	If you have had sentence planning meetings did any of the following attend:				
21a	Offender supervisor?	83%	44%	83%	59%
21b	Prison staff from other departments?	67%	16%	67%	29%
21c	Offender manager?	83%	43%	83%	51%
21d	Anyone from other agencies?	33%	14%	33%	19%
22	Were these meetings useful to you?	100%	72%	100%	66%
SECTION 4: Offender manager					
23	Do you have a named offender manager in the probation service?	84%	84%	84%	89%
For those who have an offender manager:					
24	Has your offender manager been in contact with you since you have been in custody?	47%	74%	47%	79%
25	If you have had contact from your offender manager, what type of contact was it:				
25a	Contact by letter?	57%	38%	57%	48%
25b	Contact by phone?	29%	12%	29%	24%
25c	A visit to the prison?	86%	67%	86%	69%
26	Has your offender manager changed since you have been in custody?	36%	24%	36%	41%
For those who have a sentence plan:					
27	Has your offender manager discussed your sentence plan with you?	83%	79%	83%	70%
28	Do you think you have been supported by your offender manager whilst in prison?	43%	40%	43%	42%
SECTION 5: Offender supervisor					
29	Do you have an offender supervisor within this prison?	53%	65%	53%	71%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every week?	22%	16%	22%	11%
31	Do you think you have been supported by your offender supervisor while in prison?	88%	50%	88%	53%
SECTION 6: Your time in custody					
32	Have any of the following made it more difficult to take full part in the activities in custody:				
32a	No issues?	86%	62%	86%	65%
32b	Difficulties with religion?	0%	8%	0%	9%
32b	Difficulties with race?	0%	6%	0%	8%
32c	Difficulties with a disability?	0%	9%	0%	10%
32d	Difficulties with language?	0%	0%	0%	3%

Key to tables

		HMP Swansea	Local prisons OM comparator	HMP Swansea	Overall comparator
	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.				
32e	Difficulties with reading/writing skills?	7%	9%	7%	12%
32f	Difficulties with other issues?	7%	11%	7%	9%
33	While in custody have you been helped with any of the following:				
33a	Housing ?	16%	9%	16%	12%
33b	Eductaion/training/employment?	21%	47%	21%	55%
33c	Money and debt?	5%	9%	5%	8%
33d	Relationships (e.g. family/partner)?	5%	10%	5%	14%
33e	Lifestyle (e.g. friendships)?	16%	9%	16%	14%
33f	Drug use?	26%	38%	26%	37%
33g	Alcohol use?	37%	19%	37%	25%
33h	Emotional well-being?	16%	25%	16%	22%
33i	Thinking skills?	21%	32%	21%	39%
33j	Attitude to offending?	32%	27%	32%	32%
33k	Health?	26%	32%	26%	34%
33l	Not had any help?	32%	22%	32%	15%
34	Has anyone done any work with you on basic skills?	50%	36%	50%	52%
35	Has anyone done any work with you on victim awareness?	22%	18%	22%	33%
36	Has any member of staff helped you to address your offending behaviour while in custody?	17%	32%	17%	38%
SECTION 7: Resettlement					
37	Has any member of staff helped to prepare for your release while in custody?	21%	12%	21%	14%
38	Do you think you will have a problem with the following on release from custody?:				
38a	Problems maintaining/avoiding good relationships?	37%	19%	37%	21%
38b	Problems finding a job?	53%	70%	53%	63%
38c	Finding accommodation?	53%	49%	53%	46%
38d	Problems with money/finances?	32%	42%	32%	38%
38e	Problems claiming benefits?	42%	39%	42%	37%
38f	Problems arranging a place at college/continuing education?	16%	15%	16%	25%
38g	Problems contacting external drug or alcohol agencies?	11%	12%	11%	13%
38h	Problems accessing healthcare services?	0%	17%	0%	15%
38i	Problems opening a bank account?	47%	34%	47%	30%
38j	None of the above problems?	26%	14%	26%	21%
39	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future'	56%	61%	56%	66%



Key questions (disability analysis) HMP Swansea 2010

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

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		25	86
1.3	Are you sentenced?	80%	73%
1.7	Are you a foreign national?	12%	1%
1.8	Is English your first language?	88%	98%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	4%	11%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	2%
1.11	Are you Muslim?	4%	4%
1.14	Is this your first time in prison?	11%	23%
2.1d	Was the attention paid to your health needs good/very good?	19%	33%
2.3	Were you treated well/very well by the escort staff?	58%	72%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	80%	76%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	48%	68%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	74%	75%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	70%	70%
3.2a	Did you have any problems when you first arrived?	81%	69%
3.3a	Were you seen by a member of healthcare staff in reception?	92%	98%
3.3b	When you were searched in reception, was this carried out in a respectful way?	88%	87%
3.4	Were you treated well/very well in reception?	60%	84%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	84%	86%
3.9	Did you feel safe on your first night here?	72%	87%
3.10	Have you been on an induction course?	78%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	56%	59%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	72%	61%
4.3b	Are you normally able to have a shower every day?	76%	87%
4.3e	Is your cell call bell normally answered within five minutes?	79%	58%
4.4	Is the food in this prison good/very good?	35%	24%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	35%
4.6a	Is it easy/very easy to get a complaints form?	92%	88%
4.6b	Is it easy/very easy to get an application form?	96%	94%
4.9	Have you made a complaint?	32%	17%
4.13	Are you on the enhanced (top) level of the IEP scheme?	29%	29%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	78%	60%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	60%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	8%	14%
4.17a	Do you feel your religious beliefs are respected?	67%	53%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	57%
4.18	Are you able to speak to a Listener at any time if you want to?	80%	87%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	83%	87%
4.19b	Do most staff, in this prison, treat you with respect?	78%	94%
5.1	Have you ever felt unsafe in this prison?	35%	13%
5.2	Do you feel unsafe in this prison at the moment?	20%	3%
5.4	Have you been victimised by another prisoner?	20%	5%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	1%
5.5i	Victimised you because you have a disability?	4%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	0%
5.6	Have you been victimised by a member of staff?	25%	12%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	2%
5.7h	Victimised you because you have a disability?	4%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	7%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	12%
5.11	Is it easy/very easy to get illegal drugs in this prison?	21%	21%
6.1a	Is it easy/very easy to see the doctor?	42%	47%
6.1b	Is it easy/ very easy to see the nurse?	72%	70%
6.2	Are you able to see a pharmacist?	61%	72%
6.5	Are you currently taking medication?	68%	45%
6.7	Do you feel you have any emotional well-being/mental health issues?	68%	28%
7.1a	Are you currently working in the prison?	32%	51%
7.1b	Are you currently undertaking vocational or skills training?	4%	10%
7.1c	Are you currently in education (including basic skills)?	23%	20%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	15%
7.3	Do you go to the library at least once a week?	36%	39%
7.4	On average, do you go to the gym at least twice a week?	17%	63%
7.5	On average, do you go outside for exercise three or more times a week?	4%	37%
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.)	4%	17%
7.7	On average, do you go on association more than five times each week?	33%	60%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	22%	36%
8.1	Do you have a personal officer?	58%	55%
8.9	Have you had any problems sending or receiving mail?	20%	23%
8.10	Have you had any problems getting access to the telephones?	20%	14%



Key question responses (ethnicity) HMP Swansea 2010

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

Key to tables

		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		11	101
1.3	Are you sentenced?	63%	76%
1.7	Are you a foreign national?	27%	2%
1.8	Is English your first language?	81%	96%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	2%
1.11	Are you Muslim?	18%	2%
1.12	Do you consider yourself to have a disability?	10%	24%
1.13	Is this your first time in prison?	27%	20%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	19%	31%
2.3	Were you treated well/very well by the escort staff?	37%	71%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	63%	76%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	32%	65%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	55%	75%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	72%
3.2a	Did you have any problems when you first arrived?	88%	70%
3.3a	Were you seen by a member of healthcare staff in reception?	91%	97%
3.3b	When you were searched in reception, was this carried out in a respectful way?	59%	90%
3.4	Were you treated well/very well in reception?	46%	80%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	59%	89%
3.9	Did you feel safe on your first night here?	81%	86%
3.10	Have you been on an induction course?	100%	85%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	19%	63%

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.		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	41%	64%
4.3b	Are you normally able to have a shower every day?	90%	82%
4.3e	Is your cell call bell normally answered within five minutes?	41%	64%
4.4	Is the food in this prison good/very good?	0%	31%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	10%	43%
4.6a	Is it easy/very easy to get a complaints form?	74%	90%
4.6b	Is it easy/very easy to get an application form?	71%	96%
4.9	Have you made a complaint?	41%	21%
4.13	Are you on the enhanced (top) level of the IEP scheme?	19%	29%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	29%	66%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	59%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	10%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	19%	12%
4.17a	Do you feel your religious beliefs are respected?	29%	60%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	19%	65%
4.18	Are you able to speak to a Listener at any time if you want to?	41%	90%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	50%	89%
4.19b	Do most staff, in this prison, treat you with respect?	55%	93%
5.1	Have you ever felt unsafe in this prison?	29%	17%
5.2	Do you feel unsafe in this prison at the moment?	19%	5%
5.4	Have you been victimised by another prisoner?	19%	8%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	19%	0%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	0%
5.6	Have you been victimised by a member of staff?	29%	14%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	19%	2%

Key to tables

	Any percent highlighted in green is significantly better.	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
5.7h	Have you been victimised because you have a disability? (By staff)	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	29%	9%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	12%
5.11	Is it easy/very easy to get illegal drugs in this prison?	19%	21%
6.1a	Is it easy/very easy to see the doctor?	19%	48%
6.1b	Is it easy/very easy to see the nurse?	59%	71%
6.2	Are you able to see a pharmacist?	64%	69%
6.5	Are you currently taking medication?	41%	52%
6.7	Do you feel you have any emotional well-being/mental health issues?	41%	37%
7.1a	Are you currently working in the prison?	21%	50%
7.1b	Are you currently undertaking vocational or skills training?	11%	9%
7.1c	Are you currently in education (including basic skills)?	21%	21%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	12%
7.3	Do you go to the library at least once a week?	32%	39%
7.4	On average, do you go to the gym at least twice a week?	59%	51%
7.5	On average, do you go outside for exercise three or more times a week?	10%	32%
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.)	19%	13%
7.7	On average, do you go on association more than five times each week?	55%	54%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	10%	36%
8.1	Do you have a personal officer?	41%	58%
8.9	Have you had any problems sending or receiving mail?	19%	21%
8.10	Have you had any problems getting access to the telephones?	29%	13%