

Report on an unannounced inspection of

HMP Cardiff

by HM Chief Inspector of Prisons

15–26 July 2019

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



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	8
About this inspection and report	11
Summary	13
Section 1. Safety	23
Section 2. Respect	31
Section 3. Purposeful activity	43
Section 4. Rehabilitation and release planning	49
Section 5. Summary of recommendations and good practice	55
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: Prisoner survey methodology and results	71

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 Cardiff is a category B local prison for men. At the time of this inspection it held a little under 750 prisoners. It is a traditional local prison, situated in the heart of the city, and serving the courts of south-east Wales. The prison consists predominantly of Victorian buildings, but there have been some more modern additions in recent decades. The prison was last inspected in the summer of 2016 when we found that outcomes for prisoners were not sufficiently good in two out of four of our inspection areas. Purposeful activity and resettlement were judged to be reasonably good.

I had also been present during the 2016 inspection, and was pleased to find that in the intervening period the prison had made real progress. The grades had improved in all but one of our healthy prison tests, rising in safety, respect and purposeful activity. In view of the challenging context in which prisons, particularly local prisons, have been operating in recent years, this represents a very significant achievement. It is my judgement that much of the improvement can be ascribed to the excellent relationships that existed between staff and prisoners, and the obviously energetic and well-focused leadership of the senior team. These positive relationships had, in turn, contributed to the ability of the prison to address some of the basics that shaped the character of a jail, such as levels of violence, the prevalence or otherwise of drugs, and the living conditions experienced by prisoners.

Importantly, the prison was relatively safe. Fewer prisoners than in similar establishments told us they felt unsafe, which is an enormously important indicator that affects so much else that happens in a jail. We often see the corrosive impact of violence on many aspects of prison life when the prisoners themselves are living in fear. It is much to Cardiff's credit that while violence figures across the prison estate have generally been rising at an alarming rate in recent years, they had managed to buck the trend. Violence had not increased since the last inspection.

The comprehensive drug supply reduction strategy had undoubtedly had an impact. At the last inspection there were very real concerns about the flow of drugs entering the establishment and in, particular, the role played in this by prisoners being recalled to prison. Illicit drugs were still a very real problem, but the positive mandatory drug testing rate had dropped, and at least there was a sense that there was a degree of control over the situation. The prison would undoubtedly benefit from more technology to assist them in their efforts, and the lack of a body scanner was a significant gap in their defences. In the meantime, they cannot afford to relax their vigilance in any way, and it is our view that although it should be subject to regular review, the current searching regime for new prisoners entering the jail remained proportionate.

Alongside the stabilisation of violence and drug supply, living conditions had improved significantly since the last inspection. Communal areas and cells were cleaner, there was a programme of renewing cell furniture, showers had been improved on some wings, there was now much easier access to basic kit and bedding than at the last inspection thanks to the prison now having its own laundry, and lavatories were better screened. It was certainly true that there were still overcrowded cells, but in general, for a local prison of its type and age, a great deal of progress had been made.

Cardiff prison was, of course, not immune from the social problems that affect wider communities. Some 65% of prisoners arriving at the prison reported having mental health problems. Over half of new arrivals reported drug problems, and a third said they had problems with alcohol. In the six months prior to our inspection more than 350 prisoners required alcohol detoxification. There was also the worrying statistic that since the last inspection, levels of self-harm had risen threefold. More needed to be done to understand why this had happened. All of this placed enormous demands on health care provision, the details of which can be seen in the body of this report. It was a mixed picture, and some of our key concerns and recommendations focus on the provision of services to meet very high demand.

A further social issue that had a significant impact on the prison, and the service it could give to those in its care, was that of homelessness on release. Over the six months prior to the inspection an extremely high figure of 47% of the prisoners being released from the prison did not have any form of accommodation to go to. The community rehabilitation company (CRC) did not follow through with prisoners adequately after their release, and so it was not known how many prisoners eventually found appropriate accommodation. The well-established correlation between homelessness in these circumstances and the risk of reoffending is well known. This was a problem that is clearly beyond the ability of the prison service to address on its own. I have therefore taken the unusual step of making a recommendation to both HMPPS and the Welsh Government that they should work together to find solutions to this very serious problem.

Overall, this was an enormously encouraging inspection as it showed what can be achieved in a traditional local prison. HMP Cardiff disproves the clichés about inner-city Victorian prisons inevitably being places of squalor, violence and despair. The improvements since the last inspection were incredibly encouraging to see, and were testimony to the hard work that had brought them about. On this, my second inspection of Cardiff, it was also clear to me that many prisoners had responded positively to the improvements and wanted to make their own contribution to the prison and thereby to their own futures.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2019

Fact page

Task of the establishment

A category B local prison for adult male prisoners serving the courts in southeast Wales.

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection: 738

Baseline certified normal capacity: 539

In-use certified normal capacity: 539

Operational capacity: 779

Notable features from this inspection

65% of prisoners said they had a mental health problem and 44% said they had a disability.

38% of prisoners arriving at Cardiff said they had a drug or alcohol problem.

70% of the population had been at Cardiff for less than three months.

The level of self-harm was over three times higher than at our previous inspection.

40% of the population had been identified as perpetrators or potential perpetrators of domestic violence.

The prison released on average over 200 prisoners a month.

Over the previous six months, 47% of prisoners had been released without having a home to go to.

Prison status and key providers

Public

Physical health provider: Cardiff and Vale University Health Board

Mental health provider: Cardiff and Vale University Health Board

Substance misuse (services) provider: G4S and Cardiff and Vale University Health Board

Learning and skills provider: HM Prison and Probation Service in Wales

Community rehabilitation company: CTech

Escort contractor: GEOAmey

Prison group

Wales

Brief history

HMP Cardiff was built in 1827 so the accommodation was predominately Victorian. The prison held unconvicted and remand prisoners from local courts and short-term prisoners serving up to 12 months. New units were built in 1996, comprising a first night centre and two further wings. A health care centre was opened in May 2008, providing a 22-bed inpatient facility.

¹ Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Short description of residential units

A wing	General population
AI	Mainly prisoners working in the kitchen and on recycling
B wing	General population
BI	Vulnerable prisoners
C wing	Induction and first night centre
D wing	Enhanced level prisoners
E wing	General population
F wing	General population
FI	Prisoners suspected of secreting illicit items on or in their body/self-isolators and Safer Custody referrals who have raised concerns over personal safety in the general population
H wing	Health care unit

Name of governor/director and date in post

Helen Ryder, 1 October 2018

Independent Monitoring Board chair

Jaci Rankmore

Date of last inspection

25–26 July and 1–5 August 2016

About this inspection and report

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

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

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

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

Respect Prisoners are treated with respect for their human dignity.

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

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

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

- **Outcomes for prisoners are good.**

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

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

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

- **Outcomes for prisoners are not sufficiently good.**

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

- **Outcomes for prisoners are poor.**

There is evidence that the outcomes for prisoners are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

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

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.² The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.³

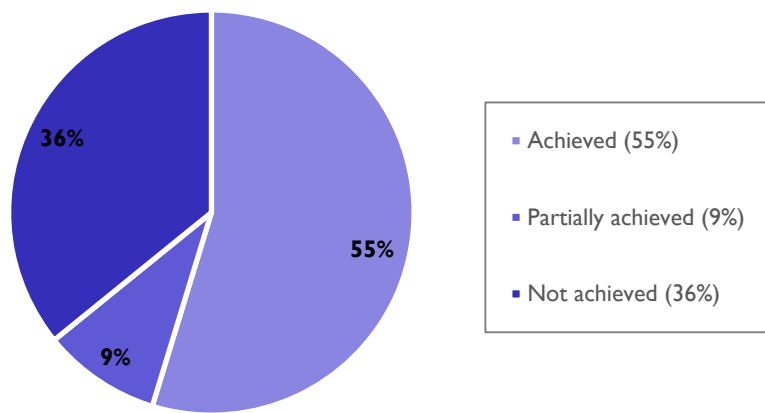
² <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

³ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

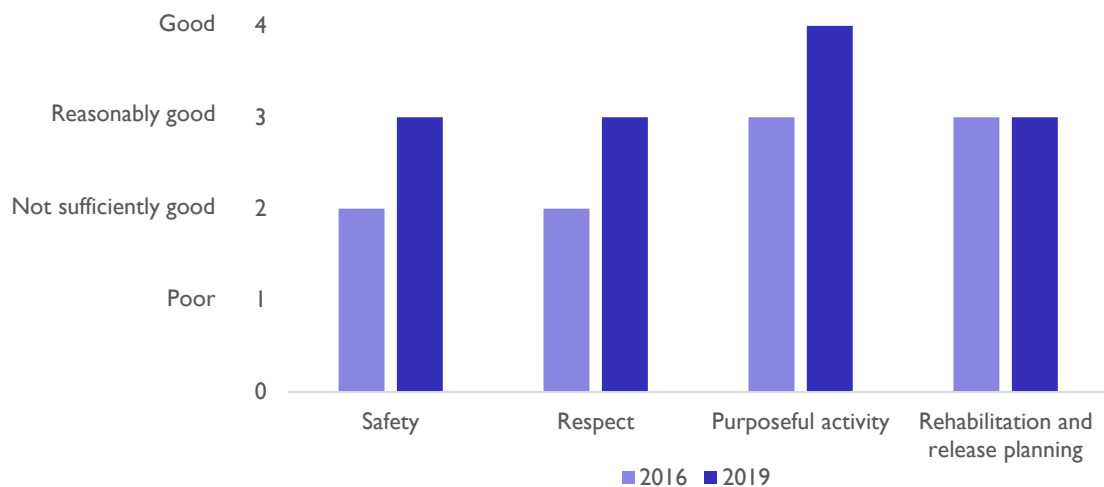
- S1 We last inspected HMP Cardiff in 2016 and made 53 recommendations overall. The prison fully accepted 40 of the recommendations and partially (or subject to resources) accepted nine. It rejected four of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 29 of those recommendations, partially achieved five recommendations and not achieved 19 recommendations.

Figure 1: HMP Cardiff progress on recommendations from last inspection (n=53)



- S3 Since our last inspection of HMP Cardiff outcomes for prisoners had improved in three healthy prison areas. Safety and Respect improved from not sufficiently good to reasonably good, and Purposeful activity improved from reasonably good to good. Outcomes remained reasonably good in Rehabilitation and release.

Figure 2: HMP Cardiff healthy prison outcomes 2016 and 2019⁴



⁴ Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

- S4** Reception processes were more efficient and first night arrangements and conditions had improved. Most prisoners felt safe, levels of violence had not increased since we last inspected and few incidents were serious. Challenge, support and intervention plans (CSIPs) were used well. Security arrangements were largely proportionate, and the drug supply reduction strategy was comprehensive. However, the lack of sophisticated drug detection equipment was a concern. The increase in the level of self-harm was extremely worrying and there was no clear strategy to reduce it. Prisons and Probation Ombudsman (PPO) recommendations were not always embedded into practice. The quality of care for those in crisis was reasonable but sometimes undermined by weaknesses in assessment, care in custody and teamwork (ACCT) case management recording for prisoners at risk of suicide or self-harm. **Outcomes for prisoners were reasonably good against this healthy prison test.**
- S5** At the last inspection in 2016 we found that outcomes for prisoners in Cardiff were not sufficiently good against this healthy prison test. We made 19 recommendations in the area of safety.⁵ At this inspection we found that 12 of the recommendations had been achieved, three had been partially achieved and four had not been achieved.
- S6** Although many journeys from court to the prison were short, prisoners often had to wait in court cells for several hours until escort staff collected them. Reception processes at the prison were more efficient than when we last inspected, and staff were generally relaxed and reassuring. First night interviews were good and focused on safety.
- S7** Staff in the first night centre were supportive and living conditions there were good. It provided new prisoners with a relatively calm environment. The induction programme gave prisoners an overview of prison life and was supplemented by good access to helpful staff and peer workers. However, attendance was not tracked, which made it difficult to see how many prisoners chose not to attend.
- S8** The prison was relatively safe. Significantly fewer prisoners than in other local prisons said they had ever felt unsafe and few felt unsafe at the time of our survey. According to the prison's data, the level of violence had not increased significantly since our last inspection and was relatively low. The prison had an effective strategic response to violence and focused on promoting safer custody. All incidents of violence were investigated. Perpetrators were managed well and victims received good support through well-managed CSIPs. The incentives and earned privileges (IEP) scheme focused well on encouraging positive behaviour, and the regime for prisoners on the basic level had improved.
- S9** The number of adjudications had increased since our previous inspection. The standard of completed adjudication paperwork we examined was reasonable. The use of force had doubled since our previous inspection and was relatively high. Use of force reports were reasonable and most of the paperwork we checked was complete, which was a significant improvement. Incidents involving force, including body-worn camera footage, were now reviewed at a weekly governance meeting, which identified lessons to be learned and investigated concerns. CCTV and body-worn camera footage we viewed demonstrated that staff attempted to de-escalate situations and used force appropriately.
- S10** Conditions in the segregation unit had improved significantly. Staff-prisoner relationships were respectful and prisoners we spoke to were positive about how they were treated. The

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

number of prisoners being segregated had increased slightly since our previous inspection. However, most prisoners had short stays in segregation, paperwork was completed reasonably well and reintegration plans were good.

- S11 Security arrangements were generally proportionate except for the wing lockdowns that took place during cell searches. Drug supply reduction work had been proactive and effective. The average mandatory drug testing rate over the previous six months, including tests for psychoactive substances⁶ was 8.7% against a target of 18.5%, which was low. However, the prison did not have a body scanner, which undermined the efforts to reduce the supply of drugs coming into the prison. The number of intelligence reports submitted in the previous six months was higher than at the previous inspection, but reports were processed and managed well.
- S12 There had been 10 deaths at the prison since our previous inspection, two of which had been self-inflicted. Most, but not all, PPO recommendations had been implemented. According to the prison's data, reported levels of self-harm were well over three times higher than at our previous inspection and some prisoners repeatedly self-harmed. There was no clear strategy for reducing the very high levels of self-harm. However, from the beginning of July 2019 and for three months, all prisoners who self-harmed were being interviewed by staff. This positive initiative had the potential to give the prison a better understanding of the underlying issues.
- S13 The standard of ACCT case management records was variable and undermined the care provided. Some prisoners were positive about their care while others complained about their needs not being met, particularly where mental health was concerned. The prison had a committed team of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), but prisoners found it difficult to get access to them and there was no Samaritans telephone support at night, which was a concern.
- S14 Although wing staff did not always know about the new safeguarding adults policy, we were confident they knew vulnerable prisoners could be at risk of exploitation and abuse, and they said they would report concerns. More needed to be done to ensure that the vulnerable prisoners located on B1 were not at risk of serious harm from each other.

⁶ A chemical substance that acts on the central nervous system to alter brain function – perception, mood, consciousness, cognition and behaviour.

Respect

S15 *Staff-prisoner relationships remained a real strength and had been enhanced by the introduction of keyworkers. The prison was now very clean, and some key improvements had been made, including better access to basic amenities. Consultation was good. The applications and complaints systems were not yet effective. Prisoners were very positive about the food and the prison shop. Equality and diversity work was developing, but further progress needed to be made. Faith provision was good. Health care was not sufficiently good in some key areas. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S16 *At the last inspection in 2016 we found that outcomes for prisoners in Cardiff were not sufficiently good against this healthy prison test. We made 21 recommendations in the area of respect. At this inspection we found that nine of the recommendations had been achieved and 12 had not been achieved.*

S17 Staff-prisoner relationships remained a strength. Most prisoners were positive about staff and some highlighted individuals who had been particularly helpful. The keyworker scheme was working well overall, but the standard of entries on P-Nomis (a database used in prisons for the management of offenders) varied too much. Overall, staff managed prisoners well and most enforced rules clearly, consistently and appropriately.

S18 The prison was very clean. Cells, although often overcrowded, were adequately furnished and installing curtains around toilet areas was a significant improvement. Communal showers had also been improved and they were now bright, clean and free of mould. Access to clothing, bedding and cleaning equipment had improved significantly.

S19 We received very few complaints about the food and, in our survey, 47% of prisoners said they thought the standard of the food was either good or very good. Most prisoners (70%) said they could buy what they needed from the prison shop, which was significantly better than at the previous inspection. Prisoners still could not buy or receive shop items within 24 hours of their arrival.

S20 Consultation with prisoners had improved since the previous inspection and was effective. Wing staff managed applications well, but responses from staff from other departments were not tracked, which made it impossible to monitor their timeliness or standard. We were not confident that complaints from prisoners were always answered. We were particularly concerned that in one serious complaint alleging sexual assault, no formal action had been taken. The analysis of complaints was limited, making it difficult for the senior management team to identify the issues and action required. Prisoners were not routinely provided with support with legal issues or bail applications.

S21 Some improvements had been made to equality and diversity work, but there was still no reliable means of ensuring that the needs of all prisoners with protected characteristics were met. Data analysis and monitoring were too limited, but local data were now being collected. An appropriate range of focus groups had been established, but it was too early for inspectors to see any impact. Responses to discrimination incident reporting forms were often poor and late.

S22 In our survey, prisoners with disabilities or mental health problems were more negative about their experiences in the prison, particularly about safety. Cardiff remained an unsuitable place for prisoners with physical disabilities. Night staff did not always know who needed help in the event of an evacuation.

- S23 Prisoners had good access to religious services and their spiritual needs were well met. Chaplains carried out a wide range of pastoral work, had a high profile and were well integrated across the prison.
- S24 Health care partnership working was effective and governance arrangements identified most risk areas requiring action. The range of primary care provision was adequate and waiting times for most services were not excessive. Support for patients with long-term conditions was fragmented and needed improvement. The physical environment of the inpatient unit had improved, and patients received good, responsive care and had access to an extensive regime.
- S25 Demand for mental health services was high and much higher than we normally find. Many patients waited too long to receive routine care and treatment. There were some gaps in the provision, for example, there was a lack of psychological interventions.
- S26 Patients stabilising on methadone and detoxing from alcohol were not monitored adequately. Once prisoners were receiving treatment, psychosocial and clinical support services were well integrated and one-to-one care, including through-the-gate support, was good. The way in which medicines were transported to wings presented some risks. Dental provision was good.

Purposeful activity

S27 *The daily regime had improved significantly and was applied consistently. We found few prisoners locked in their cells during the core working day and many were involved in purposeful activities. The library and physical education (PE) provision were good. Estyn judged that the education, skills and work provision was good in many aspects and excellent in well-being, behaviour and attitudes to learning. There was a sufficient number of activity places and attendance levels were good. Learning, skills and employment was now prioritised and was very good. **Outcomes for prisoners were good against this healthy prison test.***

S28 *At the last inspection in 2016 we found that outcomes for prisoners in Cardiff were reasonably good against this healthy prison test. We made five recommendations in the area of purposeful activity. At this inspection we found that three of the recommendations had been achieved, and two had been partially achieved.*

- S29 Time out of cell was relatively good. During our checks on the wings we found 18% of prisoners locked in their cell during the core working day. This was much lower than in 2016. The daily regime was delivered reliably and consistently and had improved significantly. Access to phones, showers and association was good and included evening association for full-time workers and those on the enhanced level of the IEP scheme. However, the time allowed for outdoor exercise remained too short.
- S30 The library provision was good. A wide range of relevant and useful material was available in the main library and through two small facilities on the wings. Access had improved and 52% of prisoners said they typically went to the library once a week or more, which was double what we found previously. PE provision was also good. However, prisoners in the segregation unit and those using wheelchairs could not use the gym.
- S31 In education, skills and work, nearly all prisoners made effective progress towards their learning goals. Prisoners' overall success rates met the prison's contractual requirements and, in most areas, exceeded them, comparing favourably with those of other prisons in

Wales. Nearly all prisoners acquired useful skills that would help them progress into employment or training. Most prisoners' coursework and practical work were completed to a high standard. There were good examples of outreach work supporting prisoners to engage in education and develop their essential skills. About half of prisoners improved their literacy and numeracy by at least one level in a short space of time.

- S32 Most prisoners attended education and work regularly. Nearly all prisoners were well motivated, behaved well and appreciated how the provision had improved their attitudes. Nearly all prisoners felt safe and respected during activities, and they supported each other effectively. Prisoners understood how to develop their physical and emotional well-being and how to improve their ability to make appropriate choices. Many developed the ability to reflect on their offending behaviour, building useful strategies to avoid reoffending. Prisoners with mental health issues found the music and art classes improved their well-being. Several prisoners said that attending courses had been a positive life-changing experience for them.
- S33 The education, skills and work provision was broad and tailored effectively to improve prisoners' social, employment, literacy, numeracy and trade-specific skills. Overall, teaching and assessment across the prison were good. Many tutors planned engaging activities well and most tutors made suitable use of individual learning plans to help motivate the prisoners. Most tutors evaluated the progress of individual prisoners well and provided them with valuable feedback, effective support and encouragement. Across the provision, trained peer mentors provided valuable support to teachers and prisoners.
- S34 There were efficient and effective arrangements for undertaking an initial assessment to determine prisoners' skills and well-being issues and to establish if they had any learning difficulties. Prisoners contributed to their own improvement targets, and their individual learning plans provided guidance on how they could improve. Staff tracked and recorded prisoners' vocational skills. Support to help prisoners with their personal development was embedded effectively through all assessment activities and education provision. Learning support staff provided effective education outreach assistance to prisoners in other areas of the prison. In a very few sessions, tutors did not challenge prisoners' attitudes to offending behaviour robustly or consistently. Peer mentors shared their experiences well and provided good support to other prisoners.
- S35 Senior leaders had given learning, skills and employment a higher priority. There was sufficient, purposeful provision to meet prisoners' needs. A comprehensive self-assessment report measured learners' performance against a broad range of similar providers, making effective use of data and a variety of evidence to identify strengths and areas for improvement. The quality development plan prioritised areas for development appropriately. Effective use was made of labour market information and employer partnerships to inform the development of learning opportunities and improve prisoners' employment prospects. Useful partnerships with other work-based learning and further education providers had started to develop so that good practice could be shared. Staff had good access to training. However, staff development planning was not yet robust enough to ensure that it took full account of all staff needs.

Rehabilitation and release planning

S36 Support to help prisoners maintain contact with their children and families was good. Strategic oversight of work to reduce reoffending needed improving, but contact between prisoners and prison offender managers had improved with the introduction of a new model. Too few prisoners were released on home detention curfew (HDC). Decisions about re-categorisation could be justified. Contact restrictions were applied robustly, but risk management planning for prisoners' release needed improving. Too few places on offending behaviour programmes were available. The large proportion of prisoners released without any accommodation undermined efforts to resettle and rehabilitate prisoners. Work to help prisoners with money worries was adequate, but little help was available for those who had experienced abuse. Most resettlement plans were reviewed and, in our survey, most prisoners said they were receiving help to prepare for release. **Outcomes for prisoners were reasonably good against this healthy prison test.**

S37 At the last inspection in 2016 we found that outcomes for prisoners in Cardiff were reasonably good against this healthy prison test. We made eight recommendations in the area of resettlement.⁷ At this inspection we found that five of the recommendations had been achieved and three had not been achieved.

S38 The Prison Advice and Care Trust provided prisoners with excellent support to help them resolve family issues and maintain or build family ties. The provision of family days was good, and all prisoners were eligible to apply. All personal mail sent in, including photographs, were photocopied to reduce the supply of drugs in the prison. However, the quality of the photocopies had, until recently, been very poor, which prisoners found frustrating and upsetting.

S39 Despite an increase in staffing for the visits booking line, it was still sometimes difficult to get through on the phone. This was offset to some extent by the use of online booking, which was much easier. Visits were reasonably well managed, although start times were subject to short delays and visiting sessions were shorter than we often see. Double sessions could be booked but they were interrupted because visitors had to leave the establishment so they could pass through security again.

S40 Strategic oversight of rehabilitation and release planning required improvement. For example, there was no comprehensive needs analysis to set out what range and scale of help was needed. Cardiff held a complex population with varied needs. About 20% were serving very short sentences and 70% had been at Cardiff for less than three months. Two thirds said they had mental health problems, 30% were assessed as high or very high risk of serious harm to others and about 40% had been accused or convicted of domestic violence.

S41 The new offender management model meant that community offender managers were responsible for managing almost all prisoners. However, most prisoners we spoke to did not know who their offender manager was and few had had any contact from them. Under the model, prison-based offender managers were rarely redeployed. HDC processes were sound but the lack of suitable accommodation in the community significantly reduced the number being released.

S42 Public protection procedures to protect children and other potential victims remained robust. Despite the prison exchanging some information with community offender managers,

⁷ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

we did not see enough evidence that community offender managers undertook a high standard of release planning to ensure that the risk of serious harm on release would be managed effectively. This was compounded by the limited role of the inter-departmental risk management team within the prison and the lack of oversight of release planning for those known to present a high risk of harm.

- S43 Categorisation reviews were up to date and decisions were justified. Some prisoners found it difficult to move onto other more appropriate prisons and stayed at Cardiff for too long without a clear progression pathway.
- S44 The offending behaviour needs of the population were not analysed so that provision could be developed and there were some obvious gaps. Work aimed at changing attitudes, thinking and behaviour was limited. The range of help with money worries was adequate and included opening bank accounts.
- S45 The housing situation in Wales for prisoners being released was a significant concern. Over the previous six months, the number of prisoners released without any form of accommodation, was extremely high at 47%. The community rehabilitation company (CRC) did not sufficiently monitor outcomes following release, which made it impossible to tell how many managed to gain sustainable accommodation.
- S46 There was no systematic way of identifying prisoners who had experienced abuse, and specific interventions to help them deal with the trauma were limited.
- S47 The demand for resettlement help was high – there were more than 200 releases each month. The CRC worked hard to complete basic custody screening tool assessments for all prisoners. In our survey, significantly more prisoners than at other local prisons said somebody was helping them prepare for their release. Prisoners had a resettlement plan, which was reviewed 12 weeks prior to their release, and CRC staff saw them again a week before their release to address any immediate needs. The through-the-gate service was useful, but demand exceeded provision.

Key concerns and recommendations

- S48 Concern: The level of self-harm was over three times higher than at the previous inspection. Interviews with all prisoners who self-harmed were helping staff to understand the causes of the problem. However, there was no clear strategy to reduce the level of self-harm.

Recommendation: The prison should analyse its data and the outcome of its interviews with prisoners who had self-harmed to identify the underlying causes. It should develop a strategy with time-bound action to address these causes.

- S49 Concern: There was no reliable means of ensuring that the needs of all prisoners with protected characteristics were met, or that potential discrimination was identified and addressed promptly. Survey responses from prisoners who considered they had a disability and those with a mental health problem were poorer than those of other prisoners. This was particularly marked in the area of safety. Both these groups of prisoners represented a sizeable proportion of the overall population and, despite the apparent high level of expressed need, we found very little support and too few services available to them.

Recommendation: The negative survey responses from prisoners with a disability and prisoners with mental health problems should be examined closely to establish if services need to be changed. Any required changes should be implemented.

S50 Concern: The demand for mental health services was high and the range of interventions and support provided, particularly for patients requiring psychological therapies, was not sufficient to meet their needs. Too many patients waited too long to access routine care and treatment.

Recommendation: Mental health services should assess prisoners' needs promptly and provide timely support through an appropriate range of therapeutic interventions.

S51 Concern: The prison was unable to ensure that patients arriving at the prison who were stabilising on methadone and/or detoxing from alcohol were appropriately monitored. There was insufficient capacity to deliver prompt access to clinical treatment and to review care to ensure patients continued to be appropriately supported.

Recommendation: Patients undergoing detoxification from alcohol, and/or who are stabilising on methadone should receive appropriate care that includes prompt access to timely assessment, clinical support and treatment, monitoring and ongoing assistance through regular reviews.

S52 Concern: The prison had too few interventions available to address the offending-related needs of prisoners at Cardiff.

Recommendation: A needs analysis should be completed to identify what interventions are required to meet the needs of all prisoners at Cardiff. Any identified interventions should be put in place.

S53 Concern: At the time of our inspection the CRC's own data showed that, over the previous six months, 47% of the population was released without any accommodation, which undermined any resettlement opportunities. The CRCs did not sufficiently monitor outcomes following release, which made it impossible to tell how many managed to gain sustainable accommodation later on.

Recommendation: HMPPS should work with the Welsh Government to ensure that accommodation is available for prisoners being released from custody.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

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

- I.1 Some prisoners could still wait several hours in court cells before being brought to Cardiff by escort staff. Vans had air conditioning and were clean, and many journeys were relatively short. Prisoners were taken off the vans promptly when they arrived at reception. Most prisoners we spoke to were not told they were coming to Cardiff and none had received any advance information about the prison.
- I.2 Reception was relatively busy with over 50 new arrivals each week. Staff were generally relaxed and reassuring, and prisoners were positive about their treatment on arrival. In our survey, 75% said they were treated very/quite well in reception.
- I.3 Reception processes were now more efficient and in most of the cases we observed prisoners were in reception for less than two hours. In our survey, significantly more prisoners than in other local prisons (54% compared to 35%) said they spent less than two hours in reception. However, some stayed longer, particularly if prisoners arrived in the late morning. Strip-searching of prisoners arriving from other prisons was not based on an individualised risk assessment.
- I.4 Reception facilities were reasonably clean. Conditions in the main holding room had improved and more information was displayed on the walls. Translated notices described reception processes but they were produced by another prison and were not in languages that were relevant for prisoners in Cardiff. Other holding rooms were bare.
- I.5 According to our survey, 50% of prisoners felt depressed and 21% suicidal on arrival. During the inspection, however, no Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were allocated to work in reception. Reception orderlies handed out bedding, toiletries and clean clothing, of which there was a sufficient supply. However, interactions were largely functional, and we did not observe them providing any significant support to new prisoners.
- I.6 Prisoners were taken from reception to the first night centre, where they were shown to a comfortable waiting room which provided a calm environment. Prisoners had an interview with a supportive induction peer representative, who gave a brief overview of the prison and answered any questions. Two Listeners visited the first night centre every day. (See also paragraph I.45.)
- I.7 An officer also saw prisoners in private to conduct a first night interview. Interviews were generally good and focused on safety. A prisoner who did not speak English was interviewed through telephone interpretation and given an information booklet in his own language.

- I.8** All prisoners were offered a free phone call to their family – 69% of prisoners in our survey reported being offered a free phone call on arrival compared with 47% in similar prisons. Staff also helped prisoners complete an application for their first visit.
- I.9** Conditions in the first night centre had improved and were now good. It was clean and bright, and cells were appropriately equipped. Significantly more prisoners than in other local prisons said they felt safe on their first night. We were told there were additional checks on all first night prisoners. Our survey suggested that significantly more prisoners than in other local prisons had drug and alcohol problems on arrival. These prisoners received enhanced checks. However, we were not satisfied that they were always conducted at the required frequency. (See also paragraph I.43.)
- I.10** In our survey, 82% of prisoners said they had had an induction, compared with 58% at our previous inspection. Induction took place the day after prisoners arrived. Staff from various departments and agencies visited new arrivals in the mornings. Prisoners were all offered an induction presentation. As at the previous inspection, attendance was not compulsory, although greater efforts were made to persuade prisoners to attend.
- I.11** Only 53% of prisoners who had received an induction said it covered everything they needed to know about the prison. The induction provided a reasonable overview of prison life and was supplemented by good access to helpful staff and induction peer workers. However, there was no central tracking of the process, making it difficult for the prison to work out how many prisoners had completed each element. The induction presentation could have been supplemented with more detailed written information about the prison.

Good practice

- I.12** *Staff in the first night centre helped new prisoners book their first visits from family and friends.*

Managing behaviour

Expected outcomes:

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

Encouraging positive behaviour

- I.13** Significantly fewer prisoners in our survey than the comparator said they had felt unsafe – 44% compared to 61% at other local prisons and 23% said they felt unsafe at the time of the inspection. Most prisoners we spoke to said it was a safe place to live.
- I.14** The levels of violence remained similar to 2016 and were relatively low. There had been 129 violent incidents in the previous six months compared with 139 at the previous inspection. Assaults on prisoners had decreased from 76 at the previous inspection to 49; there had been 40 fights compared with 30 previously, but assaults on staff had risen from 33 to 40.
- I.15** The prison had a comprehensive strategy that resulted in an effective response to violence. The safer custody department was sufficiently resourced and able to respond promptly to referrals made by staff. The prison had three standalone safer custody officers and a newly formed team of safer community peer representatives who focused on promoting safety.

- I.16** Challenge, support and intervention plans⁸ (CSIPs) were fully embedded in the prison's culture, which ensured all incidents of violence were referred to the safer custody department and investigated. The investigations were thorough and normally resulted in either a low-level intervention or progress to a full CSIP plan. The CSIP plans we looked at showed that perpetrators of violence were managed well and that support for victims was good. CSIP plans were not yet used to manage low-level bullying or support victims of it.
- I.17** The prison still had a dedicated landing (B1) for prisoners who had been identified as more vulnerable than others. Prisoners we spoke to in this unit were grateful for the support they received from the dedicated staff group. Some prisoners in the unit could access work in the prison, for example, eight prisoners worked in the health care gardens (see paragraph 2.62). However, too many remained in the unit for long periods. We were also concerned that prisoners posing a risk of serious harm to others were located alongside very vulnerable prisoners without sufficient evidence of a risk assessment or management plan to address the problem.
- I.18** On arrival at HMP Cardiff, new prisoners were placed on the standard level of the incentives and earned privileges (IEP) scheme and those transferring from other prisons remained on their existing level. The IEP scheme had a good focus on encouraging positive behaviour rather than simply focusing on punitive measures. This positive approach was reflected in our survey where 49% of prisoners said that the scheme encouraged them to behave well, which was significantly higher than in other local prisons we have inspected. Most enhanced level prisoners we spoke to valued the incentives they were offered, such as evening association.
- I.19** There were 21 prisoners on the basic regime during the inspection. The regime for them had improved. They could all have a shower, make a phone call and exercise every day, as well as access weekend association. They were also encouraged to work and participate in education.
- I.20** The prison did not quality assure the IEP process. Not all IEP reviews were documented on P-Nomis (a database used in prisons for the management of offenders), but there was evidence that keyworkers were actively involved in the IEP process, which was good. Completed paperwork was available for approximately half the basic level prisoners we reviewed, but there was no paperwork for the remainder.

Adjudications

- I.21** The number of adjudications had increased from 916 at our previous inspection to 1435 this time, which was similar to the level we have found in other local prisons. Adjudication hearings we attended showed that prisoners could provide their own version of events, access legal advice and request extra support if they needed it.
- I.22** The prison did not have a large number of adjudications waiting to be processed (51) and the oldest dated back to about eight weeks. Adjudication paperwork we examined was reasonable overall, however the adjudicator did not make sufficient enquiries in some cases. We also saw adjudications that were for minor issues and could have been managed through the IEP scheme. Sanctions were generally fair and tariffs were reviewed regularly.

⁸ Challenge, support and intervention plans are used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

Use of force

- I.23** Use of force was high and had doubled since our previous inspection. There had been 405 recorded cases compared with 201 previously, which was high. The prison had done very little to investigate this rise, but we were told it was as a result of better reporting.
- I.24** Use of force reports were reasonable and, in most cases, demonstrated the need and justification for using force. The prison had made efforts to ensure paperwork was completed on time and most of the documentation we checked was complete, which was a significant improvement.
- I.25** Governance procedures had now improved and incidents involving force, including body-worn camera footage, were now reviewed at a weekly meeting. Lessons learnt were fed back to the staff involved and if concerns were identified they were further investigated.
- I.26** CCTV and body-worn camera footage we viewed demonstrated that staff attempted to de-escalate situations and used force appropriately. However, not all planned interventions had been captured and the prison used body-worn, rather than hand-held, cameras to record incidents, which made it difficult to review footage due to the recordings' poorer quality.

Recommendation

- I.27 The prison should investigate the rise in the use of force and implement any required action.**

Segregation

- I.28** The segregation unit had been refurbished in the previous 18 months and conditions had improved significantly. Communal areas were maintained to a good standard and cells were clean and decent. The daily regime remained too limited. Prisoners had access to showers and telephones, were offered regular exercise time outside and had access to a small library. However, they could not use the gym or take part in other activities outside the unit.
- I.29** We observed respectful staff-prisoner relationships and saw staff manage a prisoner with complex needs very well. In our survey, 47% of prisoners said segregation staff treated them well and most prisoners we spoke to were positive about their treatment while segregated.
- I.30** The number of prisoners who had been segregated had increased. However, prisoners now stayed in segregation for much shorter periods. At our previous inspection, prisoners spent on average 10 days segregated compared with three and a half days this time.
- I.31** Most segregation paperwork we checked was completed reasonably well. However, we did find that reviews for prisoners segregated for good order or discipline were not always multidisciplinary. We saw staff make good use of CSIP plans to reintegrate prisoners on to the main wings.

Recommendation

- I.32 Prisoners who are segregated should have access to a decent regime that includes visiting the gym and participating in activities.**

Security

Expected outcomes:

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

- I.33** Security arrangements were generally proportionate and did not unnecessarily restrict prisoners' access to the regime. The security department allocated prisoners to workplaces swiftly and their decisions were not risk averse. Prisoners' movements to and from activities were well supervised and controlled. However, some practices were disproportionate. For example, we found a whole wing that had been locked down so that one cell search could be conducted. The prison's approach to the use of strip searching on arrival was proportionate given the lack of sophisticated drug detection equipment, but this approach should be kept under review to ensure such practices were still necessary over time.
- I.34** The security committee met every month and set sound objectives based on the intelligence received. Attendance at the meeting was generally good. However, safer custody staff did not attend it regularly. The security department recognised its key threat was drugs entering the prison and its drug supply reduction work was proactive. The prison now had a comprehensive drug supply reduction policy and security staff worked closely with other departments to implement it. There was now a dedicated search team in place which involved the use of dogs to search for drugs and phones. The prison photocopied all incoming correspondence except legal documents, which had led to a decline in psychoactive substances⁹ (PSs) entering the prison. Good use was made of mobile detector poles during planned searches, but the prison did not have a body scanner, which was a significant gap. Closed visits were used appropriately and reviewed regularly. Two prisoners were on closed visits when we inspected and both were for offences relating to visits.
- I.35** The security department received on average 600 information reports (IRs) each month and 3289 had been submitted in the previous six months, which was higher than at the previous inspection (2329). The security department was sufficiently resourced to manage the flow of intelligence it received and very few IRs were outstanding. Intelligence was mostly acted on promptly and effectively. In the previous three months, the security department had requested 124 searches to be completed, 85 of which were carried out, leading to 64 finds.
- I.36** In our survey, 52% of prisoners said it was easy to get illegal drugs in the prison, the same as the comparator. However, only 17% said it was easy to obtain alcohol, which was significantly lower than at similar prisons. The average mandatory drug testing (MDT) rate over the previous six months, including tests for PSs, was 8.7% against a target of 18.5%, which was low. There had been 141 suspicion tests completed in the previous six months compared with three previously, which was a significant improvement. The MDT suite was clean, but the holding rooms still lacked ventilation.

Recommendation

- I.37 A body scanner should be installed and used to reduce the supply of drugs in the prison.**

⁹ A chemical substance that acts on the central nervous system to alter brain function – perception, mood, consciousness, cognition and behaviour.

Safeguarding

Expected outcomes:

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

Suicide and self-harm prevention

- I.38** Since the previous inspection in 2016, there had been 10 deaths in custody, two of which were self-inflicted. Another prisoner died from health conditions for which PS use was a contributory factor. Most, but not all, Prisons and Probation Ombudsman recommendations had been implemented. There appeared to be some more intractable problems, such as the inappropriate use of restraints during hospital escorts.
- I.39** According to the prison's data, 435 incidents of self-harm had taken place in the previous six months, compared with 123 at the inspection in 2016. The incidence of self-harm was far higher than in similar prisons. A small number of prisoners repeatedly self-harmed, but this did not explain why the level of self-harm was so much higher than elsewhere. (See key concern and recommendation S48.)
- I.40** The safer custody strategy did not offer a clear plan to reduce the high levels of self-harm. Action planning was very limited. Nonetheless, a new, enthusiastic safer custody team had been introduced in February 2019 and it was beginning to strengthen its response to the problem. (See also paragraph I.15.)
- I.41** The prison had received funding over three months from the beginning of July 2019 to interview all prisoners who had self-harmed within 72 hours. This positive initiative had the potential to give the prison a better understanding of the underlying issues. Mental health concerns and issues relating to medication were emerging factors. This was reflected in what prisoners told us, what we noted from assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm, as well as from data on requests for Listeners. (See key concern and recommendation S48.)
- I.42** There was a no weekly multidisciplinary meeting for prisoners whose self-harm was prolific. The prison had introduced community concern forms for visitors to complete if they were worried about someone they were visiting, but none had been submitted.
- I.43** There had been 451 ACCT case management documents opened in the previous six months, compared with 269 at the previous inspection. The standard of ACCT case management recording was variable, undermining the care provided. Triggers of self-harm were generally poorly defined. Care maps were mixed and obvious action was not always included. Case reviews were not always timely and not sufficiently multidisciplinary. We saw staff interacting positively in some cases, but contact with the prisoner was not nearly regular enough. Staff did not always check some particularly vulnerable prisoners at the required frequency. (See key concern and recommendation S48.)
- I.44** Some prisoners were positive about their care while others complained that their needs were not being met, particularly where mental health was concerned. Far too few staff had been trained in suicide and self-harm prevention.
- I.45** The prison had sufficient Listeners, but we found prisoners had difficulties in gaining access to them. No Listeners were based in the reception and none of them lived in the first night

centre, although they did visit the centre every day. Listeners were often expected to conduct sessions through a cell door, which could compromise confidentiality. There was no access to the Samaritans telephone helpline at night, which was unusual and concerning. (See also paragraph I.5.)

Recommendations

- I.46 Support for prisoners at risk of self-harm should be improved through effective use of ACCT procedures and more staff training.**
- I.47 Prisoners should be able to speak in confidence to a Listener at any time and all prisoners should have access to a Samaritans phone.**

Good practice

- I.48** *Interviewing all prisoners who harmed themselves within 72 hours to identify why they had self-harmed would potentially give staff a better understanding of the underlying issues so that they could provide prisoners with better support.*

Protection of adults at risk¹⁰

- I.49** The prison had begun to develop its adult safeguarding work. The governor attended the regional joint adult and children safeguarding board and had introduced a new internal quarterly safeguarding meeting.
- I.50** A new safeguarding policy set out pathways for reporting safeguarding concerns to the safer custody team, but no cases had yet been referred. The policy provided for prisoners posing a concern to have support plans put in place, but none of the plans had been implemented.
- I.51** Staff had not been trained in adult safeguarding. Although wing staff were not familiar with the safeguarding policy, those we spoke to knew that vulnerable prisoners could be at risk of exploitation and abuse and said they would report concerns.
- I.52** Some vulnerable prisoners were located on B1 unit, where they could be better safeguarded from prisoners in mainstream wings. However, more needed to be done to ensure that these prisoners were not at risk of serious harm from each other. (See paragraph I.17.)

Recommendation

- I.53 The prison should ensure that all prisoners on B1 unit are safeguarded by carrying out effective risk assessments and implementing any required action.**

¹⁰ Safeguarding duties apply to an adult who:

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

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1 Staff-prisoner relationships remained a real strength and had been enhanced since the previous inspection through the introduction of keyworkers. All prisoners now had a keyworker and, in our survey, 80% of prisoners said they had a personal officer, significantly higher than at comparator prisons.
- 2.2 The keyworker scheme was working well overall and staff and prisoners were positive about the impact of the project. We saw some good entries on P-Nomis (a database used in prisons for the management of offenders) that addressed prisoners' sentence planning and resettlement needs and documented the prisoners' journey well. Most staff we spoke to understood their role as a keyworker, but this was not always reflected on P-Nomis, where, despite some good entries, the standard overall varied too much.
- 2.3 Most prisoners were positive about staff and some mentioned individuals who had been particularly helpful. In our survey, 61% of prisoners stated that their named personal officer was helpful and 41% said a member of staff had spoken to them in the previous week to ask how they were, both of which were higher than in other local prisons.
- 2.4 Overall, staff managed prisoners well and the prison was well ordered and calm. During association and mealtimes, we witnessed polite respectful communication throughout the prison, and most staff enforced rules clearly, consistently and appropriately.

Daily life

Expected outcomes:

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

Living conditions

- 2.5 Living conditions had improved significantly since the previous inspection. The prison was now very clean, and some key improvements had been made, for example, prisoners now had better access to basic amenities.
- 2.6 Communal areas were impressive – they were free of rubbish and well maintained. In our survey 69% stated that the communal areas were normally clean, which was significantly higher than in other local prisons.

- 2.7** Overall, although some cells were small especially in the older Victorian part of the prison, the cleanliness and standards of decency were impressive. A programme to replace old furniture was underway and large sections of the prison had been completed. Prisoners we spoke to welcomed this.
- 2.8** Too many cells were overcrowded because they held two people when they were originally designed for one. The installation of curtains around toilet areas was a significant improvement since the previous inspection. Cells we looked at were free of graffiti and a painting programme aimed to ensure that cells were maintained to a good standard. Not all cells had lockable cabinets.
- 2.9** The basement accommodation had been improved greatly since our previous inspection, particularly in AI unit, where a large amount of the refurbishment work had been undertaken and measures put in place to deal with the damp. The accommodation was now bright and clean and there were soft chairs in the communal areas.
- 2.10** D wing for enhanced level prisoners was particularly impressive where cleanliness, decency and the standard of accommodation were concerned. Most cells were single occupancy and were bright. The unit also contained basic cooking facilities, which prisoners living there appreciated.
- 2.11** Communal showers on some wings had also been improved – they were now bright, clean and free of mould. Access to clothing, bedding and cleaning equipment had also improved significantly. The prison had installed its own laundries since the previous inspection, which meant prisoners could change their kit up to three times a week. This improvement was reflected in our survey, where 82% of prisoners said they had access to clean sheets every week, which was significantly higher than in other local prisons. There was now a good supply of prison clothes of a decent standard for those who required it.

Residential services

- 2.12** We received very few complaints about the food and 47% of prisoners said they thought the standard of the food was either very or quite good, which was significantly higher than at other similar prisons.
- 2.13** Prisoners chose their meals from a four-week menu cycle and those with religious or medical dietary requirements could be catered for. Prisoners received one hot meal a day as well as a light lunch. Breakfast packs, which included fruit or yoghurt, a chocolate biscuit and two slices of bread, were issued the night before and prisoners sometimes ate them before the morning.
- 2.14** The kitchen was well equipped and received a good rating for food hygiene at an inspection carried out by the local government regulator in February 2019. The kitchen had undergone a major refurbishment since the previous inspection. We were informed that repairs to the kitchen floor were unsatisfactory, which meant it was difficult to keep it clean.
- 2.15** Wing serveries were clean and we saw staff supervise the food service well. Prisoners could not eat together because of the lack of space on the wings.
- 2.16** Consultation arrangements were sound. An annual food survey was conducted and food comment books were available on the wings. The catering manager took feedback seriously and made changes where he could.

- 2.17** All prisoners working in the kitchen completed a food hygiene qualification and four of them were in the process of completing a level 1 qualification in hospitality, which was an improvement since the previous inspection.
- 2.18** The range of products available in the shop had been extended considerably and, in our survey, 70% of prisoners said they could buy what they needed from the shop. This response was significantly better than at the previous inspection and compared to responses from other similar prisons.
- 2.19** However, prisoners still could not buy or receive items from the shop within 24 hours of their arrival. In some cases, prisoners had to wait over 10 days before they could receive their first order from the shop, leaving them vulnerable to accumulating debts.

Prisoner consultation, applications and redress

- 2.20** Consultation with prisoners had improved and was now effective. It consisted of monthly wing consultations with wing representatives. Information from the monthly meeting were then fed into a quarterly prisoner forum with senior management. The minutes showed that action had either been achieved or reports on progress provided. Wing representatives we spoke to valued the forums, but they were not advertised well enough and action and updates were not shared widely.
- 2.21** An effective network of peers operated throughout the prison. The peer workers were easily identifiable and supported prisoners and staff in a wide variety of roles from induction to resettlement. They were consulted and any concerns or issues were addressed.
- 2.22** A new applications system had been introduced and prisoners were now provided with a copy of their request. Wing staff managed applications well and the process was swift and efficient when they responded to applications. However, responses from staff in other departments were not tracked, which made it impossible to monitor the timeliness or standard of responses. Our review of complaints found that some referred to unanswered applications.
- 2.23** The number of complaints had risen since the previous inspection but was relatively low. Complaint forms were easily available on all wings and in our survey 55% of prisoners said it was easy to make a complaint. However, we were not confident that prisoners' complaints were always answered. In logs provided by the prison, approximately 30% of complaints had gone unanswered in the previous six months. We were particularly concerned that in one serious complaint alleging sexual assault no formal action had been taken. Although the senior management team discussed complaints every month, they were not sufficiently analysed, making it difficult for the team to identify the issues and determine what action was required.
- 2.24** Some basic legal information was provided in licence recall packs, but support for legal issues and bail applications was not routinely provided. We were told prisoners needed to ask for assistance from their prison offender manager either by making a general application or through their keyworker.

Recommendation

- 2.25** **The prison should ensure that all complaints are answered within the required timescales.**

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics¹¹ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.26** The strategic approach towards equality and diversity remained weak. There was still no reliable means of ensuring that the needs of all prisoners with protected characteristics were met, or that potential discrimination was identified or addressed promptly.
- 2.27** The equality and diversity policy was based on a national template and had been updated in March 2019. It covered all relevant areas but did not contain sufficient information about the distinctive characteristics of the local population. We were advised that the equality action plan had been streamlined. It was a clearly laid out useful document, but a high proportion of action was categorised as 'ongoing' and had not been completed.
- 2.28** The diversity equality action team (DEAT) met each month, but there were no external participants and prisoner representatives did not always attend. The DEAT considered national data, which were not up to date. It did not consider the data sufficiently and discussions that took place mainly described concerns rather than addressing them. Attempts were being made to produce more relevant and up-to-date data locally, which, staff said would be available at the following DEAT meeting.
- 2.29** There had been 19 discrimination incident reporting forms (DIRFs) submitted over the previous six-month period, which was half the number compared with the same period at the previous inspection. Most of the responses prisoners received were poor. They lacked substance and detail and were not helpful. Responses were frequently late and in at least two cases, the prisoner had been released before the enquiry had been completed. Management checks on the quality of the DIRF process were ineffective and there was no independent scrutiny.
- 2.30** Focus groups had been introduced for prisoners from most of the protected groups. Over the course of the previous month, 11 meetings had been held. Most of these focus groups were led by a small number of the very capable equality representatives, who kept a record of the discussion so that it could inform the DEAT. However, at the time of this inspection, senior members of staff did not take the lead on each of the protected characteristics.
- 2.31** The equality representatives we spoke to were enthusiastic about their role and felt staff supported them well. Their remit had been extended since the previous inspection and they now completed an equality questionnaire with newly arrived prisoners. However, not all new admissions were comfortable about revealing their personal details. (See paragraph 2.40.)
- 2.32** Up to 30% of staff had not completed their mandatory equality and diversity training. The prison was also unable to provide us with information about the proportion of staff who were from a black and minority ethnic background.

¹¹ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendation

- 2.33** The discrimination incident reporting form (DIRF) process should provide prisoners with a reliable way to raise issues of concern and DIRFs should be dealt with promptly and scrutinised independently.

Protected characteristics

- 2.34** During the inspection, 23% of the population responding to our survey was from a minority ethnic background. Survey results from this group of prisoners were broadly similar to those from white prisoners, although monitoring data had shown some anomalies in work allocations and adjudications. They had been explored to establish the reasons for this.
- 2.35** In our survey, 7% of the population described themselves as coming from a Gypsy, Romany or Traveller background. The first focus group for Travellers was held during our inspection. Although generally content with how they were treated, they emphasised the importance of Travellers being able to play a prominent role in supporting their peers.
- 2.36** Seven percent of the population were prisoners from a foreign national background. An immigration official, whom prisoners could see on request, visited the prison every week and an offender supervisor based in the prison liaised with the Home Office on prisoners' behalf. Prisoners from a foreign national background seemed reasonably well integrated into the prison and those we spoke to appeared content with how they were treated. Greater use was now being made of interpretation and translated material. We found the interpretation service was used during the inspection and essential information about the prison's routines had been printed and was available in six different languages in the first night centre. We did not find any discrimination or less favourable treatment of prisoners from different religious groups.
- 2.37** Survey results for prisoners with a disability, as well as those with mental health problems, were significantly poorer than for those from other prisoners across a number of areas, but particularly on safety. Fifty-six percent of prisoners with a disability said they had felt unsafe at some point during their stay, compared with 34% of those without a disability. Thirty percent of prisoners with a mental health problem said they felt unsafe at the time of the inspection, compared with 10% of prisoners with no mental health problem. These findings were a concern and required much closer examination. (See also section on mental health care and key concerns and recommendations S49 and S50.)
- 2.38** The prison had identified 288 prisoners with disabilities. In our survey, 44% of those who responded said they had a disability, which was a slightly higher proportion. The prison had one fully adapted cell, which was occupied by a wheelchair user. The only other modified cell was on F wing. A number of simple adjustments had been made for a small number of prisoners and, although there were a number of ramps throughout the prison, access continued to be difficult for prisoners with severe mobility problems. An agency had carried out a disability access survey earlier in 2019, but the results had not yet been made available.
- 2.39** Eight personal emergency evacuation plans (PEEPs) were in place during the inspection. During the night visit to the prison, we found that not all staff coming into direct contact with prisoners who had a PEEP were familiar with the plans or the PEEP process.
- 2.40** Over the previous 12 months, two transgender prisoners had been held at the prison. Regular case reviews had been undertaken for both of them and they could buy items from the shop that were appropriate for the gender they identified with. In contrast to the figures in our own survey, indicating that 4% of prisoners were homosexual, bisexual or other, the

prison was unable to identify any prisoners who described themselves as being from this group. (See paragraph 2.31.)

- 2.41** Focus groups were held for younger and older prisoners. During the inspection, staff had contacted colleagues in the community for advice about how best to identify and support prisoners who were care leavers. An additional question had been incorporated into the first night assessment in order to identify care leavers (a person aged 25 or under, who has been looked after by a local authority). Older prisoners continued to have access to separate gym sessions and could still borrow reading glasses in the library.
- 2.42** In our survey, 12% of prisoners said they had served in the armed forces. There was a well-established and popular monthly support group for veterans, where prisoners could receive counselling and guidance, as well as advice about benefits and housing.

Faith and religion

- 2.43** The chaplains continued to work together effectively as a multi-faith team. Although there had been long delays in appointing Sikh and Buddhist chaplains, where gaps remained, members of the existing team took on the responsibility for this work. When it was not possible to cater for prisoners from a minority faith from within the team, arrangements were made to involve a visiting chaplain.
- 2.44** According to prison data, 55% of prisoners had no recorded religion, 31% were Christian and 11% Muslim. In our survey, 82% of prisoners who had a religion said they could attend religious services if they wanted to and 72% said they could speak to a chaplain of their faith in private.
- 2.45** A member of the chaplaincy saw all new prisoners within 24 hours of their arrival and explained the type of support they could provide. A chaplain was present in the prison every day and was accessible to prisoners, typically dealing with about 10 requests for pastoral assistance every day. Chaplains also met prisoners every six weeks to discuss faith issues, such as diet and facilities, and dealt with prisoners' concerns satisfactorily.
- 2.46** Faith facilities were good. The chapel provided prisoners with a tranquil environment in which to attend services, pray and meditate. The multi-faith area had been refurbished and was now more suitable, although ventilation remained a problem. When the number attending Friday prayers rose above 40, the adjoining doors to the chapel were opened allowing more space.
- 2.47** The chaplaincy was well integrated into the life of the prison. Chaplains regularly participated in meetings on security, including meetings which managed prisoners that might be involved in terrorism, as well as the equality committee and challenge, support and intervention plan reviews (see paragraph 1.16). The team also provided regular input on its role as part of new officers' training, which took place on site. Chaplains' attendance at and contributions to assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm, however, continued to be limited.
- 2.48** The chaplaincy had strong links with agencies in the community. Every fortnight a chaplain visited approved premises in Cardiff, to provide support and encouragement to prisoners who had moved there, following their release from prison. Chaplains also referred prisoners to social welfare charity Visions of Hope, which provided people who had suffered abuse and addiction with therapy. Twelve prisoners had been placed there over the previous year.

Health, well-being and social care

Expected outcomes:

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

- 2.49** The inspection of health services was jointly undertaken by Healthcare Inspectorate Wales and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

- 2.50** Cardiff and Vale University Health Board provided health services in the prison. A health needs analysis had been recommissioned and we saw effective partnership working. Governance arrangements identified areas of risk and plans had been developed to address such concerns.
- 2.51** Leadership arrangements and systems for monitoring most aspects of clinical practice were effective. Attendance at some key clinical accountability meetings was inconsistent, which meant opportunities for senior staff to discuss the quality of care jointly were restricted. Local audit and quality assurance measures were also limited.
- 2.52** Patients were consulted about health issues through the general prisoner forum and there were no dedicated health representatives. We saw evidence of incidents being reported appropriately and lessons learned being shared with staff.
- 2.53** The service operated 24 hours a day and a nurse was on site at all times. Clinical staff were clearly identifiable and we observed positive interactions with patients. There were few staffing vacancies, but nurses were used predominantly to manage and administer medicines and staffing was insufficient in some areas, particularly in clinical substance use and mental health services. Representations to the Welsh Health Board had highlighted the impact this was having on prisoners' health – a full workforce review was underway. Access to training was good and there was evidence that staff had completed most mandatory sessions. New staff told us induction had been good, but there was little written evidence to support this, and while staff reported being well supported, supervision arrangements were too ad hoc.
- 2.54** Clinical records we reviewed were mostly sound, reflecting the care provided and clinical decision making, but their standard was variable. Access to services was equitable and there were no restrictions because of the regime or prisoners' wing location.
- 2.55** The health centre had sufficient waiting areas and clinical treatment rooms were spacious, well-equipped and mostly complied with infection prevention standards. Treatment rooms on wings were more variable and F wing needed significant investment to bring it up to an acceptable level.
- 2.56** Staff were trained to immediate life support level and officers told us the response to medical emergencies was prompt. Equipment was strategically located and the contents were appropriate and re-stocked after an incident. Arrangements for dealing with emergencies out of hours, when only one qualified nurse was on duty, were less clear, and prison staff did not always show they knew how to locate an automated external defibrillator.

- 2.57** The complaints process was not subject to quality assurance and just one senior clinician was responsible for its oversight. However, trends were monitored and health complaints were now managed confidentially. Responses we reviewed mostly answered the concerns raised and some were resolved face to face, which was positive.

Promoting health and well-being

- 2.58** There was no prison-wide approach to health promotion and it was unclear what access prisoners had to some screening programmes for age-specific issues, such as abdominal aortic aneurysm and bowel cancer. However, we saw a number of individual initiatives, involving education and gym staff in particular, providing tailored support designed to improve prisoners' well-being. Visiting specialists provided patients with regular access to sexual health services and treatment for blood borne viruses. Access to immunisation was good. Condoms were available, but there was no smoking cessation support, such as nicotine replacement therapy. Systems were in place to prevent communicable diseases and deal with any outbreaks.

Primary care and inpatient services

- 2.59** Prisoners arriving at the prison received an initial reception screening and were offered a comprehensive secondary health assessment within 24 hours. The All-Wales health portal provided some information about prescribed medicines and patients' GP notes were subsequently requested. Though an on-call medical service was in place, there was no immediate, on site out-of-hours access to GPs or clinical substance use workers to facilitate first-night prescribing for prisoners arriving from court which could delay access to treatment, although patient group directions (PGDs) (which authorise appropriate health care professionals to supply and administer prescription-only medicine) meant patients withdrawing from drugs or alcohol could receive symptomatic relief (see also paragraph 2.82).
- 2.60** Prisoners needed to approach nurses on wings to obtain an appointment with the health care team. As privacy was limited, patients could have been deterred from making an application. Access to all primary care clinics was good, and patients could see a doctor within two weeks for most routine appointments and there were slots for patients who were acutely ill. We observed staff interacting with patients professionally, but non-attendance rates remained too high.
- 2.61** Patients with long-term conditions were identified on reception, but there were no regular clinics or systematic reviews of their care requirements. Trained nursing staff periodically ran some clinics, but care planning was minimal, which could have meant some patients' needs were not met. In addition, many patients had treatment issues that encompassed substance use, mental health and physical problems, but there were no shared care arrangements, or any complex case management meetings to coordinate care, including complex prescribing, effectively. Access to secondary care, such as external hospital appointments, was good. Arrangements for transfer and release were generally sound and patients received adequate supplies of prescribed medicines and were provided with details on how to register with a GP and access other external services where appropriate.
- 2.62** The physical environment of the 22-bedded inpatient unit had improved and patients received good, responsive care. They could participate in an extensive therapeutic regime that included education, work and regular visits to a well-maintained garden area. Inpatient admissions and discharges were generally based on agreed clinical criteria, although during the inspection, there were two patients with non-clinical needs who could not be

accommodated elsewhere. Staffing was generally appropriate, although health staff were periodically called away to attend to other duties. Prison staff knew patients well and sought to promote a positive ward culture.

Recommendation

2.63 Patients with long-term conditions, or complex care needs, should receive appropriate joined-up care and support that is subject to regular review.

Social care

- 2.64** A memorandum of understanding was in place between the prison and Cardiff City Council. The safer custody team led internal arrangements, and liaison with the health care department and the local authority was good. Social care provision was well advertised and operational arrangements were considered as part of the partnership board.
- 2.65** Prisoners' social care needs were initially considered as part of the general reception and health screening processes. Any member of staff or prisoner could make a referral. Three referrals had been made in the previous 12 months and all had received a timely assessment but none of the prisoners had required a social care package. Access to mobility aids and specialist medical equipment could be provided when appropriate, but wing facilities offered little support for those with mobility issues, which meant the inpatient area was periodically used to support prisoners with physical needs.

Mental health care

- 2.66** The need for mental health support was high. In our survey, 65% of prisoners reported mental health problems on arrival, which matched the prison's referral data – 66.8% of new admissions were referred to the mental health service, averaging 60 referrals per week.
- 2.67** Prisoners requiring urgent support could be seen on the same day and within a minimum of 72 hours. However, in the previous two to three months, patients who had been referred had waited for 28 days to be assessed. A new assessment process and daily screening meetings had brought this down to a six-day wait during July 2019.
- 2.68** The number of staff in the multidisciplinary in-reach team had increased earlier in 2019, and now included a psychiatrist, psychotherapist, occupational therapists, a counsellor working 12 hours per week, a team leader and three mental health nurses. However, this was not sufficient to meet the high level of need, which was a major concern. The service only ran five days a week, waiting times for routine care were too long and there was no out-of-hours' cover. Primary mental health support was limited: there was limited provision for patients with learning difficulties and staff had limited input into ACCT reviews. (See key concern and recommendation S50.)
- 2.69** The team's caseload stood at 76 patients and approximately 36 were managed under Care and Treatment Planning (CTP) (mental health services for individuals diagnosed with a mental illness). Assessment outcomes and case notes were recorded on a local database and copied onto SystemOne (the electronic clinical information system), and patients with complex needs were discussed at weekly referral meetings. Community mental health keyworkers and care coordinators were invited to CPA reviews, and there were good links with local community teams so that planning for prisoners' discharge and treatment continuation could take place. Patients admitted to the inpatient unit received a good level of care.

- 2.70** In the previous six months, eight patients were referred to community mental health services under the Mental Health Act, but only five were transferred within the 14-day NHS guideline. About 62% of prison officers had received mental health awareness training, but only new officers had received training over the previous 12 months.

Substance use treatment¹²

- 2.71** Clinical substance use services were provided by the Cardiff and Vale University Health Board and psychosocial support by the Welsh Centre for Action on Dependency and Addiction as part of the Dyfodol consortium, which also delivered community drug and alcohol services. Teams were co-located in the health care department, shared access to patient records and held weekly clinical meetings, which also involved mental health nurses. The prison's drug strategy and action plan had recently been reviewed, and information-sharing between security and substance use teams had improved.
- 2.72** Psychosocial support was readily available, all new arrivals were seen during induction and provided with harm reduction information, and the team responded promptly to referrals of prisoners suspected of psychoactive substance use (see paragraph 1.34). The service worked with 269 prisoners predominantly through one-to-one work, supplemented by in-cell packs, and we saw evidence of a good standard of case work. The prison no longer had a drug intervention unit. Well-being groups and regular Alcoholics Anonymous and Narcotics Anonymous meetings had been running, but group work was limited to a facilitated mutual aid groups and fortnightly Cocaine Anonymous meetings, which were not sufficient. There was no peer support scheme. (See key concern and recommendation S51.)
- 2.73** In our survey, 51% of new arrivals reported drug and 33% alcohol problems. In the previous six months, 353 prisoners required alcohol detoxification and 199 were currently prescribed opiate substitution therapy. All were screened at reception and alcohol treatment started promptly, but it could take up to two days for prisoners to start methadone treatment. While we welcomed the introduction of methadone as the first line of treatment for opiate-dependent prisoners, there were no designated clinics for starting or reviewing prescribing regimes. (See key concern and recommendation S51.)
- 2.74** Patients were not monitored adequately during stabilisation or detoxification. Alcohol detoxification should have been managed in the healthcare unit, but the lack of space meant only three out of 18 patients were located there. The 11 patients being stabilised on methadone were located on general wings without 24-hour monitoring, which was unsafe. Staff were not aware of the number of prisoners affected or their location. (See key concern and recommendation S51.)
- 2.75** Controlled drug administration was managed well and we saw positive interactions between the substance use nurse and patients, but processes and systems were not robust enough to ensure consistent high-quality care.
- 2.76** Strong community links and a shared database facilitated very good arrangements to ensure support in the community on release and 70% of prisoners continued with their treatment post-release. There was a high uptake of training to use naloxone (a drug to manage a substance use overdose), which prisoners received on release, enabling them to treat an overdose in the community.

¹² In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

Recommendation

- 2.77** The range of psychosocial interventions should be expanded to include consistently delivered group work modules, mutual aid and peer support to meet the needs of the population.

Medicines optimisation and pharmacy services

- 2.78** Patients received medicines promptly from an in-house pharmacy. The pharmacy team clinically screened prescriptions and monitored prescribing which was good. However, they had little capacity to interact directly with patients and, as independent prescribers, their skills were underused. A medicines management group met regularly to discuss practice, audit activities and prescribing trends and develop policies.
- 2.79** Prisoners received supervised administration twice a day at 7am and 3pm, but night-time administration of medicines was limited. Officers' supervision of queues was good. Staff followed up prisoners who had missed doses of high-risk medicines.
- 2.80** About half of patients had their medicines in possession – the medication was usually supplied as labelled named-patient items that had a dispensing audit trail. However, nurses had to supply some patients with unlabelled daily in-possession medicines, including some tradable medicines, because of the lack of routine night-time administration, which posed risks. Prisoners in shared cells had nowhere secure to store their medicines, although prison officers carried out random and intelligence-led cell checks, reporting cases of missing or unauthorised medicines. Completed in-possession risk assessments were generally available on SystemOne and were reviewed appropriately.
- 2.81** Pharmacy staff carried out weekly stock checks and quarterly date checks of all medicines in the prison. Medicines needing cold storage were kept in suitable fridges, which were regularly monitored, although out-of-range temperatures were not always managed appropriately. Medicines were not always stored safely or transported securely around the prison. We found loose tablets and blisters in medicines trolleys on the wings, which was unsatisfactory. Some other aspects of medicine management were poor. For example, we observed some medicines being pre-prepared ('potted-up') to take to patients who could not attend clinic rooms, and we saw other medicines that had not been securely locked away in medicine cabinets. Controlled drugs were mostly well managed, but we saw some inadequately labelled doses of methadone that nurses had prepared for administration later in the day. All these practices increased the risk of errors and demonstrated that the prison's oversight of medicines management was not sufficient.
- 2.82** There was a range of PGDs covering vaccinations, simple painkillers and minor ailment remedies, including treatment for drug and alcohol withdrawal symptoms. Supplies were appropriately recorded. Prisoners received an adequate amount of medication on discharge or had provisions made for them to obtain medication in the community.

Recommendations

- 2.83** The pharmacy team should receive support to oversee medicines management and provide more patient-facing services, such as pharmacy-led clinics, medicine use reviews and counselling sessions.

- 2.84 Medicines should be administered at times that ensure maximum clinical efficacy instead of being supplied as daily in-possession medicines to conform with the prison regime.**
- 2.85 Robust security measures should be put in place for transporting medicines around the prison and all medication should be stored securely until it is supplied to patients.**

Dental services and oral health

- 2.86** A full range of NHS dental treatments was provided through sessions offered three days a week. Two well-equipped dental suites that complied with infection control standards were used. A fault with one of the chairs had recently limited the capacity of the service, but waiting times for routine assessment and treatment were about three to four weeks, which was good. Clinical time for acute or urgent treatment was ring-fenced so that the primary care team could undertake dental triage.
- 2.87** Governance processes were robust and covered all aspects of practice. Staff training, equipment maintenance and waste disposal were all good. The faulty chair was scheduled to be replaced by the end of July 2019.

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

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

- 3.1 Time out of cell was now relatively good and the daily regime had improved significantly since our last inspection and was applied consistently. During our checks on the wings, we found relatively few prisoners (18%) locked in their cells during the core working day, which was much lower than in 2016, when 46% were locked up. Many of the prisoners who were out of their cells were involved in activities.
- 3.2 The reliable and consistent delivery of the daily regime meant prisoners now had good access to phones, showers, association and domestic periods every day. This was reflected in our survey where 90% of prisoners said they could shower every day, which was significantly higher than in other local prisons.
- 3.3 Full-time workers and those on the enhanced level of the incentives and earned privileges scheme could also participate in evening association, which prisoners valued.
- 3.4 In our survey, prisoners were also more positive than the comparator when asked whether unlocking times were kept to (63% said they were) and if they had access to association more than five days a week (57% replied positively). However, the time allotted to outdoor exercise for most prisoners remained too short at 30 minutes.
- 3.5 Library provision was overseen by a professional librarian and was well run. There was a wide range of relevant and useful material in the main library, including reference books about Welsh culture, foreign language books, easy-read material and audio books. Information about the prison's policies was also readily available, and there was an up-to-date collection of legal texts.
- 3.6 Prisoners on A and B wings had access to their own library, which was smaller than the main library, but they could order any item available in the main library. Prisoners on F wing had access to a less well organised library on the wing, which mostly contained novels and was run by a prison orderly.
- 3.7 Overall access to the library had improved since the previous inspection. The timetable had been redesigned to offer more equitable access to workers and non-workers. In our survey, 52% of prisoners said they typically went to the library once a week or more, which was double what we found previously. Records kept by the librarian showed that in 2018–2019 there had been 15,880 visits to the library, a 10% increase compared with the previous year.
- 3.8 Prisoners who needed additional help reading could gain assistance through a reading programme organised by the Shannon Trust, whose staff worked in the library. Material focusing on English for speakers of other languages (ESOL) was also available in the main library.

- 3.9** Physical education (PE) facilities were good and included two gyms, a sports hall and an all-weather pitch. The fixed exercise equipment in the exercise yards was well used during the inspection.
- 3.10** Prisoners were now picked up from workshops rather from the wings, which encouraged more prisoners to attend workshops because they were no longer worried about missing gym sessions. Uptake of PE was good and, in our survey, 50% of prisoners said they went to the gym twice a week or more, which was significantly higher than the comparator (38%).
- 3.11** An extra gym session for prisoners who worked had been introduced at the beginning of the day. The popular over 50s sessions continued, and individual programmes were provided for those with special health needs or recovering from injury in consultation with health care staff. Prisoners in the segregation unit and those using wheelchairs did not, however, get the opportunity to use the gym.
- 3.12** Gym staff maintained strong links with the community, and representatives from Cardiff City Football Club visited the prison every week and were involved in running football sessions. Prisoners could also participate regularly in five-a-side football matches with teams from the local community.

Education, skills and work activities (Estyn)¹³

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.¹⁴

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

<i>Standards:</i>	<i>Good</i>
<i>Well-being and attitudes to learning:</i>	<i>Excellent</i>
<i>Teaching and learning experiences:</i>	<i>Good</i>
<i>Care, support and guidance:</i>	<i>Good</i>
<i>Leadership and management:</i>	<i>Good</i>

Standards

- 3.14** In vocational workshops, employability courses and education sessions, nearly all prisoners made effective progress towards their learning goals. Prisoners' success rates had improved further since the previous inspection. Prisoners' overall success rates met the prison's contractual requirements, and in most areas exceeded them. Overall, they were now at 90%, compared with 82% in 2015–16, comparing favourably with those of other prisons in Wales.

¹³ This part of the inspection is conducted by Estyn inspectors using Estyn's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

¹⁴ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.15** Nearly all prisoners acquired useful skills that would help them progress into employment or training. For example, those learning about street maintenance felt that their experience improved their job prospects and gave them a better chance of reducing their reoffending behaviour.
- 3.16** Most prisoners' coursework and practical work were of a high standard. One prisoner had constructed a high-quality desk top out of recycled timber. Prisoners in music were writing, recording and producing musical pieces and songs to a high standard. Most prisoners took pride in what they had achieved. They used feedback from teachers and mentors constructively and developed useful insights into what they needed to do to make further progress. Most ESOL learners made good progress in developing their language skills. (See also paragraph 3.8.)
- 3.17** Prisoners also interacted with outreach workers on the wings. They used the support offered to participate in education and to develop their essential skills. Many prisoners in work participated in sessions to improve their basic skills. Across the learning, skills and employment provision, about half of learners improved their literacy and numeracy by at least one level in a short period of time. Most prisoners knew this would help them to improve their access to opportunities as well as their employability.

Well-being and attitudes to learning

- 3.18** All prisoners behaved well. They were polite, friendly and very supportive and respectful to each other. Nearly all prisoners felt safe during lessons and work. The atmosphere was calm and relaxed but purposeful, which contributed to prisoners' ability to learn, build personal skills and feelings of well-being. All activities focused not only on the skills required for the session, but also on promoting self-reflection and self-esteem and fostering independence and self-improvement.
- 3.19** Many prisoners had developed the ability to express their feelings and reflect on their offending behaviour in a safe environment. They were confident when they discussed their learning and other sensitive, personal issues with each other and with tutors and inspectors. For example, in the Tools for Change programme (see also paragraph 4.32), prisoners could discuss what triggered anger in themselves and others and how they could express and control their emotions in a positive way. Many had learned useful strategies and skills to help them avoid reoffending.
- 3.20** In art and music classes, prisoners with mental health issues said they appreciated how the activities helped them. All prisoners in these groups said the sessions helped calm their anxiety. One new prisoner was worried that their restless and erratic behaviour would disrupt the group, but with the support of the tutor and peers they realised that taking part made them calmer. Many workshop prisoners identified the therapeutic contribution that work made to their well-being.
- 3.21** Prisoners in workshops took full responsibility for the environment, paying good attention to health and safety and safety equipment was always used appropriately.
- 3.22** Attendance rates were very good. Prisoners' feedback and surveys showed that nearly all appreciated the progress they had made. Nearly all of them understood how they could develop their physical and emotional well-being and improve their ability to make choices. Several prisoners said that attending courses had helped them reflect on their offending behaviour and change their attitudes. They felt that attending education activities had been a positive life-changing experience.

Teaching and learning experiences

- 3.23** The prison's provision was tailored effectively to upskilling prisoners by developing their social and work skills. Prisoners who were at the prison for short periods, quickly achieved accredited units of learning that they could build on when they moved to other prisons or progressed into education, training or employment. The prison offered a suitable range of vocational provision that enabled prisoners to develop skills required by the local labour market.
- 3.24** Most tutors skilfully motivated prisoners to develop their work and broader employability skills. Many workshop tutors inspired prisoners to achieve and develop new practical skills. They encouraged them to improve their literacy and numeracy. Many tutors planned a range of engaging activities, which helped prisoners maintain their focus for extended periods of time and most used individual learning plans well to motivate prisoners. However, in a few sessions, tutor-led activities were too long.
- 3.25** Most tutors used their knowledge of prisoners' individual learning needs well to tailor their teaching to prisoners' needs. For example, tutors provided effective and sensitive one-to-one tutoring to small groups of prisoners with additional learning needs, which helped them learn how to perform long division.
- 3.26** Most education and vocational tutors tracked the progress of individual prisoners effectively and provided them with valuable feedback, encouragement and guidance. Many tutors made skilful use of a range of questioning techniques to engage prisoners and assess their progress. Most used developmental questioning effectively, encouraging prisoners to reflect and expand on their responses.
- 3.27** In a few instances, the outcomes of initial assessments did not accurately reflect the abilities of prisoners when they arrived at the prison.
- 3.28** Staff managed safety risks and behaviour effectively, allowing prisoners to gain practical work experience within a safe and supportive learning environment. Across the provision, many prisoners evaluated the work of their peers, providing worthwhile feedback and encouragement. Trained peer mentors provided valuable support to learners and teachers. They demonstrated effective working practices in practical workshop sessions and sensitively encouraged prisoners to be ambitious in broader work and life skills sessions.

Care, support and guidance

- 3.29** New prisoners had an initial assessment to establish what their skills were and whether they had learning difficulties or personal well-being issues. The assessment was conducted promptly and efficiently. Staff dealt with new prisoners in a measured and supportive way. Prison staff used effective systems for recording screening results and offered prisoners education and work swiftly. Nearly all tutors were well informed about prisoners' learning needs, enabling them to plan provision that catered effectively for them.
- 3.30** Staff and peers helped prisoners set their own individual learning plan targets and staff monitored progress regularly. Nearly all prisoners understood how well they were progressing in their education and work. Only very few tutors failed to challenge prisoners' attitudes to offending behaviour robustly or consistently.
- 3.31** Support to promote prisoners' personal development, social skills and well-being was embedded in all assessments and education provision. Courses such as Family Matters gave prisoners practical life skills, such as budgeting, while also prompting them to think about

their lifestyles and parenting skills. One hundred and twenty-one prisoners had benefited from the provision since it started in 2018. (See also paragraph 4.2.)

- 3.32** Education staff provided valuable education outreach support to prisoners in other areas of the prison who were not attending formal work or education.
- 3.33** A partnership with Careers Wales gave prisoners good access to independent careers advice. Nearly all education staff cooperated well with others to help prisoners overcome housing and resettlement barriers. (See paragraph 4.36.)

Leadership and management

- 3.34** The prison had 599 activity places available, which was sufficient to meet prisoners' needs. The head of learning, skills and employment monitored take-up regularly. Prisoners were allocated to activities within a few days of applying.
- 3.35** Communication between learning, skills and employment managers, the cluster lead for learning and skills and the prison's leaders was good. Leaders had given learning, skills and employment a higher priority in their strategic planning and management of the prison. The head of learning, skills and employment was now routinely involved in senior management meetings.
- 3.36** The unit had a comprehensive self-assessment report, which measured learners' performance against a broad range of similar providers. The report made effective use of data and a broad range of evidence to identify strengths and areas for improvement. The unit's quality development plan appropriately prioritised areas for improvement. A minority of objectives did not clarify the criteria against which success would be judged.
- 3.37** Leaders and managers made effective use of labour market information and employer partnerships to inform the development of learning opportunities and improve prisoners' employment prospects, such as barista training. This had helped them to strengthen the training component of a few workshop activities, such as in bicycle repairs, to ensure that prisoners were gaining relevant and accredited skills. Staff had started to develop useful partnerships with other work-based learning and further education providers to improve sharing of good practice.
- 3.38** Most classes and workshops had bilingual posters and signage. A few prisoners had developed an interest in the Welsh language since their arrival and had learned vocabulary relating to their work or subject. However, prisoners' recognition of the employment potential of the language was still limited.
- 3.39** Staff met regularly to discuss performance and quality issues. A few had formed a marking club to improve feedback to prisoners.
- 3.40** Staff had good access to training. The cluster lead member of staff organised training to meet the needs of those working in prisons across south Wales. Many staff in Cardiff were relatively new to the prison and staff development planning was not yet robust enough to ensure that it considered all staffs' needs.

Section 4. Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes:

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

- 4.1 The Prison Advice and Care Trust (PACT) provided excellent support to prisoners to help them resolve family issues and maintain or build family ties. They undertook individual casework to support about 60 prisoners, working closely with social services and schools. They also provided family support to visitors.
- 4.2 Family days' provision was good. PACT ran at least 12 themed days a year. All prisoners were eligible to apply, regardless of their incentives and earned privileges status. PACT also ran weekly homework and baby and toddler clubs where prisoners could develop their parenting skills. The education department ran a Family Matters course, which enabled fathers to reflect on family relationships and build their parenting skills. Prisoners spoke very highly of the course. (See paragraph 3.31.)
- 4.3 Prisoners had reasonable access to phones. All personal mail sent in, including photographs, was being photocopied to reduce the supply of drugs in the prison through letters or cards impregnated with psychoactive substances (see also paragraphs 1.34 and 1.36). The quality of the photocopies had, until recently, been very poor, which prisoners found frustrating and upsetting.
- 4.4 Despite an increase in the number of staff operating the visits booking line, it was still sometimes difficult to get through on the phone. This was offset to some extent by use of the online booking service, which was much easier.
- 4.5 Visits were reasonably well managed, although start times were subject to some short delays and visits lasted little more than one hour. Families who lived over 50 miles away could book double, back-to-back visiting sessions, but they were unnecessarily interrupted as visitors had to leave the prison after the first session and as a result had to pass through the security process again, which was unnecessary and rarely seen in other prisons.
- 4.6 The visits hall was large and clean and contained some reasonable facilities. There was a separate area for prisoners on the enhanced level of the incentives and earned privileges scheme, which was more comfortable. The children's play area was well equipped. PACT was appointing a play coordinator to develop activities for children during visits.
- 4.7 A good range of hot and cold food was available. Prisoners could order birthday cakes to share with their family.

- 4.8** Visitors said staff treated them well. Staff were polite and searched visitors and children sensitively. The prisoner holding room had been refurbished and was in better condition than at our previous inspection. Prisoners wore identification bibs during their visit, which was unnecessary.
- 4.9** PACT had arranged for one of its volunteers to conduct a ‘mystery shopper’ visit, which provided a useful and positive insight into the experience of visitors. It also organised quarterly consultations with prisoners and families about the prison’s visits and family work.

Good practice

- 4.10** *The ‘mystery shopper’ visit provided staff with a useful insight into the experience of visitors to help inform improvements to the service for prisoners and their family and friends.*

Reducing risk, rehabilitation and progression

Expected outcomes:

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

- 4.11** Strategic management of reducing reoffending work required improvement. The reducing reoffending strategy was not based on a needs analysis and did not reflect the specific needs of the complex population at Cardiff. The strategy did not sufficiently identify gaps in the provision or address what should be done to overcome them. There was no overarching action plan to ensure each of the resettlement pathways was reviewed so that improvements could be made. This was a gap, particularly for key areas, such as accommodation.
- 4.12** Nearly a third of the population was assessed as posing a high risk of harm. The prison had a high population turnover rate. Nearly one in five prisoners were serving short sentences of less than six months and 70% had been at Cardiff for less than three months. Two thirds of prisoners reported having mental health problems on arrival in our survey (see paragraph 2.66) and the prison had identified that 40% of the population had been accused or convicted of domestic violence. These factors made the delivery of resettlement services more challenging.
- 4.13** A reducing reoffending meeting took place every month. It was well attended and documented some useful discussions. Information sharing between the community rehabilitation company (CRC) CTech, its contractor St Giles Trust, and the offender management unit (OMU) was good. In addition to the monthly reducing reoffending meeting, CRC and OMU staff met regularly to try and resolve any operational issues before they affected delivery.
- 4.14** Peer workers were used well to support resettlement services as well as some offender management processes, such as home detention curfew (HDC). CRC peer workers received the same training as staff, and all peer workers we spoke to had a good understanding of their role. Prisoners spoke highly of the support they received from them.
- 4.15** Cardiff was an early adopter site for the new offender management in custody model¹⁵, which went live in February 2019. Under the new model, prison offender managers were

¹⁵ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer keyworkers. The second

rarely redeployed, which was a significant improvement since our last inspection. Contact between prisoners and prison offender managers had improved with the introduction of the new model. Prisoners' cases were appropriately allocated to prison-based offender managers who either actively managed or oversaw those managed in the community. Ninety-six percent of prisoners were managed by community offender managers. However, most prisoners we spoke to did not know who their offender manager was and few had had any contact with them. In these instances, the prison still had a duty to ensure that information about the prisoners' custodial period was shared and that prison offender managers were involved in discussions to manage risks and plan for release.

- 4.16** Key work, which prison staff undertook with prisoners, was managed well, although standards were sometimes variable. Systems in place to monitor and improve standards of key work were good. Managers carried out quality assurance every month and senior managers further dip-tested key work entries to consider the standard of discussions on prisoners' welfare, behaviour and involvement, as well as the number of sessions that took place. Surveys had been carried out to gather feedback from prisoners, and monthly training sessions were held with keyworkers to upskill them. Keyworkers passed on up-to-date information from the prison-based offender managers to prisoners before delivering their sessions.
- 4.17** During our inspection, the prison did not have a backlog of initial assessments of prisoners' risks and needs. Of the cases we reviewed, offender assessment system (OASys) reports were completed when appropriate and were sufficient. In our survey, significantly fewer prisoners than at other local prisons reported having a custody plan – 16% compared with 26%. The prison had not done enough to determine why.
- 4.18** HDC processes were sound. There were two dedicated HDC clerks to ensure a consistent approach. Applications started to be processed three months before prisoners' HDC eligibility to ensure timely outcomes, but approval rates were very low. In the six months before the inspection, only 30% of prisoners were approved for HDC. When applications were not approved, decisions were justified. The lack of suitable addresses in the community and Bail Accommodation and Support Services (BASS) housing affected the number being released. CRC staff did not take HDC dates into account, which meant they did not attempt to find accommodation for HDC applicants.
- 4.19** During the inspection, there were 22 life sentence prisoners and 14 serving indeterminate sentences for public protection. A dedicated probation offender manager was allocated to all lifer prisoners to provide one-to-one support. A dedicated lifer clerk managed parole paperwork well and promptly.
- 4.20** The prison did not have an indeterminate sentence prisoner policy, and, although there was some psychology support for this group, overall the provision for lifers was not sufficient.

Good practice

- 4.21** *Robust quality assurance, surveys and training ensured that the standard of key work improved, providing prisoners with a better service.*

phase, core offender management, and the introduction of prison offender managers POM is being introduced gradually, from 2019.

Public protection

- 4.22** The prison successfully identified prisoners subject to public protection arrangements. Although the prison exchanged some information with community offender managers, we did not see enough evidence showing that they undertook a high standard of release planning to ensure that the risk of serious harm on release would be managed effectively.
- 4.23** Of those due for release in the following three months, 67 were considered high or very high risk of harm, and 27 were subject to multi-agency public protection arrangements (MAPPAs). A large number of prisoners (235) were subject to public protection arrangements for harassment and there were concerns about domestic violence involving a significant proportion of the population (see paragraph 4.11).
- 4.24** Information sharing for prisoners subject to MAPPAs was generally good. MAPPA management levels identified had not always been reviewed in some cases we looked at. There was a lack of oversight of a large number of high-risk prisoners, often serving very short sentences, to ensure all their risks were addressed as part of the release planning process.
- 4.25** Attendance at the inter-departmental risk management team (IRMT) meeting was not good enough and the meeting did not routinely discuss all those subject to a MAPPA or who posed a high risk of harm approaching release. Some of these prisoners were discussed at the relevant safety meetings, but not all, and the meetings did not sufficiently focus on all known risks or concerns that would have affected release planning.
- 4.26** During our inspection, 10 prisoners were subject to child contact restrictions. Information was shared across the prison to ensure appropriate safeguards were in place and staff in all relevant departments knew who needed to be monitored and what to do if there were any concerns.
- 4.27** Forty-eight prisoners had been assessed as requiring phone or mail monitoring, which was robustly implemented. Prisoners subject to monitoring were reviewed appropriately and any concerns escalated. Those subject to public protection procedures reported delays in having phone numbers added to their telephone account. We saw evidence of the case administration team working hard to verify phone numbers for prisoners.

Recommendation

- 4.28** **The inter-departmental risk management team should review all high and very high risk of harm prisoners before their release to ensure appropriate action is implemented and restrictions are in place.**

Categorisation and transfers

- 4.29** Initial categorisation boards and re-categorisation reviews took place promptly and there were no outstanding cases. Decisions were justified and informed by an appropriate range of information. Prisoners could make representations at boards and were informed about the outcome and how to appeal it.
- 4.30** During our inspection, there were five category B prisoners and 16 life sentence prisoners who were not being considered for parole, who needed to be transferred from Cardiff to a different establishment so they could complete work to address their offending. Despite dedicated efforts by the prison to transfer them, these prisoners often remained at Cardiff

for too long, often having been recalled. Those who could not be transferred because they were in being considered for parole could be waiting for over a year if their hearing was adjourned. This meant that their access to interventions was limited and they were unable to demonstrate to the parole board that they had addressed their risks. (See paragraph 4.31.)

Interventions

Expected outcomes:

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

- 4.31** The prison did not have sufficient accredited offending behaviour interventions because it was presumed that prisoners who needed to undertake this work would be transferred to a training establishment.
- 4.32** The education department ran a Tools for Change programme which looked at well-being and motivation. Only a very small number of men participated and 55 had completed the course in the previous six months. (See also paragraph 3.19.)
- 4.33** Probation offender managers based in the prison undertook some one-to-one work, but capacity issues meant only those with the greatest needs were targeted. Prisoners nearing the end of a longer sentence and being considered for parole were prioritised and offender managers worked with a maximum of four prisoners at any one time. Only three prison-based probation offender managers were sufficiently qualified to deliver the interventions, although they could offer advice to the six prison offender managers who managed lower-risk prisoners.
- 4.34** The CRC delivered some interventions that could be tailored to suit individual needs. The education department ran programmes to help prisoners with their physical and emotional well-being and to help improve their ability to make appropriate choices (see paragraphs 3.19 and 3.31.) Many developed the ability to reflect on their offending behaviour and learned useful strategies to avoid reoffending. However, there was no needs analysis in place to assess the need for brief offence-focused interventions for high-risk prisoners serving very short sentences. (See key concern and recommendation S52.)
- 4.35** In our survey, 75% of prisoners said they needed help with their finances, which was significantly higher than at other local prisons. Significantly more prisoners in our survey (41% compared with 23%) reported receiving help to arrange benefits on release. All prisoners had an appointment with Jobcentre Plus on release. We found the prison had an adequate range of practical money management and debt support initiatives for prisoners. Prisoners could open bank or credit union accounts. They also received support through Jobcentre Plus and the CRC undertook one-to-one work with them.
- 4.36** In our survey, 77% of prisoners said they needed help with accommodation and 42% stated they were receiving it. Over the previous six months, 47% of the population were released without a fixed address because of a lack of suitable accommodation. The CRC did not sufficiently monitor accommodation outcomes following release, which made it impossible to tell how many were in sustainable accommodation. (See key concern and recommendation S53.)
- 4.37** A prison link worker was available to help prevent evictions and provide housing advice and, where the CRC identified a housing need, a caseworker was allocated to find an appropriate release address. The CRC had begun to work with local authorities and housing associations to improve processes, but this had not yet improved outcomes for prisoners.

- 4.38** Specific support for prisoners who had experienced abuse or victimisation was limited. The prison did not have a systematic way of identifying how many prisoners had been victimised, had vulnerabilities or who had been abused. (See also paragraphs 1.43 and 1.52 and key concern and recommendation S48.)

Release planning

Expected outcomes:

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

- 4.39** There were over 200 releases a month and the demand for resettlement support was high. However, in our survey, significantly more prisoners than at other local prisons (66% compared with 45%) reported having somebody to help them prepare for their release.
- 4.40** CRC staff worked hard to ensure basic custody screening tool assessments were completed on time. Prisoners had a review of their resettlement plan 12 weeks before their release and then met with CRC staff again seven days before release to ensure any outstanding action was taken. This was particularly important for the large number of prisoners who were at the prison for a short time. Resettlement plans we viewed were sufficient and prisoners we spoke to were aware of them.
- 4.41** Discharge boards had been reintroduced and provided prisoners with another opportunity to raise any issues. They also helped organise travel arrangements.
- 4.42** Practical support on release was adequate. Reception staff provided clothing and holdalls for prisoners who needed them, but prisoners had nowhere to charge their mobile phones before release. A good through-the-gate service, organised by PACT Futures and the CRC, was targeted at vulnerable prisoners or those who had substance use issues, providing them with support to help them get to where they needed to be on their day of release. Demand for the service outweighed the supply, and as a result the CRC offered the service extra support by providing an additional resettlement worker.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new key recommendations, general 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.

Key concerns and recommendations		Directed to:
S48	<p>Key concern: The level of self-harm was over three times higher than at the previous inspection. Interviews with all prisoners who self-harmed were helping staff to understand the causes of the problem. However, there was no clear strategy to reduce the level of self-harm.</p> <p>Recommendation: The prison should analyse its data and the outcome of its interviews with prisoners who had self-harmed to identify the underlying causes. It should develop a strategy with time-bound action to address these causes.</p>	The governor
S49	<p>Key concern: There was no reliable means of ensuring that the needs of all prisoners with protected characteristics were met, or that potential discrimination was identified and addressed promptly. Survey responses from prisoners who considered they had a disability and those with a mental health problem were poorer than those of other prisoners. This was particularly marked in safety. Both these groups of prisoners represented a sizeable proportion of the overall population and, despite the apparent high level of expressed need, we found very little support and too few services available to them.</p> <p>Recommendation: The negative survey responses from prisoners with a disability and prisoners with mental health problems should be examined closely to establish if services need to be changed. Any required changes should be implemented.</p>	The governor
S50	<p>Key concern: The demand for mental health services was high and the range of interventions and support provided, particularly for patients requiring psychological therapies, was not sufficient to meet their needs. Too many patients waited too long to access routine care and treatment.</p> <p>Recommendation: Mental health services should assess prisoners' needs promptly and provide timely support through an appropriate range of therapeutic interventions.</p>	The governor

S51	<p>Key concern: The prison was unable to ensure that patients arriving at the prison who were stabilising on methadone and/or detoxing from alcohol were appropriately monitored. There was insufficient capacity to deliver prompt access to clinical treatment and to review care to ensure patients continued to be appropriately supported.</p> <p>Recommendation: Patients undergoing detoxification from alcohol, and/or who are stabilising on methadone should receive appropriate care that includes prompt access to timely assessment, clinical support and treatment, monitoring and ongoing assistance through regular reviews.</p>	The governor
S52	<p>Key concern: The prison had too few interventions available to address the offending-related needs of prisoners at Cardiff.</p> <p>Recommendation: A needs analysis should be completed to identify what interventions are required to meet the needs of all prisoners at Cardiff. Any identified interventions should be put in place.</p>	The governor
S53	<p>Key concern: At the time of our inspection the CRC's own data showed that, over the previous six months, 47% of the population was released without any accommodation, which undermined any resettlement opportunities. The CRCs did not sufficiently monitor outcomes following release, which made it impossible to tell how many managed to gain sustainable accommodation later on.</p> <p>Recommendation: HMPPS should work with the Welsh Government to ensure that accommodation is available for prisoners being released from custody.</p>	The Welsh government
General recommendations		Directed to:
1.27	The prison should investigate the rise in the use of force and implement any required action.	The governor
1.32	Prisoners who are segregated should have access to a decent regime that includes visiting the gym and participating in activities.	The governor
1.37	A body scanner should be installed and used to reduce the supply of drugs in the prison.	The governor
1.46	Support for prisoners at risk of self-harm should be improved through effective use of ACCT procedures and more staff training.	The governor
1.47	Prisoners should be able to speak in confidence to a Listener at any time and all prisoners should have access to a Samaritans phone.	The governor
1.53	The prison should ensure that all prisoners on B1 unit are safeguarded by carrying out effective risk assessments and implementing any required action.	The governor
2.25	The prison should ensure that all complaints are answered within the required timescales.	The governor
2.33	The DIRF process should provide prisoners with a reliable way to raise issues of concern and DIRFs should be dealt with promptly and scrutinised independently.	The governor

2.63	Patients with long-term conditions, or complex care needs, should receive appropriate joined-up care and support that is subject to regular review.	The governor
2.77	The range of psychosocial interventions should be expanded to include consistently delivered group work modules, mutual aid and peer support to meet the needs of the population.	HMPPS
2.83	The pharmacy team should receive support to oversee medicines management and provide more patient-facing services, such as pharmacy-led clinics, medicine use reviews and counselling sessions.	The governor
2.84	Medicines should be administered at times that ensure maximum clinical efficacy instead of being supplied as daily in-possession medicines to conform with the prison regime.	The governor
2.85	Robust security measures should be put in place for transporting medicines around the prison and all medication should be stored securely until it is supplied to patients.	The governor
4.28	The IRMT should review all high and very high risk of harm prisoners before their release to ensure appropriate action is implemented and restrictions are in place.	The governor
Examples of good practice		
1.12	Staff in the first night centre helped new prisoners book their first visits from family and friends.	
1.48	Interviewing all prisoners who harmed themselves within 72 hours to identify why they had self-harmed would potentially give staff a better understanding of the underlying issues so that they could provide prisoners with better support.	
4.10	The 'mystery shopper' visit provided staff with a useful insight into the experience of visitors to help inform improvements to the service for prisoners and their family and friends.	
4.21	Robust quality assurance, surveys and training ensured that the standard of key work improved, providing prisoners with a better service.	

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Sandra Fieldhouse	Team leader
Ian MacFadyen	Inspector
Deri Hughes Roberts	Inspector
Emma Sunley	Inspector
Darren Wilkinson	Inspector
Caroline Wright	Inspector
Sharlene Andrews	Researcher
Becky Duffield	Researcher
Rachel Duncan	Researcher
Billie Powell	Researcher
Catherine Shaw	Researcher
Stephen Eley	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Tom Stephenson	Health Inspectorate Wales
Helen Boniface	Pharmacist
Alun Connick	Estyn inspector
Lin Howells	Estyn inspector
Sion Peters Flynn	Estyn inspector
Mark Rogers	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, 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.

Main 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. (S44)

Achieved

Recommendations

Prisoners should be held in court cells for the minimum period possible. (1.4)

Not achieved

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

Achieved

Prisoners' negative perceptions of their safety should be investigated and the findings acted on. (1.17)

Achieved

Effective systems should be in place to monitor bullies and support victims. (1.18)

Achieved

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

Not achieved

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

Not achieved

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

Not achieved

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

Partially achieved

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

Achieved

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

Achieved

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)

Achieved

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

Achieved

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

Achieved

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

Achieved

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

Achieved

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

Achieved

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)

Partially achieved

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

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, 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.

Main recommendations

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)

Achieved

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)

Not achieved

Recommendations

Cells designed for one should not be occupied by two prisoners. (2.7)

Not achieved

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

Not achieved

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

Achieved

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

Achieved

The reasons for prisoners' poor perceptions of religious activity should be investigated and the findings acted on. (2.30)

Achieved

Prisoners should be able to attend religious services in facilities that are well ventilated, spacious, appropriately decorated and furnished. (2.31)

Achieved

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

Not achieved

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)

Achieved

The health complaints system should preserve medical confidentiality. (2.47)

Achieved

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)

Not achieved

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

Not achieved

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)

Not achieved

The use of general stock should be reviewed to encourage the use of named-patient medication wherever possible. (2.64)

Not achieved

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)

Achieved

A mental health service model capable of meeting the emotional and mental health needs of the population should be implemented. (2.75)

Not achieved

All staff in prisoner contact roles should be trained in mental health awareness. (2.76)

Not achieved

Transfers to community mental health services under the Mental Health Act should take place promptly. (2.77)

Not achieved

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

Achieved

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

Not achieved

Purposeful activity

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

At the last inspection, in 2016, 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.

Main 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. (S47)

Partially achieved

Recommendations

The learning and skills management information system should measure the performance of all prisoners and teaching staff. (3.11)

Achieved

The impact of learning and skills on prisoners' offending behaviour and employability on leaving prison should be evaluated. (3.12)

Partially achieved

All prisoners should have equal access to the library. (3.33)

Achieved

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

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 2016, 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.

Recommendations

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)

Achieved

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)

Achieved

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

Not achieved

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

Not achieved

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

Achieved

Prisoners should be helped to apply to open a bank account. (4.28)

Achieved

Prisoner waiting areas should be clean and properly maintained. (4.33)

Achieved

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

Not achieved

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	6	380	53.2
Recall	2	89	12.6
Convicted unsentenced	14	95	15
Remand	5	126	18.1
Civil prisoners	0	2	0.3
Detainees			
Total	28	697	

Sentence	18–20 yr olds	21 and over	%
Unsentenced	21	232	36.8
Less than 6 months	1	126	17.5
6 months to less than 12 months	1	77	10.8
12 months to less than 2 years	1	87	12.1
2 years to less than 4 years	3	78	11.2
4 years to less than 10 years	1	50	7.0
10 years and over (not life)	0	10	1.4
ISPP (indeterminate sentence for public protection)	0	14	1.9
Life	0	23	5.1
Total	28	697	

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	28	3.9
21 years to 29 years	239	33.0
30 years to 39 years	283	39.0
40 years to 49 years	126	17.4
50 years to 59 years	43	5.9
60 years to 69 years	4	0.6
70 plus years	2	0.3
Please state maximum age here:	75	
Total	725	

Nationality	18–20 yr olds	21 and over	%
British	26	638	91.6
Foreign nationals	1	54	7.6
Not Stated	1	5	0.8
Total	28	697	

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	19	207	31.2
Uncategorised sentenced	1	31	4.4
Category A			
Category B	0	40	5.5
Category C	1	407	56.3
Category D	0	11	1.5
Other	7	1	1.1
Total	28	697	

Ethnicity	18–20 yr olds	21 and over	%
White			
British	23	559	80.3
Irish	0	2	0.3
Gypsy/Irish Traveller	0	8	1.1
Other white	0	12	1.7
Mixed			
White and black Caribbean	0	8	1.1
White and black African	1	3	0.6
White and Asian	0	5	0.7
Other mixed	0	13	1.8
Asian or Asian British			
Indian	0	7	1.0
Pakistani	0	6	0.8
Bangladeshi	1	2	0.4
Chinese	0	1	0.1
Other Asian	1	12	1.8
Black or black British			
Caribbean	1	17	2.5
African	1	15	2.2
Other black	0	8	1.1
Other ethnic group			
Arab	0	2	0.3
Other ethnic group	0	7	1.0
Not stated	0	10	1.4
Total	28	697	

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	
Church of England	0	27	3.7
Roman Catholic	0	70	9.7
Other Christian denominations	2	125	17.5
Muslim	3	76	10.9
Sikh	0	1	0.1
Hindu	0	3	0.4
Buddhist	1	6	1
Jewish	0	1	0.1
Other	0	9	0.7
No religion	22	379	55.3
Total	28	697	

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	8	
Total	0	8	0.1

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	5	0.7	140	19.3
1 month to 3 months	1	0.1	180	24.8
3 months to 6 months	1	0.1	71	9.8
6 months to 1 year	0	0	45	6.2
1 year to 2 years	0	0	21	2.9
2 years to 4 years	0	0	7	1.0
4 years or more	0	0	1	0.1
Total	7	1	465	64.1

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	7	2.8	93	36.8
1 month to 3 months	6	2.4	67	26.5
3 months to 6 months	6	2.4	42	16.6
6 months to 1 year	2	0.8	28	11.1
1 year to 2 years	0	0	2	0.8
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	21	2.9	232	32

Appendix IV: Prisoner survey methodology and results

Prisoner survey methodology

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

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹⁶

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

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

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.¹⁷

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.¹⁸ Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 15 July 2019 the prisoner population at HMP Cardiff was 748. Using the sampling method described above, questionnaires were distributed to 212 prisoners. We received a total of 190 completed questionnaires, a response rate of 90%. This included two questionnaires completed via face-to-face interviews. Nine prisoners declined to participate in the survey and 13 questionnaires were either not returned at all, or returned blank.

¹⁶ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹⁷ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

¹⁸ For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Cardiff. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.¹⁹ Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

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

Responses from HMP Cardiff 2019²⁰ compared with those from other HMI Prisons surveys²¹

- Survey responses from HMP Cardiff in 2019 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Cardiff in 2019 compared with survey responses from HMP Cardiff in 2016.

Comparisons between sub-populations of prisoners within HMP Cardiff²²

- Black or minority ethnic prisoners’ responses compared with those of white prisoners.
- Muslim prisoners’ responses compared with those of non-Muslim prisoners.
- Disabled prisoners’ responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.²³

In the comparator analyses, statistically significant differences are indicated by shading.²⁴ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

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

¹⁹ Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

²⁰ Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

²¹ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

²² These analyses are carried out on summary data from selected survey questions only.

²³ A minimum of 10 responses which must also represent at least 10% of the total response.

²⁴ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey

Background information

I.1	What wing or houseblock are you currently living on?	
	A Wing.....	49 (26%)
	B Wing.....	43 (23%)
	C Wing.....	16 (8%)
	D Wing.....	15 (8%)
	E Wing.....	22 (12%)
	F Wing.....	38 (20%)
	Segregation unit.....	1 (1%)
	Health care unit.....	6 (3%)
I.2	How old are you?	
	Under 21.....	9 (5%)
	21 - 25.....	28 (15%)
	26 - 29.....	31 (16%)
	30 - 39.....	75 (40%)
	40 - 49.....	33 (18%)
	50 - 59.....	11 (6%)
	60 - 69.....	0 (0%)
	70 or over.....	1 (1%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	134 (72%)
	White - Irish.....	0 (0%)
	White - Gypsy or Irish Traveller.....	7 (4%)
	White - any other White background.....	4 (2%)
	Mixed - White and Black Caribbean.....	14 (7%)
	Mixed - White and Black African.....	4 (2%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background.....	4 (2%)
	Asian/ Asian British - Indian.....	1 (1%)
	Asian/ Asian British - Pakistani.....	1 (1%)
	Asian/ Asian British - Bangladeshi.....	3 (2%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background.....	2 (1%)
	Black/ Black British - Caribbean.....	3 (2%)
	Black/ Black British - African.....	4 (2%)
	Black - any other Black/ African/ Caribbean background.....	2 (1%)
	Arab.....	0 (0%)
	Any other ethnic group.....	3 (2%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	141 (77%)
	6 months or more.....	43 (23%)
I.5	Are you currently serving a sentence?	
	Yes.....	93 (50%)
	Yes - on recall.....	33 (18%)
	No - on remand or awaiting sentence.....	59 (32%)
	No - immigration detainee.....	2 (1%)

1.6	How long is your sentence?	
	Less than 6 months.....	41 (22%)
	6 months to less than 1 year.....	25 (13%)
	1 year to less than 4 years.....	39 (21%)
	4 years to less than 10 years.....	12 (6%)
	10 years or more.....	2 (1%)
	IPP (indeterminate sentence for public protection).....	3 (2%)
	Life.....	4 (2%)
	Not currently serving a sentence.....	61 (33%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes.....	30 (16%)
	No.....	139 (75%)
	Don't remember.....	16 (9%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours.....	100 (54%)
	2 hours or more.....	79 (43%)
	Don't remember.....	6 (3%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes.....	142 (77%)
	No.....	36 (19%)
	Don't remember.....	7 (4%)
2.4	Overall, how were you treated in reception?	
	Very well.....	52 (28%)
	Quite well.....	87 (47%)
	Quite badly.....	30 (16%)
	Very badly.....	10 (5%)
	Don't remember.....	6 (3%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers.....	87 (48%)
	Contacting family.....	65 (36%)
	Arranging care for children or other dependants.....	4 (2%)
	Contacting employers.....	10 (5%)
	Money worries.....	64 (35%)
	Housing worries.....	57 (31%)
	Feeling depressed.....	91 (50%)
	Feeling suicidal.....	38 (21%)
	Other mental health problems.....	71 (39%)
	Physical health problems.....	37 (20%)
	Drug or alcohol problems (e.g. withdrawal).....	69 (38%)
	Problems getting medication.....	64 (35%)
	Needing protection from other prisoners.....	12 (7%)
	Lost or delayed property.....	20 (11%)
	Other problems.....	25 (14%)
	Did not have any problems.....	23 (13%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes.....	61 (34%)
	No.....	96 (53%)
	Did not have any problems when I first arrived.....	23 (13%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement.....	149 (82%)
Toiletries / other basic items	90 (49%)
A shower.....	94 (52%)
A free phone call	125 (69%)
Something to eat.....	140 (77%)
The chance to see someone from health care	111 (61%)
The chance to talk to a Listener or Samaritans.....	53 (29%)
Support from another prisoner (e.g. Insider or buddy).....	52 (29%)
Wasn't offered any of these things	5 (3%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	19 (10%)
Quite clean	78 (42%)
Quite dirty	47 (25%)
Very dirty	40 (21%)
Don't remember	3 (2%)

3.3 Did you feel safe on your first night here?

Yes	139 (75%)
No.....	44 (24%)
Don't remember	2 (1%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	52 (30%)	118 (67%)	5 (3%)
Free PIN phone credit?	129 (70%)	48 (26%)	6 (3%)
Numbers put on your PIN phone?	84 (47%)	87 (49%)	7 (4%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	80 (43%)
No.....	72 (39%)
Have not had an induction.....	34 (18%)

On the wing

4.1 Are you in a cell on your own?

Yes.....	57 (30%)
No, I'm in a shared cell or dormitory.....	131 (70%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	69 (38%)
No.....	97 (53%)
Don't know.....	17 (9%)
Don't have a cell call bell.....	0 (0%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	97 (53%)	82 (45%)	5 (3%)
Can you shower every day?	167 (90%)	16 (9%)	3 (2%)
Do you have clean sheets every week?	150 (82%)	28 (15%)	6 (3%)
Do you get cell cleaning materials every week?	96 (53%)	80 (44%)	5 (3%)
Is it normally quiet enough for you to relax or sleep at night?	98 (55%)	80 (45%)	1 (1%)
Can you get your stored property if you need it?	35 (19%)	96 (53%)	49 (27%)

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

Very clean	28 (15%)
Quite clean	101 (54%)
Quite dirty	37 (20%)
Very dirty	20 (11%)

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

Very good	10 (5%)
Quite good	77 (42%)
Quite bad	58 (31%)
Very bad	40 (22%)

5.2 Do you get enough to eat at mealtimes?

Always	14 (7%)
Most of the time	41 (22%)
Some of the time	78 (41%)
Never	55 (29%)

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

Yes	128 (70%)
No	49 (27%)
Don't know	7 (4%)

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

Yes	122 (67%)
No	59 (33%)

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

Yes	130 (71%)
No	53 (29%)

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

Yes	75 (41%)
No	110 (59%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	41 (23%)
	Quite helpful.....	48 (26%)
	Not very helpful	21 (12%)
	Not at all helpful.....	20 (11%)
	Don't know.....	15 (8%)
	Don't have a personal / named officer	37 (20%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	12 (7%)
	Sometimes.....	36 (20%)
	Hardly ever.....	114 (63%)
	Don't know.....	20 (11%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	81 (45%)
	No.....	100 (55%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	25 (14%)
	Yes, but things don't change.....	45 (24%)
	No.....	81 (44%)
	Don't know.....	34 (18%)

Faith

7.1	What is your religion?	
	No religion.....	78 (43%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	70 (38%)
	Buddhist.....	2 (1%)
	Hindu.....	0 (0%)
	Jewish	0 (0%)
	Muslim.....	21 (11%)
	Sikh	2 (1%)
	Other	10 (5%)
7.2	Are your religious beliefs respected here?	
	Yes.....	74 (41%)
	No.....	17 (9%)
	Don't know.....	13 (7%)
	Not applicable (no religion).....	78 (43%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	75 (41%)
	No.....	8 (4%)
	Don't know.....	21 (12%)
	Not applicable (no religion).....	78 (43%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	87 (47%)
	No.....	8 (4%)
	Don't know.....	11 (6%)
	Not applicable (no religion).....	78 (42%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	45 (25%)
	No	134 (75%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	75 (42%)
	No	105 (58%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	155 (84%)
	No	29 (16%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	28 (15%)
	Quite easy	71 (39%)
	Quite difficult	36 (20%)
	Very difficult	37 (20%)
	Don't know	12 (7%)
8.5	How often do you have visits from family or friends?	
	More than once a week	9 (5%)
	About once a week	54 (31%)
	Less than once a week	49 (28%)
	Not applicable (don't get visits)	65 (37%)
8.6	Do visits usually start and finish on time?	
	Yes	61 (57%)
	No	46 (43%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	82 (80%)
	No	21 (20%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	95 (52%)
	Yes, but these times are not usually kept to	55 (30%)
	No	33 (18%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	47 (26%)
	2 to 6 hours	73 (41%)
	6 to 10 hours	35 (19%)
	10 hours or more	10 (6%)
	Don't know	15 (8%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	104 (57%)
	2 to 6 hours	61 (33%)
	6 to 10 hours	10 (5%)
	10 hours or more	0 (0%)
	Don't know	9 (5%)

9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?	
	None	4 (2%)
	1 or 2	29 (16%)
	3 to 5.....	42 (23%)
	More than 5.....	92 (51%)
	Don't know.....	14 (8%)
9.5	How many days in a typical week do you get association, if you want it?	
	None	6 (3%)
	1 or 2	20 (11%)
	3 to 5.....	35 (19%)
	More than 5.....	104 (57%)
	Don't know.....	19 (10%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None	7 (4%)
	1 or 2	13 (7%)
	3 to 5.....	57 (31%)
	More than 5.....	90 (49%)
	Don't know.....	15 (8%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	90 (50%)
	About once a week.....	28 (15%)
	Less than once a week.....	9 (5%)
	Never	54 (30%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	16 (9%)
	About once a week.....	78 (43%)
	Less than once a week.....	36 (20%)
	Never	51 (28%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes	65 (38%)
	No.....	54 (32%)
	Don't use the library	51 (30%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?	
	Yes.....	128 (70%)
	No.....	39 (21%)
	Don't know.....	17 (9%)
10.2	If you have made any applications here, please answer the questions below:	
		Yes No Not made any applications
	Are applications usually dealt with fairly?	69 (40%) 78 (45%) 25 (15%)
	Are applications usually dealt with within 7 days?	64 (38%) 80 (47%) 25 (15%)

I0.3 Is it easy for you to make a complaint?

Yes.....	102 (55%)
No.....	45 (24%)
Don't know.....	38 (21%)

I0.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	24 (14%)	68 (40%)	80 (47%)
Are complaints usually dealt with within 7 days?	21 (13%)	66 (40%)	80 (48%)

I0.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes.....	47 (27%)
No.....	75 (43%)
Not wanted to make a complaint.....	53 (30%)

I0.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	66 (36%)	66 (36%)	34 (19%)	15 (8%)
Attend legal visits?	95 (54%)	31 (18%)	34 (19%)	15 (9%)
Get bail information?	33 (19%)	64 (37%)	49 (28%)	29 (17%)

I0.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes.....	81 (45%)
No.....	81 (45%)
Not had any legal letters.....	19 (10%)

Health care**I1.1 How easy or difficult is it to see the following people?**

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	12 (7%)	31 (17%)	55 (30%)	62 (34%)	21 (12%)
Nurse	39 (22%)	61 (34%)	35 (20%)	26 (15%)	18 (10%)
Dentist	8 (4%)	16 (9%)	42 (24%)	83 (47%)	29 (16%)
Mental health workers	11 (6%)	22 (12%)	27 (15%)	72 (40%)	46 (26%)

I1.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	24 (13%)	38 (21%)	29 (16%)	48 (27%)	41 (23%)
Nurse	32 (18%)	55 (31%)	23 (13%)	28 (16%)	40 (22%)
Dentist	12 (7%)	30 (17%)	23 (13%)	46 (26%)	63 (36%)
Mental health workers	18 (10%)	20 (11%)	25 (14%)	41 (23%)	75 (42%)

I1.3 Do you have any mental health problems?

Yes.....	119 (65%)
No.....	63 (35%)

I1.4 Have you been helped with your mental health problems in this prison?

Yes.....	29 (16%)
No.....	89 (49%)
Don't have any mental health problems.....	63 (35%)

11.5	What do you think of the overall quality of the health services here?	
	Very good	17 (9%)
	Quite good	47 (26%)
	Quite bad	38 (21%)
	Very bad	49 (27%)
	Don't know.....	29 (16%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	80 (43%)
	No.....	104 (57%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	18 (10%)
	No.....	54 (31%)
	Don't have a disability	104 (59%)
12.3	Have you been on an ACCT in this prison?	
	Yes	44 (24%)
	No.....	136 (76%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	18 (10%)
	No.....	26 (14%)
	Have not been on an ACCT in this prison.....	136 (76%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	35 (19%)
	Quite easy	41 (23%)
	Quite difficult	20 (11%)
	Very difficult	12 (7%)
	Don't know.....	70 (38%)
	No Listeners at this prison	4 (2%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	60 (33%)
	No.....	124 (67%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	14 (8%)
	No.....	45 (25%)
	Did not / do not have an alcohol problem	124 (68%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	92 (51%)
	No.....	90 (49%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	37 (20%)
	No.....	147 (80%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	37 (20%)
	No	146 (80%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	53 (30%)
	No	46 (26%)
	Did not / do not have a drug problem.....	79 (44%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	54 (30%)
	Quite easy	40 (22%)
	Quite difficult	4 (2%)
	Very difficult	8 (4%)
	Don't know.....	74 (41%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	8 (4%)
	Quite easy	22 (12%)
	Quite difficult	22 (12%)
	Very difficult	32 (18%)
	Don't know.....	97 (54%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	80 (43%)
	No	104 (57%)
14.2	Do you feel unsafe now?	
	Yes	42 (23%)
	No	141 (77%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply.)	
	Verbal abuse	60 (35%)
	Threats or intimidation.....	52 (30%)
	Physical assault.....	34 (20%)
	Sexual assault.....	11 (6%)
	Theft of canteen or property.....	47 (27%)
	Other bullying / victimisation	37 (22%)
	Not experienced any of these from prisoners here.....	94 (55%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	63 (36%)
	No	112 (64%)

14.5 Have you experienced any of the following types of bullying / victimisation from staff here?*(Please tick all that apply.)*

Verbal abuse	61 (35%)
Threats or intimidation.....	46 (26%)
Physical assault.....	21 (12%)
Sexual assault.....	5 (3%)
Theft of canteen or property.....	21 (12%)
Other bullying / victimisation	50 (28%)
Not experienced any of these from staff here.....	89 (51%)

14.6 If you were being bullied / victimised by staff here, would you report it?

Yes	101 (56%)
No.....	80 (44%)

Behaviour management**15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?**

Yes	88 (49%)
No.....	55 (31%)
Don't know what the incentives / rewards are	37 (21%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes	65 (36%)
No.....	68 (38%)
Don't know.....	21 (12%)
Don't know what this is	27 (15%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes	24 (13%)
No.....	159 (87%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes	4 (2%)
No.....	19 (10%)
Don't remember	0 (0%)
Not been restrained here in last 6 months	160 (87%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes	21 (12%)
No.....	161 (88%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	9 (47%)	10 (53%)
Could you shower every day?	11 (58%)	8 (42%)
Could you go outside for exercise every day?	10 (53%)	9 (47%)
Could you use the phone every day (if you had credit)?	10 (53%)	9 (47%)

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

	Easy	Difficult	Don't know	Not available here
Education	87 (49%)	52 (30%)	35 (20%)	2 (1%)
Vocational or skills training	53 (32%)	64 (38%)	48 (29%)	2 (1%)
Prison job	85 (49%)	65 (38%)	21 (12%)	2 (1%)
Voluntary work outside of the prison	8 (5%)	49 (30%)	67 (41%)	41 (25%)
Paid work outside of the prison	7 (4%)	47 (28%)	68 (41%)	43 (26%)

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

	Yes, will help	No, won't help	Not done this
Education	69 (41%)	51 (30%)	49 (29%)
Vocational or skills training	62 (37%)	39 (23%)	66 (40%)
Prison job	62 (36%)	69 (40%)	43 (25%)
Voluntary work outside of the prison	33 (21%)	33 (21%)	93 (58%)
Paid work outside of the prison	37 (23%)	31 (19%)	95 (58%)

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

Yes	91 (51%)
No.....	76 (43%)
Not applicable (e.g. if you are retired, sick or on remand)	11 (6%)

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

Yes	29 (16%)
No.....	149 (84%)

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

Yes	22 (76%)
No.....	3 (10%)
Don't know what my objectives or targets are.....	4 (14%)

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

Yes	17 (61%)
No.....	7 (25%)
Don't know what my objectives or targets are.....	4 (14%)

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

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	11 (42%)	4 (15%)	11 (42%)
Other programmes	12 (50%)	2 (8%)	10 (42%)
One to one work	8 (31%)	3 (12%)	15 (58%)
Being on a specialist unit	4 (17%)	3 (13%)	17 (71%)
ROTL - day or overnight release	3 (12%)	4 (15%)	19 (73%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes	92	(50%)	
	No.....	60	(33%)	
	Don't know.....	31	(17%)	
18.2	How close is this prison to your home area or intended release address?			
	Very near.....	19	(21%)	
	Quite near.....	27	(30%)	
	Quite far.....	33	(37%)	
	Very far.....	10	(11%)	
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes.....	59	(66%)	
	No.....	30	(34%)	
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	28 (32%)	39 (45%)	20 (23%)
	Getting employment	13 (15%)	49 (58%)	22 (26%)
	Setting up education or training	10 (13%)	41 (51%)	29 (36%)
	Arranging benefits	28 (33%)	41 (48%)	17 (20%)
	Sorting out finances	10 (13%)	50 (63%)	20 (25%)
	Support for drug or alcohol problems	27 (32%)	29 (35%)	28 (33%)
	Health / mental health support	11 (13%)	49 (58%)	25 (29%)
	Social care support	10 (12%)	37 (45%)	36 (43%)
	Getting back in touch with family or friends	9 (11%)	33 (39%)	42 (50%)
19.1	Do you have children under the age of 18?			
	Yes.....	98	(54%)	
	No.....	82	(46%)	
19.2	Are you a UK / British citizen?			
	Yes.....	172	(93%)	
	No.....	12	(7%)	
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?			
	Yes.....	12	(7%)	
	No.....	170	(93%)	
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?			
	Yes.....	21	(12%)	
	No.....	161	(88%)	
19.5	What is your gender?			
	Male.....	181	(98%)	
	Female.....	0	(0%)	
	Non-binary.....	2	(1%)	
	Other.....	1	(1%)	

19.6 How would you describe your sexual orientation?

Straight / heterosexual.....	175 (97%)
Gay / lesbian / homosexual.....	1 (1%)
Bisexual.....	3 (2%)
Other.....	1 (1%)

19.7 Do you identify as transgender or transsexual?

Yes.....	0 (0%)
No.....	178 (100%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend.....	17 (9%)
Less likely to offend.....	85 (47%)
Made no difference.....	79 (44%)

HMP & YOI Cardiff 2019

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

In this table summary statistics from HMP & YOI Cardiff 2019 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (25 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP & YOI Cardiff in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n</i> =188	5%	5%	5%	
	Are you 25 years of age or younger?	<i>n</i> =188	20%	22%	20%	
	Are you 50 years of age or older?	<i>n</i> =188	6%	13%	6%	6%
	Are you 70 years of age or older?	<i>n</i> =188	1%	1%	1%	0%
1.3	Are you from a minority ethnic group?	<i>n</i> =187	23%	26%	23%	18%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =184	77%	61%	77%	
1.5	Are you currently serving a sentence?	<i>n</i> =187	67%	70%	67%	72%
	Are you on recall?	<i>n</i> =187	18%	14%	18%	9%
1.6	Is your sentence less than 12 months?	<i>n</i> =187	35%	20%	35%	44%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =187	2%	3%	2%	3%
7.1	Are you Muslim?	<i>n</i> =183	12%	14%	12%	10%
11.3	Do you have any mental health problems?	<i>n</i> =182	65%	52%	65%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =184	44%	41%	44%	36%
19.1	Do you have any children under the age of 18?	<i>n</i> =180	54%	53%	54%	59%
19.2	Are you a foreign national?	<i>n</i> =184	7%	10%	7%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =182	7%	7%	7%	3%
19.4	Have you ever been in the armed services?	<i>n</i> =182	12%	7%	12%	6%
19.5	Is your gender female or non-binary?	<i>n</i> =184	2%	1%	2%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =180	3%	4%	3%	4%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =178	0%	2%	0%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =185	16%	16%	16%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =185	54%	35%	54%	43%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =185	77%	77%	77%	76%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =185	75%	75%	75%	

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2.5	When you first arrived, did you have any problems?	<i>n=183</i>	87%	88%	87%	77%
2.5	Did you have problems with:					
	- Getting phone numbers?	<i>n=183</i>	48%	46%	48%	27%
	- Contacting family?	<i>n=183</i>	36%	49%	36%	26%
	- Arranging care for children or other dependents?	<i>n=183</i>	2%	4%	2%	
	- Contacting employers?	<i>n=183</i>	6%	7%	6%	7%
	- Money worries?	<i>n=183</i>	35%	29%	35%	20%
	- Housing worries?	<i>n=183</i>	31%	24%	31%	24%
	- Feeling depressed?	<i>n=183</i>	50%	49%	50%	
	- Feeling suicidal?	<i>n=183</i>	21%	19%	21%	
	- Other mental health problems?	<i>n=183</i>	39%	30%	39%	
	- Physical health problems?	<i>n=183</i>	20%	20%	20%	15%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=183</i>	38%	24%	38%	
	- Getting medication?	<i>n=183</i>	35%	31%	35%	
	- Needing protection from other prisoners?	<i>n=183</i>	7%	11%	7%	7%
	- Lost or delayed property?	<i>n=183</i>	11%	22%	11%	11%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	<i>n=157</i>	39%	29%	39%	40%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	<i>n=182</i>	82%	70%	82%	23%
	- Toiletries / other basic items?	<i>n=182</i>	50%	51%	50%	57%
	- A shower?	<i>n=182</i>	52%	25%	52%	44%
	- A free phone call?	<i>n=182</i>	69%	47%	69%	75%
	- Something to eat?	<i>n=182</i>	77%	75%	77%	70%
	- The chance to see someone from health care?	<i>n=182</i>	61%	61%	61%	58%
	- The chance to talk to a Listener or Samaritans?	<i>n=182</i>	29%	25%	29%	21%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=182</i>	29%	21%	29%	
	- None of these?	<i>n=182</i>	3%	6%	3%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=187</i>	52%	27%	52%	
3.3	Did you feel safe on your first night here?	<i>n=185</i>	75%	60%	75%	66%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	<i>n=175</i>	30%	30%	30%	17%
	- Free PIN phone credit?	<i>n=183</i>	71%	54%	71%	
	- Numbers put on your PIN phone?	<i>n=178</i>	47%	33%	47%	
3.5	Have you had an induction at this prison?	<i>n=186</i>	82%	81%	82%	58%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	<i>n=152</i>	53%	47%	53%	

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ON THE WING					
4.1	Are you in a cell on your own?	n=188	30%	34%	30%
4.2	Is your cell call bell normally answered within 5 minutes?	n=183	38%	19%	38%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	n=184	53%	53%	53%
	- Can you shower every day?	n=186	90%	78%	90%
	- Do you have clean sheets every week?	n=184	82%	61%	82%
	- Do you get cell cleaning materials every week?	n=181	53%	49%	53%
	- Is it normally quiet enough for you to relax or sleep at night?	n=179	55%	53%	55%
	- Can you get your stored property if you need it?	n=180	19%	22%	19%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=186	69%	53%	69%
FOOD AND CANTEEN					
5.1	Is the quality of the food in this prison very / quite good?	n=185	47%	33%	47%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=188	29%	27%	29%
5.3	Does the shop / canteen sell the things that you need?	n=184	70%	59%	70%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	n=181	67%	67%	67%
6.2	Are there any staff here you could turn to if you had a problem?	n=183	71%	69%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=185	41%	30%	41%
6.4	Do you have a personal officer?	n=182	80%	60%	80%
<i>For those who have a personal officer:</i>					
6.4	Is your personal or named officer very / quite helpful?	n=145	61%	48%	61%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=182	7%	6%	7%
6.6	Do you feel that you are treated as an individual in this prison?	n=181	45%	38%	45%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=185	38%	39%	38%
	If so, do things sometimes change?	n=70	36%	32%	36%
FAITH					
7.1	Do you have a religion?	n=183	57%	68%	57%
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=104	71%	67%	71%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=104	72%	63%	72%
7.4	Are you able to attend religious services, if you want to?	n=106	82%	83%	82%

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CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=179	25%	24%	25%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=180	42%	56%	42%
8.3	Are you able to use a phone every day (if you have credit)?	n=184	84%	82%	84%
8.4	Is it very / quite easy for your family and friends to get here?	n=184	54%	44%	54%
8.5	Do you get visits from family/friends once a week or more?	n=177	36%	22%	36%
<i>For those who get visits:</i>					
8.6	Do visits usually start and finish on time?	n=107	57%	42%	57%
8.7	Are your visitors usually treated respectfully by staff?	n=103	80%	71%	80%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=183	82%	82%	82%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>					
9.1	Are these times usually kept to?	n=150	63%	47%	63%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=180	26%	35%	26%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=180	6%	4%	6%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=184	57%	45%	57%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=184	0%	1%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=181	51%	41%	51%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=184	57%	40%	57%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=182	50%	45%	50%
9.7	Do you typically go to the gym twice a week or more?	n=181	50%	38%	50%
9.8	Do you typically go to the library once a week or more?	n=181	52%	38%	52%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=119	55%	54%	55%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=184	70%	66%	70%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	n=147	47%	46%	47%
	Are applications usually dealt with within 7 days?	n=144	44%	33%	44%
10.3	Is it easy for you to make a complaint?	n=185	55%	55%	55%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	n=92	26%	27%	26%
	Are complaints usually dealt with within 7 days?	n=87	24%	23%	24%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=122	39%	30%	39%

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For those who need it, is it easy to:						
10.6	Communicate with your solicitor or legal representative?	n=166	40%	40%	40%	
	Attend legal visits?	n=160	59%	58%	59%	
	Get bail information?	n=146	23%	16%	23%	
For those who have had legal letters:						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=162	50%	53%	50%	46%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=181	24%	23%	24%	
	- Nurse?	n=179	56%	45%	56%	
	- Dentist?	n=178	14%	11%	14%	
	- Mental health workers?	n=178	19%	19%	19%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=180	34%	39%	34%	
	- Nurse?	n=178	49%	50%	49%	
	- Dentist?	n=174	24%	25%	24%	
	- Mental health workers?	n=179	21%	25%	21%	
11.3	Do you have any mental health problems?	n=182	65%	52%	65%	
For those who have mental health problems:						
11.4	Have you been helped with your mental health problems in this prison?	n=118	25%	34%	25%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=180	36%	33%	36%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=184	44%	41%	44%	36%
For those who have a disability:						
12.2	Are you getting the support you need?	n=72	25%	25%	25%	
12.3	Have you been on an ACCT in this prison?	n=180	24%	24%	24%	
For those who have been on an ACCT:						
12.4	Did you feel cared for by staff?	n=44	41%	48%	41%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=182	42%	45%	42%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	n=184	33%	23%	33%	26%
For those who had / have an alcohol problem:						
13.2	Have you been helped with your alcohol problem in this prison?	n=59	24%	56%	24%	37%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=182	51%	36%	51%	47%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=184	20%	17%	20%	13%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=183	20%	12%	20%	
For those who had / have a drug problem:						
13.6	Have you been helped with your drug problem in this prison?	n=99	54%	48%	54%	40%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=180	52%	52%	52%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=181	17%	28%	17%	

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

Number of completed questionnaires returned

HMP & YOI Cardiff 2019	All other local prisons surveyed since September 2017	HMP & YOI Cardiff 2019	HMP & YOI Cardiff 2016
190	4,314	190	194

n=number of valid responses to question (HMP & YOI Cardiff 2019)

SAFETY						
14.1	Have you ever felt unsafe here?	n=184	44%	61%	44%	47%
14.2	Do you feel unsafe now?	n=183	23%	29%	23%	23%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=172	35%	39%	35%	
	- Threats or intimidation?	n=172	30%	36%	30%	
	- Physical assault?	n=172	20%	21%	20%	
	- Sexual assault?	n=172	6%	3%	6%	
	- Theft of canteen or property?	n=172	27%	33%	27%	
	- Other bullying / victimisation?	n=172	22%	21%	22%	
	- Not experienced any of these from prisoners here	n=172	55%	46%	55%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=175	36%	35%	36%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=176	35%	34%	35%	
	- Threats or intimidation?	n=176	26%	26%	26%	
	- Physical assault?	n=176	12%	13%	12%	
	- Sexual assault?	n=176	3%	2%	3%	
	- Theft of canteen or property?	n=176	12%	11%	12%	
	- Other bullying / victimisation?	n=176	28%	18%	28%	
	- Not experienced any of these from staff here	n=176	51%	54%	51%	
14.6	If you were being bullied / victimised by staff here, would you report it?	n=181	56%	46%	56%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=180	49%	37%	49%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=181	36%	34%	36%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=183	13%	15%	13%	9%
<i>For those who have been restrained in the last 6 months:</i>						
15.4	Did anyone come and talk to you about it afterwards?	n=23	17%	19%	17%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=182	12%	10%	12%	
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>						
15.6	Were you treated well by segregation staff?	n=19	47%	53%	47%	
	Could you shower every day?	n=19	58%	50%	58%	
	Could you go outside for exercise every day?	n=19	53%	59%	53%	
	Could you use the phone every day (if you had credit)?	n=19	53%	48%	53%	

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Number of completed questionnaires returned

HMP & YOI Cardiff 2019	All other local prisons surveyed since September 2017	HMP & YOI Cardiff 2019	HMP & YOI Cardiff 2016
190	4,314	190	194

n=number of valid responses to question (HMP & YOI Cardiff 2019)

EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=176	49%	51%	49%
	- Vocational or skills training?	n=167	32%	26%	32%
	- Prison job?	n=173	49%	33%	49%
	- Voluntary work outside of the prison?	n=165	5%	4%	5%
	- Paid work outside of the prison?	n=165	4%	4%	4%
16.2	In this prison, have you done the following activities:				
	- Education?	n=169	71%	72%	71%
	- Vocational or skills training?	n=167	61%	55%	61%
	- Prison job?	n=174	75%	71%	75%
	- Voluntary work outside of the prison?	n=159	42%	33%	42%
	- Paid work outside of the prison?	n=163	42%	33%	42%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=120	58%	58%	58%
	- Vocational or skills training?	n=101	61%	57%	61%
	- Prison job?	n=131	47%	42%	47%
	- Voluntary work outside of the prison?	n=66	50%	50%	50%
	- Paid work outside of the prison?	n=68	54%	56%	54%
16.3	Do staff encourage you to attend education, training or work?	n=167	55%	43%	55%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=178	16%	26%	16%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=29	76%	78%	76%
17.3	Are staff helping you to achieve your objectives or targets?	n=28	61%	46%	61%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=26	58%	45%	58%
	- Other programmes?	n=24	58%	45%	58%
	- One to one work?	n=26	42%	40%	42%
	- Been on a specialist unit?	n=24	29%	23%	29%
	- ROTL - day or overnight release?	n=26	27%	19%	27%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=15	73%	70%	73%
	- Other programmes?	n=14	86%	65%	86%
	- One to one work?	n=11	73%	66%	73%
	- Being on a specialist unit?	n=7	57%	48%	57%
	- ROTL - day or overnight release?	n=7	43%	49%	43%

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Number of completed questionnaires returned

HMP & YOI Cardiff 2019	All other local prisons surveyed since September 2017	HMP & YOI Cardiff 2019	HMP & YOI Cardiff 2016
190	4,314	190	194

n=number of valid responses to question (HMP & YOI Cardiff 2019)

PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months?	<i>n=183</i>	50% 32%	50%	
<i>For those who expect to be released in the next 3 months:</i>					
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n=89</i>	52% 57%	52%	
18.3	Is anybody helping you to prepare for your release?	<i>n=89</i>	66% 45%	66%	
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	<i>n=87</i>	77% 67%	77%	
	- Getting employment?	<i>n=84</i>	74% 63%	74%	
	- Setting up education or training?	<i>n=80</i>	64% 50%	64%	
	- Arranging benefits?	<i>n=86</i>	80% 69%	80%	
	- Sorting out finances?	<i>n=80</i>	75% 59%	75%	
	- Support for drug or alcohol problems?	<i>n=84</i>	67% 51%	67%	
	- Health / mental Health support?	<i>n=85</i>	71% 60%	71%	
	- Social care support?	<i>n=83</i>	57% 44%	57%	
	- Getting back in touch with family or friends?	<i>n=84</i>	50% 43%	50%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	<i>n=67</i>	42% 29%	42%	
	- Getting employment?	<i>n=62</i>	21% 19%	21%	
	- Setting up education or training?	<i>n=51</i>	20% 15%	20%	
	- Arranging benefits?	<i>n=69</i>	41% 23%	41%	
	- Sorting out finances?	<i>n=60</i>	17% 15%	17%	
	- Support for drug or alcohol problems?	<i>n=56</i>	48% 40%	48%	
	- Health / mental Health support?	<i>n=60</i>	18% 23%	18%	
- Social care support?	<i>n=47</i>	21% 16%	21%		
- Getting back in touch with family or friends?	<i>n=42</i>	21% 26%	21%		
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n=181</i>	47% 48%	47%	

HMP Cardiff 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners from black and minority ethnic groups are compared with those of white prisoners.
- Muslim prisoners' responses are compared with those of non-Muslim prisoners.

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

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

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Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
42	145	21	162

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	24%	19%	10%	22%
	Are you 50 years of age or older?	2%	8%	0%	8%
1.3	Are you from a minority ethnic group?			75%	16%
7.1	Are you Muslim?	37%	4%		
11.3	Do you have any mental health problems?	46%	71%	40%	68%
12.1	Do you consider yourself to have a disability?	33%	46%	24%	45%
19.2	Are you a foreign national?	19%	3%	19%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	7%	5%	7%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	68%	80%	80%	76%
2.4	Overall, were you treated very / quite well in reception?	68%	78%	75%	76%
2.5	When you first arrived, did you have any problems?	88%	88%	85%	87%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	46%	37%	47%	38%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	73%	76%	67%	76%
3.5	Have you had an induction at this prison?	81%	82%	81%	82%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	53%	53%	53%	53%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	46%	35%	43%	38%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	49%	54%	48%	54%
	- Can you shower every day?	93%	89%	91%	90%
	- Do you have clean sheets every week?	78%	83%	76%	82%
	- Do you get cell cleaning materials every week?	54%	52%	52%	54%
	- Is it normally quiet enough for you to relax or sleep at night?	56%	54%	43%	57%
	- Can you get your stored property if you need it?	15%	21%	21%	19%

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Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	42	145	21	162

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	24%	31%	29%	29%
5.3	Does the shop / canteen sell the things that you need?	59%	72%	62%	70%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	67%	68%	67%	69%
6.2	Are there any staff here you could turn to if you had a problem?	66%	72%	75%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	50%	38%	43%	41%
6.6	Do you feel that you are treated as an individual in this prison?	39%	46%	48%	43%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	67%	74%	65%	74%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	63%	78%	80%	71%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	23%	26%	10%	27%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	29%	45%	43%	41%
8.3	Are you able to use a phone every day (if you have credit)?	81%	86%	70%	86%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	71%	82%	62%	82%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	27%	25%	30%	25%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	7%	5%	6%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	47%	58%	59%	53%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	52%	75%	62%	71%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	37%	50%	47%	46%
10.3	Is it easy for you to make a complaint?	55%	55%	52%	56%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	13%	51%	20%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	38%	38%	35%	39%

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Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	42	145	21	162

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	18%	26%	11%	25%
	- Nurse?	58%	56%	63%	55%
	- Dentist?	11%	15%	11%	14%
	- Mental health workers?	16%	19%	21%	18%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	22%	25%	13%	25%
11.5	Do you think the overall quality of the health services here is very / quite good?	38%	36%	38%	35%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	8%	28%	0%	
SAFETY					
14.1	Have you ever felt unsafe here?	41%	44%	38%	44%
14.2	Do you feel unsafe now?	21%	24%	10%	25%
14.3	Not experienced bullying / victimisation by other prisoners	63%	52%	67%	53%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	36%	36%	38%	36%
14.5	Not experienced bullying / victimisation by members of staff	48%	52%	57%	50%
14.6	If you were being bullied / victimised by staff here, would you report it?	60%	54%	67%	55%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	43%	51%	55%	48%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	41%	35%	52%	34%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	14%	12%	14%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	12%	12%	10%	12%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	61%	53%	68%	53%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	17%	16%	15%	16%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	43%	67%	33%	63%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	53%	69%	70%	66%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	51%	46%	50%	48%

HMP Cardiff 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners who reported that they had a disability compared with those who did not.

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

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Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
119	63	80	104

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	19%	22%	14%	25%
	Are you 50 years of age or older?	5%	8%	5%	7%
1.3	Are you from a minority ethnic group?	16%	36%	18%	27%
7.1	Are you Muslim?	7%	19%	7%	15%
11.3	Do you have any mental health problems?			88%	48%
12.1	Do you consider yourself to have a disability?	59%	16%		
19.2	Are you a foreign national?	3%	13%	3%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	8%	5%	10%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	73%	84%	72%	80%
2.4	Overall, were you treated very / quite well in reception?	73%	82%	73%	77%
2.5	When you first arrived, did you have any problems?	95%	72%	94%	82%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	36%	50%	32%	46%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	70%	86%	67%	81%
3.5	Have you had an induction at this prison?	78%	90%	82%	82%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	45%	66%	46%	58%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	34%	48%	27%	47%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	48%	66%	49%	57%
	- Can you shower every day?	86%	97%	87%	91%
	- Do you have clean sheets every week?	78%	89%	81%	82%
	- Do you get cell cleaning materials every week?	48%	63%	48%	56%
	- Is it normally quiet enough for you to relax or sleep at night?	50%	68%	49%	60%
	- Can you get your stored property if you need it?	17%	24%	23%	16%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems	Have a disability	Do not have a disability
	119	63	80	104

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	19%	48%	18%	37%
5.3	Does the shop / canteen sell the things that you need?	69%	69%	66%	71%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	61%	82%	61%	74%
6.2	Are there any staff here you could turn to if you had a problem?	65%	82%	66%	75%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	33%	56%	37%	45%
6.6	Do you feel that you are treated as an individual in this prison?	37%	60%	49%	41%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	71%	73%	66%	74%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	69%	78%	71%	73%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	25%	27%	22%	28%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	41%	43%	45%	40%
8.3	Are you able to use a phone every day (if you have credit)?	81%	92%	82%	85%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	77%	85%	81%	79%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	27%	22%	34%	20%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	7%	3%	8%	4%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	54%	57%	54%	55%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	67%	75%	65%	73%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	39%	61%	41%	51%
10.3	Is it easy for you to make a complaint?	54%	60%	56%	55%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	26%	28%	29%	25%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	42%	29%	44%	32%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems	Have a disability	Do not have a disability
	119	63	80	104

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	24%	25%	26%	22%
	- Nurse?	55%	58%	60%	54%
	- Dentist?	13%	15%	15%	12%
	- Mental health workers?	17%	23%	19%	18%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	25%		23%	27%
11.5	Do you think the overall quality of the health services here is very / quite good?	29%	49%	30%	40%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	22%	50%	25%	
SAFETY					
14.1	Have you ever felt unsafe here?	53%	25%	56%	34%
14.2	Do you feel unsafe now?	30%	10%	32%	17%
14.3	Not experienced bullying / victimisation by other prisoners	44%	75%	45%	62%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	31%	45%	34%	37%
14.5	Not experienced bullying / victimisation by members of staff	43%	66%	47%	53%
14.6	If you were being bullied / victimised by staff here, would you report it?	53%	62%	60%	53%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	43%	62%	46%	52%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	49%	30%	41%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	15%	10%	18%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	11%	17%	8%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	47%	69%	51%	58%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	16%	15%	19%	13%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	56%	78%	79%	46%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	65%	73%	67%	65%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	39%	63%	39%	54%

HMP & YOI Cardiff 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of prisoners aged 25 and under are compared with those of prisoners over 25
 Please note that these analyses are based on summary data from selected survey questions only.

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

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

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

Number of completed questionnaires returned

25 and under	Over 25
37	151

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	24%	
	Are you 50 years of age or older?		8%
1.3	Are you from a minority ethnic group?	27%	21%
7.1	Are you Muslim?	5%	13%
11.3	Do you have any mental health problems?	61%	66%
12.1	Do you consider yourself to have a disability?	30%	47%
19.2	Are you a foreign national?	6%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	7%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	62%	81%
2.4	Overall, were you treated very / quite well in reception?	70%	77%
2.5	When you first arrived, did you have any problems?	87%	88%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	45%	37%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	81%	74%
3.5	Have you had an induction at this prison?	81%	82%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	50%	53%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	38%	37%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	41%	56%
	- Can you shower every day?	95%	89%
	- Do you have clean sheets every week?	84%	81%
	- Do you get cell cleaning materials every week?	44%	55%
	- Is it normally quiet enough for you to relax or sleep at night?	61%	54%
	- Can you get your stored property if you need it?	17%	20%

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Number of completed questionnaires returned

25 and under	Over 25
37	151

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	22%	31%
5.3	Does the shop / canteen sell the things that you need?	76%	68%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	72%	66%
6.2	Are there any staff here you could turn to if you had a problem?	66%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	43%	40%
6.6	Do you feel that you are treated as an individual in this prison?	41%	45%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	83%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	61%	74%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	31%	24%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	42%	42%
8.3	Are you able to use a phone every day (if you have credit)?	95%	82%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	83%	79%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	27%	25%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	7%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	63%	53%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	65%	71%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	30%	51%
10.3	Is it easy for you to make a complaint?	46%	57%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	7%	30%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	42%	37%

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

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Number of completed questionnaires returned

	25 and under	Over 25
	37	151

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	25%	24%
	- Nurse?	36%	61%
	- Dentist?	11%	14%
	- Mental health workers?	26%	17%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	41%	21%
11.5	Do you think the overall quality of the health services here is very / quite good?	31%	37%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	46%	20%
SAFETY			
14.1	Have you ever felt unsafe here?	35%	46%
14.2	Do you feel unsafe now?	14%	26%
14.3	Not experienced bullying / victimisation by other prisoners	74%	51%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	33%	37%
14.5	Not experienced bullying / victimisation by members of staff	51%	51%
14.6	If you were being bullied / victimised by staff here, would you report it?	56%	56%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	49%	49%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	27%	39%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	16%	12%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	12%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	50%	56%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	11%	18%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	50%	63%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	71%	65%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	51%	46%