

Report on an unannounced inspection of

# **HMP & YOI Cardiff**

by HM Chief Inspector of Prisons

**25–26 July, 1–5 August 2016**

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



Arolygiaeth Ei Mawrhydi dros Addysg a Hyfforddiant yng Nghymru  
Her Majesty's Inspectorate for Education and Training in Wales



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# Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	41
Section 4. Resettlement	47
Section 5. Summary of recommendations and good practice	53
Section 6. Appendices	59
Appendix I: Inspection team	59
Appendix II: Progress on recommendations from the last report	61
Appendix III: Prison population profile	67
Appendix IV: Photographs	71
Appendix V: Summary of prisoner questionnaires and interviews	73

### **Glossary of terms**

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

# Introduction

HMP & YOI Cardiff is a category B local training prison holding male adult prisoners sentenced by the courts in south east Wales. In recent times a significant number of prisoners have also transferred in from English prisons. At the time of this inspection the prison held some 770 men. We found that outcomes in the areas of safety and respect had declined since our last inspection in 2013 from being reasonably good to not sufficiently good, which was disappointing. However, outcomes in the area of resettlement had improved and were now reasonably good. Overall, this inspection found a mixed picture of progress in a local prison that had faced the same challenges as many other local prisons.

Those challenges included staff shortages following the benchmarking process and an increased availability and use of new psychoactive substances (NPS), leading to an inevitable increase in unpredictable and violent behaviour. The prison had also implemented a smoking ban that was unpopular with some. In addition, Cardiff had an unusually high level of reported mental health problems. It is to the prison's credit that, despite these challenges, it did not feel unstable, and staff-prisoner relationships had been maintained. It is clear that those relationships were a key feature of the prison, and helped it in facing the challenges.

However, as far as outcomes for prisoners were concerned, there were significant issues affecting the safety of the establishment. There were rising levels of violence and weak management of key areas such as the use of force. The segregation unit provided a poor environment, and more needed to be done to address the supply of illegal drugs into the prison.

In common with many other older prisons, the physical environment left much to be desired. Some cells were in a poor state, and there was a lack of basic facilities such as clean clothes and bedding. On a positive note, health care was generally good, and there was good provision for those suffering from severe mental health issues. However, there were a large number of prisoners with lower level mental health problems whose needs were not being adequately met.

The entirely appropriate efforts to bring stability and predictability to the regime had inevitably meant that time out of cell was more restricted than it otherwise would have been; it was hoped that a full regime would quickly be restored. At the time of the inspection the very good range and quality of activities on offer was not being fully utilised. Resettlement work was done well to meet the needs of the short-stay prisoners who formed the large majority of the population, and this had counterbalanced some shortcomings in delivering effective offender management. There was some particularly good work evident in the area of family contact.

In summary, HMP & YOI Cardiff relied very heavily on a decent, hard-working staff group who had maintained good relationships with the men in their care, and had done well to keep the prison stable through some challenging times. However, for the future, the prison needs to reduce its reliance on key individuals and embed sound working practices and processes into the operation of the establishment, thereby ensuring long-term safety and stability.

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

October 2016



# Fact page

## Task of the establishment

HMP & YOI Cardiff is a category B local training prison holding male adult prisoners serving the courts in south east Wales.

## Prison status (public or private, with name of contractor if private)

Public

## Region/Department

Wales

## Number held

770

## Certified normal accommodation

539

## Operational capacity

820

## Date of last full inspection

18-22 March 2013

## Brief history

HMP & YOI Cardiff dates back to 1827. Its main role was previously to hold unconvicted and short to medium-term sentenced prisoners. The accommodation was predominantly Victorian, with high levels of overcrowding.

Today the prison continues to hold unconvicted and trial prisoners from local courts and short-term prisoners serving up to two years. A new wing was built in 1996 to accommodate 218 additional men, including 96 lifers. Major refurbishment and modification of cellular accommodation has seen the capacity rise.

A new health care centre was opened in May 2008. The facility provides 21 beds, mostly commissioned by the local health board.

## Short description of residential units

A wing	mainly convicted prisoners
AI	mainly kitchen workers
Care and separation unit	separated men including R45
B wing	mainly convicted prisoners
BI	vulnerable prisoners
C wing	induction prisoners
D wing	enhanced prisoners
E wing	mainly convicted prisoners
F wing	mainly remand prisoners
FI	prisoners undergoing detoxification
H	health care unit

**Governor:** Darren Hughes

**Escort contractor:** GeoAmey

**Health service commissioner and providers:** Cardiff and Vale NHS trust

**Learning and skills providers:** NOMS in Wales

**Independent Monitoring Board chair:** Steve Cocks

**Community rehabilitation company:** Working Links



# About this inspection and report

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

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

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

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

- **outcomes for prisoners are good.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**  
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

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

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

# Summary

## Safety

- S1 Prisoners often arrived at Cardiff late in the evening after spending excessive periods in court cells. Reception staff were polite but the reception process sometimes took too long. First night arrangements and induction were reasonably effective. About a quarter of prisoners felt unsafe in the prison and recorded levels of assaults were high. Some aspects of violence reduction work were underdeveloped. Prisoners at risk of self-harm were well supported. Safeguarding arrangements were underdeveloped. Security arrangements were generally proportionate but there were some significant shortcomings. Work to reduce the high availability of drugs was particularly weak. Most cells in the segregation unit were in very poor condition and there was a lack of structured support for segregated prisoners. Adjudications were managed reasonably well. Use of force was high and governance was poor. Important documentation was often not completed or missing. The incentives and earned privileges (IEP) scheme was generally managed appropriately. Substance misuse services were satisfactory, but monitoring of prisoners undergoing detoxification was inadequate. Outcomes for prisoners were not sufficiently good against this healthy prison test.*
- S2 At the last inspection in 2013, we found that outcomes for prisoners in HMP & YO1 Cardiff were reasonably good against this healthy prison test. We made 18 recommendations in the area of safety. At this follow-up inspection we found that six of the recommendations had been achieved, four had been partially achieved, seven had not been achieved and one was no longer relevant.*
- S3 Most prisoners said that escort staff treated them well. Although journeys to the prison were usually short, prisoners often spent much of the day waiting for escort staff to collect them from court cells. Vehicles usually arrived late in the day and reception processes could be lengthy, which meant that many prisoners did not reach their cells until late in the evening. Reception holding rooms were stark and displayed little information about the prison. Initial safety interviews were good for most prisoners. First night arrangements were adequate. The induction programme provided a brief overview of prison life and this was supplemented by good access to helpful induction staff and wing peer workers.
- S4 In our survey, just under a quarter of prisoners said they felt unsafe, which was similar to comparator prisons. However, recorded levels of assaults and fights were higher than in similar prisons. Although most incidents were relatively low level, there had been some serious incidents, including a murder. Measures to investigate and analyse violence were good but the interventions available to challenge bullies and support victims were little used. A dedicated landing was effective in helping to keep vulnerable people safe and gave them some reasonable, though limited, activity.
- S5 There had been seven deaths in custody since the previous inspection, three of which were self-inflicted. Most, but not all, Prisons and Probation Ombudsman recommendations had been achieved. Although incidents of self-harm had increased since the last inspection, prisoners in crisis were usually given good support and this was reflected in generally good assessment, care in custody and teamwork (ACCT)<sup>2</sup> documentation. However, not enough reviews were multidisciplinary and self-harm triggers were not always identified. An

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<sup>2</sup> Case management of prisoners at risk of suicide or self-harm.

enthusiastic group of Listeners<sup>3</sup> was well supported by the prison and the local Samaritans, but the restricted regime reduced prisoners' access to Listeners.

- S6 The oversight and promotion of adult safeguarding was inadequate, although PACT (Prison Advice and Care Trust) and the National Probation Service provided support and advice for the safeguarding of children and visitors. There was limited staff awareness of safeguarding processes on most residential units.
- S7 Security arrangements were generally proportionate but there were some unnecessary practices, such as routine strip-searching of all prisoners entering the segregation unit. Analysis and management of intelligence were effective but necessary subsequent actions were often not completed. Very little suspicion testing took place, there were few targeted searches and very few finds. Security-led meetings were well attended, but links with the drug strategy team were weak. In our survey, almost half the prisoners said it was easy to get illegal drugs and supply reduction work lacked rigour and coordination. The recent transition to a no smoking prison had been managed reasonably well, although it had led to a temporary rise in violent behaviour and misuse of other substances.
- S8 Most cells in the segregation unit were in very poor condition. Some communal areas were superficially clean, but there were signs of damp on crumbling walls. The number of prisoners segregated over the previous six months was comparatively low and governance was reasonably good. Day-to-day relationships between staff and prisoners were reasonably good but the regime, particularly for longer-stay prisoners, was poor. Too many prisoners with complex needs did not have individual management plans and too little activity or distraction was in place to help prevent psychological deterioration. Adjudications were managed well, but had increased significantly since the last inspection and some minor charges could have been dealt with less formally.
- S9 Use of force had increased and was comparatively high. Governance was ineffective. Important documentation was often not fully completed or missing, giving little assurance of proportionality. Use of special accommodation was high but authorisation paperwork was completed thoroughly and indicated that its use was justified and for short periods.
- S10 Prisoners on the basic level of the IEP scheme could attend scheduled activities and most did not remain on basic for very long. A small number of prisoners remained on basic for long periods without sufficient support to change their behaviour. The enhanced unit on D wing was seen as a reasonable incentive by most prisoners.
- S11 Psychosocial support for substance-using prisoners was satisfactory and appropriately focused on harm reduction. However, most prisoners could not access group work and there was not enough monitoring and observation during alcohol and opiate detoxification.

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<sup>3</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

## Respect

- S12 The maintenance and cleanliness of residential units varied from adequate to poor. Too many prisoners were not receiving necessities such as clean clothes and cells often lacked basic facilities. Staff-prisoner relationships were good and a strength of the establishment. Peer supporters also provided effective support. The management of equality and diversity was weak and not enough was being done to identify and meet the needs of diverse groups. Faith provision was good. Complaints were well managed. Health services were reasonably good overall, but mental health services did not meet the high level of need. The quality of food was reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.*
- S13 At the last inspection in 2013, we found that outcomes for prisoners in HMP & YOI Cardiff were reasonably good against this healthy prison test. We made 18 recommendations in the area of respect. At this follow-up inspection we found that six of the recommendations had been achieved, one had been partially achieved and 11 had not been achieved.*
- S14 Although clean, outside areas, particularly exercise yards, were austere. Communal areas in residential units were generally clean, but some areas suffered from damp. Showers were poorly ventilated and many had little or no screening. Cells lacked basic facilities, such as curtains, lockable cupboards and, in many cases, kettles. Most toilets were inadequately screened. There was poor availability of clean clothes and bedding and many prisoners had only one set of clothes, which was unacceptable. The application system was not working effectively.
- S15 Staff-prisoner relationships were a strength of the prison. Together with some very good peer advisers, staff did much to mitigate some deficiencies in provision. Relationships had been maintained despite low staff morale. Consultation arrangements with prisoners were poor.
- S16 The strategic management of equality and diversity was weak. There was an up-to-date policy and action plan but equality monitoring data were not used to identify and address discrimination. The data showed disparities in treatment in most areas but no investigations had taken place. The needs of prisoners with disabilities were poorly met. Some helpful work had begun to meet the needs of older prisoners. There had been no recent consultation with, or formal support for, other protected groups. Equality representatives were enthusiastic about their role but lacked training and support. Investigations into discrimination incidents were reasonably good.
- S17 Although prisoners in our survey were negative about respect for their beliefs and access to services, in our individual and group meetings they were positive about the support they received from the chaplaincy. The chaplaincy worked well together and inductions for newly arrived prisoners were good. The chapel was a welcoming environment but the multi-faith room was austere, cramped and sometimes too hot.
- S18 Replies to complaints were generally good and many resolved prisoners' problems, although the tone of some was abrupt. Quality assurance arrangements were reasonably good.
- S19 The library had sufficient legal text books and prison service instructions, but there was no identified person to assist prisoners with their legal problems or to apply for bail. No prisoners were using 'access to justice' laptops, although in principle they were available.
- S20 Primary care health services were reasonably good and, in our survey, prisoners reported improved access to nurses and doctors. However, non-attendance rates were too high at

around one in four. In the health centre, patients waited too long to be seen in bleak waiting rooms with no information in them. There was a serious problem with damp in the centre and urgent remedial action was required to meet infection control standards in the wing treatment rooms. Health care complaints were not dealt with confidentially. It was concerning that health services staff were not examining reports from death in custody clinical reviews, which meant that learning opportunities were being missed. Inpatient beds were being used inappropriately for non-clinical reasons. Pharmacy services were generally good but some patients were inappropriately required to take night sedation in the afternoon. There was good access to an appropriate range of dental services. There was a very high demand for mental health services. Provision for those with serious illnesses was good, but there were gaps in service provision for men with emotional issues and mild to moderate mental health problems. No staff had recent training in mental health awareness. The Care Quality Commission (CQC) found there were no breaches of the relevant regulations.<sup>4</sup>

- S21 The quality of the food was reasonable. Some prisoners waited too long before they received their first canteen orders, which could have led unnecessarily to problems with debt.

## Purposeful activity

S22 *Recent temporary arrangements had been effective in increasing regime predictability, but time out of cell was too limited. Strategic management of activities provision was good. The range and extent of provision was very good and met the needs of most prisoners. Nearly all prisoners were engaged in some kind of activity for some of the time. Teaching, learning and achievements were generally good. Library provision was reasonable but access was limited. PE provision met the needs of most prisoners. Outcomes for prisoners were reasonably good against this healthy prison test.*

S23 *At the last inspection in 2013, we found that outcomes for prisoners in HMP & YOI Cardiff were reasonably good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that one of the recommendations had been achieved, four had been partially achieved, four had not been achieved and one was no longer relevant.*

S24 Time out of cell under a temporary restricted regime was poor. The new arrangements had been implemented in late July 2016 as a result of shortfalls in staffing and were due to end in September. Although unlocking and attendance at activities had become much more predictable as a result, some prisoners could be locked up for over 27 hours, only being let out briefly to collect their meals. Our roll checks during the working day showed that 46% of prisoners were locked behind their doors. About 15% of unlocked prisoners were in association rather than in purposeful activities. Up to 90 minutes of association time was provided to most prisoners every weekday.

S25 Strategic management of learning and skills was good and its profile and relevance in the management of the prison had improved. There were good systems to quality assure data about learning and skills, although the range of data collected was too limited. A comprehensive needs analysis made effective use of labour market information, and had been used to inform the planning of the range of activities offered. Self-assessment took good

<sup>4</sup> CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

account of available data. Staff were well qualified and most had good opportunities to develop their skills further. Most classrooms and workshops were of good quality, had good access to learning equipment and to modern technology. There was still work to be done to evaluate prisoners' post-release outcomes.

- S26 In 2015 to 2016 nearly all prisoners who completed a course achieved a certificate for units of credit or a qualification. The range of qualifications and attainment was appropriate for the transient nature of the population. Many prisoners developed vocational and study skills that prepared them well for future study or training for employment.
- S27 The breadth of provision was good, having improved further since the previous inspection. The number of overall activity places had increased and there were enough to engage all prisoners in full-time activity if unlocked. Only 26 prisoners were unemployed, although most prisoners were under occupied. Most activities were purposeful and provided good work-related skills. Attendance and punctuality were not good enough.
- S28 A broad range of learning and vocational activities had been developed to meet the needs of short-term prisoners. Peer mentors worked well in classes to motivate and support learners and played an important supervisory and training role in workshops. Peer mentors could not obtain accreditation for their skills. Teaching and learning were generally good and prisoners' work was of a good standard. There were many impressive examples of tutors embedding literacy, numeracy and digital literacy into class sessions. Classrooms and workshops were calm environments where prisoners felt safe and behaved well.
- S29 The library was well stocked and met a very wide range of prisoner needs well. Opportunities to visit the library were too limited, although more equitable access was being planned.
- S30 Nearly all prisoners had good access to physical activity, including a wide range of sporting activities. Access to PE activities varied too much between wings and redeployment of PE staff had resulted in valuable and popular courses for prisoners being put on hold. Many prisoners understood the importance of healthy lifestyles, including the need for healthy diets, the impact of substance use and the benefits of taking regular exercise. Health and fitness screening of prisoners on admission was thorough and prisoners received a useful induction to the gym.

## Resettlement

- S31 *The strategic oversight of resettlement work was reasonable. Offender management was variable and cross deployment of offender supervisors limited what could be achieved. Community rehabilitation company (CRC) provision to meet the resettlement needs of the high number of short-stay prisoners was good. Public protection work was sound. Too many categorisation and home detention curfew assessments were delayed as a result of staff shortages. Accommodation services were good. With some exceptions, visits arrangements were adequate and excellent work was done to promote family ties. Outcomes for prisoners were reasonably good against this healthy prison test.*
- S32 *At the last inspection in 2013, we found that outcomes for prisoners in HMP & YOI Cardiff were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this follow-up inspection we found that seven of the recommendations had been achieved, two had been partially achieved, three had not been achieved and one was no longer relevant.*

- S33 There was a reducing reoffending strategy and its implementation was overseen by a live action plan and regular meetings. It related to the resettlement pathways and was separate from offender management work, which was also managed separately. This created some risk of lack of coordination, although this was largely mitigated by reasonable joint working. Over 70% of prisoners spent less than three months at Cardiff, limiting the ability of the prison to undertake useful interventions, although some short programmes were offered. The CRC provision had greatly improved resettlement support, especially for the large number of remand and short-term prisoners. There was good involvement of community partners.
- S34 Offender management work was severely hindered by cross-deployment of uniformed offender supervisors. The level of planned contact with prisoners was limited and often dependent on prisoners taking the initiative. Many prisoners were unaware of the contents of their plans. The quality of OASys (offender assessment system) assessments was mixed and staff did not draw sufficiently on available sources of information. Quality assurance of assessments and plans was limited and many plans did not reflect the prisoner's current circumstances.
- S35 Public protection procedures were sound. Identification of MAPPA (multi-agency public protection arrangements) eligible offenders was good and MAPPA processes were effective, with good engagement with risk management in the community. The risk management meeting focused well on the highest-risk men, but did not provide overall governance of public protection measures.
- S36 Adequate systems were in place for categorisation and home detention curfew. It was positive that prisoners were invited to make written representations on a newly designed form. However, staff shortages led to delays in completing these procedures.
- S37 The number of life sentence prisoners had reduced greatly since the last inspection. A probation officer supported the few who remained, but Cardiff remained an unsuitable location for most lifers. The small number of IPP (indeterminate sentence for public protection) prisoners could not undertake appropriate risk reduction work at Cardiff.
- S38 Basic custody screens and resettlement plans were normally completed effectively. CRC caseworkers were seeing every prisoner. They worked hard to identify and follow up practical resettlement needs early, and to support preparation for release. Some very good resettlement work was done with veterans and a regular veterans group meeting was well attended.
- S39 Accommodation services were generally good and included help with maintaining and surrendering tenancies, dealing with housing benefit and applications for accommodation before release. Job Centre Plus and peer supporters provided a reasonable service to prisoners before discharge. Debt and finance management support was available to all prisoners, but they were not able to open a bank account.
- S40 The prison had good links with community and employer groups. However, many prisoners' awareness of outside progression opportunities was too limited, and the CRC did not help prisoners enough to access opportunities on their release. Prisoners under the age of 25 had good access to independent careers advice from Careers Wales.
- S41 Arrangements to ensure continuity of health care on transfer and release were sound. Strong partnership working between prison and community service providers had improved continuity of treatment and care for substance using prisoners.



- S42 The visits hall was a bright environment with some reasonable facilities. Consultation with visitors was good. Visits started on time and visitors reported a decent experience. However, holding rooms were in poor condition and there were too few closed visits booths. There were delays with booking visits by telephone and remand prisoners could not have a daily visit. Good, innovative work was done to encourage prisoners to maintain family ties. The range of interventions was wide and sessions were well attended. Family days took place regularly and security restrictions were appropriate.
- S43 There were no accredited offending behaviour programmes or victim awareness work, but some useful courses were available through the education department and were well used. For those prisoners whose sentences were neither too short for meaningful offending behaviour work nor long enough for transfer to a training prison, there was very little to help them achieve personal change.

## Main concerns and recommendations

- S44 Concern: About half the prisoners in our survey said it was easy to get illegal drugs. Supply reduction work lacked rigour and coordination and there was no supply reduction action plan. There were few finds and suspicion testing was not usually completed.

**Recommendation: Managers should ensure rigorous and coordinated work to tackle the availability of drugs in the prison. A detailed supply reduction action plan should be implemented and integrated with the drug strategy.**

- S45 Concern: Most cells lacked basic facilities, such as curtains, toilet screening, lockable cupboards and, in many cases, kettles. Cells and showers were poorly ventilated. There was poor availability of clean clothes and bedding and many prisoners had only one set of clothes.

**Recommendation: Cells should be properly equipped with curtains, toilet screens, lockable cabinets and mattresses. Cells and showers should be properly ventilated. Prisoners should be able to obtain a regular supply of clean clothes and bedding.**

- S46 Concern: Equality and diversity processes were weak. There was little systematic support for prisoners with protected characteristics and there was evidence of poor outcomes for many groups. In our survey, black and minority ethnic and disabled prisoners were particularly negative about their treatment. The prison did not regularly consult or monitor outcomes for all protected groups. Evidence of potential discrimination emerging from equality monitoring was not addressed.

**Recommendation: Governance and management oversight of diversity should ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and that evidence of potential discrimination is addressed promptly.**

- S47 Concern: Prisoners spent too much time locked in their cells and some were in their cells for up to 27 hours. When out of their cells, not enough prisoners were engaged in purposeful activities.

**Recommendation: Prisoners should spend the working day out of their cells, with good access to purposeful activity and association. They should also have time to attend to their domestic needs and at least one hour's outdoor exercise each day.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

**Prisoners transferring to and from the prison are treated safely, decently and efficiently.**

- I.1 In our survey, prisoners were more positive than the comparator about escorts and transfers, and those we spoke to said they were treated well by escort staff. Vans were clean and in good order.
- I.2 Journeys to the prison were usually short, but prisoners often spent much of the day waiting for escort staff to collect them from court cells. Prisoners were usually taken off vans promptly, but they could be held on the vehicle for over an hour when a number arrived at the same time.
- I.3 In our survey, 75% of prisoners said they were told in advance that they were coming to Cardiff against the comparator of 63%. Information leaflets about Cardiff were provided for court cells, but none of the newly arrived prisoners whom we spoke to had seen them.

### Recommendation

- I.4 **Prisoners should be held in court cells for the minimum period possible.** (Repeated recommendation I.6)

## Early days in custody

### Expected outcomes:

**Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.**

- I.5 Reception facilities were clean but in need of decoration. Holding rooms were stark with iron benches and very little information about the prison was displayed. There was graffiti on the walls.
- I.6 The reception process became protracted at busy periods and vans frequently arrived late. Prisoners could spend well over two hours in reception, often until late in the evening. Conditions were mitigated by relaxed, reassuring and helpful staff. Prisoners told us they were well supported by staff.
- I.7 In our survey, 32% of prisoners said they felt depressed or suicidal on arrival compared with 24% in similar prisons. Safety procedures had improved since the last inspection. Listeners<sup>5</sup> and peer workers were available in reception and provided useful support. All prisoners were interviewed in private using a first night suicide and self-harm screening tool, which covered key indicators of risk. However, professional telephone interpretation was not used

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<sup>5</sup> Prisoners who have been trained by the Samaritans to provide confidential emotional support to fellow prisoners.

when needed, and one officer told us that he had used 'Google Translate' to ask about suicide and self-harm, which was inappropriate.

- I.8** First night arrangements were adequate. All first-night prisoners were identified on the wing roll board and on cell doors. First-night prisoners received enhanced monitoring, but there was no special oversight of prisoners who might be withdrawing from alcohol or drugs (see paragraph 1.55). First night cells were similarly deficient to those on other wings (see paragraph 2.2).
- I.9** The first night centre was very busy in the morning, when staff from various departments visited new arrivals. All prisoners had a one-to-one interview with an induction peer worker, who helped them to understand and complete procedures to meet their immediate needs. Prisoners told us that they felt reassured by them.
- I.10** Prisoners were given a basic information booklet, which was only available in English and did not provide all the information they might need. We saw other information booklets, including an easy-to-read format, which were no longer used.
- I.11** Induction consisted of a slide presentation of about 45 minutes which gave a brief overview of prison life. In our survey, only 40% of prisoners attending induction said it told them what they needed to know against the comparator of 49% and 62% at the previous inspection. However, prisoners told us that the helpful wing staff and peer workers mitigated the deficiencies of the formal induction. Prisoners who had previously been at Cardiff were able to opt out, which was not appropriate in all cases; for example, one man had not been in the prison for six years and was still allowed to drop out.

## Recommendation

- I.12 All prisoners who need one should have an effective induction that prepares them for life in the prison.**

## Bullying and violence reduction

### Expected outcomes:

**Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.**

- I.13** Prisoners' perceptions of safety had deteriorated since the previous inspection but were similar to the comparator. In our survey, 23% of prisoners said they felt unsafe and more prisoners (26%) than at our last inspection (15%) said that they had been victimised by other prisoners. The prison had not completed a safety survey since 2011.
- I.14** The number of assaults and fights had increased. Much of the violence was low level but there had been some serious incidents, including a murder. During the previous six months, there had been 76 assaults on prisoners and 30 fights between prisoners, both more than at other local prisons. A smoking ban had been introduced in April 2016 and there had been a temporary increase in violent incidents in May. Prisoners reported a number of ongoing frustrations, including the smoking ban and the long periods they spent locked in their cells.
- I.15** Systems to investigate and analyse violence were good. Reports were submitted to the monthly safer custody meeting, which monitored and reviewed trends using the violence

diagnostic tool. Investigations into violent incidents were adequate. The prison had referred 52 cases to the police in the previous six months. The number of recorded bullying incidents was low but we were not confident that all incidents were identified. The system to monitor bullies and support victims had only been used twice in the last six months. No prisoner representatives were trained in violence reduction.

- I.16** A dedicated landing could accommodate 31 prisoners who were at risk of harm from other prisoners and required additional support or protection. Prisoners on the unit valued the opportunity to live separately from the main population and felt safe. Some of these prisoners worked in the health care gardens, but too many spent most of the day on the unit and had poor access to the gym and library.

## Recommendations

- I.17 Prisoners' negative perceptions of their safety should be investigated and the findings acted on.**
- I.18 Effective systems should be in place to monitor bullies and support victims.**

## Self-harm and suicide prevention

### Expected outcomes:

**The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.**

- I.19** There had been seven deaths since the previous inspection, three of which were self-inflicted. One was a murder. The Prisons and Probation Ombudsman (PPO) had highlighted recurring weaknesses in early days procedures. Action plans were in place and most, but not all, of the PPO's recommendations had now been achieved. It was concerning that the head of health care had not received the clinical reviews into these deaths.
- I.20** There had been 123 self-harm incidents in the previous six months compared with 55 at the last inspection, and far more assessment, care in custody and teamwork (ACCT) case management documents were being opened. Staff supported prisoners in crisis well, engaging with them meaningfully and encouraging participation in activities. The quality of ACCT documents was generally good. Initial assessment interviews were detailed and observational entries showed positive interactions. However, members of the health care and chaplaincy teams did not attend enough case reviews and triggers that could cause a prisoner to self-harm were not consistently identified.
- I.21** The 13 Listeners were well supported by the Samaritans and prison staff. A Listener and a Samaritan attended the safer custody meetings. Listeners provided a reasonable service to prisoners, but regime restrictions had reduced their movement around the prison and limited the time they could spend with prisoners in crisis. In our survey, fewer prisoners (44%) than the comparator (53%) and at the last inspection (52%) said they were able to speak to a Listener at any time if they wanted to.

## Recommendations

- I.22 The health care and safer custody leads should implement promptly all recommendations from Prisons and Probation Ombudsman death in custody investigations.**
- I.23 A multidisciplinary team of staff should attend assessment, care in custody and teamwork (ACCT) case reviews.**
- I.24 Prisoners in crisis should be able to speak to a Listener at any time.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>6</sup>**

- I.25** The safeguarding policy was out of date and there was no dedicated lead to safeguard and promote the welfare of adults at risk of harm. The prison was not represented on the local safeguarding adult board. PACT (Prison Advice and Care Trust, a national charity that provided prisoners with family engagement support) and the National Probation Service had developed robust safeguarding protocols for children and vulnerable adults who visited the prison.
- I.26** A separate landing was set aside for prisoners who could not cope in the main population (see paragraph I.16). There was low staff awareness of safeguarding protocols on other wings.

### Recommendation

- I.27 The prison and the local safeguarding adult board should develop effective safeguarding policies and procedures.**

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.**

- I.28** Security procedures were generally appropriate for a local prison and did not unnecessarily restrict access to a full regime. However, some practices were disproportionate and not justified by a balanced assessment of threat; for example, all prisoners were unnecessarily strip-searched in reception and on admission to the segregation unit. Closed visits were used frequently (37 at the time of the inspection) and often for reasons not directly related to

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<sup>6</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

visits. Reviews took place every month, but many were cursory and prisoners usually stayed on restrictions for at least three months with no further supporting information. Security was supported by very good relationships between staff and prisoners and many interactions that we observed showed that officers knew the circumstances of the prisoners. Supervision was effective in key areas such as residential wings, education and prison workshops.

- I.29** Risk management systems were well integrated and effective. The prison was not risk averse in allocating activity places. Security meetings were usually well attended. The standing agenda was appropriate and included a thorough analysis of information reports. Security objectives were agreed and reviewed through consideration of intelligence. Reports from other areas of the prison were also discussed.
- I.30** Links between the security committee and the drug strategy team were not adequately developed and minutes of meetings did not give assurance that the prison-wide security strategy was effective.
- I.31** The security department received an average of nearly 400 information reports each month. They were processed and categorised quickly by full-time security collators and analysts. Intelligence was communicated to other areas of the prison, but staff shortages affected the speed of reaction to security issues. Too few target searches had been carried out and there had been very few finds.
- I.32** The security department managed other intelligence systems to identify and manage sophisticated and covert forms of organised crime and staff corruption. However, the sharing of information by the police was limited. The prison had an appropriate focus on extremism and the risks of radicalisation.
- I.33** In our survey, 49% of prisoners said it was easy to get illegal drugs against the comparator of 39% and 34% at our last inspection. The random mandatory drug test (MDT) positive rate averaged 10.3% during the previous six months. Most positive tests were for subutex and cannabis. New psychoactive substances (NPS)<sup>7</sup> had become prevalent since our last inspection but were not tested for. The MDT suite was dirty and the small holding rooms lacked ventilation.
- I.34** Suspicion testing was minimal, with only three tests completed in the last six months against 126 requests. There was no supply reduction action plan and not enough coordination and integration of supply reduction and drug strategy (see main recommendation S44).
- I.35** Managers had taken appropriate measures to implement the smoking ban in April 2016. Peer supporters had been trained to provide smoking cessation support. Prisoners could access nicotine replacement therapy and buy e-cigarettes. A temporary increase in violence was recorded following the ban (see paragraph I.14). Some prisoners made improvised cigarettes from tea bags and nicotine patches, lighting them on dismantled kettles and television power cables.

## Recommendations

- I.36 Strip-searching should be proportionate to the risks presented and intelligence-led searches should be prompt and subject to management checks.**
- I.37 Closed visits should be used only for incidents that relate to visits.**

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<sup>7</sup> New psychoactive substances are new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines. They may have unpredictable and life threatening effects.

## Good practice

- I.38** *Managers had taken appropriate measures to implement the smoking ban in April 2016, including training peer supporters to provide smoking cessation support and ensuring access to nicotine replacement therapy and e-cigarettes. Despite a short-term rise in violence, these measures had been reasonably effective.*

## Incentives and earned privileges<sup>8</sup>

### Expected outcomes:

**Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.**

- I.39** The incentives and earned privileges policy had recently been reviewed and published. All men had signed compacts. The scheme offered the usual differentials in access to private cash, visits and time out of cell, and prisoners saw the enhanced unit on D wing as a meaningful incentive. Fewer prisoners than we usually see at local prisons were on the basic or enhanced levels of the scheme. About two-thirds of prisoners were on the standard level, 21% on entry level, 11% on enhanced and 2% on basic.
- I.40** Those on basic could attend work activities and had at least one domestic period when they could shower, make a telephone call and attend exercise. The time spent on basic was relatively short and prisoners were usually promoted to standard within a week or two. However, we found examples of a few with more complex needs struggling to achieve promotion and remaining on basic for months. Planning was poor to help this small group return to the standard regime and deal with the underlying causes of their poor behaviour. Reviews were often cursory, poorly attended and rarely focused on relevant issues.

### Recommendation

- I.41 Prisoners on the basic level of the incentives and earned privileges scheme should be helped to improve their behaviour, so they can move to the standard level.**

## 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.**

### Disciplinary procedures

- I.42** There had been 866 adjudications in the previous six months, compared with 706 at the last inspection. Written records and hearings that we attended indicated that adjudications were conducted fairly and prisoners were given the opportunity to explain their version of events.

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<sup>8</sup> In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.



There were examples of adjudicating governors dismissing cases for lack of evidence or anomalies in the procedures. Punishments were fair and the recently reviewed tariff was useful to adjudicating governors. However, some charges were minor and could have been dealt with less formally. Monthly statistics on the number and nature of adjudications were presented to the segregation management meetings, but there was little evidence that they were used to identify trends.

## The use of force

- I.43** The level of use of force was high, with 201 cases in the previous six months (25 per 100 of the population), which was higher than we see at other local prisons. Management and monitoring of the use of force were weak in important areas. Links to violence reduction, the security committee and the senior management team were underdeveloped and there was no dedicated use of force committee. Information on the nature of the incident, its location, the ethnicity and age of the prisoner was collated each month and evaluated at monthly segregation management meetings, but we saw little evidence of data being used to inform a strategy to reduce numbers or manage patterns or trends.
- I.44** When completed, documentation showed that spontaneous incidents were managed appropriately and that minimum force was used for short periods with evidence of de-escalation techniques. The video recordings of planned incidents also reflected well managed interventions which were conducted correctly. However, too much paperwork was incomplete, frequently lacking written accounts by officers and accident reports from health care staff. Use of the special cell had increased but records showed that it was for short periods and justifiable reasons.

## Recommendations

- I.45** **Use of force paperwork should be completed thoroughly and subject to rigorous governance.**
- I.46** **Information about trends and patterns should be used strategically to help reduce the use of force.**

## Segregation

- I.47** Use of segregation was comparatively low. There had been 120 cases during the previous six months, about 15 cases per 100 of the population which was lower than we find at other local prisons. At the time of the inspection, eight prisoners were in segregation, four of whom were held under prison rule 45 for good order and half as punishment following adjudication. The average stay was 10 days, although there had been some notable exceptions of longer stays.
- I.48** Living conditions in the small segregation unit were poor. Some communal areas were superficially clean, but there was damp on the crumbling walls and the showers and holding room were dirty. Most cells were in a very poor state. Many were filthy, with graffiti scratched into plastic windows and on the inside of cell doors. There were signs of damp on many cell walls, most of the toilets were heavily stained and some did not flush properly.
- I.49** Governance of segregation was reasonable. A staff selection policy was in place and a segregation monitoring and review group, led by a senior manager, met each month to monitor the number held in segregation and the reasons. Relationships between segregation

unit staff and prisoners were good. Formal planning was being developed to address segregated prisoners' needs and individual management plans had been raised for a few. However, many prisoners with complex needs did not have individual management plans and too little was done to prevent psychological deterioration caused by segregation. Although the basic daily routine included showers, an hour of exercise and access to a telephone, prisoners spent nearly all day locked in cells with nothing meaningful to do. This was particularly concerning for longer-stay prisoners. This isolation was exacerbated by many prisoners not having radios.

## Recommendations

- I.50 Cells and communal areas in the segregation unit should be clean and in good repair.**
- I.51 All longer-stay prisoners should have management plans to ensure that their needs are met and to prevent psychological deterioration.**
- I.52 All prisoners in segregation should have a radio, unless an individual risk assessment indicates otherwise.**

## Substance misuse

### Expected outcomes:

**Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.**

- I.53** The substance misuse policy lacked detailed action plans and development targets. The demand and supply reduction strands of the strategy were not integrated (see paragraph I.34).
- I.54** Psychosocial support for substance-using prisoners was satisfactory and appropriately focused on harm reduction. Prisoners were seen on the day following arrival and given harm reduction advice, including information about NPS. At the time of the inspection, 268 prisoners were using substance use services provided by Wales Council for Alcohol and Drug Advice (WCADA). Most interventions were one to one, but included group work on substance misuse awareness, harm reduction and overdose prevention. Only prisoners on the 40-bed drug support unit on F1 were able to attend group work because of restrictions on prisoner movements. There were no self-help groups such as Alcoholics Anonymous and no recovery training. Only one peer supporter was available. The drug support unit lacked a supportive regime and housed prisoners who were not receiving drug treatment.
- I.55** Cardiff and Vale University Health Board provided clinical substance misuse services. A substance misuse lead nurse had been appointed and the clinical director and the GP specialised in treating substance users. Following reception screening, drug and alcohol dependent prisoners received first night medication and were located on the first night centre (see paragraph I.8). Officers on this unit did not know which prisoners were detoxifying and cells did not have observation hatches. The inpatient health care centre could provide 24-hour medical supervision, but beds were rarely available for prisoners who were detoxifying. This was particularly concerning when prisoners withdrawing from alcohol could not be admitted.
- I.56** During the previous month, 111 prisoners had been prescribed methadone or buprenorphine, mainly on a maintenance basis, which was appropriate for a short-stay

population. Treatment for heroin users not in contact with community services had become more flexible. Although Lofexidine<sup>9</sup> was prescribed initially, once access to community treatment had been arranged prisoners could start methadone stabilisation before release.

- I.57** Joint working between psychosocial support and mental health services had improved. Weekly clinical meetings facilitated good care planning and coordination.

## Recommendations

- I.58** **Group work interventions should be open to prisoners regardless of where they are held in the prison. The range of substance misuse support services should be developed and include mutual aid groups.**
- I.59** **Prisoners undergoing detoxification, especially for alcohol, should be located in the health care centre with appropriate 24-hour monitoring and observation.**

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<sup>9</sup> Lofexidine is used to alleviate the symptoms of mild to moderate opiate withdrawal.



## Section 2. Respect

### 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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.**

- 2.1** Outside areas, particularly exercise yards, were clean but austere, with little greenery. There was exercise equipment in the yards but no seats. Most internal communal areas were clean. Basement accommodation in three wings suffered from damp and stale air. Communal showers in some residential units were dilapidated. Showers were generally poorly ventilated and some were mouldy. Many were not adequately screened.
- 2.2** Most cells originally designed for one prisoner were shared by two and were overcrowded. Most cells had adequate furniture but often lacked lockable cabinets. Many mattresses were of poor quality and there was no functioning exchange programme. No screening was provided for toilets in shared cells and prisoners improvised with old sheets to achieve some degree of privacy. There were no curtains and many cells did not have a kettle. The level of decoration was generally poor and graffiti and offensive posters had not been removed. Some prisoners told us they did not have enough cleaning products and some cells were dirty. The poor living conditions were exacerbated because prisoners were locked up for so long (see paragraph 3.1 and main recommendation S47).
- 2.3** Prisoners could not access enough clean bedding and suitable clothes. Most had to wear prison-issue clothing, some of which was of poor quality, and prisoners frequently received only one set of clean clothes and bed linen each week. There were severe shortages of some items, such as socks and towels. Prisoners resorted to washing their prison-issue clothes in their sink to keep items that fitted.
- 2.4** Prisoners complained that cell bells were left unanswered for far too long. The cell bell log had not been monitored for some months and showed that some calls were not answered promptly.
- 2.5** In our survey, 39% of prisoners said applications were dealt with fairly against the comparator of 47% and 62% at the previous inspection. Managers did not quality assure responses to applications. The application process was not confidential, as applications were given to peer mentors. On one residential unit they were left in an in-tray in the association area where other prisoners could see them.
- 2.6** In our survey, only 13% of prisoners said they could get their property if they needed to. We were told that the poor time out of cell was a significant contributor to this.

### Recommendations

- 2.7** **Cells designed for one should not be occupied by two prisoners.** (Repeated recommendation 2.8)
- 2.8** **Managers should ensure that applications are dealt with promptly and effectively.**

## Staff-prisoner relationships

### Expected outcomes:

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

- 2.9** Prisoners we spoke to generally felt well supported by staff. In our survey, 71% of prisoners said that most staff treated them with respect. Although personal officer work had deteriorated, 72% said they had a staff member to turn to if they had a problem against the comparator of 67%.
- 2.10** Staff-prisoner relationships were generally good and we were impressed by the level of practical support offered to prisoners, including new prisoners and those in crisis. These relationships had been sustained despite poor staff morale. Staff supervision of prisoners during association was good. These good relationships, together with some very good peer advisers, partially mitigated other deficiencies in the prison.
- 2.11** Consultation arrangements were poor. Scheduled monthly consultations with prisoner representatives from each wing had only taken place twice in the last six months and were poorly attended by representatives. Most monthly forums scheduled for each wing did not take place.

### Recommendation

- 2.12** There should be regular effective consultation forums with prisoners.

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>10</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

### Strategic management

- 2.13** The strategic management of equality and diversity was weak. The manager of the team was also responsible for managing residential units and an officer detailed to work part time on equality issues spent almost all their time on other duties. Equality and diversity meetings were held regularly and attended by staff from a range of departments, including the governor, but not by equality prisoner representatives. Not all staff had completed their mandatory online equality and diversity training. The equality and diversity policy and action plan were up to date but equality monitoring data were not used to identify and address discrimination. The data showed disparities in treatment in most areas, which had not been investigated.

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<sup>10</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.14** The six equality representatives were enthusiastic about their role but lacked training and support. Equality representatives did not meet new arrivals to explain the support they could offer, nor did they meet regularly as a group for support and to share learning.
- 2.15** In theory, prisoners could report discrimination incidents but the only forms available during the inspection were in Welsh. During the previous six months, 37 incidents had been reported, compared with only 12 at the previous inspection. Investigations into discrimination incidents were reasonably good. Complainants and witnesses were interviewed, but some replies did not fully explain how the incident had been investigated and addressed. There was no external quality assurance of investigations.
- 2.16** Identification of prisoners' protected characteristics was good but we were not confident that the data were used to address discrimination. For example, the equality team were unaware of the existence of key data on sexual orientation and lessons learned from discrimination incidents were not discussed at the diversity and equality meetings.
- 2.17** With the exception of older prisoners, there had been no recent consultation with, or formal support for, protected groups. Community organisations did not attend the prison to offer support or advice to protected groups (see main recommendation S46).

### Protected characteristics

- 2.18** At the time of the inspection, 14% of the population were black or minority ethnic prisoners. In our survey, fewer black and minority ethnic prisoners (51%) than white prisoners (75%) said that most staff treated them with respect and 49% against 24% said they had been victimised by staff. The prison monitoring data also suggested disparities in treatment. For example, black prisoners were more likely than white prisoners to have an adjudication charge brought against them, to be found guilty at an adjudication hearing, to be on the basic level of the incentives and earned privileges (IEP) scheme and to be segregated. No investigation was being carried out to understand and address these disparities (see main recommendation S46).
- 2.19** Eight Gypsies and Travellers were held at the time of the inspection. The weekly support meeting for this group had been discontinued, as had the support from Ihsaan Social Support Association Wales to help with resettlement needs.
- 2.20** Six per cent of the population were foreign nationals, many of whom were uncertain about what would happen when their sentences finished. Seven prisoners were being held under immigration powers, one for six months. One immigration detainee told us that he was only informed of his detention on the final day of his custodial sentence. Prisoners had a face-to-face meeting with an immigration enforcement officer within two weeks of arrival. They could also apply to see the officer, who visited the prison every week. An offender supervisor in the offender management unit had received additional training on foreign national issues. Foreign nationals could apply for a free five-minute telephone call to their country of origin in lieu of visits. There was still very little information displayed in languages other than English and Welsh. We were not confident that staff used telephone interpreting services when necessary.
- 2.21** We found no evidence of discrimination or less favourable treatment of different religious groups. Prisoners in our groups and members of the chaplaincy felt that a prisoner's religion did not affect their treatment.
- 2.22** The prison had identified 253 prisoners with disabilities, which reflected the numbers in our survey. Very few adjustments had been made for this group. We found several prisoners

with mobility problems living in unadapted cells. Health care staff assessed these prisoners, but there was no multidisciplinary care planning and links with wing officers and the equality team were poor. In our survey, prisoners with disabilities reported more negatively than others across a wide range of questions. The equality monitoring tool was not used to monitor the group's treatment (see main recommendation S46).

- 2.23** A compact had been agreed for a transgender prisoner who was released the week before our inspection. Staff told us she was able to purchase products appropriate to her acquired gender. The prison had identified seven gay or bisexual prisoners, while our survey suggested about 30. Prisoners were asked their sexual orientation by a member of the chaplaincy on the wings, which could have inhibited full disclosure. The weekly chaplaincy support meeting for gay and bisexual prisoners had been discontinued since our last inspection.
- 2.24** Seven prisoners were over the age of 60, with the oldest 68. Prompt action had been taken to address needs identified at a forum for older prisoners shortly before our inspection. Reading glasses were now available for prisoners to borrow while reading in the library. The gym ran two sessions a week for older prisoners.

## Recommendation

- 2.25 Professional interpreting should be used when accuracy or confidentiality are required.**

## 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.**

- 2.26** Forty-six per cent of prisoners had no recorded religion, 42% were Christian and 10% Muslim. The composition of the chaplaincy reflected this mix. A Humanist celebrant offered support to prisoners of no religion and the needs of minority faiths were catered for.
- 2.27** Although prisoners in our survey were more negative than at similar prisons about respect for their beliefs and access to services, we also heard many positive reports about the support they received from the chaplaincy.
- 2.28** The chaplaincy worked well together. A chaplain saw all new prisoners shortly after their arrival. The meetings were constructive but not always conducted in private and some prisoners were asked intimate questions on the landings. The chaplaincy contributed to a wide range of meetings across the prison, but not assessment, care in custody and case management (ACCT) reviews (see paragraph 1.20).
- 2.29** The chapel was a welcoming, serene environment. In contrast, the multi-faith room used by all non-Christian faiths was austere and hot, and struggled to accommodate all Muslims for Friday prayers. Other than a small sink, there were no ablution facilities near the multi-faith room.



## Recommendations

- 2.30 The reasons for prisoners' poor perceptions of religious activity should be investigated and the findings acted on.**
- 2.31 Prisoners should be able to attend religious services in facilities that are well ventilated, spacious, appropriately decorated and furnished.**

## Good practice

- 2.32** *A Humanist celebrant attended the prison to support prisoners of no faith.*

## Complaints

### Expected outcomes:

**Effective complaints procedures are in place for prisoners, which 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.**

- 2.33** During the previous six months, 538 written complaints had been submitted, less than at other local prisons. The most common complaints related to residential units (70), health care (47), property (48) and sentence planning (24). Complaints boxes were situated at a distance from staff offices, enabling prisoners to submit them confidentially. Not all complaint forms were available on all wings. Complaints were investigated promptly and thoroughly. The quality of replies was good. Many were polite, clearly written and resolved prisoners' problems, although the tone of a few replies was abrupt. A manager quality assured 10% of replies each month and fed back to staff when necessary. A monthly complaints report was presented to the senior management team, but it only covered the type of complaint and the location. Complaints about health care were inappropriately handled through the general complaints system (see paragraph 2.40).

## Legal rights

### Expected outcomes:

**Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.**

- 2.34** The prison held large numbers of unconvicted, unsentenced and recalled prisoners and those appealing their sentence or conviction. Despite a high demand for legal services, there was no dedicated provision. Prisoners received no help in applying for bail and bail accommodation and no support services were working in the prison. Prisoners could apply to borrow an 'access to justice' laptop to work on their case, but no prisoners were using one during our inspection. The library stocked a reasonable range of legal text books and prison service instructions. Facilities for legal visits were good.

## Recommendation

- 2.35 Prisoners should be able to access effective legal advice easily.**

## Health services

### Expected outcomes:

**Prisoners are 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 elsewhere in the community.**

### Governance arrangements

- 2.36** Overall health care was reasonably good. Cardiff and Vale University Health Board commissioned and provided health services. A draft comprehensive health needs assessment had been prepared to inform the prison health development plan. There were regular, well-attended partnership meetings with the governor and working relationships were positive.
- 2.37** There were sufficient well-led health care professional posts with the necessary competencies to provide health services, although the variety of activities was reduced because of vacancies. A registered nurse was on duty 24 hours a day. Health care professionals had excellent access to training and were up-to-date with requirements, but not all had regular, documented clinical supervision.
- 2.38** There were few serious incidents, and lessons learned were shared with staff. However, we were concerned that the health care manager had not received clinical review reports following deaths in custody (see paragraph 1.19).
- 2.39** There was no dedicated health forum but health care staff contributed to the prisoners' forum. The most recent patient survey on reasons for non-attendance had been completed in 2015.
- 2.40** Prisoners made few complaints about health care, 47 in the previous six months. Health complaints were made through the general complaints system which compromised medical confidentiality. The responses we sampled were timely, polite and focused.
- 2.41** The health centre, including inpatient unit, was clean and had excellent clinical facilities on two floors. However, the ground floor was affected by rising damp - to waist height in some places. The damp did not affect the inpatients' sleeping accommodation. A room formerly used for mental health group therapy had been dedicated to control and restraint training for prison officers, which reduced clinical flexibility. The two patient waiting rooms were bleak, with graffiti and no health promotion material. Patients waited for up to 40 minutes on wooden slatted benches before and after their appointments.
- 2.42** The wing treatment rooms were not used for most clinical purposes because they were not fit for purpose. The refurbishment that we previously recommended had not taken place. A recent infection control audit had been completed with a remedial action plan.
- 2.43** Health care emergency equipment, including automated external defibrillators (AEDs), was placed strategically across the prison and health care professionals were trained to use it. Kit was subject to regular, documented checking. No prison officers had been trained to use an AED.
- 2.44** Prisoners aged 50 and over received appropriate health checks and treatment. Health screening and immunisation activity was age appropriate, including blood-borne virus testing.

- 2.45** Health promotion literature was available in the health centre, and there were some notices on residential units. Barrier protection and harm minimisation advice were available from health care professionals. The prison had started a consultation on an integrated approach to health and well-being.

## Recommendations

- 2.46** **The health partnership board should construct a plan to address the damp in the health centre, lack of space for mental health therapy, inhospitable waiting rooms, and refurbishment requirements of the wing treatment rooms.**
- 2.47** **The health complaints system should preserve medical confidentiality.**

## Delivery of care (physical health)

- 2.48** Registered nurses screened about 380 prisoners a month on reception. Prisoners had access to a GP and substance misuse worker if required. Relevant information, such as the person escort record, was reviewed and consent was requested for access to community records. The initial health screen contained an enhanced approach to mental health assessment, which was commendable, but had limitations in identifying learning disabilities.
- 2.49** Secondary health screening was completed the day after arrival. An information leaflet on health services was available to prisoners, although there was none in reception when we visited. Health care did not contribute to the induction programme which was a missed opportunity to convey essential health and well-being information.
- 2.50** There was an appropriate range of primary care services, for which waiting times were acceptable. In our survey, about a third of prisoners said that overall quality of health care was good, and they reported better access to a nurse (60% versus 51%) and doctor (27% versus 21%) than at the last inspection. Prisoners had access to urgent GP appointments on the day, and out-of-hours GP cover was provided to the same level as in the community. During the previous three months, nearly a quarter of prisoners did not attend their GP appointments despite action to address this.
- 2.51** Nurses provided a community based service with initial triage of minor ailments on the residential units. Nurse-led clinics were underdeveloped but life-long conditions were well managed by the GPs. There were some visiting specialists, for example in sexual health or hepatitis C treatment, and limited access to telemedicine for skin problems. External hospital appointments were rarely cancelled, which was commendable.
- 2.52** The 20-bed inpatient unit was used for prisoners with physical and mental health needs, but 'lodgers' were also admitted for non-clinical reasons. Prisoners were satisfied with their care and care planning was good. The therapeutic day included communal activities, visiting education and library services. However, access to therapeutic activities was affected by a shortage of prison staff.

## Recommendation

- 2.53** **The inpatient unit should only accommodate patients with clinical needs. Its role and exclusion criteria should be clearly defined, agreed and monitored by the prison health partnership board.**

## Pharmacy

- 2.54** Patients received medication promptly from the in-house pharmacy. There were no medicines use reviews or pharmacy-led clinics. Prisoners could ask to see a pharmacist, but this service was not advertised.
- 2.55** Medicines management procedures were generally very good. Prescribing was evidence based and appropriate. Up-to-date reference sources, including a prison formulary (a list of medications used to inform prescribing), were available, although some old material had been inappropriately retained. Controlled drug cabinets on the wings were not secured according to legislative requirements.
- 2.56** Risk assessments for prisoners receiving in-possession medicines were recorded on SystmOne and reviewed when necessary. Prisoners sharing cells did not have lockable cabinets to store medication. The checking of in-possession medicines in cells was inadequate.
- 2.57** Medicines were administered on several wings and medicine queues were well supervised by prison officers. Medicines that caused drowsiness were often given too early, sometimes as early as 4pm. Short courses of sleeping tablets were given daily in possession wherever possible. Some prisoners had to take medication three times a day as part of a detoxification programme. The prison regime did not allow for this and nurses gave these prisoners their second dose to take away. This increased the risk of non-compliance and diversion. Nurses recorded this dose as having been administered without seeing the prisoner taking the medicine. This was poor practice.
- 2.58** A significant quantity of medicine was supplied as stock rather than for named patients. Stock was occasionally supplied as split packs and some had faded labels that were difficult to read. Trolleys containing stock medicines were not always secured to the fabric of the building when not in use. Prisoners could obtain medication out of hours if required.
- 2.59** The pharmacist and lead GP closely scrutinised the prescribing of tradable medicines and liaised systematically, using a pro forma, with community prescribers to ensure that prescribing was appropriate. Tramadol (a strong opiate-based painkiller) was not prescribed, although the pharmacy kept some stock in case of need. Mirtazapine prescribing was quite high, reflecting high prescribing in the local community. This was under review.
- 2.60** The prison shop and the pharmacy sold a limited number of simple remedies for common problems such as dry skin and cold sores. A limited range of patient group directions<sup>11</sup> (PGDs) enabled nurses to supply and administer common medicines but most basic medication had to be prescribed by a doctor. Nurses supplied some prisoners with nicotine patches under a PGD. The pharmacist said that the procedure was not always followed and prisoners were able to stockpile patches, some of which were abused.
- 2.61** The medicines management committee met monthly and was well attended by relevant stakeholders. The committee reviewed prescribing data and ratified policies. Appropriate up-to-date medicines protocols were available and generally followed.

## Recommendations

- 2.62 Prisoners should have secure storage for in-possession medication and systematic checks should be conducted.**

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<sup>11</sup> Authorise appropriate health care professionals to supply and administer prescription-only medicine

- 2.63 All medication should be administered according to the prescriber's directions at an appropriate time for maximum therapeutic effect. Administration records should be accurate and complete.**
- 2.64 The use of general stock should be reviewed to encourage the use of named-patient medication wherever possible.**
- 2.65 The range of patient group directions should be expanded to avoid unnecessary consultations with the doctor. Nurses should be trained in their use to ensure that procedures are correctly followed.**

### Good practice

- 2.66** *The systematic use of a pro forma to obtain detailed information from prisoners' community GPs about their prescribed medication enabled the health care team to prescribe appropriately.*

### Dentistry

- 2.67** Prisoners we spoke to expressed satisfaction with dental services, although in our survey only 22% were satisfied with the overall quality against the comparator of 29%. Not all treatments that prisoners wanted could be implemented because of their short stay in the prison. The dental team treated prisoners politely, respected their privacy, provided appropriate information and promoted oral hygiene.
- 2.68** The average waiting time for non-urgent treatment was reasonable, at four to six weeks. Prisoners requiring urgent attention were treated quickly. From April to July 2016, 27% of prisoners had failed to attend their appointments (see paragraph 2.50).
- 2.69** The dental suite comprised two large surgeries which were clean and suitably equipped. A separate decontamination room met best practice standards. Resuscitation equipment was shared with the health care centre, and oxygen was located in the suite.

### Delivery of care (mental health)

- 2.70** The draft health needs assessment indicated high levels of emotional and mental health problems and serious psychiatric illnesses. This was reflected in the very high number of referrals each week, on average 45 to 50.
- 2.71** The mental health team responded to complex, serious and enduring mental health problems, but capacity to assist prisoners with emotional and mild to moderate problems was inadequate. Up to a third of prisoners had ongoing unmet needs. There were no longer any counsellors to help meet emotional needs, although recruitment was in progress.
- 2.72** The multidisciplinary in-reach team consisted of mental health care practitioners, including psychiatric nurses, occupational therapist, counselling psychotherapist, psychiatrist and sessional forensic psychiatrist. They provided a cohesive approach to complex, serious and enduring illnesses and also tried to respond to mild to moderate needs. The caseload was high, with 70 to 100 prisoners in care at any one time.
- 2.73** Therapeutic approaches included one-to-one support, brief interventions, cognitive therapy and trauma-informed interventions. A few therapeutic groups were limited to six prisoners for security reasons, which was clinically inefficient. Clinical rooms in the health care centre

and rooms on the wings were used for treatments, none of which was ideal. There was not enough therapy space to offer simultaneous group therapies in the health centre. There had been no recent training of prison officers in mental health awareness.

- 2.74** During the previous six months, 10 patients had been transferred to secure mental health units, with an average waiting time of 3.5 weeks against guidelines of 14 days. At the time of the inspection, four patients were awaiting transfer. One had been waiting for 18 weeks, which was unacceptable.

## Recommendations

- 2.75 A mental health service model capable of meeting the emotional and mental health needs of the population should be implemented.**
- 2.76 All staff in prisoner contact roles should be trained in mental health awareness.**
- 2.77 Transfers to community mental health services under the Mental Health Act should take place promptly.**

## Social care

- 2.78** Arrangements for social care assessments had been put in place but no referrals had been made. There was evidence of access to occupational therapy equipment and mobility and self-care aids for prisoners who required them.

## 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.**

- 2.79** In our survey, 22% of prisoners said that the food was good compared with 29% at the previous inspection. The food we tasted during the week was hot and flavoursome and portions were of a decent size. Prisoners could choose meals from a menu published once a week and the menu changed every four weeks. A booklet explaining how to select meals was written in easy-read format and illustrated. There were four options for the evening meal, including vegan and halal options. Breakfast packs were served the night before and were unappetising and small. Prisoners could have two hot meals a day and five portions of fruit and vegetables. The kitchens provided bespoke meals for prisoners with special diets, for example, diabetics. Prisoners could not eat communally and instead ate in their cells, many on their beds feet away from their toilets.
- 2.80** Only 16 prisoners worked in the kitchens which had the capacity for 26, partly because of a planned move to a temporary kitchen while the main kitchen was refurbished. Prisoners completed a food hygiene qualification before working in the kitchen but could not complete any other catering qualifications.

## Recommendation

- 2.81 Prisoners working in the kitchens should be able to study for a national vocational qualification in catering.**

## Purchases

### Expected outcomes:

**Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.**

- 2.82** Prisoners could buy a wide range of products. In our survey, just under half the prisoners said that the shop sold a wide enough range to meet their needs. Prisoners could order products from three catalogues but had to pay a costly and unreasonable administration fee for each order. Some newly arrived prisoners had to wait two weeks before they received their first shop order. Delays in receiving these orders resulted in some prisoners accruing debt after borrowing essential items from other prisoners.

## Recommendation

- 2.83 Prisoners should be able to purchase and receive items within 24 hours of arrival.**





## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>12</sup>**

- 3.1** The time prisoners could spend out of their cells under the temporary restricted regime was poor. The new arrangements had been implemented in late July 2016 because of shortfalls in staffing and were due to end in September. Access to employment and education had been halved to five days each fortnight and unlocking and attendance at activities had become more predictable. However, when prisoners were unable to attend employment or education, they could typically spend as little as an hour and a half out of their cells in 24 hours. Some prisoners could be locked in their cells for up to 27 hours, only coming out briefly to collect a meal (see main recommendation S47).
- 3.2** When prisoners attended work and education, they could spend about eight hours out of their cells, including about 90 minutes' association. However, we observed some slippage in timetabled activities.
- 3.3** Our roll checks during the working day showed that 46% of prisoners were locked in their cells. There was access to outdoor exercise, but for some wings this was for only half an hour a day.

### Learning and skills and work activities

#### Expected outcomes:

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

**3.4** *Estyn<sup>13</sup> made the following assessments about the learning and skills and work provision:*

<b>Overall effectiveness of learning and skills and work:</b>	<b>Good</b>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Good</i>

<sup>12</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

<sup>13</sup> Estyn is the office of Her Majesty's Inspectorate for Education and Training in Wales. It is independent of, but funded by, the National Assembly for Wales. The purpose of Estyn is to inspect quality and standards in education and training in Wales.

## Management of learning and skills and work

- 3.5** Overall, the management of learning and skills was good. The profile and priority of learning and skills had been raised and planning of education and work activities had improved. The head of learning and skills liaised well with the lead for learning and skills in the Wales cluster, which had enhanced planning and helped the prison to benchmark its performance against other prisons.
- 3.6** Procedures for quality assuring management data were good and their accuracy had improved. However, the management information system stored a narrow range of data, which impeded the demonstration of staff and prisoner successes.
- 3.7** A useful needs analysis had been undertaken, making good use of labour market information. The findings had informed the development of the curriculum to include vocational training in radio presentation and barista skills.
- 3.8** Managers used comprehensive, evaluative self-assessment well to plan and prioritise quality improvement. Staff were well qualified and most had good opportunities to develop their skills. However, a few key staff were part time and a few were approaching retirement. There was no succession plan to ensure that this staff profile would not affect prisoners adversely.
- 3.9** Classrooms and workshops were equipped to a good standard, with access to learning equipment and modern technology.
- 3.10** The impact of learning and skills on prisoners' outcomes following release had not been evaluated.

## Recommendations

- 3.11 The learning and skills management information system should measure the performance of all prisoners and teaching staff.**
- 3.12 The impact of learning and skills on prisoners' offending behaviour and employability on leaving prison should be evaluated.**

## Provision of activities

- 3.13** The number of activity places had increased to 750 and there were enough places for all prisoners to be usefully occupied. Only 26 prisoners were unemployed, although during the temporary regime too many prisoners spent too much time unoccupied (see main recommendation S47).
- 3.14** The breadth of provision was good and had improved further since the last inspection. For example, prisoners now completed a 'new roads and street works' training course. These improvements reflected the needs of the local labour market.
- 3.15** Nearly all activities were purposeful and provided prisoners with good work-related skills. These included valuable opportunities for prisoners to develop motivational skills and build their confidence and self-esteem.

- 3.16** The allocation of activities had improved since the last inspection. All prisoners completed a thorough initial assessment within the first week which identified their needs, interests and levels of literacy and numeracy. This facilitated the swift allocation of prisoners to activities.
- 3.17** Systems to manage attendance were not robust enough. In many workshops and classes, prisoners arrived late, which affected session planning and disrupted the progress of other prisoners' learning.
- 3.18** Pay rates offered a satisfactory system of incentives and bonuses.

### Quality of provision

- 3.19** Prisoners received guidance interviews during induction which enabled them to reflect on how the opportunities offered could benefit them on their release. The broad range of learning and vocational activities were designed in small units that could be achieved quickly. This met the needs of short-term prisoners well.
- 3.20** Teachers knew and understood the prisoners well and planned sessions so that they developed skills, self-confidence and motivation to learn. Teaching was of a consistently good standard and sessions were delivered at a good pace to engage prisoners and encourage learning. Teachers and supervisors used good questioning skills in most sessions and listened to prisoners to improve the planning of sessions. Staff made good use of real-life scenarios in health and safety to aid prisoners' understanding.
- 3.21** English for speakers of other languages (ESOL) lessons were planned well and focused on pronunciation and vocabulary. Many staff embedded literacy, numeracy and digital literacy well into prisoners' learning, and music sessions were particularly effective in teaching a broad range of essential skills. In a few cases, staff relied too much on worksheets.
- 3.22** Classrooms and workshops were calm environments where learners felt safe and behaviour was good. Peer mentors helped motivate and support prisoners to learn in class. In workshops they played an important supervisory and training role, although there were not enough opportunities for them to gain accreditation for these skills. Most prisoners produced work of a high standard and took pride in their achievements.

### Education and vocational achievements

- 3.23** The overall success rate for all courses in 2015 to 2016 was good. At 82%, it was 14% above the NOMS Wales key performance indicator. Nearly all learners who completed a course achieved a certificate for units of credit or a qualification.
- 3.24** Successful completion of vocational courses was 86%, non-vocational courses 96% and employability courses 97%. These were respectively 18%, 28% and 29% above the benchmark.
- 3.25** About three-quarters of learners attained units of credit on essential skills courses, a significant improvement from about half at the last inspection. However, in 2015 to 2016 outcomes in numeracy were lower than those for literacy.
- 3.26** The range of qualifications and certificates of credit was appropriate for the transient nature of the population. Many prisoners achieved learning goals that developed their study skills, self-esteem, confidence and attitudes to learning and prepared them effectively for the next stage of learning or training for employment purposes.

- 3.27** Initial assessment of prisoners was effective and many teachers followed up with a more in-depth assessment. Prisoners' learning plans contained a learning target which prisoners set and reviewed weekly, which gave them relevance to the individual. A few of these targets were not specific enough or linked well to assessment outcomes.
- 3.28** Where basic literacy and numeracy support was provided, prisoners gained valuable skills, but not all prisoners had equal access to this support. Prisoners in ESOL classes developed their skills well and acquired an understanding of prison terminology and regimes which helped them to settle quickly into prison life.
- 3.29** Opportunities for prisoners to learn about aspects of emotional wellbeing featured prominently in well-structured learning and skills courses on personal development. This had a significant impact on prisoners' self-awareness and self-esteem. For example, prisoners on the 'Tools for Change' and 'Beating the Blues' courses described how the course had helped them to develop valuable strategies to understand and manage their emotions and behaviour.

## Library

- 3.30** The main prison library contained a good range of books and resources. There was an appropriate selection of material to appeal to prisoners, including magazines, novels and reference books.
- 3.31** The library stock included material for ESOL support, beginner readers and prisoners requiring accessible print. There was an appropriate selection of materials in the Welsh language and reference books related to Wales and its culture.
- 3.32** Prisoners had opportunities to request books from the local authority library services and these arrived promptly. Reduced library stock was available on two of the wings. Prisoners did not have equal access to the library and some prisoners were able to borrow and exchange books more frequently than others.

## Recommendation

- 3.33 All prisoners should have equal access to the library.**

## Physical education and healthy living

### Expected outcomes:

**All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.**

- 3.34** The range of physical education (PE) facilities was appropriate and included two gyms, a sports hall and an all-weather pitch. A wide range of sports were offered, including football, basketball, rugby, volleyball and cricket. Exercise yards contained exercise equipment to promote physical activity. The PE team organised inter-wing competitions a few times a year. Teams of staff and prisoners had played football with a local faith organisation.
- 3.35** All prisoners could attend PE at least three times a week and about half the prisoners used the facilities regularly. Under the temporary regime the number of PE sessions varied too much between wings and participation in team games had been affected (see main recommendation S47).

- 3.36** Prisoners of all ages and fitness levels were well catered for. Valuable specialist courses had a positive impact on the health of older prisoners, those with medical conditions and those wanting to lose weight. These courses were popular with prisoners and were oversubscribed. Provision for prisoners with physical disabilities or learning difficulties was underdeveloped.
- 3.37** The health and fitness screening of prisoners was thorough. The PE and health care teams worked together to assess prisoners' medical condition before they undertook PE activities.
- 3.38** Prisoners received a useful induction to PE within the first week of arrival, including information on the benefits of a healthy diet, the safe use of equipment and safe methods of training. PE staff also provided manual handling training for all prisoners which expedited their allocation to employment and training.
- 3.39** Many prisoners spoke of the importance of a healthy lifestyle and were enthusiastic about the weight loss course. They were motivated to achieve challenging targets for further improvement. Many prisoners took part enthusiastically in PE sessions, including a demanding circuit training session.

## Recommendation

- 3.40** **There should be dedicated PE sessions for prisoners with disabilities.**



## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival at the prison.**

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

**Good planning ensures a seamless transition into the community.**

- 4.1 There was a reducing reoffending strategy and action plan, based on the seven pathways and an additional veterans' pathway. Current progress in implementing the strategy was discussed at regular meetings, but actions had only recently been identified and minuted. The offender management unit (OMU) was managed separately and was not represented at these meetings. There were, therefore, limited links between offender management and the practical resettlement work delivered by St Giles Trust on behalf of the community rehabilitation company (CRC), Working Links. Staff of the two departments had started to meet, but so far not regularly.
- 4.2 OMU staff were not located with the CRC, and specialist teams of administrative staff, offender supervisors, categorisation and allocation staff all worked in separate rooms. Managers and staff went out of their way, with reasonable success, to improve communication but these obstacles hindered coordinated working to achieve the best outcomes for prisoners and the public.
- 4.3 There was an appropriate emphasis on completing a good basic custody screening tool for resettlement issues. The lack of coordination prevented the part 1 screening by offender supervisors from linking well with the part 2 screening carried out a few days later by CRC staff.
- 4.4 Seventy percent of prisoners were at Cardiff for three months or less, which made it difficult to deliver interventions addressing offending behaviour, although some one-to-one work was done by CRC staff. There had been no analysis of the resettlement needs of the population, but there was an appropriate focus on important areas for short-term prisoners, such as housing, employment and financial management, with effective involvement by a wide range of community organisations. The practical resettlement needs of prisoners on remand and on short sentences were appropriately met by the CRC engagement at the beginning and towards the end of the sentence. Little was done to reduce the risk of reoffending by prisoners with sentences of several months, who were not moved elsewhere, other than education and work.

#### Recommendation

- 4.5 **All resettlement staff should work in close cooperation, and as far as possible in close proximity, to ensure the best outcomes in reducing the risk of prisoners re-offending.**

## Offender management and planning

### Expected outcomes:

**All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.**

- 4.6** Offender management staff worked hard, but their effectiveness was undermined by the frequent redeployment of most of the uniformed offender supervisors. It was not unusual for only one of the eight supervisors to be available for offender management work on any one day. They were not able to contact prisoners on their caseload regularly, but described their work as reactive, picking up essential tasks or responding to prisoner applications. Weekly OMU surgeries on the wings had been a good innovation, but they had been discontinued because of staff shortages.
- 4.7** There was a very small backlog of OASys assessments to the credit of OMU staff. The quality of these assessments, both 'layer 1' risk reviews and 'layer 3' full assessments, was uneven. In the sample that we analysed, prison and probation offender supervisors had not used all the relevant information available, especially from probation sources.
- 4.8** There was some quality assurance of OASys assessments, sentence plans and risk management plans, but it was limited in scope. A number of the individual plans which we examined did not set objectives and targets appropriate to the stage of the prisoner's sentence and his personal circumstances.
- 4.9** During the previous nine months, 166 applications for home detention curfew (HDC) had been made, of which 80 had been approved, twice as high a proportion as at the previous inspection. Staff reported delays in receiving responses to requests for information relevant to HDC from community probation staff and CRCs.

### Recommendation

- 4.10 A consistent team of offender supervisors, sufficient in number to meet the need, should deliver the core work of individual prisoner assessment and planning to a reliable standard.**

### Public protection

- 4.11** Public protection issues were consistently identified and managed on arrival at the prison and as they arose. This depended on the competence of individual staff and managers, and there was only limited governance of the structures and systems involved. The minutes of regular interdepartmental risk management meetings only recorded discussion of individual prisoners presenting management challenges, although the published policy included the appropriate governance functions.
- 4.12** Prisoners eligible for public protection measures on release under MAPPA (multi-agency public protection arrangements) were identified promptly and OMU staff and managers played an active role in community risk management meetings. Fulfilling MAPPA obligations was more difficult with prisoners from England, of whom there been an influx in recent weeks.



## Recommendation

- 4.13 The interdepartmental risk management committee should provide governance of public protection systems and processes, in line with the published policy.**

## Categorisation

- 4.14** The disruptive effects of overcrowding drafts on prisoners' progress were no longer a problem, since group transfers out of Cardiff no longer took place at short notice. Categorisation and re-categorisation processes were carried out effectively, and suitable forms had been devised locally for prisoners to make their own representations to the board. OMU staff delivered these forms, and gave appropriate support to prisoners who had difficulty writing submissions. Until recently, there had been a strong record of timeliness in decisions on both re-categorisation and HDC; this had slipped over the summer because of staff shortages.

## Indeterminate sentence prisoners

- 4.15** The number of life sentence prisoners had reduced from 60 to 16 since the previous inspection. A probation officer kept in touch with these men, and delivered short one-to-one interventions on topics such as anger management. Little else was available to support progress through their sentence. Some prisoners remained at Cardiff because offender managers had decided that was the best option for them to progress because they were close to their family or there were other factors relevant to reduction of risk.
- 4.16** Seventeen men were serving indeterminate sentences for public protection. OMU staff said that a new arrangement to transfer them to HMP Parc had not yet been implemented.

## Recommendation

- 4.17 IPP prisoners should not be held at HMP & YOI Cardiff unless there are clear opportunities to work on reducing the risk of re-offending.**

## Reintegration planning

### Expected outcomes:

**Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.**

- 4.18** The CRC for Wales, Working Links, was represented in the prison by St Giles Trust. Its caseworkers were located in the centre of the residential areas and were very accessible to prisoners. In recent weeks, in spite of working hard, offender supervisors had not been able to keep pace with basic custody screenings, because they had to prioritise public protection and risk assessment work. All prisoners received initial custody screening to meet immediate practical needs and a resettlement plan from the CRC. This was a major improvement since the previous inspection.
- 4.19** Peer advisers worked effectively to support prisoners towards resettlement, especially in signposting to housing and other services. The advisers were given structured training towards NVQ level 3, and the level of training and supervision of their work by a CRC staff

member was very good. They were available to prisoners at each stage from reception and co-delivered resettlement modules in the last 12 weeks of the sentence. Their work remained effective despite being limited to an hour a day shortly before the inspection.

## Accommodation

**4.20** St Giles workers saw all new arrivals during induction. Prisoners with housing issues were dealt with quickly. Accommodation services were good and included maintaining and surrendering tenancies, housing benefit and applications for accommodation before release. Regular surgeries were held across the prison to advise prisoners and to identify changes in circumstances. All prisoners were seen again 12 weeks before discharge to identify and address any changes in circumstances. The team had links with community housing support groups across the region and offered a range of practical help, including referrals to community tenancy support services and tenant arrears advice services. A two-hour programme offered advice and guidance on tenancy issues. Communication with the OMU was good. The CRC said that 87% of prisoners were discharged into settled accommodation.

## Education, training and employment

**4.21** Before leaving prison, younger prisoners were offered advice from a Careers Wales adviser, who helped them to plan their next steps. However, many prisoners' awareness of opportunities in the community was too limited for them to make informed decisions.

**4.22** The prison had good links with community and employer groups, and encouraged potential employers to become involved in the prison. This enabled a few prisoners to progress, for example, from railway track maintenance classes into similar employment. The skills prisoners gained in vocational workshops prepared them reasonably well for the world of work.

**4.23** The CRC worked well with Job Centre Plus staff to help prisoners identify vacancies. However, the CRC did not have sufficiently well-developed links with education, training and employment providers to help prisoners on release.

## Recommendation

**4.24 The CRC should have effective links with employers and further education institutions to support prisoners on release.**

## Health care

**4.25** Pre-discharge health arrangements were satisfactory. Prisoners were seen in reception before release and given medication to take home. Discharge summaries were faxed to GPs. Patients with enduring mental health problems were subject to the care programme approach<sup>14</sup> and there were extensive communications with community services. Arrangements for prisoners with end-of-life needs were in place.

<sup>14</sup> The care programme approach (CPA) was a case management system introduced in the 1990s. It was designed to ensure that patients with complex or enduring psychiatric disorders were monitored and cared for. The Welsh CPA emulated the English CPA.

## Drugs and alcohol

- 4.26** Partnership working between the prison and community drug and alcohol service providers had been strengthened. A multi-agency case management database shared information between the police, the prison and community agencies. Prison link workers from the community were involved in clinical review meetings to ensure prisoners' treatment continued after their release. Before release, prisoners were informed about harm reduction, overdose prevention and new psychoactive substances (NPS). A detailed through-care release plan was completed and on release a 'meet at the gate' service was available.

## Finance, benefit and debt

- 4.27** Job Centre Plus and peer supporters provided a full range of benefit and employment advice to prisoners before discharge and ensured that benefits claims were closed and arrears settled where appropriate. Prisoners due for discharge were helped to make a claim so that payments were not delayed. Job Centre Plus ran budgeting and finance courses and debt management clinics. Money Advice Services advised prisoners about debt at fortnightly clinics. Prisoners were unable to open bank accounts.

## Recommendation

- 4.28 Prisoners should be helped to apply to open a bank account.**

## Children, families and contact with the outside world

- 4.29** The visits hall was large, bright and recently redecorated, and contained some reasonable facilities. The fixed seating in the main hall was uncomfortable and limited the number of visitors each prisoner could have. A good range of hot and cold food was available. A separate area for enhanced prisoners with more comfortable seating could accommodate seven prisoners and 21 visitors. The children's play area was well equipped and staffed. Prison staff supervised the visits hall well without affecting privacy. Consultation with visitors was good. PACT (Prison Advice and Care Trust, a charity which supports prisoners and their families) ran weekly forums for visitors to gain feedback on their visiting experience. PACT also distributed an annual visitors' questionnaire.
- 4.30** Visits took place every weekday afternoon and Saturday morning. Most visits started on time and visitors reported a decent experience. Staff were polite and searched visitors and children sensitively. The prisoner holding room was dirty, badly lit and poorly ventilated, and contained broken chairs and stained walls. Prisoners wore identification bibs during their visit, which was unnecessary. Visitors found it difficult to get through on the telephone booking line. Visitors could also book visits online or with staff in the visitors' waiting room after their visit. The closed visits area was too small to accommodate the high number of prisoners which restricted the number of visits they could have (see paragraph 1.28). Remand prisoners could not have visitors each day.
- 4.31** The PACT family engagement work was innovative and very good. A team of four family engagement workers (FEW), a therapeutic play worker and a part-time caterer had been appointed. The FEW team delivered services and programmes to help prisoners maintain and improve family relationships. Six interventions during the year to July 2016 had been attended by 211 prisoners. These interventions included a four-week relationship course which focused on communication, parenting skills, decision-making and realistic expectations of family life after release. A family literacy workshop was followed by a family day involving

storytelling to children. Each intervention had been adapted to the needs of the population. PACT had strong links with the local social services department and advocated for fathers in prison by attending children in need child protection meetings in the community.

- 4.32** PACT organised six family days a year during school holidays. Family days were themed and included activities for the whole family with a focus on play, education, art and communication with children. Food was provided free during family days. Security restrictions were appropriate.

## Recommendation

- 4.33 Prisoner waiting areas should be clean and properly maintained.**

## Attitudes, thinking and behaviour

- 4.34** There were no accredited offending behaviour programmes and no victim awareness work. The 'Tools for Change' and 'Beating the Blues' education courses were delivered by the education department and were fully subscribed. Prisoners serving sentences over 12 months were likely to move to a training prison where they could complete courses. Very little work on changing attitudes and addressing offending behaviour was available for prisoners serving sentences of less than a year.
- 4.35** Work with veterans had continued to develop well. A range of relevant organisations, including SSAFA<sup>15</sup>, 'Hire a hero' and Care after Combat, took part in monthly forum mornings, which were greatly appreciated by the many veterans in the prison and linked them to mentoring help in the community on release. A prison officer came in voluntarily on his day off to facilitate this.

## Recommendation

- 4.36 The prison should have a coherent and realistic plan to deliver programmes appropriate to its population which meet identified need.** (Repeated recommendation 4.67)

## Good practice

- 4.37** *A monthly forum, involving local and national agencies which support veterans, helped veterans prepare for a constructive life after prison.*

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<sup>15</sup> The Soldiers, Sailors, Airmen and Families Association.

# Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

## Main recommendations

To the governor

- 5.1** Managers should ensure rigorous and coordinated work to tackle the availability of drugs in the prison. A detailed supply reduction action plan should be implemented and integrated with the drug strategy. (S44)
- 5.2** Cells should be properly equipped with curtains, toilet screens, lockable cabinets and mattresses. Cells and showers should be properly ventilated. Prisoners should be able to obtain a regular supply of clean clothes and bedding. (S45)
- 5.3** Governance and management oversight of diversity should ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and that evidence of potential discrimination is addressed promptly. (S46)
- 5.4** Prisoners should spend the working day out of their cells, with good access to purposeful activity and association. They should also have time to attend to their domestic needs and at least one hour's outdoor exercise each day. (S47)

## Recommendations

To the governor

### Courts, escort and transfers

- 5.5** Prisoners should be held in court cells for the minimum period possible. (1.4, repeated recommendation 1.6)

### Early days in custody

- 5.6** All prisoners who need one should have an effective induction that prepares them for life in the prison. (1.12)

### Bullying and violence reduction

- 5.7** Prisoners' negative perceptions of their safety should be investigated and the findings acted on. (1.17)
- 5.8** Effective systems should be in place to monitor bullies and support victims. (1.18)

### Self-harm and suicide

- 5.9** The health care and safer custody leads should implement promptly all recommendations from Prisons and Probation Ombudsman death in custody investigations. (1.22)

**5.10** A multidisciplinary team of staff should attend assessment, care in custody and teamwork (ACCT) case reviews. (1.23)

**5.11** Prisoners in crisis should be able to speak to a Listener at any time. (1.24)

### Safeguarding

**5.12** The prison and the local safeguarding adult board should develop effective safeguarding policies and procedures. (1.27)

### Security

**5.13** Strip-searching should be proportionate to the risks presented and intelligence-led searches should be prompt and subject to management checks. (1.36)

**5.14** Closed visits should be used only for incidents that relate to visits. (1.37)

### Incentives and earned privileges

**5.15** Prisoners on the basic level of the incentives and earned privileges scheme should be helped to improve their behaviour, so they can move to the standard level. (1.41)

### Discipline

**5.16** Use of force paperwork should be completed thoroughly and subject to rigorous governance. (1.45)

**5.17** Information about trends and patterns should be used strategically to help reduce the use of force. (1.46)

**5.18** Cells and communal areas in the segregation unit should be clean and in good repair. (1.50)

**5.19** All longer-stay prisoners should have management plans to ensure that their needs are met and to prevent psychological deterioration. (1.51)

**5.20** All prisoners in segregation should have a radio, unless an individual risk assessment indicates otherwise. (1.52)

### Substance misuse

**5.21** Group work interventions should be open to prisoners regardless of where they are held in the prison. The range of substance misuse support services should be developed and include mutual aid groups. (1.58)

**5.22** Prisoners undergoing detoxification, especially for alcohol, should be located in the health care centre with appropriate 24-hour monitoring and observation. (1.59)

### Residential units

**5.23** Cells designed for one should not be occupied by two prisoners. (2.7, repeated recommendation 2.8)

**5.24** Managers should ensure that applications are dealt with promptly and effectively. (2.8)

### Staff-prisoner relationships

- 5.25** There should be regular effective consultation forums with prisoners. (2.12)

### Equality and diversity

- 5.26** Professional interpreting should be used when accuracy or confidentiality are required. (2.25)

### Faith and religious activity

- 5.27** The reasons for prisoners' poor perceptions of religious activity should be investigated and the findings acted on. (2.30)
- 5.28** Prisoners should be able to attend religious services in facilities that are well ventilated, spacious, appropriately decorated and furnished. (2.31)

### Legal rights

- 5.29** Prisoners should be able to access effective legal advice easily. (2.35)

### Health services

- 5.30** The health partnership board should construct a plan to address the damp in the health centre, lack of space for mental health therapy, inhospitable waiting rooms, and refurbishment requirements of the wing treatment rooms. (2.46)
- 5.31** The health complaints system should preserve medical confidentiality. (2.47)
- 5.32** The inpatient unit should only accommodate patients with clinical needs. Its role and exclusion criteria should be clearly defined, agreed and monitored by the prison health partnership board. (2.53)
- 5.33** Prisoners should have secure storage for in-possession medication and systematic checks should be conducted. (2.62)
- 5.34** All medication should be administered according to the prescriber's directions at an appropriate time for maximum therapeutic effect. Administration records should be accurate and complete. (2.63)
- 5.35** The use of general stock should be reviewed to encourage the use of named-patient medication wherever possible. (2.64)
- 5.36** The range of patient group directions should be expanded to avoid unnecessary consultations with the doctor. Nurses should be trained in their use to ensure that procedures are correctly followed. (2.65)
- 5.37** A mental health service model capable of meeting the emotional and mental health needs of the population should be implemented. (2.75)
- 5.38** All staff in prisoner contact roles should be trained in mental health awareness. (2.76)
- 5.39** Transfers to community mental health services under the Mental Health Act should take place promptly. (2.77)

### Catering

- 5.40** Prisoners working in the kitchens should be able to study for a national vocational qualification in catering. (2.81)

### Purchases

- 5.41** Prisoners should be able to purchase and receive items within 24 hours of arrival. (2.83)

### Learning and skills and work activities

- 5.42** The learning and skills management information system should measure the performance of all prisoners and teaching staff. (3.11)
- 5.43** The impact of learning and skills on prisoners' offending behaviour and employability on leaving prison should be evaluated. (3.12)
- 5.44** All prisoners should have equal access to the library. (3.33)

### Physical education and healthy living

- 5.45** There should be dedicated PE sessions for prisoners with disabilities. (3.40)

### Strategic management of resettlement

- 5.46** All resettlement staff should work in close cooperation, and as far as possible in close proximity, to ensure the best outcomes in reducing the risk of prisoners re-offending. (4.5)

### Offender management and planning

- 5.47** A consistent team of offender supervisors, sufficient in number to meet the need, should deliver the core work of individual prisoner assessment and planning to a reliable standard. (4.10)
- 5.48** The interdepartmental risk management committee should provide governance of public protection systems and processes, in line with the published policy. (4.13)
- 5.49** IPP prisoners should not be held at HMP & YOI Cardiff unless there are clear opportunities to work on reducing the risk of re-offending. (4.17)

### Reintegration planning

- 5.50** The CRC should have effective links with employers and further education institutions to support prisoners on release. (4.24)
- 5.51** Prisoners should be helped to apply to open a bank account. (4.28)
- 5.52** Prisoner waiting areas should be clean and properly maintained. (4.33)
- 5.53** The prison should have a coherent and realistic plan to deliver programmes appropriate to its population which meet identified need. (4.36, repeated recommendation 4.67)



## Examples of good practice

- 5.54** Managers had taken appropriate measures to implement the smoking ban in April 2016, including training peer supporters to provide smoking cessation support and ensuring access to nicotine replacement therapy and e-cigarettes. Despite a short-term rise in violence, these measures had been reasonably effective. (1.38)
- 5.55** A Humanist celebrant attended the prison to support prisoners of no faith. (2.32)
- 5.56** The systematic use of a pro forma to obtain detailed information from prisoners' community GPs about their prescribed medication enabled the health care team to prescribe appropriately. (2.66)
- 5.57** A monthly forum, involving local and national agencies which support veterans, helped veterans prepare for a constructive life after prison. (4.37)



## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Fionnuala Gordon	Inspector
Martin Kettle	Inspector
Deri Hughes-Roberts	Inspector
Gordon Riach	Inspector
Natalie-Anne Hall	Researcher
Helen Ranns	Researcher
Anna Fenton	Researcher
Sigrid Engelen	Substance misuse inspector
Paul Tarbuck	Health services inspector
Helen Boniface	Pharmacy inspector
Alun Connick	Estyn inspector
Anthony Mulcahy	Estyn inspector
Gill Sims	Estyn inspector
Bob Smith	Offender management inspector
Jo Dowling	Offender management inspector
Helen Mercer	Offender management inspector



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

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

### Safety

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

*At the last inspection in 2013, reception, first night and induction arrangements were good. Few prisoners felt unsafe and levels of violence and bullying were very low. B1 wing provided a supportive environment for prisoners less able to cope. Levels of self-harm were low but there had recently been four self-inflicted deaths in custody. Prisoners at risk of self-harm felt well supported but we were not assured that case management was effective. Illegal drugs were easily available but there was little targeted searching and there were few drug finds. The basic regime on the A1 landing was over-punitive, with insufficient safeguards. There were few adjudications and the level of use of force and segregation was low but insufficiently analysed. Substance misuse provision was reasonably good and the drug recovery wing was developing well. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### **Main recommendation**

The purpose and use of the A1 landing should be reviewed. Prisoners whose behaviour necessitates segregation should be formally segregated and subject to formal safeguards. (HP55)

**Achieved**

#### **Recommendations**

Prisoners should be held in court cells for the minimum period possible. (1.6)

**Not achieved** (Recommendation repeated, 1.4)

Night staff should speak to all new prisoners, provide support and check whether they have any specific needs. (1.12)

**Achieved**

Targets in tackling antisocial attitudes and behaviour books should be individualised, to address the specific attitudes and behaviour of prisoners. (1.19)

**Not achieved**

All staff should undergo up-to-date training in suicide prevention. (1.26)

**Partially achieved**

The quality of assessment, care in custody and teamwork (ACCT) documents, recording by case managers and the post-closure phase should be improved. (1.27)

**Partially achieved**

The prison should contact the Safeguarding Adults Strategic Management Board and Safeguarding Adults team to develop safeguarding policies for vulnerable adults. (1.30)

**Not achieved**

The prison should ensure that there are effective security measures to reduce the supply of both illicit drugs and diverted medication, including the monitoring of drug testing data. (1.36)

**Not achieved**

The application of the incentives and earned privileges (IEP) system should be reviewed and the generally poor prisoner perception investigated. (1.41)

**Partially achieved**

Prisoners on the basic level of the IEP scheme should have individualised progression targets with sufficient opportunity to demonstrate improvements. (1.42)

**Not achieved**

Use of force data should be collated and regularly analysed to identify trends. (1.50)

**Partially achieved**

All planned interventions should be video-recorded and reviewed. (1.51)

**No longer relevant**

Segregation unit cells should not routinely be monitored by closed-circuit television. (1.59)

**Achieved**

Graffiti should be removed from segregation unit cells, and toilets deep cleaned and refurbished where required. (1.60)

**Not achieved**

Subject to risk assessment, prisoners should be allowed to exercise together, and activities for those on long-term Rule 45 procedures should be provided wherever possible. (1.61)

**Achieved**

Joint-working protocols and practice should be further developed between the clinical substance misuse service and the psychosocial team to improve clinical reviews, care planning and care coordination. (1.74)

**Achieved**

The psychosocial team should have access to the SystmOne clinical record. (1.75)

**Achieved**

The psychosocial team should not be diverted to discipline duties. (1.76)

**No longer relevant**

## Respect

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

*At the last inspection in 2013, external areas and most wings were clean. Access to suitable bedding, clean clothes, showers and telephones was problematic. Staff–prisoner interaction was friendly and informal. Equality provision was effective, with a range of support for minority groups. Faith provision was good. The number of complaints was low and analysis was thorough. Legal services advice was comprehensive. Health services were reasonably good, although some waiting lists were too long. A wide range of mental health services was provided. The range and quality of the food provided were reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Recommendations

Cells designed for one should not be occupied by two prisoners. (2.8)

**Not achieved** (Recommendation repeated, 2.7)

In-cell toilets should be adequately screened and communal showers should provide adequate privacy. (2.9)

**Not achieved**

The offensive display policy should be enforced and graffiti removed. (2.10)

**Not achieved**

Prisoners should have enough clean bedding and clothes for the week, including warm clothing for the winter. (2.11)

**Not achieved**

Regular, meaningful personal officer contact should be evidenced in case note entries. (2.18)

**Not achieved**

Governance and management oversight of diversity should be prioritised and the treatment of, and access to services by, minority groups should be monitored and action taken when required. (2.24)

**Not achieved**

The negative perceptions of black and minority ethnic prisoners should be further investigated and understood. (2.34)

**Not achieved**

Foreign national prisoners should be reliably provided with free monthly telephone calls. (2.35)

**Achieved**

Wing treatment rooms should be refurbished to meet infection control guidelines. (2.55)

**Not achieved**

An up-to-date health needs assessment should be commissioned. (2.56)

**Achieved**

Automated external defibrillators should be checked daily. (2.57)

**Achieved**

A strategy for health promotion should be developed. (2.58)

**Not achieved**

All prisoners should have access to primary and secondary mental health services. (2.62)

**Partially achieved**

The pharmacist should provide medicine use reviews. (2.69)

**Not achieved**

The in-possession policy should be updated and the risk assessments of each drug and patient documented, with reasons for the determination recorded. (2.70)

**Achieved**

Full and complete records of the administration of medicines should be made. (2.71)

**Achieved**

Prisoners should have timely access to dental care. (2.82)

**Achieved**

Prisoners should be able to receive a full shop order within 24 hours of arriving at the establishment. (2.93)

**Not achieved**

## Purposeful activity

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

*At the last inspection in 2013, for employed prisoners time out of cell was reasonable but the many unemployed prisoners had only a few hours unlocked each day. There were too few activity places and not all of these were utilised. For those in activity, the quality and range of activities were good and provided effective work-related skills. Excellent use was made of peer mentors. Provision was suitably tailored to meet the needs of the short-term population. A wide range of qualifications was available. Success rates were mixed. Library and PE provision were good. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

Opportunities for association should be increased and all prisoners should have access to association every day and during the evenings. (HP56)

**Not achieved**

The number of activity places should be increased and fully utilised. (HP57)

**Achieved**

### Recommendations

Prisoners should be given the opportunity for at least one hour of exercise in the open air every day. (3.6)

**Not achieved**

Prisoners should have the opportunity for daily association, including in the evenings, during the week. (3.7)

**Not achieved**



The use of data should be improved to manage poorly performing areas of learning. (3.13)

**Partially achieved**

All prisoners' literacy and numeracy levels should be assessed on arrival at the prison or before starting education classes or work. (3.19)

**Partially achieved**

The number of essential skills classes should be increased to meet the needs of the population. (3.20)

**Partially achieved**

Clear strategies to promote the Welsh language and its value as a useful employment skill should be developed. (3.27)

**Partially achieved**

The number of qualifications above level I should be increased to meet the needs of more able prisoners. (3.33)

**No longer relevant**

Attendance and punctuality at all learning and skills activities should be improved.

**Not achieved**

## Resettlement

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

*At the last inspection in 2013, a good resettlement strategy was not supported by an action plan. Offender management did not effectively meet the needs of the high number of remand and short-term prisoners. Few prisoners had any meaningful offender supervisor contact or any form of custody plan. Categorisation, home detention curfew and public protection arrangements were sound. Too many life-sentenced prisoners were inappropriately located at the establishment. Initial assessment of resettlement needs was not sufficiently comprehensive and resettlement services were poorly coordinated. Pathway provision was mixed, although prisoners with substance misuse issues received excellent through-the-gate support, and children and family services were developing well. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

The needs of all prisoners, including short-term and remanded prisoners, should be identified, actioned and actively managed on a custody/sentence plan. (HP58)

**Achieved**

Resettlement provision should be coordinated and publicised, so that the reintegration needs of all prisoners are assessed on arrival and a reintegration plan formulated and actively managed. (HP59)

**Achieved**

Life-sentenced prisoners should be located at an establishment which provides a challenging regime and opportunities to progress during their sentence. (HP60)

**Partially achieved**

## Recommendations

Implementation of the reducing reoffending strategy should be effectively managed, with the demonstrable commitment of senior managers, clear planning, the monitoring of outcomes and the involvement of all providers. (4.6)

**Partially achieved**

Cases posing a high or very high risk of harm to others should have effective management oversight. (4.20)

**Achieved**

Prisoners' views should be considered in categorisation reviews. (4.25)

**Achieved**

The criteria for moving prisoners on overcrowding drafts should take account of their sentence plan targets and family ties. (4.26)

**No longer relevant.**

The effectiveness of referrals for accommodation should be monitored and assessed to identify how the service can be improved. (4.39)

**Achieved**

The prison should improve its evaluation of pre-release programmes to ensure that they fully meet the education, training and employment needs of released prisoners. (4.42)

**Achieved**

Prisoners with financial problems should be given support to deal with outstanding debt. (4.51)

**Achieved**

Comfortable seating, which is not fixed to the floor, should be provided. (4.60)

**Not achieved**

The closed visits booths should provide adequate comfortable seating and good communication between prisoners and visitors. (4.61)

**Not achieved**

The prison should have a coherent and realistic plan to deliver programmes appropriate to its population which meet identified need. (4.67)

**Not achieved** (Recommendation repeated, 4.36)

## Appendix III: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	16	462	62.1
Recall	3	86	11.6
Convicted unsentenced	9	83	11.9
Remand	5	101	13.8
Civil prisoners	0	1	0.1
Detainees	0	3	0.4
<b>Total</b>	<b>33</b>	<b>737</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	15	195	27.3
Less than six months	7	167	22.6
six months to less than 12 months	1	113	14.8
12 months to less than 2 years	7	74	10.5
2 years to less than 4 years	2	47	6.4
4 years to less than 10 years	0	68	8.8
10 years and over (not life)	0	5	0.6
ISPP (indeterminate sentence for public protection)	0	17	2.2
Life	0	16	4.3
<b>Total</b>	<b>33</b>	<b>737</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	33	4.3
21 years to 29 years	267	34.7
30 years to 39 years	280	36.4
40 years to 49 years	140	18.2
50 years to 59 years	43	5.6
60 years to 69 years	7	0.9
70 plus years	0	0
Please state maximum age here : 68		
<b>Total</b>	<b>770</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	30	692	93.8
Foreign nationals	3	43	6
Not stated	0	2	0.3
<b>Total</b>	<b>33</b>	<b>737</b>	<b>100</b>

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced	16	209	29.2
Uncategorised sentenced	2	30	4.2
Category A	0	0	0
Category B	0	11	1.4
Category C	1	471	61.3
Category D	0	15	1.9
YOI Closed	14	1	1.9
<b>Total</b>	<b>33</b>	<b>737</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	26	609	82.5
Irish	0	3	0.4
Gypsy/Irish Traveller	0	8	1
Other white	2	17	2.5
<b>Mixed</b>			
White and black Caribbean	1	13	1.8
White and black African	0	3	0.4
White and Asian	0	9	1.2
Other mixed	0	4	0.5
<b>Asian or Asian British</b>			
Indian	0	3	0.4
Pakistani	1	8	1.2
Bangladeshi	0	4	0.5
Chinese	0	0	0
Other Asian	1	7	1
<b>Black or black British</b>			
Caribbean	0	10	1.3
African	1	17	2.3
Other black	0	7	0.9
<b>Other ethnic group</b>			
Arab	0	1	0.1
Other ethnic group	0	4	0.5
Not stated	1	10	1.4
<b>Total</b>	<b>33</b>	<b>737</b>	<b>100</b>

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	0	39	5.1
Roman Catholic	1	109	14.3
Other Christian denominations	10	164	22.6
Muslim	4	71	9.7
Sikh	0	3	0.4
Hindu	0	1	0.1
Buddhist	0	3	0.4
Jewish	0	1	0.1
Other	1	9	1.1
No religion	17	337	46
<b>Total</b>	<b>33</b>	<b>737</b>	<b>100</b>

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

### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	9	1.2	194	25.2
1 month to 3 months	5	0.6	209	27.1
3 months to six months	4	0.5	83	10.8
six months to 1 year	0	0	37	4.8
1 year to 2 years	0	0	15	1.9
2 years to 4 years	0	0	2	0.3
4 years or more	0	0	2	0.3
<b>Total</b>	<b>18</b>	<b>2.3</b>	<b>542</b>	<b>70.4</b>

### Sentenced prisoners only

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

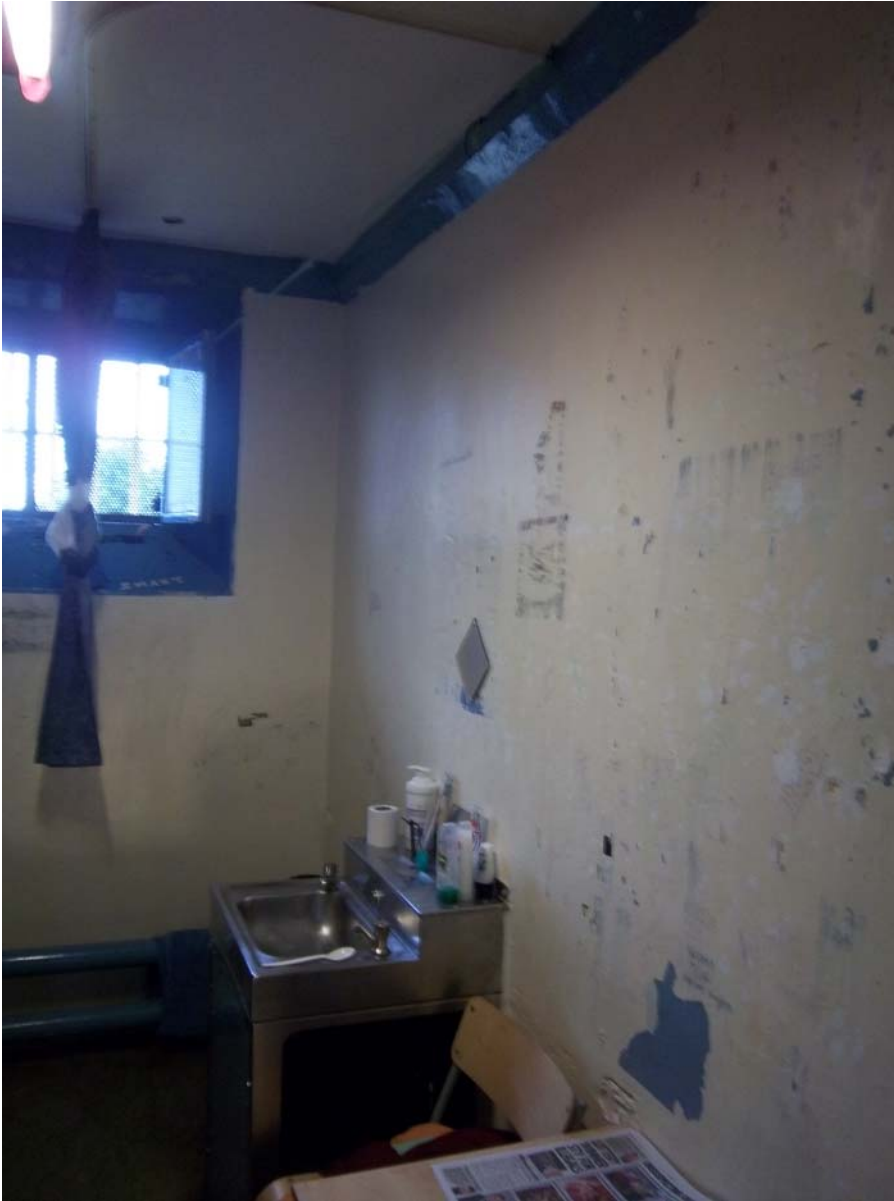
### Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	3.8	78	37.1
1 month to 3 months	3	1.4	70	33.3
3 months to six months	3	1.4	38	18.1
six months to 1 year	1	0.5	9	4.3
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>15</b>	<b>1.9</b>	<b>195</b>	<b>25.3</b>

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Report states: Not currently available			
<b>Total</b>			

## Appendix IV: Photographs

Cell



Cell





## Appendix V: 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.

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>16</sup>. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

### Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

### Survey response

At the time of the survey on 25 July 2016 the prisoner population at HMP & YOI Cardiff was 770. Using the method described above, questionnaires were distributed to a sample of 218 prisoners.

We received a total of 194 completed questionnaires, a response rate of 89%. This included nine questionnaires completed via interview. Nine respondents refused to complete a questionnaire and 15 questionnaires were not returned.

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<sup>16</sup> 95% confidence interval with a sampling error of 7%. The formula assumes an 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

<b>Wing/unit</b>	<b>Number of completed survey returns</b>
A	41
B	35
C	8
D	16
E	24
F	38
AI	5
BI	10
FI	10
Health care	5
Segregation unit	2

## Presentation of survey results and analyses

Over the following pages we present the survey results for HMP & YOI Cardiff.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences<sup>17</sup> are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP & YOI Cardiff in 2016 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2013.
- The current survey responses from HMP & YOI Cardiff in 2016 compared with the responses of prisoners surveyed at HMP & YOI Cardiff in 2013.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

<sup>17</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>		
	Under 21 .....	10 (5%)	
	21 - 29.....	68 (35%)	
	30 - 39.....	70 (36%)	
	40 - 49.....	33 (17%)	
	50 - 59.....	9 (5%)	
	60 - 69.....	2 (1%)	
	70 and over .....	0 (0%)	
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	Yes .....	120 (63%)	
	Yes - on recall.....	18 (9%)	
	No - awaiting trial.....	33 (17%)	
	No - awaiting sentence .....	20 (10%)	
	No - awaiting deportation.....	1 (1%)	
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	Not sentenced .....	54 (29%)	
	Less than 6 months .....	52 (28%)	
	6 months to less than 1 year .....	29 (16%)	
	1 year to less than 2 years .....	13 (7%)	
	2 years to less than 4 years .....	13 (7%)	
	4 years to less than 10 years .....	15 (8%)	
	10 years or more .....	1 (1%)	
	IPP (indeterminate sentence for public protection) .....	5 (3%)	
	Life.....	4 (2%)	
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>		
	Yes .....	16 (8%)	
	No.....	173 (92%)	
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	Yes .....	188 (99%)	
	No.....	1 (1%)	
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	Yes .....	185 (98%)	
	No.....	4 (2%)	
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	142 (76%)	Asian or Asian British - Chinese .....
	White - Irish .....	3 (2%)	Asian or Asian British - other .....
	White - other.....	9 (5%)	Mixed race - white and black Caribbean. 7 (4%)
	Black or black British - Caribbean.....	4 (2%)	Mixed race - white and black African .....
	Black or black British - African .....	5 (3%)	Mixed race - white and Asian .....
	Black or black British - other .....	0 (0%)	Mixed race - other.....
	Asian or Asian British - Indian .....	2 (1%)	Arab.....
	Asian or Asian British - Pakistani.....	4 (2%)	Other ethnic group .....
	Asian or Asian British - Bangladeshi.....	1 (1%)	

<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes .....	5 (3%)	
	No.....	179 (97%)	
<b>Q1.10</b>	<b>What is your religion?</b>		
	None.....	84 (45%)	Hindu..... 0 (0%)
	Church of England .....	24 (13%)	Jewish..... 0 (0%)
	Catholic .....	29 (16%)	Muslim..... 18 (10%)
	Protestant.....	3 (2%)	Sikh .....
	Other Christian denomination .....	20 (11%)	Other .....
	Buddhist.....	0 (0%)	7 (4%)
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight .....	176 (96%)	
	Homosexual/Gay.....	4 (2%)	
	Bisexual.....	3 (2%)	
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e. do you need help with any long-term physical, mental or learning needs)?</b>		
	Yes .....	68 (36%)	
	No.....	119 (64%)	
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	Yes .....	11 (6%)	
	No.....	174 (94%)	
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes .....	44 (24%)	
	No.....	142 (76%)	
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....	110 (59%)	
	No.....	77 (41%)	

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours .....	147 (78%)	
	2 hours or longer .....	31 (16%)	
	Don't remember .....	10 (5%)	
<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>		
	My journey was less than two hours .....	147 (79%)	
	Yes .....	17 (9%)	
	No.....	19 (10%)	
	Don't remember .....	3 (2%)	
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>		
	My journey was less than two hours .....	147 (79%)	
	Yes .....	3 (2%)	
	No.....	36 (19%)	
	Don't remember .....	1 (1%)	

<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes .....	116 (62%)
	No.....	57 (30%)
	Don't remember .....	14 (7%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	137 (74%)
	No.....	43 (23%)
	Don't remember .....	6 (3%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well.....	52 (28%)
	Well.....	85 (45%)
	Neither.....	36 (19%)
	Badly.....	6 (3%)
	Very badly .....	3 (2%)
	Don't remember .....	6 (3%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	Yes, someone told me .....	142 (75%)
	Yes, I received written information .....	6 (3%)
	No, I was not told anything .....	35 (19%)
	Don't remember .....	10 (5%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	158 (84%)
	No.....	20 (11%)
	Don't remember .....	9 (5%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours .....	82 (43%)
	2 hours or longer .....	97 (51%)
	Don't remember .....	12 (6%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	142 (76%)
	No .....	34 (18%)
	Don't remember .....	11 (6%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	39 (21%)
	Well.....	83 (44%)
	Neither.....	46 (24%)
	Badly.....	15 (8%)
	Very badly.....	3 (2%)
	Don't remember .....	3 (2%)

<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>		
	<i>Loss of property</i> .....	20 (11%)	<i>Physical health</i> .....
	<i>Housing problems</i> .....	44 (24%)	<i>Mental health</i> .....
	<i>Contacting employers</i> .....	13 (7%)	<i>Needing protection from other prisoners</i> .....
	<i>Contacting family</i> .....	49 (26%)	<i>Getting phone numbers</i> .....
	<i>Childcare</i> .....	5 (3%)	<i>Other</i> .....
	<i>Money worries</i> .....	37 (20%)	<i>Did not have any problems</i> .....
	<i>Feeling depressed or suicidal</i> .....	59 (32%)	
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	<i>Yes</i> .....	56 (31%)	
	<i>No</i> .....	83 (46%)	
	<i>Did not have any problems</i> .....	42 (23%)	
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>		
	<i>Tobacco</i> .....	44 (23%)	
	<i>A shower</i> .....	82 (44%)	
	<i>A free telephone call</i> .....	141 (75%)	
	<i>Something to eat</i> .....	132 (70%)	
	<i>PIN phone credit</i> .....	127 (68%)	
	<i>Toiletries/ basic items</i> .....	107 (57%)	
	<i>Did not receive anything</i> .....	9 (5%)	
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>		
	<i>Chaplain</i> .....	81 (45%)	
	<i>Someone from health services</i> .....	105 (58%)	
	<i>A Listener/Samaritans</i> .....	39 (21%)	
	<i>Prison shop/ canteen</i> .....	30 (16%)	
	<i>Did not have access to any of these</i> .....	45 (25%)	
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>		
	<i>What was going to happen to you</i> .....	67 (39%)	
	<i>What support was available for people feeling depressed or suicidal</i> .....	52 (31%)	
	<i>How to make routine requests (applications)</i> .....	44 (26%)	
	<i>Your entitlement to visits</i> .....	43 (25%)	
	<i>Health services</i> .....	51 (30%)	
	<i>Chaplaincy</i> .....	54 (32%)	
	<i>Not offered any information</i> .....	64 (38%)	
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>		
	<i>Yes</i> .....	126 (66%)	
	<i>No</i> .....	55 (29%)	
	<i>Don't remember</i> .....	10 (5%)	
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>		
	<i>Have not been on an induction course</i> .....	80 (42%)	
	<i>Within the first week</i> .....	49 (26%)	
	<i>More than a week</i> .....	48 (25%)	
	<i>Don't remember</i> .....	12 (6%)	

<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i> .....	80 (42%)
	<i>Yes</i> .....	44 (23%)
	<i>No</i> .....	53 (28%)
	<i>Don't remember</i> .....	13 (7%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i> .....	68 (37%)
	<i>Within the first week</i> .....	32 (17%)
	<i>More than a week</i> .....	71 (39%)
	<i>Don't remember</i> .....	13 (7%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	17 (9%)	53 (30%)	25 (14%)	38 (21%)	32 (18%)	14 (8%)
	<i>Attend legal visits?</i>	18 (11%)	64 (38%)	31 (18%)	21 (12%)	14 (8%)	21 (12%)
	<i>Get bail information?</i>	5 (3%)	22 (13%)	36 (22%)	32 (19%)	33 (20%)	37 (22%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	<i>Not had any letters</i> .....						31 (17%)
	<i>Yes</i> .....						69 (38%)
	<i>No</i> .....						80 (44%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	<i>Yes</i> .....						49 (27%)
	<i>No</i> .....						20 (11%)
	<i>Don't know</i> .....						110 (61%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	37 (20%)	148 (79%)	3 (2%)			
	<i>Are you normally able to have a shower every day?</i>	144 (77%)	41 (22%)	2 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	106 (58%)	73 (40%)	3 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	72 (39%)	107 (58%)	4 (2%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	30 (16%)	139 (75%)	17 (9%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	84 (46%)	95 (52%)	4 (2%)			
	<i>If you need to, can you normally get your stored property?</i>	23 (13%)	109 (61%)	48 (27%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	<i>Very good</i> .....						3 (2%)
	<i>Good</i> .....						38 (20%)
	<i>Neither</i> .....						50 (26%)
	<i>Bad</i> .....						52 (27%)
	<i>Very bad</i> .....						47 (25%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>						
	<i>Have not bought anything yet/ don't know</i> .....						20 (11%)
	<i>Yes</i> .....						83 (45%)
	<i>No</i> .....						83 (45%)

<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes .....	80 (43%)
	No.....	25 (14%)
	Don't know .....	79 (43%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes .....	62 (34%)
	No.....	24 (13%)
	Don't know/ N/A.....	99 (54%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes .....	83 (45%)
	No.....	18 (10%)
	Don't know/ N/A.....	85 (46%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i> .....	43 (23%)
	<i>Very easy</i> .....	29 (16%)
	<i>Easy</i> .....	39 (21%)
	<i>Neither</i> .....	9 (5%)
	<i>Difficult</i> .....	13 (7%)
	<i>Very difficult</i> .....	11 (6%)
	<i>Don't know</i> .....	40 (22%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>		
	Yes .....	111 (59%)	
	No .....	56 (30%)	
	Don't know .....	20 (11%)	
<b>Q5.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>		
		<i>Not made one</i>	<i>Yes</i>
		<i>No</i>	
	Are applications dealt with fairly?	33 (19%)	56 (32%)
	Are applications dealt with quickly (within seven days)?	33 (19%)	44 (25%)
		87 (49%)	97 (56%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>		
	Yes .....	74 (41%)	
	No .....	45 (25%)	
	Don't know .....	61 (34%)	
<b>Q5.4</b>	<b>Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option.)</b>		
		<i>Not made one</i>	<i>Yes</i>
		<i>No</i>	
	Are complaints dealt with fairly?	92 (50%)	25 (14%)
	Are complaints dealt with quickly (within seven days)?	92 (51%)	17 (9%)
		67 (36%)	70 (39%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>		
	Yes .....	36 (20%)	
	No.....	143 (80%)	



<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i> .....	68 (38%)
	<i>Very easy</i> .....	14 (8%)
	<i>Easy</i> .....	20 (11%)
	<i>Neither</i> .....	34 (19%)
	<i>Difficult</i> .....	29 (16%)
	<i>Very difficult</i> .....	12 (7%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	29 (16%)
	<i>Yes</i> .....	62 (34%)
	<i>No</i> .....	58 (32%)
	<i>Don't know</i> .....	32 (18%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	29 (16%)
	<i>Yes</i> .....	67 (38%)
	<i>No</i> .....	60 (34%)
	<i>Don't know</i> .....	22 (12%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	<i>Yes</i> .....	16 (9%)
	<i>No</i> .....	167 (91%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i> .....	145 (81%)
	<i>Very well</i> .....	4 (2%)
	<i>Well</i> .....	7 (4%)
	<i>Neither</i> .....	9 (5%)
	<i>Badly</i> .....	6 (3%)
	<i>Very badly</i> .....	7 (4%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	<i>Yes</i> .....	130 (71%)
	<i>No</i> .....	53 (29%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	<i>Yes</i> .....	128 (72%)
	<i>No</i> .....	51 (28%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	<i>Yes</i> .....	48 (26%)
	<i>No</i> .....	138 (74%)

<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	8 (4%)
	<i>Never</i> .....	47 (25%)
	<i>Rarely</i> .....	41 (22%)
	<i>Some of the time</i> .....	58 (31%)
	<i>Most of the time</i> .....	23 (12%)
	<i>All of the time</i> .....	8 (4%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	124 (67%)
	<i>In the first week</i> .....	26 (14%)
	<i>More than a week</i> .....	23 (13%)
	<i>Don't remember</i> .....	11 (6%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i> .....	124 (68%)
	<i>Very helpful</i> .....	17 (9%)
	<i>Helpful</i> .....	22 (12%)
	<i>Neither</i> .....	11 (6%)
	<i>Not very helpful</i> .....	5 (3%)
	<i>Not at all helpful</i> .....	3 (2%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i> .....	89 (47%)
	<i>No</i> .....	99 (53%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i> .....	43 (23%)
	<i>No</i> .....	141 (77%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<i>Never felt unsafe</i> .....	99 (54%)
	<i>Everywhere</i> .....	32 (17%)
	<i>Segregation unit</i> .....	8 (4%)
	<i>Association areas</i> .....	38 (21%)
	<i>Reception area</i> .....	14 (8%)
	<i>At the gym</i> .....	12 (6%)
	<i>In an exercise yard</i> .....	26 (14%)
	<i>At work</i> .....	20 (11%)
	<i>During movement</i> .....	28 (15%)
	<i>At education</i> .....	11 (6%)
	<i>At meal times</i> .....	16 (9%)
	<i>At health services</i> .....	16 (9%)
	<i>Visits area</i> .....	27 (15%)
	<i>In wing showers</i> .....	32 (17%)
	<i>In gym showers</i> .....	13 (7%)
	<i>In corridors/stairwells</i> .....	27 (15%)
	<i>On your landing/wing</i> .....	35 (19%)
	<i>In your cell</i> .....	25 (14%)
	<i>At religious services</i> .....	10 (5%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i> .....	48 (26%)
	<i>No</i> .....	137 (74%)

<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	24 (13%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	14 (8%)
	<i>Sexual abuse .....</i>	5 (3%)
	<i>Feeling threatened or intimidated .....</i>	32 (17%)
	<i>Having your canteen/property taken .....</i>	13 (7%)
	<i>Medication .....</i>	11 (6%)
	<i>Debt .....</i>	9 (5%)
	<i>Drugs .....</i>	11 (6%)
	<i>Your race or ethnic origin .....</i>	12 (6%)
	<i>Your religion/religious beliefs .....</i>	9 (5%)
	<i>Your nationality .....</i>	10 (5%)
	<i>You are from a different part of the country than others .....</i>	11 (6%)
	<i>You are from a traveller community .....</i>	3 (2%)
	<i>Your sexual orientation .....</i>	7 (4%)
	<i>Your age .....</i>	2 (1%)
	<i>You have a disability .....</i>	10 (5%)
	<i>You were new here .....</i>	11 (6%)
	<i>Your offence/ crime .....</i>	8 (4%)
	<i>Gang related issues .....</i>	8 (4%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes .....	51 (27%)
	No .....	135 (73%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	21 (11%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	9 (5%)
	<i>Sexual abuse .....</i>	4 (2%)
	<i>Feeling threatened or intimidated .....</i>	30 (16%)
	<i>Medication .....</i>	13 (7%)
	<i>Debt .....</i>	4 (2%)
	<i>Drugs .....</i>	8 (4%)
	<i>Your race or ethnic origin .....</i>	10 (5%)
	<i>Your religion/religious beliefs .....</i>	8 (4%)
	<i>Your nationality .....</i>	8 (4%)
	<i>You are from a different part of the country than others .....</i>	8 (4%)
	<i>You are from a traveller community .....</i>	2 (1%)
	<i>Your sexual orientation .....</i>	4 (2%)
	<i>Your age .....</i>	2 (1%)
	<i>You have a disability .....</i>	9 (5%)
	<i>You were new here .....</i>	7 (4%)
	<i>Your offence/ crime .....</i>	4 (2%)
	<i>Gang related issues .....</i>	3 (2%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised .....	111 (63%)
	Yes .....	24 (14%)
	No .....	41 (23%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	25 (14%)	12 (7%)	37 (20%)	24 (13%)	51 (28%)	33 (18%)
	The nurse	16 (9%)	40 (23%)	65 (37%)	23 (13%)	18 (10%)	12 (7%)
	The dentist	43 (25%)	4 (2%)	11 (6%)	21 (12%)	43 (25%)	48 (28%)

<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	39 (22%)	12 (7%)	35 (20%)	25 (14%)	35 (20%)	33 (18%)
	The nurse	22 (13%)	31 (18%)	47 (27%)	31 (18%)	26 (15%)	19 (11%)
	The dentist	67 (39%)	7 (4%)	16 (9%)	30 (17%)	26 (15%)	26 (15%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i> .....					15 (9%)	
	<i>Very good</i> .....					12 (7%)	
	<i>Good</i> .....					35 (21%)	
	<i>Neither</i> .....					36 (21%)	
	<i>Bad</i> .....					40 (24%)	
	<i>Very bad</i> .....					31 (18%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes.....					105 (56%)	
	No.....					81 (44%)	
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<i>Not taking medication</i> .....					81 (44%)	
	<i>Yes, all my meds</i> .....					14 (8%)	
	<i>Yes, some of my meds</i> .....					27 (15%)	
	<i>No</i> .....					61 (33%)	
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes.....					116 (61%)	
	No.....					73 (39%)	
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>						
	<i>Do not have any emotional or mental health problems</i> .....					73 (40%)	
	Yes.....					36 (20%)	
	No.....					73 (40%)	

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>		
	Yes.....		88 (47%)
	No.....		99 (53%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>		
	Yes.....		49 (26%)
	No.....		137 (74%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>		
	<i>Very easy</i> .....		55 (30%)
	<i>Easy</i> .....		34 (19%)
	<i>Neither</i> .....		13 (7%)
	<i>Difficult</i> .....		8 (4%)
	<i>Very difficult</i> .....		10 (6%)
	<i>Don't know</i> .....		61 (34%)

<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	12 (7%)
	Easy.....	15 (8%)
	Neither.....	15 (8%)
	Difficult.....	19 (10%)
	Very difficult.....	20 (11%)
	Don't know.....	101 (55%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	23 (13%)
	No.....	159 (87%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	25 (14%)
	No.....	157 (86%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	Did not/ do not have a drug problem.....	85 (48%)
	Yes.....	37 (21%)
	No.....	55 (31%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	Did not/ do not have an alcohol problem.....	137 (75%)
	Yes.....	17 (9%)
	No.....	29 (16%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	Did not have a problem/ did not receive help.....	130 (75%)
	Yes.....	23 (13%)
	No.....	21 (12%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	21 (11%)	22(12%)	63 (34%)	18 (10%)	31 (17%)	30 (16%)
	Vocational or skills training	39 (22%)	14 (8%)	35 (20%)	26 (15%)	39 (22%)	22 (13%)
	Education (including basic skills)	32 (18%)	17(10%)	53 (30%)	22 (12%)	33 (19%)	20 (11%)
	Offending behaviour programmes	50 (30%)	5 (3%)	25 (15%)	24 (14%)	34 (20%)	31 (18%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	Not involved in any of these.....					71 (41%)	
	Prison job.....					85 (49%)	
	Vocational or skills training.....					12 (7%)	
	Education (including basic skills).....					15 (9%)	
	Offending behaviour programmes.....					5 (3%)	

<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	49 (30%)	37 (22%)	63 (38%)	17 (10%)
	Vocational or skills training	69 (49%)	31 (22%)	31 (22%)	10 (7%)
	Education (including basic skills)	67 (47%)	36 (25%)	31 (22%)	9 (6%)
	Offending behaviour programmes	72 (52%)	25 (18%)	30 (22%)	12 (9%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i> .....				44 (24%)
	<i>Never</i> .....				61 (33%)
	<i>Less than once a week</i> .....				30 (16%)
	<i>About once a week</i> .....				45 (25%)
	<i>More than once a week</i> .....				3 (2%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>				
	<i>Don't use it</i> .....				82 (47%)
	<i>Yes</i> .....				46 (26%)
	<i>No</i> .....				48 (27%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>				
	<i>Don't want to go</i> .....				41 (23%)
	<i>0</i> .....				39 (22%)
	<i>1 to 2</i> .....				55 (31%)
	<i>3 to 5</i> .....				42 (23%)
	<i>More than 5</i> .....				3 (2%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>				
	<i>Don't want to go</i> .....				32 (17%)
	<i>0</i> .....				20 (11%)
	<i>1 to 2</i> .....				40 (22%)
	<i>3 to 5</i> .....				56 (30%)
	<i>More than 5</i> .....				36 (20%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i> .....				7 (4%)
	<i>0</i> .....				3 (2%)
	<i>1 to 2</i> .....				22 (12%)
	<i>3 to 5</i> .....				62 (34%)
	<i>More than 5</i> .....				91 (49%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>				
	<i>Less than 2 hours</i> .....				71 (38%)
	<i>2 to less than 4 hours</i> .....				33 (18%)
	<i>4 to less than 6 hours</i> .....				29 (16%)
	<i>6 to less than 8 hours</i> .....				22 (12%)
	<i>8 to less than 10 hours</i> .....				8 (4%)
	<i>10 hours or more</i> .....				10 (5%)
	<i>Don't know</i> .....				13 (7%)

## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes .....	42 (24%)
	No.....	136 (76%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	59 (33%)
	No.....	120 (67%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes .....	49 (27%)
	No.....	132 (73%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	42 (23%)
	<i>Very easy</i> .....	28 (15%)
	<i>Easy</i> .....	42 (23%)
	<i>Neither</i> .....	17 (9%)
	<i>Difficult</i> .....	33 (18%)
	<i>Very difficult</i> .....	15 (8%)
	<i>Don't know</i> .....	4 (2%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i> .....	54 (30%)
	Yes .....	71 (39%)
	No.....	57 (31%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i> .....	111 (61%)
	<i>No contact</i> .....	45 (25%)
	<i>Letter</i> .....	13 (7%)
	<i>Phone</i> .....	8 (4%)
	<i>Visit</i> .....	15 (8%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	28 (16%)
	No.....	151 (84%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i> .....	54 (30%)
	Yes .....	18 (10%)
	No.....	110 (60%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	164 (89%)
	<i>Very involved</i> .....	3 (2%)
	<i>Involved</i> .....	10 (5%)
	<i>Neither</i> .....	1 (1%)
	<i>Not very involved</i> .....	2 (1%)
	<i>Not at all involved</i> .....	4 (2%)

<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	164	(89%)	
	<i>Nobody</i> .....	13	(7%)	
	<i>Offender supervisor</i> .....	4	(2%)	
	<i>Offender manager</i> .....	3	(2%)	
	<i>Named/ personal officer</i> .....	1	(1%)	
	<i>Staff from other departments</i> .....	5	(3%)	
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	164	(90%)	
	<i>Yes</i> .....	7	(4%)	
	<i>No</i> .....	7	(4%)	
	<i>Don't know</i> .....	5	(3%)	
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	164	(89%)	
	<i>Yes</i> .....	4	(2%)	
	<i>No</i> .....	10	(5%)	
	<i>Don't know</i> .....	6	(3%)	
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	164	(90%)	
	<i>Yes</i> .....	8	(4%)	
	<i>No</i> .....	6	(3%)	
	<i>Don't know</i> .....	5	(3%)	
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	<i>Yes</i> .....	8	(5%)	
	<i>No</i> .....	77	(44%)	
	<i>Don't know</i> .....	91	(52%)	
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes</i> .....	11	(6%)	
	<i>No</i> .....	164	(94%)	
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	39 (24%)	25 (15%)	101 (61%)
	Accommodation	37 (22%)	40 (24%)	88 (53%)
	Benefits	36 (22%)	42 (25%)	88 (53%)
	Finances	38 (25%)	23 (15%)	94 (61%)
	Education	45 (29%)	22 (14%)	88 (57%)
	Drugs and alcohol	41 (25%)	42 (25%)	82 (50%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<i>Not sentenced</i> .....	54	(30%)	
	<i>Yes</i> .....	50	(28%)	
	<i>No</i> .....	74	(42%)	



## Main comparator and comparator to last time



### Prisoner survey responses HMP Cardiff 2016

Prisoner survey responses (missing data have 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 Cardiff 2016	Local prisons comparator	HMP Cardiff 2016	HMP Cardiff 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>194</b>	<b>6,064</b>	<b>194</b>	<b>167</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	5%	6%	5%	7%
1.3	Are you sentenced?	72%	68%	72%	69%
1.3	Are you on recall?	9%	10%	9%	4%
1.4	Is your sentence less than 12 months?	44%	20%	44%	34%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	1%
1.5	Are you a foreign national?	9%	13%	9%	9%
1.6	Do you understand spoken English?	100%	97%	100%	98%
1.7	Do you understand written English?	98%	96%	98%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	25%	18%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	5%
1.1	Are you Muslim?	10%	13%	10%	9%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	2%
1.12	Do you consider yourself to have a disability?	36%	25%	36%	21%
1.13	Are you a veteran (ex-armed services)?	6%	5%	6%	6%
1.14	Is this your first time in prison?	24%	33%	24%	30%
1.15	Do you have any children under the age of 18?	59%	54%	59%	64%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	17%	23%	17%	7%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	44%	39%	44%	30%
2.3	Were you offered a toilet break?	8%	8%	8%	5%
2.4	Was the van clean?	62%	57%	62%	62%
2.5	Did you feel safe?	74%	74%	74%	83%
2.6	Were you treated well/very well by the escort staff?	73%	66%	73%	77%
2.7	Before you arrived here were you told that you were coming here?	75%	63%	75%	76%
2.7	Before you arrived here did you receive any written information about coming here?	3%	3%	3%	4%
2.8	When you first arrived here did your property arrive at the same time as you?	85%	78%	85%	91%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	43%	39%	43%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	78%	76%	84%
3.3	Were you treated well/very well in reception?	65%	62%	65%	75%
	When you first arrived:				
3.4	Did you have any problems?	77%	77%	77%	69%
3.4	Did you have any problems with loss of property?	11%	16%	11%	7%
3.4	Did you have any housing problems?	24%	23%	24%	21%
3.4	Did you have any problems contacting employers?	7%	5%	7%	4%
3.4	Did you have any problems contacting family?	26%	35%	26%	18%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	2%
3.4	Did you have any money worries?	20%	24%	20%	27%
3.4	Did you have any problems with feeling depressed or suicidal?	32%	24%	32%	19%
3.4	Did you have any physical health problems?	15%	18%	15%	17%
3.4	Did you have any mental health problems?	42%	25%	42%	24%
3.4	Did you have any problems with needing protection from other prisoners?	7%	9%	7%	4%
3.4	Did you have problems accessing phone numbers?	27%	32%	27%	26%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	40%	31%	40%	42%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	23%	79%	23%	84%
3.6	A shower?	44%	29%	44%	39%
3.6	A free telephone call?	75%	53%	75%	77%
3.6	Something to eat?	70%	70%	70%	73%
3.6	PIN phone credit?	68%	50%	68%	83%
3.6	Toiletries/ basic items?	57%	57%	57%	63%

## Key to tables

## Main comparator and comparator to last time

		HMP Cardiff 2016	Local prisons comparator	HMP Cardiff 2016	HMP Cardiff 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	45%	45%	45%	51%
3.7	Someone from health services?	58%	66%	58%	66%
3.7	A Listener/Samaritans?	21%	31%	21%	32%
3.7	Prison shop/ canteen?	17%	21%	17%	21%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	39%	40%	39%	56%
3.8	Support was available for people feeling depressed or suicidal?	31%	35%	31%	50%
3.8	How to make routine requests?	26%	34%	26%	52%
3.8	Your entitlement to visits?	25%	33%	25%	51%
3.8	Health services?	30%	43%	30%	48%
3.8	The chaplaincy?	32%	39%	32%	48%
3.9	Did you feel safe on your first night here?	66%	69%	66%	84%
3.10	Have you been on an induction course?	58%	75%	58%	66%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	40%	49%	40%	62%
3.12	Did you receive an education (skills for life) assessment?	63%	75%	63%	59%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	39%	36%	39%	40%
4.1	Attend legal visits?	49%	50%	49%	63%
4.1	Get bail information?	16%	17%	16%	24%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	42%	38%	44%
4.3	Can you get legal books in the library?	27%	35%	27%	27%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	20%	50%	20%	40%
4.4	Are you normally able to have a shower every day?	77%	74%	77%	70%
4.4	Do you normally receive clean sheets every week?	58%	66%	58%	79%
4.4	Do you normally get cell cleaning materials every week?	39%	51%	39%	52%
4.4	Is your cell call bell normally answered within five minutes?	16%	24%	16%	39%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	46%	56%	46%	64%
4.4	Can you normally get your stored property, if you need to?	13%	20%	13%	23%
4.5	Is the food in this prison good/very good?	22%	21%	22%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	47%	45%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	53%	44%	52%
4.8	Are your religious beliefs are respected?	34%	49%	34%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	45%	50%	45%	48%
4.10	Is it easy/very easy to attend religious services?	37%	44%	37%	37%

## Main comparator and comparator to last time

### Key to tables

		HMP Cardiff 2016	Local prisons comparator	HMP Cardiff 2016	HMP Cardiff 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	59%	71%	59%	80%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	39%	47%	39%	62%
5.2	Do you feel applications are dealt with quickly (within seven days)?	31%	32%	31%	59%
5.3	Is it easy to make a complaint?	41%	49%	41%	39%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	27%	27%	27%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	19%	23%	19%	37%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	22%	20%	15%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	18%	19%	22%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	40%	34%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	39%	38%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	10%	9%	4%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	34%	35%	34%	44%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	71%	72%	71%	76%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	67%	72%	75%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	27%	26%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	17%	17%	20%
7.5	Do you have a personal officer?	33%	34%	33%	46%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	67%	67%	67%	65%

## Main comparator and comparator to last time

### Key to tables

		HMP Cardiff 2016	Local prisons comparator	HMP Cardiff 2016	HMP Cardiff 2013
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	47%	48%	47%	26%
8.2	Do you feel unsafe now?	23%	22%	23%	10%
8.4	Have you been victimised by other prisoners here?	26%	32%	26%	15%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	13%	13%	13%	5%
8.5	Hit, kicked or assaulted you?	8%	10%	8%	2%
8.5	Sexually abused you?	3%	2%	3%	1%
8.5	Threatened or intimidated you?	17%	17%	17%	9%
8.5	Taken your canteen/property?	7%	9%	7%	4%
8.5	Victimised you because of medication?	6%	6%	6%	2%
8.5	Victimised you because of debt?	5%	4%	5%	2%
8.5	Victimised you because of drugs?	6%	5%	6%	1%
8.5	Victimised you because of your race or ethnic origin?	7%	4%	7%	2%
8.5	Victimised you because of your religion/religious beliefs?	5%	3%	5%	2%
8.5	Victimised you because of your nationality?	5%	3%	5%	1%
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	2%
8.5	Victimised you because you are from a Traveller community?	2%	2%	2%	1%
8.5	Victimised you because of your sexual orientation?	4%	1%	4%	1%
8.5	Victimised you because of your age?	1%	3%	1%	1%
8.5	Victimised you because you have a disability?	5%	4%	5%	2%
8.5	Victimised you because you were new here?	6%	7%	6%	2%
8.5	Victimised you because of your offence/crime?	4%	6%	4%	0%
8.5	Victimised you because of gang related issues?	4%	5%	4%	1%

## Main comparator and comparator to last time

### Key to tables

		HMP Cardiff 2016	Local prisons comparator	HMP Cardiff 2016	HMP Cardiff 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	27%	33%	27%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	12%	11%	10%
8.7	Hit, kicked or assaulted you?	5%	6%	5%	2%
8.7	Sexually abused you?	2%	1%	2%	0%
8.7	Threatened or intimidated you?	16%	13%	16%	7%
8.7	Victimised you because of medication?	7%	6%	7%	3%
8.7	Victimised you because of debt?	2%	2%	2%	1%
8.7	Victimised you because of drugs?	4%	3%	4%	1%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	4%
8.7	Victimised you because of your religion/religious beliefs?	4%	4%	4%	4%
8.7	Victimised you because of your nationality?	4%	3%	4%	3%
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	2%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	2%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	1%	3%	1%	1%
8.7	Victimised you because you have a disability?	5%	3%	5%	2%
8.7	Victimised you because you were new here?	4%	5%	4%	3%
8.7	Victimised you because of your offence/crime?	2%	5%	2%	2%
8.7	Victimised you because of gang related issues?	2%	3%	2%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	37%	34%	37%	23%

## Main comparator and comparator to last time

### Key to tables

		HMP Cardiff 2016	Local prisons comparator	HMP Cardiff 2016	HMP Cardiff 2013
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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	27%	21%	27%	21%
9.1	Is it easy/very easy to see the nurse?	60%	42%	60%	51%
9.1	Is it easy/very easy to see the dentist?	9%	8%	9%	9%
	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:				
9.2	The doctor?	34%	40%	34%	42%
9.2	The nurse?	51%	51%	51%	56%
9.2	The dentist?	22%	29%	22%	25%
9.3	The overall quality of health services?	31%	36%	31%	30%
9.4	Are you currently taking medication?	56%	52%	56%	44%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	40%	59%	40%	50%
9.6	Do you have any emotional well being or mental health problems?	61%	41%	61%	37%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	33%	42%	33%	44%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	47%	32%	47%	44%
10.2	Did you have a problem with alcohol when you came into this prison?	26%	21%	26%	35%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	39%	49%	34%
10.4	Is it easy/very easy to get alcohol in this prison?	15%	18%	15%	13%
10.5	Have you developed a problem with drugs since you have been in this prison?	13%	10%	13%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	14%	8%	14%	10%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	40%	56%	40%	48%
10.8	Have you received any support or help with your alcohol problem while in this prison?	37%	54%	37%	33%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	52%	77%	52%	66%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	46%	31%	46%	34%
11.1	Vocational or skills training?	28%	29%	28%	24%
11.1	Education (including basic skills)?	40%	44%	40%	37%
11.1	Offending behaviour programmes?	18%	17%	18%	12%
Are you currently involved in any of the following activities:					
11.2	A prison job?	49%	44%	49%	38%
11.2	Vocational or skills training?	7%	8%	7%	7%
11.2	Education (including basic skills)?	9%	24%	9%	14%
11.2	Offending behaviour programmes?	3%	7%	3%	1%
11.3	Have you had a job while in this prison?	70%	69%	70%	57%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	32%	39%	32%	48%
11.3	Have you been involved in vocational or skills training while in this prison?	51%	56%	51%	39%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	43%	44%	43%	48%
11.3	Have you been involved in education while in this prison?	53%	67%	53%	46%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	47%	50%	47%	46%
11.3	Have you been involved in offending behaviour programmes while in this prison?	48%	54%	48%	34%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	37%	40%	37%	39%
11.4	Do you go to the library at least once a week?	26%	28%	26%	39%
11.5	Does the library have a wide enough range of materials to meet your needs?	26%	33%	26%	32%
11.6	Do you go to the gym three or more times a week?	25%	23%	25%	28%
11.7	Do you go outside for exercise three or more times a week?	50%	40%	50%	50%
11.8	Do you go on association more than five times each week?	49%	42%	49%	28%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	10%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	24%	31%	24%	40%
12.2	Have you had any problems with sending or receiving mail?	33%	49%	33%	44%
12.3	Have you had any problems getting access to the telephones?	27%	35%	27%	33%
12.4	Is it easy/ very easy for your friends and family to get here?	39%	35%	39%	49%



## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	56%	62%	56%	48%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	64%	43%	64%	57%
13.2	Contact by letter?	19%	28%	19%	28%
13.2	Contact by phone?	12%	13%	12%	2%
13.2	Contact by visit?	22%	36%	22%	23%
13.3	Do you have a named offender supervisor in this prison?	16%	31%	16%	15%
For those who are sentenced:					
13.4	Do you have a sentence plan?	14%	33%	14%	29%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	65%	54%	65%	63%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	65%	46%	65%	54%
13.6	Offender supervisor?	20%	31%	20%	29%
13.6	Offender manager?	15%	26%	15%	11%
13.6	Named/ personal officer?	5%	11%	5%	14%
13.6	Staff from other departments?	25%	18%	25%	14%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	37%	52%	37%	62%
13.8	Are there plans for you to achieve any of your targets in another prison?	20%	28%	20%	25%
13.9	Are there plans for you to achieve any of your targets in the community?	42%	31%	42%	27%
13.10	Do you have a needs based custody plan?	5%	7%	5%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	6%	11%	6%	16%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	20%	26%	20%	27%
13.12	Accommodation?	31%	32%	31%	31%
13.12	Benefits?	32%	34%	32%	34%
13.12	Finances?	20%	21%	20%	20%
13.12	Education?	20%	27%	20%	25%
13.12	Drugs and alcohol?	34%	41%	34%	36%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	40%	45%	40%	43%

## Diversity analysis



### Key question responses (ethnicity) HMP Cardiff 2016

**Prisoner survey responses** (missing data have 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

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>33</b>	<b>154</b>
1.3	Are you sentenced?	59%	75%
1.5	Are you a foreign national?	26%	5%
1.6	Do you understand spoken English?	97%	100%
1.7	Do you understand written English?	93%	99%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	2%
1.1	Are you Muslim?	54%	0%
1.12	Do you consider yourself to have a disability?	24%	39%
1.13	Are you a veteran (ex-armed services)?	3%	7%
1.14	Is this your first time in prison?	28%	23%
2.6	Were you treated well/very well by the escort staff?	66%	74%
2.7	Before you arrived here were you told that you were coming here?	66%	77%
3.2	When you were searched in reception, was this carried out in a respectful way?	63%	78%
3.3	Were you treated well/very well in reception?	49%	67%
3.4	Did you have any problems when you first arrived?	81%	78%
3.7	Did you have access to someone from health care when you first arrived here?	40%	62%
3.9	Did you feel safe on your first night here?	49%	69%
3.10	Have you been on an induction course?	54%	58%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	41%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	24%	19%
4.4	Are you normally able to have a shower every day?	76%	77%
4.4	Is your cell call bell normally answered within five minutes?	12%	16%
4.5	Is the food in this prison good/very good?	12%	24%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	36%	45%
4.8	Do you feel your religious beliefs are respected?	40%	33%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	42%
5.1	Is it easy to make an application?	49%	62%
5.3	Is it easy to make a complaint?	38%	42%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	9%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	51%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	10%	18%
7.4	Do you have a personal officer?	32%	32%
8.1	Have you ever felt unsafe here?	57%	46%
8.2	Do you feel unsafe now?	33%	22%
8.3	Have you been victimised by other prisoners?	23%	28%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	16%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	20%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	16%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	5%
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	6%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	49%	24%
8.7	Have you ever felt threatened or intimidated by staff here?	28%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	21%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	15%	2%
8.7	Have you been victimised because of your nationality? (By staff)	12%	3%
8.7	Have you been victimised because you have a disability? (By staff)	3%	6%
9.1	Is it easy/very easy to see the doctor?	25%	28%
9.1	Is it easy/ very easy to see the nurse?	47%	64%
9.4	Are you currently taking medication?	43%	61%
9.6	Do you feel you have any emotional well being/mental health issues?	57%	63%
10.3	Is it easy/very easy to get illegal drugs in this prison?	42%	51%
11.2	Are you currently working in the prison?	27%	53%
11.2	Are you currently undertaking vocational or skills training?	13%	4%
11.2	Are you currently in education (including basic skills)?	7%	8%
11.2	Are you currently taking part in an offending behaviour programme?	10%	1%
11.4	Do you go to the library at least once a week?	17%	29%
11.6	Do you go to the gym three or more times a week?	13%	28%
11.7	Do you go outside for exercise three or more times a week?	70%	45%
11.8	On average, do you go on association more than five times each week?	40%	51%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	5%
12.2	Have you had any problems sending or receiving mail?	50%	30%
12.3	Have you had any problems getting access to the telephones?	46%	24%

## Diversity Analysis



### Key question responses (disability) HMP Cardiff 2016

**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 percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>68</b>	<b>119</b>
1.3	Are you sentenced?	72%	72%
1.5	Are you a foreign national?	8%	10%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	12%	21%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	3%
1.1	Are you Muslim?	8%	11%
1.13	Are you a veteran (ex-armed services)?	9%	4%
1.14	Is this your first time in prison?	21%	25%
2.6	Were you treated well/very well by the escort staff?	70%	75%
2.7	Before you arrived here were you told that you were coming here?	73%	77%
3.2	When you were searched in reception, was this carried out in a respectful way?	64%	81%
3.3	Were you treated well/very well in reception?	60%	66%
3.4	Did you have any problems when you first arrived?	92%	70%
3.7	Did you have access to someone from health care when you first arrived here?	53%	60%
3.9	Did you feel safe on your first night here?	60%	69%
3.10	Have you been on an induction course?	60%	56%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	41%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	19%	20%
4.4	Are you normally able to have a shower every day?	71%	80%
4.4	Is your cell call bell normally answered within five minutes?	13%	17%
4.5	Is the food in this prison good/very good?	23%	21%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	38%	46%
4.8	Do you feel your religious beliefs are respected?	24%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	32%	49%
5.1	Is it easy to make an application?	49%	65%
5.3	Is it easy to make a complaint?	37%	43%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	21%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	27%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	18%	3%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	67%	73%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	19%
7.4	Do you have a personal officer?	29%	35%
8.1	Have you ever felt unsafe here?	55%	44%
8.2	Do you feel unsafe now?	28%	22%
8.3	Have you been victimised by other prisoners?	33%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	5%
8.5	Have you been victimised because of your age? (By prisoners)	2%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	14%	1%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	43%	21%
8.7	Have you ever felt threatened or intimidated by staff here?	26%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	2%
8.7	Have you been victimised because of your nationality? (By staff)	11%	1%
8.7	Have you been victimised because of your age? (By staff)	2%	1%
8.7	Have you been victimised because you have a disability? (By staff)	11%	2%
9.1	Is it easy/very easy to see the doctor?	28%	26%
9.1	Is it easy/ very easy to see the nurse?	59%	62%
9.4	Are you currently taking medication?	79%	45%
9.6	Do you feel you have any emotional well being/mental health issues?	92%	44%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	53%
11.2	Are you currently working in the prison?	43%	51%
11.2	Are you currently undertaking vocational or skills training?	7%	5%
11.2	Are you currently in education (including basic skills)?	7%	8%
11.2	Are you currently taking part in an offending behaviour programme?	2%	3%
11.4	Do you go to the library at least once a week?	21%	30%
11.6	Do you go to the gym three or more times a week?	12%	33%
11.7	Do you go outside for exercise three or more times a week?	43%	54%
11.8	On average, do you go on association more than five times each week?	43%	53%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	7%
12.2	Have you had any problems sending or receiving mail?	42%	29%
12.3	Have you had any problems getting access to the telephones?	41%	21%