

Report on an unannounced inspection of

HMP/YOI Parc

by HM Chief Inspector of Prisons

9-19 July 2013

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Printed and published by:
Her Majesty's Inspectorate of Prisons
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30-34 Kingsway
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Introduction

HMP Parc, near Bridgend in South Wales and run by G4S Care and Justice Ltd, is one of the largest establishments in the prison estate. At the time of this inspection it held 1,326 mainly category B prisoners, as well as 57 children and young people held in a distinct unit that we inspect separately. It was operating at 13% above its current certified normal capacity of 1170. The government has recently announced plans to add another 387 places to the prison.

A very large, overcrowded prison holding some serious offenders is normally one we would be very concerned about, and we therefore scrutinised Parc with particular care. We found it to be one of the better local prisons we have inspected in a long time and it delivered good or reasonably good outcomes in every area. It served prisoners and the public well.

Most prisoners told us they felt safe at the prison and this was backed up by hard evidence. Levels of violence were low and had halved since our last inspection. Good organisational arrangements to reduce violence were backed up by robust responses to anti-social and violent behaviour. Care for prisoners at risk of suicide and self-harm had also improved. Incidents of self-harm were, in fact, high but a small number of prisoners accounted for a very high proportion of the incidents. Prisoners on an open ACCT (case management for prisoners at risk of suicide and self-harm) were encouraged to take part in activities so they remained engaged and did not become isolated, but we found too many on the basic level of the behaviour management scheme which undermined some of the good work done. Those most at risk received excellent care in the safer custody unit with high levels of health care input – a sharp contrast to the use of segregation to manage similar prisoners that we often see in other establishments. The segregation unit itself was a good facility with a strong emphasis on reintegrating men back into normal location. Use of force had also fallen sharply since the last inspection and we found no evidence that force was used inappropriately.

We were concerned, however, by the over-representation of young adults in violent incidents and some disciplinary processes and there was evidence they had a more negative experience than older men in some other aspects of the prison. The prison had not given enough thought to how the behaviour and progress of these younger prisoners with less maturity could best be managed.

Safety was underpinned by very good dynamic security. The environment was very good, although many prisoners shared cells designed for one. Prisoners' basic needs were efficiently met, although the showers, situated in the middle of the wings and offering next to no privacy, were bizarre. Eighty per cent of prisoners told us that staff treated them with respect and we observed good interactions and a culture of mutual respect. Prisoners lacked confidence in the complaints system.

With the exception of young adults, arrangements to support prisoners with protected characteristics were good, although some reported more negatively. Foreign national prisoners were well supported and we were pleased to see arrangements had been made for them to use Skype under properly supervised conditions to stay in touch with their families.

The standard of care and health promotion was good and an impressive new health care unit had opened since the last inspection. However, there were very long waits for non-emergency appointments. The identification and support for prisoners with learning difficulties and brain injuries was very good and much better than we normally see. Drug and alcohol misuse services were reasonable, but prescribing regimes required more flexibility and the effectiveness of the drug and alcohol recovery unit was undermined by holding overspill prisoners from other parts of the prison. The supply reduction strategy was effective. There was very good care for prisoners with palliative and end-of-life care needs. It says much about the ethos of the prison that during the inspection one prisoner asked to return to the prison from hospital to die among people he knew and who cared not just for but about him.

Most prisoners normally had good time out of cell but at the time of this inspection we found too many prisoners locked behind their doors during the working day because there was no cover for workshop supervisors on annual leave. The quality and range of activities was good but less so for vulnerable prisoners. There was good support for prisoners who needed help with literacy and numeracy. Prisoners were encouraged to develop Welsh language skills but there was not enough support for advanced Welsh-speakers.

Most prisoners were serving sentences of 12 months or more and, of these, half were assessed as presenting a high or very high risk of harm. Offender supervisors were stretched and not helped by the fact that many prisoners were transferred to Parc without an up-to-date assessment of their risks and needs. The prison had prioritised this work but this left offender supervisors with little time for contact with prisoners beyond sentence planning.

Most prisoners had effective support with their practical resettlement needs. About 80% of prisoners were released to live in Wales and the Welsh Assembly Government's approach meant that they were guaranteed accommodation unless they had made themselves intentionally homeless. Finding accommodation for prisoners returning to England was more difficult. A third of prisoners entered some form of employment, education or training after they left the prison. The prison's own assessment suggested that a quarter of prisoners had problems with debt and managing money but too little was done to address this. The prison had a sex offender population of about 280 at the time of the inspection and there were far too few sex offender treatment programme places available.

The prison's work to help prisoners develop and sustain constructive relationships with their families and to work with the families themselves was outstanding. Prisoners' families may be a source of crucial support to a prisoner, they may be punished themselves by the effect of the prisoner's sentence and, in some cases, they may be part of the problem that lies behind a prisoner's offending behaviour. In other cases they may be the victims of the prisoner's offence. Parc worked on all these issues. Visit arrangements were excellent and were managed and staffed by the family interventions unit, which supported a positive and welcoming environment. Even the closed visits area – in other prisons often a grim and dingy corridor with cell-like visiting booths – had a small children's play area attached. Plans were well advanced to allow some prisoners to have supervised access to Skype to talk to their children's teachers. A specialist unit was set aside to provide intensive support to prisoners to develop their family relationships and ensure these were sustained after release. The prison had obtained funding from the lottery to establish the 'Invisible Walls' project, which worked with the most troubled and chaotic families to try to create a more stable and constructive environment for prisoners after release and reduce the risk of reoffending. When family members had been victims of the prisoner's offence and contact was not appropriate, public protection arrangements were sound.

No one should underestimate the difficulties of running a large prison; other large prisons have not been so successful. The success of HMP Parc will not be easy to emulate and it is important to ensure Parc's own future expansion does not place its current success at risk. Critical to that success has been a stable, effective and very visible leadership team. Staff at all levels, within proper limits, have been encouraged to innovate, and this has meant that the challenges of a large establishment have become advantages and allowed specialist resources to be developed that meet specific needs. Some enlightened policies from the Welsh Assembly Government to help meet prisoners' practical resettlement needs have been important. There are areas that need improvement – some services such as offender management are very stretched; support for young adults requires development; prisoners' lack of confidence in the complaints system, to name a few – but overall this was a very positive inspection.

Nick Hardwick
HM Chief Inspector of Prisons

January 2014

Fact page

Task of the establishment

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

Prison status

Privately run by G4S Care and Justice Ltd.

Region

Wales

Number held

Adults 811, adult sex offenders 294, young prisoners 159, and young people 57.

Certified normal accommodation

1170

Operational capacity

1,474

Date of last full inspection

September 2010

Brief history

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

Short description of residential units

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

A1 – sentenced, standard and basic young adult and adult prisoners

A2 – induction; young adult and adult

A3 – sentenced, standard and basic young adult and adult prisoners

A4 – sentenced, standard and basic young adult and adult prisoners

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

B1 – sentenced, standard and basic young adult and adult prisoners

B2 – sentenced, standard and basic young adult and adult prisoners

B3 – drug and alcohol recovery unit

B4 – enhanced sentenced young adult and adult prisoners

House block C - single unit with 69 cells on three galleried landings; holds up to 100 prisoners in single and double cells.

C – induction, rule 45s, own interest, convicted young adult and adult prisoners

House block D - single unit with 69 cells on three galleried landings; holds up to 120 prisoners in single and double cells.

D – mixed young adult and adult sex offenders

House block X – single unit split into a three-galleried landing and a single landing.
Ground floor X – 16 single cells (one with wheelchair access)
X1 – 86 cells, mixed young adult and adult sex offenders

House block T – four units cells on three galleried landings; single and double cells.
T1 – 60 cells; 80 prisoners, enhanced plus
T2 – 48 cells; 60 prisoners, working unit
T3 – 48 cells; 70 prisoners, enhanced
T4 – 42 cells; 60 prisoners, family unit

House block U - single unit with 16 cells, all wheelchair accessible, complex needs unit, including end of life. Includes two health care crisis beds, used only for young people.

E1 – young people's unit
E2 – Phoenix
G1 – young people's unit
Safer custody unit

Name of director

Janet Wallsgrove

Escort contractor

GEOAmey

Health service provider

G4S Medical Services

Learning and skills provider

G4S

Independent Monitoring Board chair

Sylvia Scarf

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
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

S1 *Parc was a large prison holding some very challenging prisoners and yet it continued to be generally safe. Prisoner escort to the prison was positive, early days arrangements were good and most prisoners said they felt safe on their first night. Levels of violence and bullying were low and had reduced since our last inspection. There was good support for prisoners in crisis, and safeguarding was well developed. Security was generally proportionate and adjudications were fair. The privileges scheme encouraged good behaviour but did not support some individual prisoners. The drug reduction strategy was effective, and psychosocial and clinical interventions were good. **Outcomes for prisoners were good against this healthy prison test.***

S2 *At the last inspection in 2010 we found that outcomes for prisoners in Parc were reasonably good against this healthy prison test. We made 21 recommendations in the area of safety. At this follow-up inspection we found that 17 of the recommendations had been achieved, three had been partially achieved, and one had not been achieved*

S3 Most journey times to the prison were short and escort vehicles were clean. Disembarkation took too long and all prisoners were handcuffed off the escort vehicle, which was unnecessary. Reception was clean, bright and welcoming, but the reception process was protracted and the information provided for prisoners could have been simplified. First night cells were well prepared and staff handover arrangements were effective. Considering that Parc held more than 1,200 adult prisoners and was still growing, prisoners we spoke to said they felt safe on their first night and generally throughout their time at the prison

S4 Levels of violence were low and had greatly reduced since the previous inspection and most prisoners, including vulnerable prisoners and young adults, said that they felt safe. The violence reduction policy was relevant, based on a proper analysis of the pattern of violence in the prison, and informed by frequent consultation with prisoners. Some of the protocols to deal with bullying had not been fully implemented, but the incentives and earned privileges (IEP) scheme was used effectively to address a range of antisocial behaviour.

S5 There was excellent monitoring of the implementation of the safer custody policy. The incidence of self-harm was high but a small number of prolific self-harmers accounted for about 40% of all cases. The quality of individual assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was very good. The safer custody unit was a good initiative and provided a high standard of care to prisoners with more complex needs. However, use of the basic regime to help manage a few prisoners on ACCTs was inappropriate. The Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was well supported, their role was properly advertised and prisoners had good access to them. The interventions team offered excellent support to prisoners at risk through a wide range of interventions to meet individual needs.

S6 The prison had links with the local adults safeguarding board, had published a comprehensive safeguarding policy and had very good local vulnerability screening. There were comprehensive assessments of risk during the prisoner's first few days.

- S7 Security was proportionate overall, there was good dynamic security and procedural security and intelligence were well managed. Security committee meetings were well attended and given a high profile, and had strong links to the violence reduction and drug strategy committees. The mandatory drug testing positive rate averaged 5.5% in the previous six months, below the target of 8%. There was good information sharing between departments and appropriate supply reduction measures.
- S8 The IEP scheme was robust and had a positive impact on prisoner behaviour but had a disproportionately negative effect on a few prisoners, including young adults. Some aspects of the scheme were over-complicated and the establishment needed to assure itself that some prisoners, such as young adults, were not left on the basic level for extended periods.
- S9 The records of adjudication hearings we sampled showed that proceedings were conducted fairly and investigations were thorough. The use of force had reduced considerably since the previous inspection, along with use of restraint, and accounts from officers gave assurance that force was used as a last resort. Young adults were slightly over-represented but the number of incidents was low and most were low level. Living conditions and the regime in the segregation unit were generally good and there was clear evidence that staff cared about the personal circumstances of prisoners there. Reintegration planning was good and the average length of stay was reasonably short at about seven days.
- S10 The drug and alcohol strategy and action plan were informed by a needs analysis, and good leadership and coordination were evident. Since we last inspected, fewer prisoners now required opiate substitutes, with 28 currently in treatment. Methadone regimes were flexible but those receiving Subutex (buprenorphine) treatments were expected to undertake a rapid detoxification, which was not appropriate. There was good joint care but no substance misuse nurse input. The range of interventions no longer excluded primary alcohol users. Substance misuse services included the building skills for recovery (BSR) and COVAID (addressing alcohol offending behaviour) programmes and a family course, as well as self-help groups and peer support.

Respect

- S11 *Parc was a large modern prison that was clean with good facilities, although some accommodation lacked privacy. Staff-prisoner relationships were good. Arrangements for equality and diversity were good, although prisoners from minority groups were less positive than others about some important aspects of their treatment. Support for prisoners with protected characteristic work was well developed. Faith arrangements were generally good but provision for vulnerable prisoners was limited. Prisoners lacked confidence in the complaints system. Prisoners were negative about the health care and waited too long for key services. We found that some improvement was still required; however the service overall had improved and was reasonably good. Prisoners, especially young adults, were dissatisfied with the food but provision was acceptable. The prison shop offered a reasonable service. **Outcomes for prisoners were reasonably good against this healthy prison test***
- S12 *At the last inspection in 2010 we found that outcomes for prisoners in Parc were not sufficiently good against this healthy prison test.² We made 40 recommendations in the area of respect. At this follow-up inspection we found that 30 of the recommendations had been achieved, seven had been partially achieved, and three had not been achieved.*

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S13 Communal areas were very clean and well maintained. Most cells were clean but required decoration, those designed for one prisoner accommodated two, and some in-cell toilets and showers were inadequately screened. Communal shower areas were clean but privacy was completely inadequate. Prisoners had good access to clean clothes, sheets, cleaning materials, mail and telephones.
- S14 Most prisoners said staff treated them with respect and we observed some good interactions with use of preferred names throughout the prison. Most staff entries in prisoner case history were regular and demonstrated a high level of knowledge of individual prisoners. Prisoner consultation arrangements were good.
- S15 The strategic management of equality and diversity was aligned to the different protected characteristic groups and governance was good. Monitoring arrangements extended beyond the standard data and indicated that prisoners from minority groups were not discriminated against. However, in our survey, prisoners from some minority groups were less positive than their counterparts about safety and victimisation. Prisoners had confidence in the discrimination complaints process and investigations were thorough and timely. Prisoners appreciated the prisoner equality representatives.
- S16 Foreign national prisoners received a good service, although a few detainees were held inappropriately beyond the end of their sentence. Support for disabled, older, gay and bisexual prisoners was good, and the use of supported living plans was impressive, but support for transgender prisoners was underdeveloped. Young adult prisoners were integrated appropriately but their specific needs were not always considered.
- S17 Faith provision for most prisoners was good but was inadequate for Catholic and Muslim vulnerable prisoners. Facilities in the main chapel were large and clean, and the chaplaincy team was well integrated into the prison.
- S18 The responses to prisoner complaints we sampled were timely, polite and answered the issues raised, and there was effective quality assurance. However, too many prisoners lacked confidence in the complaints system and this needed to be addressed.
- S19 Legal services provision was inadequate, especially as the establishment retained a small remand population, and there were no trained legal services staff, but access to legal visits was adequate.
- S20 In our survey, prisoners were less satisfied with health services than the comparator and prisoners we spoke to gave mixed views. However health care had improved considerably since our last inspection and the services we saw were good. There was a good range of nurse-led clinics and health promotion was very good. Applications took too long to arrive in healthcare (waiting times for the GP, dentist, optician and smoking cessation were too long, which might partly explain prisoners' negative perceptions). Clinical governance was good and the new health care department had very good facilities, although prisoners were held in the waiting room for too long. All the wing treatment rooms needed refurbishment and most were unfit for purpose. Although the range of mental health therapies available through health care was limited, this was offset by the extensive support available through safer custody, and the mental health support provided was very good. The learning disability service was an excellent initiative.
- S21 The range and standard of food was reasonable but it was unpopular with many prisoners, especially young adults. Wing serveries were clean and most prisoners could dine out of their cells. Shop ordering arrangements worked well but black and minority ethnic and Muslim prisoners felt there were not enough items for their needs.

Purposeful activity

S22 *Time out of cell had improved but at the time of the inspection too many prisoners were still locked up during the core day because of staff absences. Management of learning and skills was more strategic than at our last inspection. The overall quality of activities and the range of provision were good but limited for vulnerable prisoners. Educational and vocational achievements were very good. All learning environments were impressive. Labour allocation was fair. The library was an effective service but access for some prisoners was restricted. PE and health promotion were good but access for some was too limited. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S23 *At the last inspection in 2010 we found that outcomes for prisoners in Parc were not sufficiently good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved, three had been partially achieved and one had not been achieved.*

S24 A fully employed prisoner could access an impressive 10-12 hours out of their cell a day and unemployed prisoners between four and six hours. During our random roll checks we found an average of 27% of prisoners locked in their cells, which was in large part due to a lack of cover for workshop supervisor's annual leave.

S25 The senior management team had a very good commitment to learning and skills. A clear overarching strategic plan defined how provision would be developed and improved. Good displays and activities helped prisoners improve their awareness of Welsh language and culture, and the prison was encouraging learners to develop Welsh language skills. Evaluation of the impact of prisoners' progress was underdeveloped and data on their basic skill development was not used well enough to inform strategic planning.

S26 The breadth of provision was good and took account of the needs of the local labour market. Provision for vulnerable prisoners had improved, but was still restricted, particularly for higher achieving individuals. The amount of provision had improved since the last inspection and overall there were enough places to occupy prisoners purposefully, at least part time.

S27 Nearly all prisoners received an initial assessment of their literacy and numeracy levels. Many prisoners completed useful individual action plans that recorded their learning progress while in custody. Overall teaching was good in the sessions we observed, with around 70% of teaching judged to have many strengths. Tutors planned well and used a variety of methods to maintain prisoners' interest. The results were used well to plan appropriate activities that improved prisoner employability. Workshop facilities and learning environments were of a high quality.

S28 All learners had individual learning plans that outlined their progress in basic skills, but in about half the targets were too generic and not specific enough. Prisoners with additional learning needs received good support. Prisoner peer mentoring was impressive and improved the learning experience for prisoners. Success rates and outcomes for prisoners were very good and better than most comparators. Almost all learners who engaged in education or training attained the appropriate qualification, but too few progressed on to essential skill courses at level 3 and/or GCSE maths or English.

S29 Attendance in learning, skills and training activities was good at around 85%. All prisoners attended classes on time. A few learners benefited from a range of enriching activities, which were highly effective in developing their personal and social well-being.

- S30 The library was a good facility and conducive to learning. Material in Welsh and on the culture and history of Wales were readily available. Prisoners attending education classes had good access to the library during the week. However, at the time of the inspection, the library was understaffed, which had reduced access for many other prisoners, particularly vulnerable prisoners, and restricted library visits to 30 minutes.
- S31 The prison paid good attention to health promotion and helping prisoners improve their well-being. PE facilities were good but individual access varied and not all prisoners could use them at least twice a week. Vulnerable and older prisoners had daily access to suitable physical activity. Staff offered a broad range of recreational activities and sports coaching. A few prisoners completed useful gym instructor and coaching qualifications. PE staff had developed very good partnerships with local sports providers, and one prisoner had gained release on temporary licence (ROTL) for work experience in a leisure centre.

Resettlement

S32 *There was a comprehensive strategic framework and offender management was at the heart of the prison's work. Sentence planning often focused on activity rather than risk, but public protection arrangements were good. Reintegration planning was generally good. Accommodation outcomes were positive but finance, benefit and debt provision was underdeveloped. Education, training and employment resettlement arrangements were good, as were health care and substance misuse discharge work. Work with children and families was innovative and impressive. Offending behaviour programme support was generally good. **Outcomes for prisoners were good against this healthy prison test.***

S33 *At the last inspection in 2010 we found that outcomes for prisoners in Parc were good against this healthy prison test. We made seven recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved, and one had not been achieved.*

- S34 The prison had a comprehensive and clear strategic framework for managing reducing reoffending, including work on offender management, public protection and all resettlement pathways. An annual needs analysis was incorporated into the strategy. There were good external links with the Offender Management, Development and Implementation Group for Wales and the Wales Probation Trust. There was a clear strategic approach to ensuring that offender management was at the heart of the prison's functioning.
- S35 All new arrivals were allocated a named offender supervisor and had early contact with them, with approximately half the population identified as high or very high risk of harm. Sentence planning was variable and targets too often focused on the activity rather than on risk factors. Almost two-thirds of prisoners transferred into Parc arrived without an up-to-date OASys offender assessment, which affected staff contact with them. Beyond sentence planning and OASys, contact by offender supervisors with prisoners was often very limited, especially with those assessed as low or medium risk.
- S36 Although the offender supervisor team consisted of an appropriate mix of probation and prison staff, providing a good mix of skills and experience, the skills of some staff were not used to best advantage. In our survey, fewer prisoners than the comparator said that they had done anything or anything had happened to them in the prison to make them less likely to offend in the future. Despite this, offender supervisors were involved in many aspects of work we do not usually see, including IEP and ACCT reviews along with wider prisoner assessments.

- S37 Public protection arrangements permeated all aspects of offender management and were well managed. Offender supervisors had a clear role in the process and were actively engaged in reviews. High risk prisoners were reviewed before release, although there were no formal arrangements for those assessed as medium or low risk. In our survey, fewer prisoners than the comparator said that a member of staff had helped them prepare for release.
- S38 Support was available to maintain tenancies and/or to manage housing related debt for new arrivals. All prisoners returning to Wales (80% of those released) were discharged into supported or settled accommodation. Housing support for those returning to England was less comprehensive. Work on the finance, benefit and debt pathway was limited. The only support was access to a debt helpline, although it was not clear how many prisoners used this.
- S39 The prison had developed a good model of education, training and employment assessment and management. There were links with some external providers to support through-the-gate provision and the number of prisoners released on temporary licence (ROTL) was increasing steadily. Self-reported post-release access to employment and training or education consistently exceeded targets.
- S40 Health care pre-release arrangements were effective and included appropriate liaison with community services. There was an excellent and compassionate whole-prison approach to end-of-life care. Substance misuse throughcare links were strong, and integrated offender intervention services in the community and prison link workers regularly visited the prison.
- S41 There was a whole-prison approach to working with children and families, which was innovative and extremely positive. The prison had ensured that visits were widely available and a positive experience. The development of the family unit and Invisible Walls initiative (working with problem families before the prisoner's transition into the community) had had positive effects on the participants.
- S42 There was a good range of accredited and non-accredited offending behaviour programmes with generally good outcomes. Work with sex offenders in denial or refusing to engage in treatment was reasonable but required further development. There was little provision to address offending behaviour for lower risk prisoners and/or those not meeting the criteria for accredited programmes, and this needed to be developed.

Main concern and recommendation

- S43 **Concern:** Young adults represented more than one in ten of the population. They were more likely to be involved in violent incidents and more likely to be on the basic level of the incentives and earned privileges scheme than older prisoners. Young adults were more likely to report emotional and mental health problems and had more negative views about some important aspects of their experience of the prison. They complained of being hungry. Not enough had been done to understand and address the specific needs of this group.

Recommendation: The prison should develop its strategic management of young adults to ensure that this group are not unfairly represented in key areas, and take account of their levels of maturity and specific needs when developing new strategies (especially the incentives and earned privileges scheme).

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Most prisoners travelled short distances to the prison, but disembarkation from escort vehicles was slow and prisoners were unnecessarily handcuffed into reception. The very hot weather during the inspection week made the experience of waiting on vans even worse. Prisoners knew they were going to Parc and received written information before they arrived.*

I.2 Most journey times to the prison were short. In our survey, only 60% of respondents said that cellular vehicles were clean, against the comparator of 67%, although those we saw were clean and well maintained. Vans entered the establishment quickly but disembarkation was not always swift. Some prisoners remained on vehicles for 30 minutes while property was identified, which was unnecessary, particularly as it was extremely hot inside the cellular van during the warm weather in our inspection week. Prisoners were routinely handcuffed off the escort vehicle, which was disproportionate to risk.

I.3 In our survey, more respondents than the comparator said they were told they were going to Parc before they arrived and that they had received written information about the prison before their journey. Escort staff we observed were polite to prisoners.

Housekeeping point

I.4 Disembarkation from cellular vehicles should be swift and prisoners should not be handcuffed off the vehicles unless justified by a risk assessment.

Early days in custody

Expected outcomes:

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

I.5 *Reception was a welcoming environment but prisoners spent too long there. First night arrangements were sound. The content of the induction was good but some prisoners spent too long in cells during the programme.*

I.6 The reception area was large, bright and well maintained. In our survey, more respondents than at our last inspection said they were treated well on arrival. The interactions we observed were friendly, and staff ensured a welcoming atmosphere for new arrivals.

- I.7** In our survey, only 33% of respondents said they were in reception for less than two hours, against the comparator of 52%, and we found that the process was protracted with some prisoners spending four hours in reception. The two large holding rooms contained enough to keep prisoners occupied. If the holding rooms were occupied by mainstream prisoners, vulnerable prisoners were located in small holding cells that were stark, unwelcoming and inadequate. New arrivals were routinely strip searched but transfers in were not.
- I.8** The initial cell sharing and first night risk interview was confidential and thorough, focusing on individual needs and risk. Following this, new arrivals could speak to a Listener (Samaritans-trained prisoners providing confidential emotional support to fellow prisoners) and were offered a telephone call, food, shower and a reception pack, including telephone credit. New arrivals received a lot of information during their reception that could have been simplified to ensure that they understood the key information.
- I.9** Vulnerable new arrivals were allocated a cell on C wing, the vulnerable prisoner induction unit, and non-vulnerable prisoners to A2. Handover procedures between reception staff and first night staff were good. Staff completed an initial interview before prisoners were shown to the dedicated first night cells, which were clean, well prepared and had a lot of information. Handover arrangements to night staff were good, and night staff introduced themselves to new arrivals at the start of their shift. In our survey, more prisoners than at our last inspection said they felt safe on their first night.
- I.10** In our survey, fewer respondents than the comparator said they had been on an induction course or that it covered everything they needed to know about the prison. However, the documents we saw showed that prisoners had completed their induction and we found that the programme was thorough. However, there was too much information in some areas and some unnecessary duplication, which might have accounted for their negative perceptions. The rolling induction programme was timetabled for five days, and some prisoners spent too long between modules locked in their cells. Each part of the programme was delivered to prisoners individually by staff from several departments and peer supporters who saw new arrivals on the unit, but many interviews were not carried out in private. The induction exit survey ensured that all parts of the programme had been delivered.

Recommendations

- I.11 Prisoners should only spend more than two hours in reception in exceptional circumstances.**
- I.12 Vulnerable prisoners should be held in reception facilities equivalent to those for other prisoners.**

Housekeeping point

- I.13** All elements of the induction programme should be delivered succinctly in an environment that is confidential and free from distraction, and prisoners should be kept occupied throughout the programme.

Bullying and violence reduction

Expected outcomes:

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

- I.14** *The level of violence had greatly reduced since the previous inspection. The violence reduction policy was relevant and based on analysis of the pattern of violence and frequent consultation with prisoners. The anti-bullying arrangements had not been fully implemented but the privileges policy was used effectively to address antisocial behaviour.*
- I.15** There were good organisational arrangements to reduce levels of violence, with marked improvements since the last inspection. A published violence reduction policy document was based on analysis of the observed pattern of violence in the prison, and further informed by regular safety forums with prisoners held by the full-time safer custody team. The team included an operational manager, officers and administrative support and was overseen by the head of safer custody. A well-constructed and well-attended safer custody committee met monthly to monitor overall progress of the violence reduction strategy. Minutes of the meetings indicated that there were properly focused discussions about safety issues.
- I.16** There had also been meaningful improvements to the systems to record and monitor violent incidents and analyse relevant data. Information-sharing with other prison departments, such as security, health care and the residential units, was very good. There was effective staff supervision of prisoners during periods of unlock, and good dynamic security arrangements. These helped to identify instances of bullying that had not been reported formally.
- I.17** Formal arrangements to deal with bullying had also been reviewed and there was a three-stage system of monitoring and challenging proven or suspected bullying through case conferences and target setting. We found that the application of this complex approach was not consistent and there was little supervision of it. There was an over-reliance on the violence reduction coordinator to ensure that all elements were carried out properly – and many were not done when she was absent from the prison.
- I.18** In practice, poor behaviour was identified and managed through robust use of the incentives and earned privileges (IEP) system, supported by regular reviews to monitor behavioural changes. Prisoners found to be involved in violent incidents as a result of proven adjudication or following a formal investigation of bullying were immediately placed on the basic level of the IEP scheme (see paragraph I.48). Prisoners charged with fights and assaults were often automatically referred to the independent adjudicator, and it was not unusual for the prison to refer violent incidents to the police.
- I.19** We found that allegations of violence, particularly bullying, were treated consistently and investigated promptly by senior custody officers. About 23% of prisoners were on the basic level due to single incidents of violence.
- I.20** There was evidence that this zero tolerance approach had reduced the number of fights and assaults. In the first six months of 2013, there had been about 72 fights and assaults (about 12 a month), compared with about 36 fights and assaults a month at the time of our previous inspection. However, young adults remained over-represented and were involved in over

half of all violent incidents (about 52%). There was no specific reference in the violence reduction policy to managing young adults. (See main recommendation S43.)

Self-harm and suicide

Expected outcomes:

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

I.21 *Monitoring of the implementation of the safer custody policy was excellent. The incidence of self-harm was high but a few prolific self-harmers accounted for a disproportionate number of incidents. The quality of individual case management was very good, and the interventions team offered a wide range of interventions to meet individual needs. The safer custody unit provided a high standard of care to prisoners with more complex needs. However, use of the basic regime to manage a few prisoners on self-harm monitoring was inappropriate.*

- I.22** Strategic protocols to prevent self-harm and suicide and reduce violence (the 'right to be safe' initiative) were managed by a full-time coordinating officer supported by a dedicated full-time team. The team was responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented and was also a centre for advice for prison staff.
- I.23** The safer custody committee monitored the overall implementation of the published safer custody policy at well-attended monthly meetings. It used a wide range of information, provided by the team to identify trends and patterns of behaviour by location, type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy and update the continuous improvement action plans.
- I.24** There had been major improvements in the attention given to prisoners in crisis. A complex case manager had been appointed to plan and manage the care of more complicated cases. A small residential unit (the safer custody unit) had been set up to provide full-time support for up to 12 prisoners thought to be at high risk of serious and immediate self-harm. Prisoners with other concerns, such as acute mental health issues, could also be admitted. Living conditions on the unit were very good. Communal areas were clean and bright and cells were well furnished. Relationships between staff and prisoners were very good. We saw that officers were clearly aware of the needs of their prisoners and dealt with them courteously and with high levels of care. The unit had excellent links with health care professionals, who visited daily and attended all case conferences.
- I.25** A qualified full-time interventions team offered one-to-one and group-based cognitive therapies that were solution-based. These included anger management, relaxation, art therapy and acupuncture, as well as animal therapy, in which prisoners looked after farm animals, such as goats, horses and donkeys. Prisoners said that this was a much-appreciated initiative.
- I.26** There had been 243 assessment, care in custody and teamwork (ACCT) case management documents opened in the first six months of 2013, which was similar to the level at the previous inspection. There had been no self-inflicted deaths since 2010. There had been about 205 separate incidents of self-harm in the first six months of 2013. Although a high level, we noted that just a few prisoners accounted for a disproportionate number of

incidents. For example, one prisoner was responsible for about 43% of incidents in February 2013 and another for 40% in April 2013.

- I.27** The quality of ACCT documents was good. Detailed support plans were prepared through consultation with the prisoner, identified specific needs and allocated responsibilities to a nominated key worker. The progress of plans was reviewed at times agreed with the prisoner.
- I.28** All prisoners on ACCTs were allocated to an activity. Their employment status was reviewed at the safer custody meeting to ensure that they were kept engaged and not isolated while they were on ACCTs. However, some prisoners on open ACCTs were also on the basic level of the incentives and earned privileges (IEP) scheme (for bad behaviour not associated with their self-harming), which was inappropriate.
- I.29** The Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was well established and prisoners had 24-hour access to them. The scheme was explained during induction and also publicised around the prison.

Recommendation

- I.30 Prisoners on assessment, care in custody and teamwork (ACCT) case management should not be on the basic level of the incentives and earned privileges scheme.**

Good practice

- I.31** *The safer custody unit had been set up to provide full-time support for up to 12 prisoners thought to be at high risk of serious and immediate self-harm.*

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- I.32** *The prison had links with the local adults safeguarding board. A comprehensive safeguarding policy had been published and vulnerability screening procedures were very good. Assessments of risk carried out for new arrivals were comprehensive.*

- I.33** The prison had developed a structure, in consultation with the community safeguarding adults board, to inform a specific policy to deal with prisoners who would otherwise be in need of community care services by reason of mental or other disability, age or illness. Vulnerability screening procedures were in place. Assessments of risk during prisoners' first few days were very good, and included cell sharing risk assessments, initial identification of disability and health care interviews.

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.34** There were clear protocols that set out actions for staff to take in the event of information coming to their attention indicating that a prisoner at risk may have been abused or injured while in custody. These reported incidents were monitored personally by the prison's director and at monthly safer custody meetings. Staff we spoke to said they were aware of the formal protocols, and were focused on relevant issues and generally aware of their personal responsibility to protect prisoners at risk. We found copies of the operational policy procedures in reception and with the safer custody team.
- I.35** The prison had good links with the community safeguarding adults board to review current practices. Up-to-date local advice about safeguarding adults was accessible through the safer custody team, the head of safer custody and the prison director.

Security

Expected outcomes:

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

I.36 *Dynamic security arrangements were good and procedural security was proportionate and did not impede prisoner access to a full regime. The security committee was properly constructed, well attended, given a high profile and had strong links to the violence reduction and drug strategy groups.*

- I.37** Important elements of dynamic security were in place. Relationships between staff and prisoners were very good and the supervision of prisoners when they were unlocked was proportionate (see also paragraph 2.15).
- I.38** Risk assessments of prisoners and their subsequent management were effective and included use of information about their recent custodial behaviour as well as historic data to inform assessments. However, staff censored all mail to prisoners on the vulnerable prisoner units before it was issued to them, regardless of specific risk. There was a register to identify risks associated with education areas and workshops and the measures needed to manage identified risks. We saw no evidence that the prison was risk averse in allocating activity spaces to prisoners, although there were some rational restrictions in the areas that high risk prisoners could attend.
- I.39** The security department was effectively managed by a senior operational director supported by two security managers, a group of trained security analysts and a small dedicated search team also responsible for drug testing. It received an average of about 450 security information reports (SIRs) a month, which were processed and categorised by full-time security collators and analysts. We reviewed a random selection of SIRs and found that they had been submitted by staff from a wide range of departments and the information reported was not purely observational. All the SIRs we looked at had been processed appropriately and without undue delay. Intelligence was communicated effectively to other areas of the prison, particularly the residential areas, to allow them to make informed decisions about prisoners or take necessary action.
- I.40** Intelligence information was collated into a comprehensive monthly report that was presented to a well-constructed security committee. The level of support for security committee meetings indicated the priority given to security information and intelligence.

Monthly security objectives were agreed through the appropriate consideration of intelligence. There were very good links to the safer custody and drug strategy teams.

- I.41** The random mandatory drug testing (MDT) positive rate had averaged 5.51% in the previous six months, below the target of 8%. The MDT programme was well resourced and a high level of suspicion tests was completed (327 tests in six months) with a positive rate of only 20%. Frequent and risk testing also took place. The most frequent finds were Subutex (buprenorphine) and some diversion of opiate-based medication, and there had been occasional finds of anabolic steroids.
- I.42** There was good information sharing between security, health care and drug strategy staff, a drug supply reduction strategy and appropriate security measures. Supply reduction was discussed at drug strategy and security meetings.
- I.43** There were 31 prisoners on closed visits. Although the number was high, all cases were reviewed individually every month at security committee meetings, and the director personally monitored numbers to ensure that their need was justified and we were assured this was so.

Recommendation

- I.44** **Mail to prisoners should only be censored on the basis of intelligence and when deemed necessary, and authorisation for this should be clearly recorded alongside sound reasoning.**

Incentives and earned privileges⁴

Expected outcomes:

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

- I.45** *The IEP scheme encouraged prisoners to change their behaviour and was linked to the violence reduction and resettlement strategies. The application of the scheme was rigid, which had had a negative effect on some young adult prisoners. Prisoners were on basic for too long and for multiple periods.*

- I.46** The prison's IEP scheme had six incentive levels – three basic, one standard and two enhanced. The scheme was used to support 'the right to be safe' strategy (see paragraph I.22) and was applied robustly to encourage good behaviour. There was some evidence that this approach had had a positive impact. In our survey, more prisoners than the comparator said the scheme encouraged them to change their behaviour.
- I.47** The scheme operated on a points system in which fewer points meant progression to enhanced and more points could result in demotion to basic. Prisoners could only gain promotion to the enhanced regime through engagement with offender management. Most enhanced prisoners had access to in-cell telephones and showers, and there were good

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

progression arrangements to the enhanced-plus unit, where further incentives were provided. Just over a third of prisoners were on enhanced. Prisoners on the drug treatment unit undergoing detoxification from substitute opiate treatment could not progress to the enhanced level until treatment had been completed.

- I.48** The three levels of basic within the IEP scheme allowed for different privileges, and movement through the levels depended on the prisoner's behaviour. A points system was being operated to address poor behaviour, and prisoners who accrued points above a set target level could be placed on the basic regime. Prisoners remained on the basic regime for a minimum of 28 days and had to remain points free during that time before applying to progress to standard. The way the points system worked meant some prisoners spent multiple periods on basic. The scheme was having a disproportionately negative effect on a few prisoners, including young adults who found it especially difficult to remain warning-free for the required period. Some prisoners, especially young adults, required a more flexible strategy to manage their behaviour (see also main recommendation S43). Although reviews took place, targets set were usually perfunctory and not always related to the initial reasons for demotion.

Discipline

Expected outcomes:

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

- I.49** *Disciplinary proceedings were usually conducted fairly and thoroughly. Charges were fully explained and prisoners were given enough time to prepare their case. The use of force had reduced considerably since the previous inspection, with a corresponding decrease in the use of restraint locks. Governance had also improved and was effective, and we were assured that force was used as a last resort. Living conditions in the segregation unit were generally good, as were relationships between staff and prisoners there. Most longer stay prisoners were offered some purposeful activity every day, and planning to return them to normal location was well developed.*

Disciplinary procedures

- I.50** The number of adjudications was high at about 180 a month. The number of cases dealt with by an independent adjudicator (a visiting judge) was also high, amounting to about 21% of the total. This level of referral reflected the prison's zero tolerance approach to violence in which many fights and assaults, along with drug-related charges and possession of articles such as mobile phones, were automatically referred. There was some evidence that this had helped reduce violent incidents in the prison (see paragraph I.20).
- I.51** The records of all the adjudications we examined showed that hearings were conducted fairly and with full investigations of charges. Punishments were fair and there were clear examples where adjudicating governors had dismissed cases due to a lack of evidence or anomalies in process.
- I.52** Before adjudication, prisoners were given written information that explained the processes and what they could expect. There was evidence that adjudicators took time to ensure that the prisoner fully understood each stage of the process before moving on. All prisoners were offered the opportunity to seek legal advice, as well as challenge the evidence, put across their version of events and call witnesses in their defence.

The use of force

- I.53** There had been 148 incidents involving the use of force in the first half of 2013, which was a reduction of about 30% compared with the 211 we found at the previous inspection. Of the latest total, about 45% were at a low level and did not involve the use of restraint locks.
- I.54** The prison reported that the proportion of young adults involved in incidents was about 14%, which was much less than the 25% we found at the previous inspection. (During inspection young adults made up 11% of the population.) However, a disproportionately large number of them said that they had been subjected to the use of force. In our survey, 24% of respondents under 21 said that they had been physically restrained by staff, compared with just 8% of prisoners over 21.
- I.55** Intervention involving the use of force was well organised, properly carried out and, on the whole, documentation was completed correctly. Proper authority was recorded and senior staff supervised most incidents. There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour. Prison staff did not carry batons.
- I.56** Governance of the use of force was generally effective, and all incidents were monitored by the head of security and the senior management team. Incidents were discussed at the monthly security committee meetings, weekly senior management meetings and at safer custody meetings (see also paragraphs I.15 and I.24). Information on the use of force, including the nature of the incident, its location, the ethnicity and age of the detainee, was collated monthly and analysed to identify and deal with any emerging patterns and trends.

Recommendation

- I.57** **The prison should investigate and address the reasons that a disproportionate number of young adults report that they have been restrained by staff.**

Segregation

- I.58** The segregation unit (Phoenix unit) consisted of 22 ordinary cells, including five fitted with CCTV cameras and two special cells. Living conditions were good, with bright and clean communal areas and large and well-furnished cells. The two special cells were stark and completely unfurnished but seldom used.
- I.59** The number of prisoners requiring segregation was high at an average of about 40 a month. Most (about 60%) were segregated as punishment following adjudication. However, the length of time they remained in segregation was reasonably short at less than seven days, with a few notable exceptions. Most prisoners were returned to normal location following segregation and not transferred to other prisons. At the time of inspection, there were eight residents in the segregation unit, all but two segregated for punishment. The daily regime for most prisoners included access to telephones, showers and exercise, but prisoners under cellular confinement could only have a phone call four days a week.
- I.60** Day-to-day management of segregation was good. The unit was administered by a senior custody officer supported by trained officers who all reported to the head of safety. A full-time interventions officer also provided prisoners with a variety of daily activities and allowed them some out-of-cell work.

- I.61** Reviews of longer stay prisoners were timely and well attended. Planning to return them to normal location was well developed. There were care plans (re-engagement plans) for all prisoners on good order or discipline, and evidence that they were used to support individuals and deal with some of the issues that had caused their segregation.
- I.62** Relationships between staff and prisoners on the unit remained very good. We observed officers deal with difficult individuals using high levels of care, and all residents we spoke to said that they were helpful.
- I.63** Monitoring of segregation was good. Monthly segregation management and monitoring meetings (SMARG) were well attended and minutes indicated good discussion of important aspects of segregation. The meetings analysed information about the amount and length of stay of segregated prisoners and had good links with other relevant areas of the prison, such as health care and the safer custody team.

Recommendation

- I.64 All prisoners in the segregation unit should be allowed daily access to telephones.**

Substance misuse

Expected outcomes:

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

- I.65** *Demand for opiate substitute treatment was low but prescribing regimes required more flexibility. Prisoners could access a good range of interventions, which no longer excluded primary alcohol users, and a drug support/recovery unit had been developed.*

- I.66** Fewer prisoners than at our previous inspection required opiate substitutes, with 28 currently in treatment. Methadone regimes were flexible but those receiving Subutex (buprenorphine) treatment were expected to undertake a rapid detoxification, which was not appropriate. All prisoners receiving opiate substitutes were located on B3, the drug support unit, except for vulnerable prisoners. Controlled drug administration now took place in a safe environment and was well supervised.
- I.67** There was evidence of regular clinical reviews and good joint care planning between the lead GP and the substance misuse team, but there were no substance misuse nurses and mental health nurses did not have dual diagnosis expertise for the care of prisoners with both mental health and substance-related problems.
- I.68** The prison's drug and alcohol strategy and action plan were informed by a needs analysis, the drug strategy committee met quarterly, and good leadership and coordination were apparent.
- I.69** Prisoners with drug, and now also alcohol, problems could readily access substance misuse services. The team offered induction input to all new arrivals, including vulnerable prisoners, and a substance misuse worker was based on the family unit. The team carried an active caseload of 182; a further 192 prisoners had completed work and their files were suspended. In addition to one-to-one work, in-cell work packs, group work modules and acupuncture,

prisoners could also attend Alcoholics Anonymous and Narcotics Anonymous self-help groups, and access peer support. Additional activities were planned for B3, but the fact that a third of prisoners there were 'lodgers' (there because there was no space elsewhere rather than for a substance misuse problem) affected its aim of providing a supportive environment with a focus on recovery.

- I.70** Programmes included 'building skills for recovery' (BSR), COVAID (control of violence for angry impulsive drinkers) and the pilot scheme 'M-PACT', an eight-session course that worked with prisoners and their families. BSR was well managed and had a very low attrition rate; 84 prisoners had completed the course in 2012-13, of whom three now offered peer support. The COVAID programme was run jointly by prison and probation staff and all 48 prisoners who started also finished the course in 2012-13.

Recommendations

- I.71** Treatment regimes for opiate-dependent prisoners should be flexible and based on individual need, and those already prescribed buprenorphine (Subutex) should be able to continue with this regime.
- I.72** There should be a dual diagnosis service for prisoners who experience mental health and substance-related problems.
- I.73** The prison should review the size and function of the drug support/recovery unit to ensure that it provides a supportive environment to prisoners with drug and/or alcohol problems.

Housekeeping point

- I.74** A substance misuse nurse should be included in the multidisciplinary team that coordinates care to substance misusers.

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

2.1 *Parc was a large modern prison with clean litter-free external grounds and generally well-maintained internal communal areas. Cells designed for one prisoner held two, and although tired were generally clean. Many toilets and showers had inadequate privacy. Cell calls were answered in good time. Prisoners had good access to prison clothing, clean sheets and cleaning materials, as well as mail, telephones and stored property. The applications system was ineffective.*

2.2 External areas looked impressive, with attractive flower borders and well-used garden areas. Internal communal areas were clean and well maintained with no evidence of graffiti. Accommodation units were modern and varied in design, and each had a distinct function (see Fact page). All were spacious, clean and well maintained, with association equipment in good condition.

2.3 Cells designed for one prisoner accommodated two, and some shared cells had insufficient furniture and storage space and no lockable cupboard. Cell doors were not fitted with privacy locks. Some in-cell toilets were inadequately screened. Cells with sealed window units were extremely warm and only enhanced-status prisoners were allowed fans, which was unreasonable in hot weather. Access to cell cleaning materials and domestic time was good, and most cells were clean, free from graffiti and offensive materials, although many looked tired and required painting.

2.4 Communal shower areas were clean and well maintained but privacy was completely inadequate as men showering were exposed from the waist up -at least- to the whole landing. Some units had in-cell showers but those in shared accommodation had insufficient privacy.

2.5 In our survey, more prisoners than at the last inspection said their cell bell was normally answered within five minutes. The cell call system was connected to the wing office through an intercom. Records showed that most calls were answered swiftly. Calls that were not answered were connected to the control room to alert staff, who then contacted wing staff to respond.

2.6 Prisoners on all levels of the IEP scheme (except level one basic) could wear their own clothes and laundry facilities worked well. In our survey, 82% of prisoners, against the comparator of 66%, said they were offered enough clean prison-issue clothing for the week and 89%, against 77%, said they could get clean sheets each week. We found that access to clean clothing and sheets was good.

2.7 Prisoner access to telephones and mail was good. There were enough telephones for the population, although telephones were not private enough. Mail was delivered to prisoners promptly. Some prisoners told us that staff opened their legal correspondence when they were not present but we found that the process of handling legal correspondence worked well.

- 2.8** Prisoners in our survey and in groups were negative about the timeliness of responses to applications. Applications were logged off the wing but were not tracked, and we found that many were not responded to.
- 2.9** In our survey, prisoners were negative about access to their stored property, but we found no backlog of stored property applications. Some staff referred to a historical issue that may have explained this negative perception.

Recommendations

- 2.10** **Toilets in shared cells should be properly screened or the cells not be used for double occupancy. All cells should contain enough furniture, including lockable cupboards, and be in a good decorative condition.**
- 2.11** **In-cell and communal showers should provide adequate privacy.**

Housekeeping points

- 2.12** Prisoners should be able to use the telephones in private. (Recommendation 2.11 repeated as housekeeping point)
- 2.13** Prisoners should receive replies to their applications within three days. (Recommendation 3.41 repeated as housekeeping point)

Staff-prisoner relationships

Expected outcomes:

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

2.14 *Staff-prisoner relationships were courteous and use of preferred names was routine. The personal officer scheme was effective. Consultation arrangements required improvement.*

- 2.15** Staff-prisoner relationships were good, and in our survey more prisoners than the comparator and at the last inspection said staff treated them respectfully. Staff and prisoners routinely addressed each other by preferred names and these were always used by staff in written documentation. We observed some positive interactions, with staff focused on caring for prisoners.
- 2.16** In our survey, 83% of prisoners said they had a personal officer, against the comparator of 75%, and more than at our last inspection said they were helpful. Personal officers conducted a comprehensive initial interview, a monthly contact entry plus fortnightly entries on prisoner case history notes. Most entries in case history note were regular and demonstrated a high level of knowledge of individual prisoners.
- 2.17** Prisoners were consulted weekly on each wing and these arrangements contributed to clustered monthly wing meetings. However, there was no overarching consultation group attended by prisoners from each wing and senior managers from relevant departments.

Recommendation

- 2.18** There should be an overarching prisoner council with representatives from all parts of the prison, and chaired and attended by senior managers.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.19** *Formal arrangements and governance of equality and diversity were well developed with good consultation. Equality monitoring was good and extended beyond the standard data. Discrimination reports were thoroughly investigated. Prisoners from some minority groups were less positive about their experience of safety and respect. Support for minority groups was good but more work was needed with transgender prisoners.*

Strategic management

- 2.20** Equality and diversity work had recently been rebranded as 'community inclusion', and the strategy had been revised to cover all protected characteristics. Governance of this area was good and the director led on all aspects of community inclusion. The strategy was underpinned by a considered live action plan that was informed by prisoner consultation and meetings.
- 2.21** The community inclusion team met every two months and the well-attended meetings were chaired by the director. The agenda covered all protected characteristics and included a detailed equality report.
- 2.22** Standard systematic monitoring and analysis of race equality treatment (SMART) data were collated monthly and analysed by the community inclusion team. The data had been out of range twice in the previous 12 months but a thorough analysis of the data had taken place and showed that discrimination had not taken place. Data on allocation to work activity was also compiled and analysed, and this showed an equitable provision. Data results were displayed on all wing notice boards for prisoners to read.
- 2.23** The number of discrimination incident reporting forms (DIRFs) submitted by prisoners was higher than we normally see, with 198 submitted in 2012 and 104 in the first six months of 2013, but most were low-level incidents. Investigations were timely and thorough, and were quality assured by the director and an external body.
- 2.24** There was a two-monthly community inclusion meeting for all prisoners from minority groups – one for vulnerable prisoners and one for mainstream prisoners. The minutes of

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

meetings fed into the community inclusion management team meeting. There were 12 community inclusion prisoner representatives who each had responsibility for one protected characteristic, although they assisted in all aspects of equality and diversity. Prisoners appreciated these representatives.

- 2.25** The prison had a comprehensive database of prisoners convicted of a discriminatory offence or who had displayed discriminatory behaviour while in custody. It had introduced an intervention for prisoner displaying such behaviour – 'Breaking free'; a week-long accredited course that looked at and analysed anti-discriminatory behaviour. Referrals were made from DIRFs and the course formed part of the prisoner's sentence plan.
- 2.26** The prison had equality impact assessments, which were reviewed in a timely manner. Many cultural and religious events had been celebrated in the previous year, and had included displays, guest speakers, menu choices and relevant films.
- 2.27** In our survey, black and minority ethnic, Muslim and disabled prisoners were less positive than their counterparts about safety and respect issues. Some spoke of a lack of cultural awareness among some staff. A new training package, 'Acting inclusive', had been introduced. It was given to all new employees with a rolling programme to train all existing staff; to date, 55% of staff had received the training.

Recommendation

- 2.28** **The prison should work with minority groups to understand and address some of the negative perceptions displayed in our survey.**

Protected characteristics

- 2.29** Black and minority ethnic prisoners made up approximately 10% of the population. They had no specific support group, apart from the community inclusion meetings (see paragraph 2.24). In our survey, 3% of respondents identified themselves as Gypsy, Romany or Traveller. There was a support group for prisoners from this background, which had been suggested by a prisoner representative, and those we spoke to said it was a useful provision.
- 2.30** The prison held a small number of foreign national prisoners. A dedicated foreign national coordinator offered them a good service, seeing them individually each week. Home Office Immigration Enforcement (previously United Kingdom Border Agency, UKBA) staff visited the establishment at least once a month, and there was independent immigration advice through a local specialist law firm. There was a monthly foreign national prisoner support group for both vulnerable and mainstream foreign nationals, and the foreign national coordinator also delivered an English for speakers of other languages (ESOL) course twice a week. There was a dedicated room for the use of professional interpreting in admissions and this was used appropriately. There was also a list of staff who spoke foreign languages, and translated information was readily available in a range of languages.
- 2.31** At the time of the inspection, five prisoners were held beyond the end of their sentence, including four whose sentence had expired in 2012, more than six months previously. They did not have access to the facilities that would have been available to them at an immigration removal centre. Although the decision to move these prisoners was out of the hands of the prison, Parc had worked actively to assist them, including getting them appropriate advice and, in one case, a solicitor.

- 2.32** Identification for prisoners with disabilities was good. An assisted living unit was available for prisoners who required closer intervention. All the prisoners on this unit spoke highly of their care. The prison had introduced a supported living plan (SLP), which documented a detailed and individual care plan. Twenty-five prisoners were subject to a personal emergency evacuation plan (PEEP) and these were understood by staff and prisoners. There was a visual identification of assistance on cell doors.
- 2.33** There was a separate wing for older prisoners and, as with the assisted living unit, prisoners living on the unit appreciated the care they got. There was a daily arts and crafts workshop, a reading group and an over-50s' gym session.
- 2.34** Young adult prisoners (those under 21) made up 11% of the population and were integrated throughout the prison. In our survey, most young adults responded positively about their treatment on the wings. However, young adult prisoners were over-represented in violent incidents, with involvement in 52% of all incidents, and made up 22% of those on the basic level of the IEP scheme. (See main recommendation S43.)
- 2.35** 'Parc united' was a support group for gay and bisexual prisoners on the vulnerable prisoner wings, and there was individual support for gay and bisexual prisoners on the main wings. There was one transgender prisoner in the prison during the inspection who said she felt unsupported by staff, citing privacy for showers and access to stored make up as problems.

Recommendations

- 2.36** Immigration detainees should not be held in prison unless there are exceptional reasons to do so following risk assessment.
- 2.37** The prison should assess and meet the needs of transgender prisoners on an individual basis.

Faith and religious activity

Expected outcomes:

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

2.38 *The chaplaincy was well integrated into the prison. Faith facilities were good in the main prison but less so for vulnerable prisoners. Weekly faith classes were well attended.*

- 2.39** The chaplaincy was active, highly visible and well integrated in the prison. In our survey, fewer prisoners than the comparator said that their religious beliefs were respected, although Muslim prisoners responded more positively than non-Muslims. Prisoners on the main wings had good access to all faith services, but Catholic and Muslim prisoners on the vulnerable wings had poorer provision – the weekend Catholic mass was only available on a Friday, often without an ordained priest, and Muslim prisoners had limited access to a Muslim chaplain for Friday prayers, which were often led by a prisoner. However, Muslim prisoners across the prison said that Ramadan arrangements had been well organised.
- 2.40** Facilities for worship in the Christian chapel were large, clean and well laid out. There was an excellent separate large multi-faith room, including facilities for washing before Muslim Friday

prayers, which were regularly attended by around 50 men. There was no multi-faith room for Muslim prisoners on the vulnerable prisoner wings. There were several weekly faith classes for all prisoners, which were well attended and appreciated by prisoners.

Recommendation

2.41 There should be fair and equitable worship provision for vulnerable prisoners.

Complaints

Expected outcomes:

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

2.42 *Although the complaints process was efficient, many prisoners had little confidence in the system.*

2.43 In our survey and interviews with prisoners, many had negative perceptions of the complaints process and many told us they had little confidence that complaints would be dealt with fairly. Prisoners had submitted only 804 complaints in the previous six months, which was significantly fewer than in similar prisons. Despite this, the standard of responses we sampled was good; they addressed the complaint raised, responded in good time and addressed the complainant politely.

2.44 Complaint forms were freely available on the wings. The complaints box was emptied by the night manager before the forms were passed to the complaints clerk. Complaints about staff were responded to by a senior manager and, where required, were thoroughly investigated. Senior managers analysed complaint trends each month and took action to address areas that had high numbers of complaints, where appropriate.

Recommendation

2.45 The prison should explore and address prisoners' limited confidence in the complaints process.

Legal rights

Expected outcomes:

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

2.46 *There was limited legal service provision but access to legal visits was satisfactory.*

2.47 In our survey, only 47% of respondents, against the comparator of 50%, said that it was easy to communicate with their legal representative. Legal service provision was facilitated

through the induction process and was predominantly to signpost prisoners to external legal advisers. The prison had assessed the legal service requirements of the population as low, with only a small remand population, and did not provide trained legal services staff. Legal visits were held five days a week with four sessions available, and there were adequate private booths.

Health services

Expected outcomes:

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

2.48 *Fewer prisoners than the comparator were satisfied with health services. Clinical governance was good, although complaints were included inappropriately in clinical records. Waiting times and non-attendance rates for the GP, dentist and optician were excessive. Medicine management was good. Mental health support was very good, and there were excellent services to cover learning disability and for older prisoners.*

Governance arrangements

- 2.49** G4S commissioned G4S Medical Services to provide health services. Regular well-attended clinical governance and partnership board meetings covered all essential areas. The 2010 health needs assessment was largely irrelevant due to the prison's population changes, but this was partly offset by annual themed reports, such as the 2013 mental health needs assessment. Serious incidents were monitored and reviewed, and learning informed service review.
- 2.50** The team of 23 nurses and four health care assistants had a rich skill mix and was led by a dynamic clinical manager supported by four lead nurses, a practice manager and four administration staff. Staff shortages were managed through overtime and regular bank nurses. There was 24-hour nursing cover, which included two qualified nurses at night. The local St John's Medical Centre provided daily GP clinics and out-of-hours cover.
- 2.51** Health staff were clearly identifiable and the interactions with patients we observed were very good. Staff had good access to appropriate training, appraisal and clinical supervision. Electronic clinical records were very good. There was a comprehensive range of electronic policies, although staff did not sign to confirm they had read them and several staff we spoke to had not.
- 2.52** An impressive new health care unit had opened since our last inspection. A recent infection control audit had excluded the wing treatment rooms; none were compliant with infection control standards and, with the exception of those on C and D wings, were too hot and unfit for purpose.
- 2.53** Prisoners received written health service information on arrival, but wing information was limited. There was regular service user feedback that informed service delivery. Prisoners had to make complaints about the health service through the general prison complaints process, which was insufficiently confidential. Complaints and their responses were routinely included inappropriately in prisoners' clinical records. Most of the 235 complaints received in

the previous six months related to clinic access and medication. Responses were prompt and courteous, but did not consistently address the issues raised.

- 2.54** There was a whole-prison approach to health promotion and comprehensive literature was available prison-wide. Condoms were freely available from health staff and could also be bought through the pharmacy. There was active promotion of age-appropriate immunisations and screening for blood-borne viruses. Prisoners were seen individually for major inoculation campaigns, such as for flu and MMR, which generated an excellent acceptance rate. There were long waiting lists for smoking cessation, although those with chronic conditions received rapid access and prisoners who bought nicotine replacement therapy could access group support.
- 2.55** A senior nurse contributed to the coordinated prison strategy for older prisoners, which included: a weekly meeting for clinically vulnerable and older prisoners; appropriately trained paid prisoner buddies; individual support plans; and an older prisoners' unit with an adjacent assisted living unit staffed by appropriately trained selected officers. Health care assistants provided physical care as required. There was good access to mobility and health aids.
- 2.56** Emergency equipment was appropriate, well placed and regularly checked. There was a rapid response protocol with emergency services. All operational staff were first aid trained.

Recommendation

- 2.57** **All health care rooms should comply with infection control standards, and temperatures should not exceed 25°C.**

Housekeeping points

- 2.58** All health staff should be familiar with all clinical policies and should sign to confirm they have read them.
- 2.59** Prisoners should be able to complain about health services through a confidential system accessed only by health staff, and responses should consistently address all issues raised.

Good practice

- 2.60** *There was a comprehensive whole-prison approach to supporting older prisoners.*

Delivery of care (physical health)

- 2.61** Nurses saw all new arrivals for an initial assessment and made appropriate follow-up referrals; those requiring GP review were seen the next day. Consent to liaise with community services was obtained and GP medical histories were requested for all prisoners. Secondary assessments were consistently completed later.
- 2.62** In our survey, only 36% of prisoners who had used health services said they were satisfied with their quality, against the 42% comparator, and prisoners we spoke to gave mixed views. Although some emergency appointments were available daily, most waited excessive periods and saw several people before their health problems were resolved, which accounted for some of the concerns we have. Prisoners submitted confidential health applications through the internal mail, which often took 24 hours to arrive. Applications were correctly recorded

in clinical records and prisoners received an appropriate response. Most who requested a GP appointment waited four to five days for a nurse assessment and then a further four to five days if the GP was required, which was another major reason why some prisoners felt negative about health services. Nurse assessment clinics did not dispense appropriate simple remedies or medication from patient group directions (PGDs), so many prisoners waited a further day to receive medication.

- 2.63** Most clinics took place in the health unit. Prisoners were escorted to and from wings in 30-minute cycles, which created frequent long waits before and after appointments. The waiting room and the numbers waiting had improved since our last inspection, but over 30 prisoners regularly waited with limited supervision and nothing to occupy them.
- 2.64** Waiting times for the dentist and optician were excessive at 12 and eight weeks respectively, although waits for other clinics were good. The failure-to-attend rate was very high at 20% and attempts to reduce it had failed. There was good management of lifelong conditions by appropriately trained nurses with GP support. A physiotherapist, genitourinary consultant and hepatology nurse specialist held regular clinics on site.
- 2.65** We could not be assured that access to hospital health appointments was reasonable, as there were no systems to monitor waiting times.

Recommendations

- 2.66** **Prisoners should not be held in the health care waiting room for long periods before and after appointments. The waiting room should be effectively supervised by staff and there should be a reasonable limit on the numbers held there.**
- 2.67** **Nurse assessment clinics should provide prompt effective assessment and include the administration of appropriate medication where requested.**
- 2.68** **Waiting lists should be monitored and action taken to reduce excessive waits.**

Housekeeping point

- 2.69** There should be robust systems to monitor appointments and waiting times for hospital referrals.

Pharmacy

- 2.70** Focus Healthcare Ltd provided pharmacy services from a dedicated room in the health unit. Medication was supplied promptly, but written information was not consistently included. Pharmacy staff saw prisoners for advice and medicine use reviews.
- 2.71** Most medicines management and clinical governance procedures were impressive, but nurse recording of wing drug refrigerator temperatures was poor. Standard operating procedures and policies were comprehensive and up to date, but not all had been signed by staff. There were current reference sources and an appropriate prescribing formulary, but it was not always followed. Prescriptions for controlled drugs were not written on standard legal forms.

- 2.72** Prescribing of opioid-based painkillers and tradable medicines was relatively common, but prescribing was reviewed in the pain management clinic run by the lead GP, physiotherapist and a senior nurse. Most prisoners received medication in possession based on recorded risk assessments, which were consistently reviewed every six months; however, they focused on the prisoner and did not document drug-related risk. Most medications at high risk of being traded were correctly prescribed as not in possession.
- 2.73** Prisoners were responsible for ordering their in-possession medicines and this worked well. The pharmacy supplied most in-possession medicines from a hatch into the health care waiting room, which was noisy, poorly supervised and crowded with prisoners. Prisoners lacked secure in-cell storage, which created a risk of medication being stolen (see recommendation 2.10). In-possession checks were conducted with support from prison staff.
- 2.74** Nurses administered supervised medications on the wings and the process was private, secure and respectful. Prescribing was tailored to twice-daily administration rather than patients' needs. Medication could be administered at night but we found some sedating medicines administered inappropriately in the late afternoon, and several charts had gaps in administration records.
- 2.75** Prisoners could access medication out of hours. The range of PGDs available was extensive, but was rarely used. Small supplies of simple pain relief were available from nurses as 'special sick'. Neither special sick medications nor PGDs were consistently recorded, and there was no formal pharmacy mechanism to monitor their use.
- 2.76** The quarterly medicines management committee ratified policies, received aggregated prescribing data, including reports about tradable medicines, and was well attended by relevant stakeholders.

Recommendations

- 2.77** **Supplies of controlled drugs should comply with controlled drug regulations.**
- 2.78** **Medication risk assessments should include both the prisoner and the medication.**
- 2.79** **All medication should be administered with sufficient privacy and at an appropriate time for maximum therapeutic effect.**
- 2.80** **Prisoners should have prompt access to appropriate medication through patient group directions and 'special sick' supplies, and their use should be consistently recorded and monitored.**

Housekeeping points

- 2.81** Patient leaflets should always be given with medication.
- 2.82** Maximum/minimum temperatures and any corrective action for wing drug refrigerators should be recorded daily and monitored by pharmacy staff to ensure medications requiring refrigeration are correctly stored between 2-8 °C.

Dentistry

- 2.83** The contractors 'Time for Teeth' provided one dental nurse triage and six dentist sessions weekly. Waiting times had halved since a new dentist had started in January 2013, but prisoners still waited too long – eight weeks for dental nurse assessment and a further four to six weeks for the dentist. Emergencies identified by health care were seen quickly. There was a good range of local protocols and NHS-equivalent dental treatment was available. The dental consultations observed were good.
- 2.84** Prisoners were given verbal and written advice on oral health. Appropriate entries were made in clinical records. The dental surgery met best practice standards. All dental equipment was appropriately maintained and dental waste was disposed professionally.

Delivery of care (mental health)

- 2.85** Working relationships between prison and mental health staff were very effective. Most operational staff had attended mental health awareness training.
- 2.86** The separate primary and secondary mental health teams had regular joint meetings. Primary mental health services included separate registered mental health (RMNs) and learning disability (RNLD) nurse teams and two psychiatrist clinics weekly. There was an open referral system and prisoners were seen quickly. Available support included one-to-one nurse sessions, bereavement and sexual abuse counselling and mental health books on prescription. The safer custody unit provided additional services, including yoga, meditation and animal therapy (see paragraph 1.25).
- 2.87** RMNs completed all reception screening and attended all ACCT reviews to identify mental health problems quickly. All new referrals had an initial brief assessment and were either signposted to appropriate services or allocated a named nurse. Nine RMNs held regular clinics for up to 30 prisoners each.
- 2.88** The identified learning disability pathway was good practice. Prisoners with known learning disabilities, significant brain injuries, challenging behaviours and those identified by custodial staff from the learning disability screening were referred. Four RNLDs supported custodial staff to develop support plans for those with mild needs, and each supported an additional 10 to 20 prisoners with moderate to severe learning disability. A monthly learning disability pathway meeting chaired by the deputy director discussed individual support plans and their effectiveness. (See also paragraph 3.24; quality of learning skills and work)
- 2.89** Prisoners with severe mental health problems were referred by primary mental health to the secondary mental health service provided by Abertawe Bro Morgannwg University Health Board. The service included two community psychiatric nurses, a part-time psychologist and two weekly psychiatrist sessions. The service was in transition due to acute staff shortages and a service provision review. The team used the mental health Wales measure care and treatment approach with the caseload of 34 patients. All seven prisoners transferred to NHS mental health facilities in the previous six months were transferred promptly.

Good practice

- 2.90** *The learning disability pathway ensured prisoners with learning disabilities and severe brain injuries received comprehensive support.*

Catering

Expected outcomes:

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

2.91 *The range and standard of food was reasonable but unpopular with many prisoners. Meal times were appropriate. Wing serveries were clean, and most prisoners could dine out of their cells.*

2.92 As at the last inspection, the kitchen was located just outside the main prison and supplied meals that were mainly (about 70%) ready made by external suppliers. Meals were transported into the prison by large trucks that accommodated heated trolleys. Food arrived at the residential units in good condition and at the correct temperatures.

2.93 The kitchen was clean and well maintained. There were adequate chilled and frozen food storage facilities, with a separate area for halal products. A kitchen journal recorded the dates, times and food temperatures, from delivery at the prison to being placed on food trolleys to be taken to house blocks. One prisoner was employed in the kitchen, working in the catering store, and was released on temporary licence each day.

2.94 Lunch and dinner were selected from a four-week rolling menu that offered a good variety of healthy food. Options included at least five portions of fruit and vegetables a day. Meal times were spread appropriately during the day, and breakfast packs were issued on the morning they were to be eaten.

2.95 In our main survey, only a quarter of respondents said the food was good. Young adults were more negative than adults, and only 9% of young adult respondents said the food was good. Many we spoke to said that portions were too small and that they were often hungry. The quality of the food we tasted was reasonable.

2.96 The catering manager or a member of his team carried out and recorded regular checks of serveries during meal times. Food comments books on all residential units were readily accessible to prisoners.

Recommendation

2.97 **The prison should investigate and address the quantity of food provided to young adult prisoners.**

Purchases

Expected outcomes:

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

2.98 *Prison shop arrangements were satisfactory but the range of goods for minority groups was limited.*

2.99 In our survey, 41% of respondents, against the comparator of 20%, said that they were offered access to the prison shop on arrival. New arrivals without sufficient funds were offered a £15 advance to buy goods, with repayment staged over time. In our survey, more prisoners than the comparator said the shop sold a wide enough range of goods to meet their needs, but black and minority ethnic and Muslim prisoners were less positive. The prison shop was operated by the prison and discrepancies were rectified quickly. Prisoners could order from a range of external suppliers, and those living on T wing had access to vending machines.

Recommendation

2.100 The shop should offer a suitable range of goods for prisoners from minority groups.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

3.1 *Some prisoners could have an impressive amount of time out of their cell but we found too many locked up because of activity closures.*

3.2 The core day indicated that a fully employed prisoner could access between 10 and 12 hours out of their cell, depending on their wing, and an unemployed prisoner between four and six hours. At the weekend, most prisoners could have six hours a day out of their cell. There was very little regime slippage.

3.3 At roll checks during the morning and afternoon of the core day, we found about 24% and 30% of the population respectively locked in their cells. This was because of the closure of some workshops due to staff annual leave, with no cover to allow for this.

3.4 Time in the fresh air was offered to all prisoners daily, and domestic time to clean cells was built into the weekend routine.

Recommendation

3.5 Prisoners who were not required to be at activities should be unlocked during the core day. (Repeated recommendation 6.41)

Learning and skills and work activities

Expected outcomes:

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

3.6 *The management of learning and skills was good. A broad range of provision allowed prisoners to combine work and study. Teaching was good overall and supported by trained peer mentors. Outcomes for prisoners on all courses were very good. Prisoners developed employability and communication skills well, and those on vocational training developed very good technical skills. Prisoners with additional learning needs received very good support. The library was a good service but access was restricted for many prisoners.*

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.7	<i>Estyn⁷ made the following assessments about the learning and skills and work provision:</i>	
	<i>Current performance</i>	<i>Good</i>
	<i>Prospects for improvement</i>	<i>Good</i>
	<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Excellent</i>
	<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
	<i>Leadership and management of learning and skills and work:</i>	<i>Good</i>

Management of learning and skills and work

- 3.8** The senior management team had produced a clear overarching plan that focused well on the role of education in reducing reoffending. The plan took good account of Welsh government priorities, such as improving prisoners' essential skills. It had been communicated well to staff, who had a good shared understanding of the plan's ethos. They monitored strategic objectives well and reported progress regularly to strategic leaders and managers.
- 3.9** Staff used data well to monitor the quality of learning and skills. However, data about prisoners' basic skills and their progress in developing these were not collected or analysed well enough to inform strategic planning.
- 3.10** There were good quality assurance arrangements. The self-assessment report and quality development plan were clear, evaluative and identified accurately the prison's strengths and most of the areas needing development. Most staff had been involved in the self-assessment process.
- 3.11** The learning and skills quality development plan identified the main priorities for improvement, and there were effective systems to monitor progress towards objectives. In a few cases, objectives did not contain clear enough measurable or quantifiable targets.
- 3.12** Nearly all staff held appropriate qualifications. However, opportunities for continuing training and sharing good practice were limited.

Recommendation

- 3.13 The prison should monitor and review prisoners' progress on their learning while in the prison.**

⁷ Estyn is the office of Her Majesty's Inspectorate for Education and Training in Wales. We are independent of, but funded by, the National Assembly for Wales. The purpose of Estyn is to inspect quality and standards in education and training in Wales.

Provision of activities

- 3.14** The breadth of provision was good and had improved since the last inspection with the introduction of new workshops, such as the print workshop, and the further development of the animal care and horticulture unit. These developments took good account of the needs of the local labour market and improved prisoners' prospects for employment. Provision for vulnerable prisoners had improved since the last inspection, but was still restricted.
- 3.15** There were 1,229 full-time-equivalent activity places, of which 290 were in education. During the inspection, 448 prisoners were pursuing accredited qualifications and the rates of participation in activities were good at approximately 86%.
- 3.16** The amount of provision had also improved since the last inspection, and overall there were enough places to occupy prisoners who wanted education, training or work. Wing staff had started to take a more active approach to encourage prisoners into learning, which had started to reduce unemployment rates. Those who participated in work or education made good progress. Good communication between tutors and wing staff ensured that absences were followed up promptly. Attendance in activities was good at around 85%, with all prisoners attending punctually.
- 3.17** Employment workshops occupied prisoners constructively. Prisoners focused well on meeting targets and developed a good understanding of customers' needs. All workshops provided a realistic working environment.

Quality of provision

- 3.18** Nearly all prisoners received an initial assessment of their literacy and numeracy levels. The results were used well to plan appropriate activities that improved prisoners' employability skills. Prisoners followed appropriate pathways that allowed them to combine full-time and part-time, work, education and vocational training.
- 3.19** Teaching was good overall. In the sessions we observed, around 70% of teaching was judged to have many strengths. Tutors planned well and used a variety of methods to maintain prisoners' interest. Most tutors knew their learners well and adapted their teaching to meet different learning styles. However, in a minority of sessions, tutors did not challenge learners well enough and a few sessions lacked pace.
- 3.20** Around 50 trained peer mentors provided excellent support to individual prisoners and groups. They gave appropriate encouragement and guidance and helped prisoners to complete their qualifications successfully.
- 3.21** Workshop facilities and classrooms were of a high quality. They were bright and well organised with good bilingual wall displays related to the vocational area. IT was usefully available in many classrooms. However, access to online research facilities was limited and, as a result, prisoners did not develop their research skills well enough. This particularly affected Open University learners who could not complete their work within specified schedules.
- 3.22** There were good displays and activities around the prison that helped prisoners to improve their awareness of the language and culture of Wales. The prison was encouraging prisoners to develop Welsh language skills by participating in introductory language courses. However, there was still not enough support for more advanced Welsh-speaking prisoners to use and develop their language skills.

- 3.23** All learners had individual learning plans that outlined their progress in basic skills. However, in about half of these, the targets were too broad and did not always identify specific literacy and numeracy goals well enough.
- 3.24** Prisoners with additional learning needs received very good support. The prison had introduced a new screening system to identify learners with learning difficulties and disabilities. This has had greatly improved the support these learners received. Learners with these additional needs also benefited from a supportive living plan and one-to-one peer support. This ensured a consistent approach to their care and education. The system was still new and it was too early to measure its full impact. (See also paragraph 2.88; delivery of medical health care)

Recommendations

- 3.25** **The standard of teaching should be improved so that it is good or better in all lessons.**
- 3.26** **There should be more support for advanced Welsh-speaking prisoners to use and develop their language skills.**

Housekeeping point

- 3.27** There should be online and other research facilities to support prisoners' learning.

Education and vocational achievements

- 3.28** Outcomes for prisoners on all courses were very good and exceeded comparable community provision. Most prisoners who engaged in education or training attained appropriate qualifications. Success rates on vocational programmes were 98% and on employability courses were excellent at 99%. Success rates on essential skills courses were good.
- 3.29** A majority of prisoners developed their literacy and numeracy skills well. Most successfully completed Essential Skills Wales qualifications and progressed on to further learning. A few prisoners in essential skills classes were not challenged enough and took qualifications well below their capabilities or prior achievement. In addition, too few progressed on to essential skills courses at level 3 and/or GCSE maths or English.
- 3.30** Most prisoners enjoyed their learning, made good progress and produced work of a good standard. Many prisoners developed communication skills well and were able to discuss issues effectively. A few prisoners produced work of a very high standard. For example, in art, Open University and music production courses, prisoners developed effective higher order thinking and technical skills. Prisoners on art courses gained Koestler art awards at a good rate.
- 3.31** Prisoners in vocational training developed very good technical skills. In the print shop, prisoners developed a range of transferrable employment skills. These prisoners were very motivated and enthusiastic about the employment value of the skills they learned. However, they did not receive the specialist training on software or design packages that would allow them to progress their vocational skills further.

- 3.32** Most prisoners developed relevant knowledge and skills that contributed well to their personal and social well-being. Many learners further benefited from enriching activities.

Recommendations

- 3.33** There should be increased opportunities for prisoners to take higher level qualifications in essential skills, maths and English.
- 3.34** The print shop should provide specialist training to enable prisoners to develop their vocational skills further.

Library

- 3.35** The library was a good size with a useful study area. There was an adequate book stock, with a good range of fiction, non-fiction and reference works. A small stock of foreign language, large print books and CDs was also available. Prisoners could borrow novels in Welsh, and material on the culture and history of Wales was readily available. Nearly all prisoners looked after the materials they borrowed and book losses were low.
- 3.36** Nearly all prisoners received information about the library on their induction. However the weekly library induction was infrequent and many prisoners missed the opportunity to find out about the whole range of library services on offer.
- 3.37** Library staff ran a fortnightly book club that prisoners enjoyed and that extended their reading skills. When staffing allowed, they also ran a 'getting into reading' course and offered shared reading on the wings.
- 3.38** Prisoners attending education classes had good access to the library during the week, with learning resources to support their courses. However, at the time of the inspection, the library was understaffed. This meant a much reduced access for many other prisoners, particularly vulnerable prisoners, with visits restricted to 30-minute slots, which was not long enough to choose their books or access references, such as legal textbooks or Prison Service Orders. Library promotion and development work on the house blocks had also ceased due to the limited library cover.

Recommendation

- 3.39** Staffing in the library should be improved to ensure reasonable access for all prisoners and the resumption of promotion and development work.

Physical education and healthy living

Expected outcomes:

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

- 3.40** *The prison paid good attention to health promotion and to helping prisoners improve their well-being. The PE department offered a broad range of recreational activities and coaching in various sports. Vulnerable and older prisoners had daily access to suitable physical activity. Access for other prisoners varied and not all could use the facilities at least twice a week.*
- 3.41** The prison paid good attention to health promotion and to helping prisoners improve their well-being. PE staff liaised well with health staff to address the health needs of prisoners, for example, by offering a weight loss clinic and physiotherapy services. Staff encouraged prisoners with drug and alcohol problems to become more active and improve their health.
- 3.42** The PE department was well staffed by qualified instructors. Nearly all prisoners received a gym induction and around 60% of the population went on to use the gym facilities. However, individual access varied and not all prisoners were able to use the facilities at least twice a week. The good facilities included a sports hall, gym and AstroTurf pitches. Showers were available in the gym area, although many prisoners chose to shower on their house block.
- 3.43** Staff offered a broad range of recreational activities as well as coaching to develop skills in rugby, basketball and football. There were reasonable opportunities for outdoor exercise. Vulnerable and older prisoners had daily access to suitable physical activity, such as chair aerobics and low impact exercise.
- 3.44** A few prisoners developed their sports theory knowledge well and completed useful gym instructor and coaching qualifications. Attainment rates on these were very good at 90%, and had led to a few prisoners gaining employment on release.
- 3.45** PE staff had developed very good partnerships with local sports providers, and in one case a prisoner had gained ROTL for work experience in a leisure centre.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** *The prison had a comprehensive and up-to-date reducing reoffending strategic framework. While based on a needs analysis completed by prisoners it did not include information from OASys assessments. There were good strategic links across Wales. The objective to ensure offender management was at the centre of the prison's function was largely successful.*
- 4.2** The prison had an up-to-date and comprehensive strategic framework for reducing reoffending. The policy document incorporated detailed outlines of how each resettlement pathway, offender management and public protection would be managed and developed. It also included an action plan for each area incorporating targets and development objectives. Targets were appropriate and responsibility for their management clearly identified.
- 4.3** The strategic direction of the prison was informed by an annual needs analysis based on questionnaires with prisoners that focused primarily on resettlement pathway issues. However, although OASys (offender assessments) prisoner self-assessments were included, there was no regular analysis of the issues identified in sentence plans oriented to the reduction of risk, even though over 90% of the population were serving sentences of over 12 months and therefore subject to such assessments.
- 4.4** The bimonthly reducing reoffending management meeting was well attended. It focused appropriately on the strategic direction of the prison, reviewing the strategic plan and sharing new and developmental issues. The head of community engagement and community contracts was the overall lead for reducing reoffending. There were good external strategic links, primarily through the Offender Management, Development and Implementation Group for Wales (OMDIG) and the Wales Probation Trust. Much of the development of Parc's offender management and resettlement strategy was done in discussion with OMDIG and to ensure appropriate links with other establishments in the area.
- 4.5** The prison had made considerable efforts to ensure that offender management was at the heart of its functioning. The role of offender supervisors was clearly designed for them to manage all key decisions on a prisoner's progress. This ensured that they were consulted, not only in directly associated activity – including recategorisation, release on temporary licence (ROTL) and home detention curfew (HDC) decisions, but also in relation to IEP and, where appropriate, ACCTs. This whole-prison approach aimed to ensure that all aspects of a prisoner's experience at Parc contributed to improvements in their behaviour and their likelihood of living effectively in the community after release. Our analysis indicated that this approach was largely successful. Despite this, in our survey only 49% of respondents, against the comparator of 57%, said that they had done anything or had anything done to them in the prison to make them less likely to reoffend.

Recommendation

- 4.6 The prison's annual needs analysis should incorporate information from OASys assessments to inform the strategic development of provision.**

Offender management and planning

Expected outcomes:

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

4.7 *All prisoners were allocated an offender supervisor, with about half the sentenced population assessed as high or very high risk of harm. Sentence planning was variable and targets did not consistently address issues of risk. Offender supervisor contact with prisoners beyond sentence planning was limited. Quality assurance was limited to OASys work, but public protection provision was good.*

- 4.8** We were joined on this inspection by colleagues from HM inspectorate of Probation who looked in detail at 20 high and very high risk of harm cases. Around 30 other lower risk of harm cases were also reviewed.
- 4.9** Although about 4% of the population were unsentenced, all were allocated an offender supervisor, including the small number serving sentences of less than 12 months. About half of all prisoners serving over 12 months were assessed as high or very high risk of harm with the rest either low or medium risk.
- 4.10** The prisoner's initial contact with his offender supervisor was quick, and usually within the first 48 hours. This meeting was oriented primarily to assessment of risk for public protection and evaluation of sentence planning need. Many prisoners were transferred to Parc without an up-to-date OASys assessment. In the previous three months, 101 out of 144 new arrivals did not have an up-to-date report. Although the prison prioritised this work and ensured there was no backlog at the time of the inspection, this had affected the department's resources to undertake other work.
- 4.11** Sentence planning arrangements for high and very high risk cases was generally good. It was estimated that over 90% of planning meetings were attended by community-based offender managers, but they rarely attended for lower risk cases. Written contributions and attendance from other prison departments for all sentence plans were rare. The quality of sentence plans was variable, although in our survey 60% of prisoners who had a plan, against the comparator of 55%, said that they were involved in its development. Sentence plans for high risk of harm cases were generally better than medium and low risk cases, where too many contained targets that were too general and/or focused on the planned activity rather than the actual risk.
- 4.12** Beyond sentence planning, the work of offender supervisors was limited. Although there were some notable exceptions where offender supervisors had been involved in considerable support for prisoners, often with specific issues or in the Phoenix unit, there was mostly little or no contact with prisoners between sentence plan meetings, which were usually annual. The department received around 70-80 general applications from prisoners a month, but if offender supervisors were unavailable there could be considerable delays in

responses, a concern raised by many prisoners in our focus groups. Although offender supervisors were based on house blocks, there were no wing surgeries.

- 4.13** Quality assurance was limited to OASys assessments. Although informal support for staff was available across the team, there were no casework assessments or reviews, and no formal mechanism to discuss cases or structured supervision for all offender supervisors. However, most offender supervisors we spoke to said the level of supervision was sufficient to meet their current needs. The mix of offender supervisor staff included those directly employed by G4S, officers and probation staff but there was no distinction in the work they did. The more experienced staff were not used to mentor or help the development of those less experienced.
- 4.14** Release on HDC was managed appropriately with weekly board meetings that always included probation representation. In the first six months of 2013, 39 prisoners had been released on HDC, which equated to around 25% of those who had applied. Although this number was relatively low, in the documentation we saw the reasons for prisoners not being released were appropriate. As well as previous behaviour on licence, any evidence of changes in risk was also considered. There were similar arrangements to consider applications for ROTL. Although prisoners released under ROTL had increased proportionately since 2011, the number remained low at 28 cases for all purposes in the last six months. However, a further 26 prisoners were being considered at the time of the inspection, and it was anticipated that the number would exceed 50 by the end of 2013, with more that were work- and training-oriented to support reintegration planning.

Recommendations

- 4.15 Prisoners should not be transferred to Parc without an up-to-date OASys assessment.**
- 4.16 All relevant departments and personal officers should attend or provide written contributions to sentence planning boards.**
- 4.17 There should be quality assurance and case supervision in the offender management unit to ensure effective and consistent practice in all aspects of provision.**

Public protection

- 4.18** Public protection arrangements were good. All new arrivals were comprehensively screened and individual offender supervisors completed risk assessments that were signed off by the senior probation officer responsible for public protection. Assessments were generally of a good standard. The best, usually completed by probation offender supervisors, offered good analysis, rather than simply an outline of issues.
- 4.19** Although cases with public protection concerns were not routinely reviewed at the monthly inter-departmental risk management meeting (IDRMT) when prisoners first arrived, all public protection cases were reviewed as part of the multidisciplinary induction exit meeting, which reviewed the prisoner's needs and activities. A probation offender supervisor attended all such meetings. A monthly public protection policy meeting identified procedures and practice issues and ensured they were managed appropriately.

- 4.20** At the time of the inspection, 664 prisoners were identified as multi-agency public protection arrangements (MAPPA) cases, 140 prisoners were subject to harassment orders and 226 were subject to risk to children monitoring.
- 4.21** The IDRMT reviewed all public protection cases three months before their release, and offender supervisors completed review reports on MAPPA prisoners being released. Offender supervisors also attended community MAPPA meetings regularly where they were able.

Categorisation

- 4.22** Categorisation arrangements were appropriate with few delays in completion. Reviews to downgrade prisoners were also appropriate. Although prisoners could make written contributions they could not attend boards.
- 4.23** At the time of the inspection, over 60% of the population were classified at category C. A small number (less than 2%) were category D. Although there had been some problems in transferring category D prisoners to appropriate establishments, at the time of the inspection this had largely been resolved and there were few delays. Most category D prisoners could expect to be moved within a month of being recategorised.

Indeterminate sentence prisoners

- 4.24** The number of indeterminate-sentenced prisoners was similar to that at the last inspection. The prison currently held 45 prisoners sentenced to an indeterminate sentence for public protection (IPP) and four serving life. Forums for prisoners had been extended since the last inspection to include both IPPs and lifers, but the numbers attending had dwindled recently and there was consultation on whether they still met the needs of this group of prisoners, given the other prisoner forums available.

Reintegration planning

Expected outcomes:

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

4.25 *Although structured pre-release arrangements were limited, provision under most resettlement pathways was reasonable. Most prisoners were released to some form of housing, and more than the prison's target went into education, training or employment on release. Health and substance misuse services had good community links, but there was limited support for finance, benefit and debt needs. The visits experience was extremely positive, as were the interventions to support contact with families. The range of accredited offending behaviour programmes was appropriate, although there was little for those assessed as low or medium risk of harm.*

- 4.26** Prisoners assessed as high risk of harm, approximately half the population, had pre-release assessments as part of their sentence planning, which invariably covered their key needs. There was no formal pre-release process for low and medium risk cases. Despite this, and the survey response from only 13% of prisoners, against the comparator of 17%, that

someone had helped them to prepare for release, outcomes under most resettlement pathways were reasonable.

Accommodation

- 4.27** The offender management unit was responsible for managing accommodation support, although there was no specialist housing team. All new arrivals were seen for an assessment of their housing needs. Subsequent work focused initially on maintaining tenancies and/or housing-related debt.
- 4.28** Around 80% of all prisoners were released to live in Wales, and under the Welsh Assembly government approach they were guaranteed accommodation so long as they had not made themselves intentionally homeless. As a consequence, around 70% of these prisoners were released to permanent accommodation and the remainder returned to supported housing – although in some cases this involved brief stays in bed and breakfast provision prior to accessing hostel support. Prisoners returning to England were not guaranteed such support and their access to accommodation was more of a problem. However, we were told that in the previous six months no prisoner, including those from outside Wales, had been released without fixed accommodation.

Education, training and employment

- 4.29** The prison exceeded its target for prisoners entering education, training or employment on release, with 24% entering employment and 11% progressing into education or training. Many prisoners completed useful individual education, training and employment action plans that recorded their learning progress while in custody. Prisoners were allocated a trained education, training and employment mentor to follow and support them on their progress. This approach had improved the links between sentence planning and learning and skills and work activity. However, mentors carried a very large caseload with limited time to support individual prisoners, and systems to monitor and review prisoners' progress through the prison were underdeveloped.
- 4.30** Prisoners attended an accredited pre-release course. This usefully included a disclosing offences module. In another session, prisoners discussed the job selection process from the employers' perspective, which helped prisoners understand how they could best present themselves at interview.
- 4.31** The prison was developing links with local businesses, and in a few cases prisoners had found and sustained employment. However, the prison did not monitor the impact of education, training and employment resettlement programmes well enough overall.

Recommendation

- 4.32** **The prison should monitor the impact of education, training and employment resettlement programmes on prisoners who are released.**

Health care

- 4.33** Health care staff saw prisoners a week before their release and obtained their consent to share a discharge summary with their community GP. Prisoners without a GP were advised how to register and received a discharge summary. Prisoners received three to five days'

medication on discharge, where applicable. Discharge planning for patients with complex physical mental health needs started early with appropriate community service liaison.

- 4.34** There was effective whole-prison care for prisoners with palliative and end-of-life needs. This included prompt regular multi-professional meetings; meetings with the prisoner and his family; care plans based on the prisoner's care preferences; an 'open door' policy; and accessible family visits. Clinical and operational staff on the assisted living unit had received external end-of-life training. We observed operational and clinical staff provide compassionate and effective end-of-life care for a prisoner who chose to return from hospital to die.

Good practice

- 4.35** *There was an excellent whole-prison approach to end-of-life care.*

Drugs and alcohol

- 4.36** The drug strategy department had a range of detailed joint working protocols with other relevant departments, such as health care, the OMU and reception, as well as community integrated offender intervention services (IOIS). The substance misuse team worked closely with the specialist GP and community providers to ensure treatment continuation. Prisoners' treatment could be re-initiated before their release, and the opiate blocker naltrexone was also available.
- 4.37** There were plans to create further integration between the substance misuse service and the OMU through substance misuse offender supervisors. There were strong links with IOIS providers at strategic and operational level (the head of community engagement led the drug strategy and was responsible for community IOISs), and prisoners could access designated prison link workers from South, West and North Wales who regularly attended and were able to meet those due for release at the gate.

Finance, benefit and debt

- 4.38** In the prison's own needs analysis, 25% of respondents said they had problems with managing money and dealing with debt, but support under this pathway was limited. In our survey, fewer prisoners than the comparator (23% against 27%) said they knew who to speak to in the prison about help with finances on release. There was no debt management support, and although prisoners had access to a free telephone debt advice service, there was no record of how many prisoners used it.
- 4.39** A money management course had recently been piloted with the vulnerable prisoner population and was due to be rolled out across the prison. Around 80 bank accounts had also been opened in the previous six months through the Bridgend Credit Union.

Recommendation

- 4.40** **Debt management should be available for all prisoners with an identified need.**

Children, families and contact with the outside world

- 4.41** The prison had put considerable effort into developing this pathway, and overall provision was innovative and outcomes excellent.
- 4.42** An extensive number of visits sessions were available each week. Visits were managed and staffed by the family interventions unit, rather than security, which led to a more relaxed environment without any evident compromise of security. An excellent visits hall included a supervised play area for children and cafe/snack bar with a good range of food. The visits area for vulnerable prisoners was starker but during our inspection pictures and information were brought in to improve the environment. In our survey, the views of vulnerable prisoners about support from the prison in maintaining contact with families were similar to those of main location prisoners.
- 4.43** Other initiatives included the facility for families to transfer money electronically to prisoner accounts; Skype for foreign national prisoners to access their families in other countries, as well as for prisoners to speak, where appropriate, to teachers etc about their children's school progress; a homework club; and a free bus service to match visit times. Over 190 volunteers from the community had been recruited to support these projects.
- 4.44** T4 had been identified as a family interventions unit where prisoners could access a range of programmes and activities that helped to develop relationships within their families and the skills and confidence to support these further on release. A dedicated area in the visits hall, with settees and lower levels of supervision, was also available for prisoners based on this unit. Although the unit only accepted prisoners on standard or enhanced IEP, those prisoners on basic were supported, where appropriate, to move to this unit through individualised plans and target setting.
- 4.45** The Invisible Walls project, set up in October 2012, worked with up to 20 families a year for prisoners in their last 12 months of sentence. These were mostly problematic and chaotic families, and the level of contact and support was designed to create continuity for the prisoner's transition from prison. The project had already received considerable national coverage and initial indications from research were positive.

Good practice

- 4.46** *The innovative approach and range of initiatives to support work with families and prisoners' family contact was impressive with excellent outcomes for prisoners.*

Attitudes, thinking and behaviour

- 4.47** There was a reasonable range of accredited offending behaviour programmes. The thinking skills programme, building better relationships (domestic violence), COVAID (control of violence for angry and impulsive drinkers) and building skills for recovery (substance misuse) managed a total of around 200 completions a year. A further non-accredited restorative justice programme (Restore) was provided four times a year. Although this number of programme places appeared to meet the needs of the population, the lack of needs analysis for offending behaviour programmes meant that this was not known (see recommendation 4.6).
- 4.48** Access to programmes was mostly limited to prisoners assessed as high or very high risk of harm. Although there was evidence of some positive outcomes for these prisoners, there

was little available for those identified as a lower risk or not meeting the specific programme criteria. Offender supervisors offered no one-to-one offending behaviour work.

- 4.49** The prison had a large sex offender population of around 280. Although it provided various sex offender treatment programmes (SOTPs), due to a national transition in provision, the number of places available in the next 12 months was low, at around 12, although this was likely to be only temporary. SOTP facilitators undertook some work to motivate and challenge the attitudes of prisoners denying their offence or refusing to engage in treatment, but there was little engagement by OMU staff. Despite this, the prison had recently developed a clear and appropriate strategy for some of this work to ensure clearer roles for offender supervisors working with SOTP staff to take this work forward.

Recommendation

- 4.50** **Appropriate programmes and interventions should be available to challenge the attitudes of prisoners in denial of their sexual offending or refusing to take part in appropriate treatment, and motivate them to engage in offending behaviour work.**

Section 5. Summary of recommendations and housekeeping points

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

Main recommendation

To the governor

- 5.1** The prison should develop its strategic management of young adults to ensure that this group are not unfairly represented in key areas, and take account of their levels of maturity and specific needs when developing new strategies (especially the incentives and earned privileges scheme). (S43)

Recommendations

To NOMS

- 5.2** Immigration detainees should not be held in prison unless there are exceptional reasons to do so following risk assessment. (2.36)
- 5.3** Prisoners should not be transferred to Parc without an up-to-date OASys assessment. (4.15)

Recommendations

To the governor

Early days in custody

- 5.4** Prisoners should only spend more than two hours in reception in exceptional circumstances. (1.11)
- 5.5** Vulnerable prisoners should be held in reception facilities equivalent to those for other prisoners. (1.12)

Self-harm and suicide

- 5.6** Prisoners on assessment, care in custody and teamwork (ACCT) case management should not be on the basic level of the incentives and earned privileges scheme. (1.30)

Security

- 5.7** Mail to prisoners should only be censored on the basis of intelligence and when deemed necessary, and authorisation for this should be clearly recorded alongside sound reasoning. (1.44)

Discipline

- 5.8** The prison should investigate and address the reasons that a disproportionate number of young adults report that they have been restrained by staff. (1.57)

- 5.9** All prisoners in the segregation unit should be allowed daily access to telephones. (1.64)

Substance misuse

- 5.10** Treatment regimes for opiate-dependent prisoners should be flexible and based on individual need, and those already prescribed buprenorphine (Subutex) should be able to continue with this regime. (1.71)
- 5.11** There should be a dual diagnosis service for prisoners who experience mental health and substance-related problems. (1.72)
- 5.12** The prison should review the size and function of the drug support/recovery unit to ensure that it provides a supportive environment to prisoners with drug and/or alcohol problems. (1.73)

Residential units

- 5.13** Toilets in shared cells should be properly screened or the cells not be used for double occupancy. All cells should contain enough furniture, including lockable cupboards, and be in a good decorative condition. (2.10)
- 5.14** In-cell and communal showers should provide adequate privacy. (2.11)

Staff-prisoner relationships

- 5.15** There should be an overarching prisoner council with representatives from all parts of the prison, and chaired and attended by senior managers. (2.18)

Equality and diversity

- 5.16** The prison should work with minority groups to understand and address some of the negative perceptions displayed in our survey. (2.28)
- 5.17** The prison should assess and meet the needs of transgender prisoners on an individual basis. (2.37)

Faith and religious activity

- 5.18** There should be fair and equitable worship provision for vulnerable prisoners. (2.41)

Complaints

- 5.19** The prison should explore and address prisoners' limited confidence in the complaints process. (2.45)

Health services

- 5.20** All health care rooms should comply with infection control standards, and temperatures should not exceed 25°C. (2.57)
- 5.21** Prisoners should not be held in the health care waiting room for long periods before and after appointments. The waiting room should be effectively supervised by staff and there should be a reasonable limit on the numbers held there. (2.66)

- 5.22** Nurse assessment clinics should provide prompt effective assessment and include the administration of appropriate medication where requested. (2.67)
- 5.23** Waiting lists should be monitored and action taken to reduce excessive waits. (2.68)
- 5.24** Supplies of controlled drugs should comply with controlled drug regulations. (2.77)
- 5.25** Medication risk assessments should include both the prisoner and the medication. (2.78)
- 5.26** All medication should be administered with sufficient privacy and at an appropriate time for maximum therapeutic effect. (2.79)
- 5.27** Prisoners should have prompt access to appropriate medication through patient group directions and 'special sick' supplies, and their use should be consistently recorded and monitored. (2.80)

Catering

- 5.28** The prison should investigate and address the quantity of food provided to young adult prisoners. (2.97)

Purchases

- 5.29** The shop should offer a suitable range of goods for prisoners from minority groups. (2.100)

Time out of cell

- 5.30** Prisoners who were not required to be at activities should be unlocked during the core day. (3.5, repeated recommendation 6.41)

Learning and skills and work activities

- 5.31** The prison should monitor and review prisoners' progress on their learning while in the prison. (3.13)
- 5.32** The standard of teaching should be improved so that it is good or better in all lessons. (3.25)
- 5.33** There should be more support for advanced Welsh-speaking prisoners to use and develop their language skills. (3.26)
- 5.34** There should be increased opportunities for prisoners to take higher level qualifications in essential skills, maths and English. (3.33)
- 5.35** The print shop should provide specialist training to enable prisoners to develop their vocational skills further. (3.34)
- 5.36** Staffing in the library should be improved to ensure reasonable access for all prisoners and the resumption of promotion and development work. (3.39)

Strategic management of resettlement

- 5.37** The prison's annual needs analysis should incorporate information from OASys assessments to inform the strategic development of provision. (4.6)

Offender management and planning

- 5.38** All relevant departments and personal officers should attend or provide written contributions to sentence planning boards. (4.16)
- 5.39** There should be quality assurance and case supervision in the offender management unit to ensure effective and consistent practice in all aspects of provision. (4.17)

Reintegration planning

- 5.40** The prison should monitor the impact of education, training and employment resettlement programmes on prisoners who are released. (4.32)
- 5.41** Debt management should be available for all prisoners with an identified need. (4.40)
- 5.42** Appropriate programmes and interventions should be available to challenge the attitudes of prisoners in denial of their sexual offending or refusing to take part in appropriate treatment, and motivate them to engage in offending behaviour work. (4.50)

Housekeeping points

Courts, escort and transfers

- 5.43** Disembarkation from cellular vehicles should be swift and prisoners should not be handcuffed off the vehicles unless justified by a risk assessment. (1.4)

Early days in custody

- 5.44** All elements of the induction programme should be delivered succinctly in an environment that is confidential and free from distraction, and prisoners should be kept occupied throughout the programme. (1.13)

Substance misuse

- 5.45** A substance misuse nurse should be included in the multidisciplinary team that coordinates care to substance misusers. (1.74)

Residential units

- 5.46** Prisoners should be able to use the telephones in private. (2.12, recommendation 2.11 repeated as housekeeping point)
- 5.47** Prisoners should receive replies to their applications within three days. (2.13, recommendation 3.41 repeated as housekeeping point)

Health services

- 5.48** All health staff should be familiar with all clinical policies and should sign to confirm they have read them. (2.58)

- 5.49** Prisoners should be able to complain about health services through a confidential system accessed only by health staff, and responses should consistently address all issues raised. (2.59)
- 5.50** There should be robust systems to monitor appointments and waiting times for hospital referrals. (2.69)
- 5.51** Patient leaflets should always be given with medication. (2.81)
- 5.52** Maximum/minimum temperatures and any corrective action for wing drug refrigerators should be recorded daily and monitored by pharmacy staff to ensure medications requiring refrigeration are correctly stored between 2-8 °C. (2.82)

Learning and skills and work activities

- 5.53** There should be online and other research facilities to support prisoners' learning. (3.27)

Examples of good practice

- 5.54** The safer custody unit had been set up to provide full-time support for up to 12 prisoners thought to be at high risk of serious and immediate self-harm. (1.31)
- 5.55** There was a comprehensive whole-prison approach to supporting older prisoners. (2.60)
- 5.56** The learning disability pathway ensured prisoners with learning disabilities and severe brain injuries received comprehensive support. (2.90)
- 5.57** There was an excellent whole-prison approach to end-of-life care. (4.35)
- 5.58** The innovative approach and range of initiatives to support work with families and prisoners' family contact was impressive with excellent outcomes for prisoners. (4.46)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Kieron Taylor	Team leader
Andrew Lund	Inspector
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Gordon Riach	Inspector
Alissa Redmond	Research officer
Alice Reid	Research officer
Joe Simmonds	Research officer
Caroline Elwood	Research trainee

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Majella Pearce	Health services inspector
Helen Boniface	Pharmacist
Rachael Bubalo	Estyn inspector
Alun Connick	Estyn inspector
Sharon James	Estyn inspector
Iolo Madoc Jones	Offender management inspector
Martyn Griffiths	Offender management inspector
Chris Simpson	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2010, reception and first night procedures were functional rather than supportive. Too much induction time was spent locked in cells. Most prisoners felt safe. Violence reduction and anti-bullying arrangements operated satisfactorily. Good attention was paid to identifying men at risk of suicide and self-harm but improvements were needed to ongoing monitoring procedures. The segregation unit was a basic but decent facility. Security procedures were reasonable but adjudications and use of force needed greater scrutiny. Indicators of illegal drug use were low and there was good clinical support for those on opiate substitution treatment. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Supportive first night arrangements with a focus on prisoners' welfare should be introduced, which ensure that all newly arrived prisoners are interviewed in private by staff with a good awareness of vulnerability and mental health issues and that prisoners are settled in well prepared cells. (HP39)

Achieved

Recommendations

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

Achieved

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

Partially achieved

The violence reduction policy should be further developed in consultation with prisoners and outline the prison's strategy for managing the levels of violence among all groups in the prison, including young adults. (3.11)

Partially achieved

Supervision of residential units at meal times should be improved to prevent intimidation of servery workers. (3.12)

Achieved

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

Achieved

Health care staff and other relevant disciplines should be fully involved in the support of prisoners at risk of suicide and self-harm through regular attendance at the safer custody and violence reduction meetings. (3.29)

Achieved

The reasons for the over-representation of young adults in incidents of self-harm should be fully discussed by the safer custody team and strategies to meet their specific needs included in the suicide and self-harm prevention policy. (3.30)

Achieved

The use of strip clothing, special accommodation and segregation for prisoners considered at risk of self-harm should be monitored by the safer custody team to ensure that it is appropriate. (3.31)

Achieved

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

Achieved

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

Not achieved

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

Achieved

Use of force data should be routinely analysed for patterns and trends and appropriate action taken to address them where appropriate. (7.19)

Achieved

Use of force documentation should be routinely scrutinised to ensure all use is appropriate and measures taken to establish the facts where they are lacking sufficient detail or include conflicting accounts. (7.20)

Achieved

Prisoners should be removed from special accommodation as soon as its use is no longer necessary. (7.21)

Achieved

Prisoners locating to the segregation unit should be subject to a strip search only when an active risk assessment indicates that this is necessary. (7.26)

Achieved

Prisoners remaining in the segregation unit for more than two weeks should be supported by care plans that demonstrate a multidisciplinary approach to helping them return to normal location. (7.27)

Achieved

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

Achieved

Opiate-dependent prisoners should consistently be issued with appropriate first night medication, patient group directions should be implemented and nurses trained accordingly. (3.62)

Achieved

Methadone administration should take place in a safe and suitable environment. (3.63)

Achieved

The clinical substance misuse service should be adequately resourced to meet need. (3.64)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2010, staff-prisoner relationships were reasonably positive but personal officer work needed development. Residential units were bright and clean. There was little satisfaction with food. Shop arrangements were satisfactory. The IEP scheme was generally fair. Chaplaincy provision was good. Race relations were positive but more work was needed in other diversity areas, particularly for prisoners with disabilities. Prisoners said there were delays with some applications, which could not be tracked. Most complaints received appropriate answers. Health services were poor and did not meet the needs of prisoners. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Personal officers should interact regularly with their designated prisoners and get to know their personal circumstances. They should support them in maintaining family contact and meeting resettlement objectives and reflect this in regular good quality entries in wing files. (HP40)

Achieved

Problems with the fire detection system should be rectified as a matter of priority. (HP41)

Achieved

Prisoners with disabilities should be identified, have their individual needs assessed and relevant care plans drawn up with suitable adaptations provided to meet their needs. (HP42)

Achieved

A full health needs assessment including mental health provision should be undertaken. This should include a full review of all health care staffing levels to ensure there are sufficient qualified nursing and other health professionals and administrative support to deliver a safe, decent and comprehensive health service that matches services in the community and meets the particular needs of prisoners at Parc. (HP43)

Partially achieved

Recommendations

Unconvicted prisoners should not be required to share cells with convicted prisoners. (2.10)

Achieved

Prisoners should be able to use the telephones in private. (2.11)

Not achieved (recommendation repeated as housekeeping point 2.12)

Cell call bells should be fully operational, responded to promptly and managers should routinely monitor the reasons for delays. (2.12)

Achieved

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

Not achieved (recommendation repeated as housekeeping point 2.13)

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

Partially achieved

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

Achieved

All staff should be trained and receive regular refresher training in race equality and diversity. (4.14)

Partially achieved

The race equality action team (REAT) should fully investigate any indications of inequality of treatment highlighted by SMART data, which should include allocation to employment including wing jobs. The results of any investigations and the actions taken should be recorded in the REAT meeting minutes. (4.15)

Achieved

Consultation with black and minority ethnic prisoners should include focus groups open to all black and minority ethnic prisoners. (4.16)

Achieved

Foreign national peer support workers should be trained for their role, their work should be supervised and monitored and they should be able to visit different units to provide assistance to foreign national prisoners. (4.26)

Achieved

The telephone interpreting service should be used when required to communicate with prisoners who have a limited understanding of English. (4.27)

Achieved

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

Achieved

All older prisoners should be assessed to identify any specific needs and those who require it should have multidisciplinary care plans setting out how their needs, including social care needs, will be met. (4.35)

Achieved

There should be a recognised carer scheme for older prisoners and prisoners with disabilities who require support. (4.36)

Achieved

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

Achieved

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

Achieved

The system to move prisoners to health appointments should be changed as a matter of priority, with a reasonable limit placed on the numbers held in the health care waiting room, which should be effectively supervised by officers. (5.8)

Partially achieved

The wing-based treatment rooms should be refurbished to ensure they meet infection control guidelines. (5.9)

Not achieved

Wing officers should always be present to supervise prisoners receiving their medication. No more than one prisoner should be at the hatch at any time. (5.10)

Partially achieved

Clinical supervision should be encouraged and monitored and staff should have protected time to participate in it. (5.20)

Achieved

All emergency equipment should be reviewed and procedures put in place to ensure that such equipment is checked regularly, with documentation verifying this. (5.21)

Achieved

The reception secondary health screen should not be completed at the same time as the initial health screening. (5.27)

Achieved

An efficient and auditable health care appointment system should be introduced to ensure that prisoners are informed of internal appointments as soon as possible and are able to see a GP within NHS target times. Existing waiting lists should be audited and action taken to reduce excessive waits. (5.28)

Partially achieved

Health promotion programmes should ensure that a full range of immunisations is offered, condoms and other barrier protection are available and well man clinics are run. (5.29)

Achieved

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

Achieved

Secondary dispensing should stop. (5.37)

Achieved

The pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (5.38)

Achieved

Two health care staff should administer all controlled drugs in accordance with Nursing and Midwifery Council guidance. (5.39)

Achieved

Patient group directions (PDGs) should be used. A copy of the original should be held in the pharmacy and the PGDs should be read and signed by all relevant staff. (5.40)

Partially achieved

The medicines and therapeutics committee should review the in-possession policy to ensure consistency of implementation. (5.41)

Achieved

The dentist should provide regular returns of the numbers of patients seen and treatment provided through a system that can be monitored. (5.50)

Achieved

Protocols for minimum standards of clinical record maintenance should be established in line with current guidance. (5.51)

Achieved

Primary mental health nurses should have protected time to undertake regular primary mental health clinics. (5.59)

Achieved

Urgent steps should be taken to reduce primary mental health waiting lists. (5.60)

Achieved

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

Achieved

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

Achieved

Purposeful activity

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

At the last inspection, in 2010, time out of cell varied widely but was very poor for those without allocated activities and too many men spent a lot of time locked in cells. The quality of learning and skills and achievements were good but there were too few places to match the needs of the population. There was only a small temporary library while a new one was being developed. PE facilities and general access were good but there was little to meet special needs. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Sufficient activity places should be provided in work and education to enable all men to be purposefully occupied during the working day. (HP44)

Achieved

Recommendations

All prisoners should have the opportunity to be unlocked for most of the core day. (6.41)

Not achieved (recommendation repeated 3.5)

All prisoners should be given the opportunity to spend at least one hour each day in the open air. (6.42)

Achieved

All teachers should use basic skills assessments to plan the improvement of individual learners. (6.11)

Partially achieved

The support available to prisoners with more complex or specific learning difficulties should be improved. (6.12)

Achieved

The provision of independent careers information, advice and guidance early in prisoners' sentences should be strengthened to ensure it informs sentence and education planning. (6.13)

Partially achieved

The range and quality of jobs for vulnerable prisoners should be improved to ensure that all prisoners who work are involved in purposeful activities. (6.22)

Achieved

Accreditation of prisoners' key skills should be improved. (6.23)

Achieved

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

Achieved

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

Partially achieved

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

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 2010, resettlement services were well directed but a revised strategy was needed to match planned population changes. Offender management and sentence planning arrangements were good and there were effective reintegration services. A reasonable range of programmes was run. Very good attention was paid to family issues. Appropriate services and programmes for substance users were run to aid their successful resettlement. Outcomes for prisoners were good against this healthy prison test.

Main recommendation

A revised reducing reoffending strategy for the planned changes in the population should be introduced based on an up-to-date and effective analysis of need and which sets out how the specific resettlement needs of particular groups of prisoners will be met. (HP45)

Partially achieved

Recommendations

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

Achieved

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

Achieved

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

Achieved

Visitors should not be expected to have closed visits on a single drug dog indication without additional security intelligence. (9.68)

Not achieved

Information and support should be available from Parc supporting families' staff at all sessions. (9.69)

Achieved

Family days should be open to all prisoners irrespective of their incentives and earned privileges status and on the basis of individual risk assessment. (9.70)

Achieved

Appendix III: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	137	979	88.2
Recall	3	88	7.2
Convicted unsentenced	0	24	1.9
Remand	1	28	2.3
Detainees	0	6	0.5
Total	141	1,125	

Sentence	18–20 yr olds	21 and over	%
Unsentenced	1	52	4.2
Less than six months	12	3	1.2
Six months to less than 12 months	10	3	1
12 months to less than 2 years	38	13	4
2 years to less than 4 years	50	387	34.6
4 years to less than 10 years	28	408	34.4
10 years and over (not life)	2	209	16.7
ISPP (indeterminate sentence for public protection)	0	50	3.9
Total	141	1,125	

Age	Number of prisoners	%
Under 21 years: <i>minimum age=18</i>	141	11.1
21 years to 29 years	423	33.4
30 years to 39 years	337	26.6
40 years to 49 years	193	15.2
50 years to 59 years	96	7.5
60 years to 69 years	55	4.3
70 plus years: <i>maximum age=86</i>	21	1.6
Total	1,266	

Nationality	18–20 yr olds	21 and over	%
British	136	1,088	96.6
Foreign nationals	5	34	3
Total	141	1,122	

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	1	52	4.2
Category B	0	248	19.6
Category C	0	777	61.4
Category D	0	21	1.6
YOI closed	140	27	13.2
Total	141	1,125	

Ethnicity	18–20 yr olds	21 and over	%
White			
British	122	988	87.6
Irish	1	10	0.8
Gypsy/Irish Traveller	1	8	0.7
Other white	0	12	0.9
	124	1018	
Mixed			
White and black Caribbean	3	16	1.5
White and black African	2	3	0.3
White and Asian	1	3	0.3
Other mixed	0	6	0.4
	6	28	
Asian or Asian British			
Indian	0	6	0.4
Pakistani	0	19	1.5
Bangladeshi	0	5	0.3
Chinese	0	2	0.1
Other Asian	2	9	0.8
	2	41	
Black or black British			
Caribbean	1	15	1.2
African	3	10	1
Other black	1	6	0.5
	5	31	
Other ethnic group			
Arab	1	2	0.2
Other ethnic group	1	1	0.1
	2	3	
Not stated	2	4	0.4
Total	141	1,125	

Religion	18–20 yr olds	21 and over	%
Baptist	0	8	0.6
Church of England	1	92	7.3
Roman Catholic	13	142	12.2
Other Christian denominations	36	249	22.5
Muslim	13	97	8.6
Sikh	0	5	0.3
Hindu	0	1	0.07
Buddhist	0	24	1.8
Jewish	0	8	0.6
Other	0	20	1.5
No religion	78	479	43.9
Total	141	1,125	

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	2	66	0.6
Total	2	66	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	42	3.3	69	5.4
1 month to 3 months	35	2.7	136	10.7
3 months to six months	31	2.4	200	15.7
Six months to 1 year	22	1.7	334	26.3
1 year to 2 years	7	0.5	216	17
2 years to 4 years	3	0.01	106	8.3
4 years or more	0	0	10	0.7
Total	140		1,071	

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	1	4	0.3
Total	1	4	

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	7	0.5
1 month to 3 months	0	0	20	1.5
3 months to six months	1	0.07	12	0.9
Six months to 1 year	0	0	10	0.7
1 year to 2 years	0	0	1	0.07
2 years to 4 years	0	0	2	0.1
Total	1		52	

Main offence	18–20 yr olds	21 and over	%
Violence against the person	38	177	16.9
Sexual offences	10	195	16.1
Burglary	32	187	14.9
Robbery	32	132	12.9
Theft and handling	4	19	1.8
Fraud and forgery	1	0	0.07
Drugs offences	17	197	16.9
Other offences	0	218	17.2
Offence not recorded / holding warrant	7	0	0.5
Total	141	1,125	

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the adult prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.⁸ Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 9 July 2013, the adult prisoner population at HMP&YOI Parc was 1,247. Using the method described above, questionnaires were distributed to a sample of 229 prisoners.

We received a total of 200 completed questionnaires, a response rate of 87%. This included one questionnaire completed via interview. Eleven respondents refused to complete a questionnaire, 10 questionnaires were not returned and eight were returned blank.

Wing/Unit	Number of completed survey returns
A wing	52
B wing	57

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

C wing	4
D wing	18
H wing	3
T wing	45
U wing	0
X wing	21

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP&YOI Parc in 2013 compared with responses from prisoners surveyed in all other category C and category B training prisons. This comparator is based on all responses from prisoner surveys carried out in 40 category C and nine category B training prisons since April 2008.
- The current survey responses from HMP&YOI Parc in 2013 compared with the responses of prisoners surveyed at HMP&YOI Parc in 2010.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between those who are aged 21 and under and those over 21.
- A comparison within the 2013 survey between the vulnerable prisoner wings (C, D and X wings) and the rest of the establishment.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?		
	<i>Under 21</i>		22 (11%)
	<i>21 - 29</i>		69 (35%)
	<i>30 - 39</i>		47 (24%)
	<i>40 - 49</i>		34 (17%)
	<i>50 - 59</i>		19 (10%)
	<i>60 - 69</i>		7 (4%)
	<i>70 and over</i>		0 (0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		174 (88%)
	<i>Yes - on recall</i>		12 (6%)
	<i>No - awaiting trial</i>		8 (4%)
	<i>No - awaiting sentence</i>		3 (2%)
	<i>No - awaiting deportation</i>		1 (1%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		12 (6%)
	<i>Less than 6 months</i>		7 (4%)
	<i>6 months to less than 1 year</i>		2 (1%)
	<i>1 year to less than 2 years</i>		10 (5%)
	<i>2 years to less than 4 years</i>		69 (35%)
	<i>4 years to less than 10 years</i>		59 (30%)
	<i>10 years or more</i>		33 (17%)
	<i>IPP (indeterminate sentence for public protection)</i>		4 (2%)
	<i>Life</i>		0 (0%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>		8 (4%)
	<i>No</i>		184 (96%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		199 (100%)
	<i>No</i>		0 (0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		196 (98%)
	<i>No</i>		3 (2%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	167 (84%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	6 (3%)	<i>Mixed race - white and black Caribbean</i> 9 (5%)
	<i>Black or black British - Caribbean</i>	2 (1%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	1 (1%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	3 (2%)	<i>Mixed race - other</i> 2 (1%)

<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	4 (2%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	5 (3%)
No	192 (97%)

Q1.10 What is your religion?

<i>None</i>	100 (51%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	31 (16%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	19 (10%)	<i>Muslim</i>	20 (10%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	9 (5%)	<i>Other</i>	9 (5%)
<i>Buddhist</i>	5 (3%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	190 (97%)
<i>Homosexual/Gay</i>	2 (1%)
<i>Bisexual</i>	4 (2%)

Q1.12 Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs)

Yes	44 (22%)
No	154 (78%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	10 (5%)
No	190 (95%)

Q1.14 Is this your first time in prison?

Yes	65 (33%)
No	135 (68%)

Q1.15 Do you have children under the age of 18?

Yes	101 (51%)
No	99 (50%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	150 (75%)
<i>2 hours or longer</i>	36 (18%)
<i>Don't remember</i>	14 (7%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	150 (75%)
Yes	19 (10%)
No	27 (14%)
<i>Don't remember</i>	3 (2%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	150 (76%)
Yes	1 (1%)

	No	45 (23%)
	Don't remember	1 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	119 (60%)
	No	62 (31%)
	Don't remember	18 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	160 (81%)
	No	30 (15%)
	Don't remember	8 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	43 (22%)
	Well	97 (49%)
	Neither	46 (23%)
	Badly	7 (4%)
	Very badly	0 (0%)
	Don't remember	6 (3%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	129 (65%)
	Yes, I received written information	40 (20%)
	No, I was not told anything	31 (16%)
	Don't remember	6 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	176 (88%)
	No	20 (10%)
	Don't remember	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	66 (33%)
	2 hours or longer	120 (60%)
	Don't remember	13 (7%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	159 (82%)
	No	26 (13%)
	Don't remember	10 (5%)
Q3.3	Overall, how were you treated in reception?	
	Very well	35 (18%)
	Well	105 (53%)
	Neither	41 (21%)
	Badly	11 (6%)
	Very badly	5 (3%)
	Don't remember	0 (0%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	16 (8%)	<i>Physical health</i> 21 (11%)
	<i>Housing problems</i>	23 (12%)	<i>Mental health</i> 29 (15%)
	<i>Contacting employers</i>	1 (1%)	<i>Needing protection from other prisoners</i> 7 (4%)
	<i>Contacting family</i>	44 (23%)	<i>Getting phone numbers</i> 46 (24%)
	<i>Childcare</i>	2 (1%)	<i>Other</i> 12 (6%)
	<i>Money worries</i>	31 (16%)	<i>Did not have any problems</i> 80 (41%)
	<i>Feeling depressed or suicidal</i>	26 (13%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		38 (20%)
	<i>No</i>		72 (38%)
	<i>Did not have any problems</i>		80 (42%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		164 (83%)
	<i>A shower</i>		60 (30%)
	<i>A free telephone call</i>		127 (64%)
	<i>Something to eat</i>		155 (78%)
	<i>PIN phone credit</i>		132 (67%)
	<i>Toiletries/ basic items</i>		102 (52%)
	<i>Did not receive anything</i>		5 (3%)
Q3.7	When you first arrived here, did you have access to the following people or services? Please tick all that apply to you.)		
	<i>Chaplain</i>		104 (54%)
	<i>Someone from health services</i>		130 (68%)
	<i>A Listener/Samaritans</i>		69 (36%)
	<i>Prison shop/ canteen</i>		78 (41%)
	Did not have access to any of these		34 (18%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		108 (56%)
	<i>What support was available for people feeling depressed or suicidal</i>		101 (53%)
	<i>How to make routine requests (applications)</i>		102 (53%)
	<i>Your entitlement to visits</i>		99 (52%)
	<i>Health services</i>		103 (54%)
	<i>Chaplaincy</i>		95 (49%)
	<i>Not offered any information</i>		38 (20%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		162 (83%)
	<i>No</i>		27 (14%)
	<i>Don't remember</i>		7 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?		
	<i>Have not been on an induction course</i>		25 (13%)
	<i>Within the first week</i>		111 (57%)
	<i>More than a week</i>		45 (23%)
	<i>Don't remember</i>		15 (8%)

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	25 (13%)
	<i>Yes</i>	101 (52%)
	<i>No</i>	51 (26%)
	<i>Don't remember</i>	17 (9%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	19 (10%)
	<i>Within the first week</i>	86 (45%)
	<i>More than a week</i>	66 (34%)
	<i>Don't remember</i>	21 (11%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	27 (14%)	63 (33%)	28 (15%)	39 (20%)	18 (9%)
	<i>Attend legal visits?</i>	28 (16%)	70 (39%)	27 (15%)	15 (8%)	12 (7%)
	<i>Get bail information?</i>	9 (5%)	15 (9%)	27 (16%)	20 (12%)	20 (12%)
						75 (45%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					30 (16%)
	<i>Yes</i>					91 (47%)
	<i>No</i>					71 (37%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					66 (35%)
	<i>No</i>					20 (10%)
	<i>Don't know</i>					105 (55%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	157 (82%)	33 (17%)	2 (1%)		
	<i>Are you normally able to have a shower every day?</i>	186 (97%)	6 (3%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	168 (89%)	20 (11%)	1 (1%)		
	<i>Do you normally get cell cleaning materials every week?</i>	133 (70%)	53 (28%)	5 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	70 (37%)	86 (45%)	34 (18%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	136 (72%)	51 (27%)	3 (2%)		
	<i>If you need to, can you normally get your stored property?</i>	38 (20%)	78 (41%)	72 (38%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					3 (2%)
	<i>Good</i>					45 (23%)
	<i>Neither</i>					51 (26%)
	<i>Bad</i>					57 (29%)
	<i>Very bad</i>					40 (20%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet/ don't know</i>					5 (3%)
	<i>Yes</i>					119 (60%)
	<i>No</i>					73 (37%)

Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	109 (55%)
	No	12 (6%)
	Don't know	76 (39%)
Q4.8	Are your religious beliefs respected?	
	Yes	80 (41%)
	No	22 (11%)
	Don't know/ N/A	92 (47%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	117 (59%)
	No	12 (6%)
	Don't know/ N/A	68 (35%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	61 (32%)
	Very easy	36 (19%)
	Easy	33 (17%)
	Neither	11 (6%)
	Difficult	13 (7%)
	Very difficult	4 (2%)
	Don't know	34 (18%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	160 (82%)
	No	31 (16%)
	Don't know	4 (2%)
Q5.2	Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option).	
		Not made one Yes No
	Are applications dealt with fairly?	10 (6%) 104 (58%) 65 (36%)
	Are applications dealt with quickly (within seven days)?	10 (6%) 67 (39%) 93 (55%)
Q5.3	Is it easy to make a complaint?	
	Yes	96 (51%)
	No	39 (21%)
	Don't know	54 (29%)
Q5.4	Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).	
		Not made one Yes No
	Are complaints dealt with fairly?	85 (45%) 29 (15%) 76 (40%)
	Are complaints dealt with quickly (within seven days)?	85 (47%) 25 (14%) 71 (39%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	37 (21%)
	No	137 (79%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	Don't know who they are	79 (42%)
	Very easy	14 (7%)
	Easy	30 (16%)

Neither	42 (22%)
Difficult	16 (8%)
Very difficult	9 (5%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	21 (11%)
	Yes	95 (49%)
	No	61 (32%)
	<i>Don't know</i>	15 (8%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	21 (11%)
	Yes	102 (54%)
	No	57 (30%)
	<i>Don't know</i>	9 (5%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	19 (10%)
	No	175 (90%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	147 (79%)
	Very well	13 (7%)
	Well	9 (5%)
	Neither	8 (4%)
	Badly	3 (2%)
	Very badly	6 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	153 (80%)
	No	39 (20%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	135 (71%)
	No	55 (29%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	56 (29%)
	No	139 (71%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	12 (6%)
	Never	34 (18%)
	Rarely	43 (22%)
	Some of the time	63 (32%)
	Most of the time	25 (13%)
	All of the time	17 (9%)

Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	33 (17%)
	<i>In the first week</i>	80 (41%)
	<i>More than a week</i>	56 (29%)
	<i>Don't remember</i>	24 (12%)

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	33 (17%)
	<i>Very helpful</i>	53 (28%)
	<i>Helpful</i>	50 (26%)
	<i>Neither</i>	33 (17%)
	<i>Not very helpful</i>	13 (7%)
	<i>Not at all helpful</i>	7 (4%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	49 (25%)
	<i>No</i>	146 (75%)

Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	15 (8%)
	<i>No</i>	178 (92%)

Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	146 (76%)	<i>At meal times</i>	10 (5%)
	<i>Everywhere</i>	16 (8%)	<i>At health services</i>	10 (5%)
	<i>Segregation unit</i>	1 (1%)	<i>Visits area</i>	2 (1%)
	<i>Association areas</i>	12 (6%)	<i>In wing showers</i>	6 (3%)
	<i>Reception area</i>	2 (1%)	<i>In gym showers</i>	2 (1%)
	<i>At the gym</i>	4 (2%)	<i>In corridors/stairwells</i>	7 (4%)
	<i>In an exercise yard</i>	9 (5%)	<i>On your landing/wing</i>	12 (6%)
	<i>At work</i>	11 (6%)	<i>In your cell</i>	14 (7%)
	<i>During movement</i>	11 (6%)	<i>At religious services</i>	1 (1%)
	<i>At education</i>	5 (3%)		

Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	42 (22%)
	<i>No</i>	150 (78%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	23 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (5%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	19 (10%)
	<i>Having your canteen/property taken</i>	5 (3%)
	<i>Medication</i>	6 (3%)
	<i>Debt</i>	6 (3%)
	<i>Drugs</i>	6 (3%)
	<i>Your race or ethnic origin</i>	5 (3%)
	<i>Your religion/religious beliefs</i>	2 (1%)
	<i>Your nationality</i>	6 (3%)
	<i>You are from a different part of the country than others</i>	10 (5%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	5 (3%)

<i>You have a disability</i>	4 (2%)
<i>You were new here</i>	6 (3%)
<i>Your offence/ crime</i>	5 (3%)
<i>Gang related issues</i>	5 (3%)

Q8.6 Have you been victimised by staff here?

Yes	64 (33%)
No	129 (67%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	25 (13%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (6%)
<i>Sexual abuse</i>	1 (1%)
<i>Feeling threatened or intimidated</i>	19 (10%)
<i>Medication</i>	7 (4%)
<i>Debt</i>	4 (2%)
<i>Drugs</i>	4 (2%)
<i>Your race or ethnic origin</i>	6 (3%)
<i>Your religion/religious beliefs</i>	6 (3%)
<i>Your nationality</i>	7 (4%)
<i>You are from a different part of the country than others</i>	7 (4%)
<i>You are from a traveller community</i>	2 (1%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	7 (4%)
<i>You have a disability</i>	10 (5%)
<i>You were new here</i>	8 (4%)
<i>Your offence/ crime</i>	6 (3%)
<i>Gang related issues</i>	4 (2%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

<i>Not been victimised</i>	115 (64%)
Yes	23 (13%)
No	43 (24%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people?:**

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	14 (7%)	9 (5%)	45 (23%)	20 (10%)	71 (37%)	35 (18%)
The nurse	12 (6%)	17 (9%)	73 (39%)	27 (15%)	37 (20%)	20 (11%)
The dentist	19 (10%)	4 (2%)	13 (7%)	12 (6%)	40 (22%)	98 (53%)

Q9.2 What do you think of the quality of the health service from the following people?:

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	15 (8%)	21 (11%)	56 (30%)	30 (16%)	37 (20%)	30 (16%)
The nurse	14 (8%)	26 (14%)	70 (38%)	30 (16%)	21 (11%)	22 (12%)
The dentist	48 (26%)	8 (4%)	29 (16%)	16 (9%)	35 (19%)	48 (26%)

Q9.3 What do you think of the overall quality of the health services here?

<i>Not been</i>	8 (4%)
<i>Very good</i>	14 (7%)
<i>Good</i>	51 (27%)
<i>Neither</i>	38 (20%)
<i>Bad</i>	41 (21%)
<i>Very bad</i>	39 (20%)

Q9.4	Are you currently taking medication?	
	Yes	86 (44%)
	No	109 (56%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	109 (56%)
	<i>Yes, all my meds</i>	49 (25%)
	<i>Yes, some of my meds</i>	25 (13%)
	No	11 (6%)
Q9.6	Do you have any emotional or mental health problems?	
	Yes	63 (32%)
	No	131 (68%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<i>Do not have any emotional or mental health problems</i>	131 (69%)
	Yes	22 (12%)
	No	38 (20%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	56 (29%)
	No	137 (71%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	40 (21%)
	No	152 (79%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	33 (17%)
	<i>Easy</i>	27 (14%)
	<i>Neither</i>	19 (10%)
	<i>Difficult</i>	10 (5%)
	<i>Very difficult</i>	7 (4%)
	<i>Don't know</i>	94 (49%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	11 (6%)
	<i>Easy</i>	26 (14%)
	<i>Neither</i>	23 (12%)
	<i>Difficult</i>	12 (6%)
	<i>Very difficult</i>	11 (6%)
	<i>Don't know</i>	106 (56%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	21 (11%)
	No	172 (89%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	14 (7%)
	No	176 (93%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	

<i>Did not / do not have a drug problem</i>	128 (68%)
Yes	29 (16%)
No	30 (16%)

Q10.8 Have you received any support or help (for example substance misuse teams for your alcohol problem, while in this prison)?

<i>Did not / do not have an alcohol problem</i>	152 (82%)
Yes	18 (10%)
No	15 (8%)

Q10.9 Was the support or help you received, while in this prison, helpful?

<i>Did not have a problem/ did not receive help</i>	142 (79%)
Yes	29 (16%)
No	8 (4%)

Section 11: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	12 (6%)	29 (15%)	79 (42%)	29 (15%)	23 (12%)	16 (9%)
Vocational or skills training	41 (23%)	20 (11%)	52 (29%)	32 (18%)	28 (15%)	9 (5%)
Education (including basic skills)	34 (18%)	33 (18%)	62 (34%)	33 (18%)	17 (9%)	6 (3%)
Offending behaviour programmes	53 (29%)	11 (6%)	23 (13%)	21 (11%)	36 (20%)	39 (21%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	23 (12%)
Prison job	127 (68%)
Vocational or skills training	24 (13%)
Education (including basic skills)	56 (30%)
Offending behaviour programmes	21 (11%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	<i>Not been involved</i>	Yes	No	<i>Don't know</i>
Prison job	22 (13%)	63 (37%)	66 (39%)	19 (11%)
Vocational or skills training	36 (26%)	49 (36%)	35 (26%)	16 (12%)
Education (including basic skills)	26 (18%)	64 (44%)	36 (25%)	19 (13%)
Offending behaviour programmes	40 (30%)	39 (29%)	37 (27%)	19 (14%)

Q11.4 How often do you usually go to the library?

<i>Don't want to go</i>	33 (17%)
Never	48 (25%)
<i>Less than once a week</i>	47 (24%)
<i>About once a week</i>	51 (27%)
<i>More than once a week</i>	13 (7%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

<i>Don't use it</i>	61 (32%)
Yes	90 (48%)
No	38 (20%)

Q11.6 How many times do you usually go to the gym each week?

<i>Don't want to go</i>	34 (18%)
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0	34 (18%)
1 to 2	51 (26%)
3 to 5	58 (30%)
More than 5	16 (8%)

Q11.7 How many times do you usually go outside for exercise each week?

<i>Don't want to go</i>	16 (8%)
0	7 (4%)
1 to 2	46 (24%)
3 to 5	61 (32%)
More than 5	61 (32%)

Q11.8 How many times do you usually have association each week?

<i>Don't want to go</i>	6 (3%)
0	2 (1%)
1 to 2	11 (6%)
3 to 5	17 (9%)
More than 5	152 (81%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

<i>Less than 2 hours</i>	17 (9%)
<i>2 to less than 4 hours</i>	29 (15%)
<i>4 to less than 6 hours</i>	25 (13%)
<i>6 to less than 8 hours</i>	23 (12%)
<i>8 to less than 10 hours</i>	30 (16%)
<i>10 hours or more</i>	53 (28%)
<i>Don't know</i>	14 (7%)

Section 12: Contact with family and friends**Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

Yes	73 (39%)
No	114 (61%)

Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	79 (41%)
No	113 (59%)

Q12.3 Have you had any problems getting access to the telephones?

Yes	26 (14%)
No	166 (86%)

Q12.4 How easy or difficult is it for your family and friends to get here?

<i>I don't get visits</i>	24 (13%)
<i>Very easy</i>	24 (13%)
<i>Easy</i>	51 (27%)
<i>Neither</i>	20 (11%)
<i>Difficult</i>	34 (18%)
<i>Very difficult</i>	31 (16%)
<i>Don't know</i>	5 (3%)

Section 13: Preparation for release**Q13.1 Do you have a named offender manager (home probation officer) in the probation service?**

	<i>Not sentenced</i>	12 (6%)
	Yes	148 (79%)
	No	28 (15%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	40 (21%)
	<i>No contact</i>	57 (30%)
	<i>Letter</i>	26 (14%)
	<i>Phone</i>	18 (10%)
	<i>Visit</i>	62 (33%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	156 (82%)
	No	35 (18%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	12 (6%)
	Yes	129 (67%)
	No	51 (27%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	63 (33%)
	<i>Very involved</i>	29 (15%)
	<i>Involved</i>	48 (25%)
	<i>Neither</i>	16 (8%)
	<i>Not very involved</i>	19 (10%)
	<i>Not at all involved</i>	16 (8%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	63 (34%)
	<i>Nobody</i>	59 (32%)
	<i>Offender supervisor</i>	48 (26%)
	<i>Offender manager</i>	24 (13%)
	<i>Named/ personal officer</i>	12 (6%)
	<i>Staff from other departments</i>	22 (12%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	63 (33%)
	Yes	87 (46%)
	No	12 (6%)
	<i>Don't know</i>	28 (15%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	63 (34%)
	Yes	15 (8%)
	No	80 (43%)
	<i>Don't know</i>	30 (16%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	63 (33%)
	Yes	30 (16%)
	No	49 (26%)
	<i>Don't know</i>	49 (26%)

Q13.10 Do you have a needs based custody plan?

Yes	10 (5%)
No	78 (41%)
Don't know	101 (53%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

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

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
(please tick all that apply to you.)**

	Do not need help	Yes	No
Employment	29 (16%)	49 (27%)	106 (58%)
Accommodation	32 (18%)	52 (29%)	96 (53%)
Benefits	28 (15%)	55 (30%)	99 (54%)
Finances	33 (19%)	32 (18%)	108 (62%)
Education	29 (17%)	41 (24%)	100 (59%)
Drugs and alcohol	43 (25%)	47 (27%)	81 (47%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced	12 (7%)
Yes	85 (46%)
No	89 (48%)

Main comparator and comparator to last time



Prisoner survey responses HMP&YOI Parc 2013

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

Key to tables

		HMP&YOI Parc 2013	Category B and Category C training prisons comparator	HMP&YOI Parc 2013	HMP&YOI Parc 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		200	7872	200	198
SECTION 1: General information					
1.2	Are you under 21 years of age?	11%	2%	11%	27%
1.3	Are you sentenced?	94%	100%	94%	93%
1.3	Are you on recall?	6%	9%	6%	11%
1.4	Is your sentence less than 12 months?	5%	5%	5%	19%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	12%	2%	3%
1.5	Are you a foreign national?	4%	11%	4%	7%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	99%	98%	99%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	13%	27%	13%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	3%
1.1	Are you Muslim?	10%	13%	10%	7%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	1%
1.12	Do you consider yourself to have a disability?	22%	18%	22%	18%
1.13	Are you a veteran (ex-armed services)?	5%	6%	5%	
1.14	Is this your first time in prison?	33%	38%	33%	33%
1.15	Do you have any children under the age of 18?	51%	52%	51%	48%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	18%	48%	18%	43%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	39%	73%	39%	
2.3	Were you offered a toilet break?	2%	9%	2%	
2.4	Was the van clean?	60%	67%	60%	
2.5	Did you feel safe?	81%	81%	81%	
2.6	Were you treated well/very well by the escort staff?	70%	69%	70%	66%
2.7	Before you arrived here were you told that you were coming here?	65%	61%	65%	
2.7	Before you arrived here did you receive any written information about coming here?	20%	18%	20%	
2.8	When you first arrived here did your property arrive at the same time as you?	88%	89%	88%	83%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	33%	52%	33%	

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	83%	82%	81%
3.3	Were you treated well/very well in reception?	71%	73%	71%	52%
	When you first arrived:				
3.4	Did you have any problems?	59%	61%	59%	69%
3.4	Did you have any problems with loss of property?	8%	17%	8%	14%
3.4	Did you have any housing problems?	12%	14%	12%	27%
3.4	Did you have any problems contacting employers?	1%	3%	1%	7%
3.4	Did you have any problems contacting family?	23%	21%	23%	28%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	3%	1%	6%
3.4	Did you have any money worries?	16%	14%	16%	29%
3.4	Did you have any problems with feeling depressed or suicidal?	13%	13%	13%	18%
3.4	Did you have any physical health problems?	11%	12%	11%	
3.4	Did you have any mental health problems?	15%	12%	15%	
3.4	Did you have any problems with needing protection from other prisoners?	4%	4%	4%	7%
3.4	Did you have problems accessing phone numbers?	24%	19%	24%	24%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	35%	37%	35%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	83%	72%	83%	88%
3.6	A shower?	30%	32%	30%	27%
3.6	A free telephone call?	64%	43%	64%	82%
3.6	Something to eat?	78%	65%	78%	89%
3.6	PIN phone credit?	67%	47%	67%	
3.6	Toiletries/ basic items?	52%	44%	52%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	54%	51%	54%	
3.7	Someone from health services?	68%	69%	68%	
3.7	A Listener/Samaritans?	36%	31%	36%	
3.7	Prison shop/ canteen?	41%	20%	41%	19%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	56%	50%	56%	47%
3.8	Support was available for people feeling depressed or suicidal?	53%	42%	53%	40%

Main comparator and comparator to last time

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.8	How to make routine requests?	53%	44%	53%	35%
3.8	Your entitlement to visits?	52%	43%	52%	51%
3.8	Health services?	54%	53%	54%	45%
3.8	The chaplaincy?	50%	48%	50%	38%
3.9	Did you feel safe on your first night here?	83%	83%	83%	76%
3.10	Have you been on an induction course?	87%	91%	87%	92%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	60%	63%	60%	58%
3.12	Did you receive an education (skills for life) assessment?	90%	83%	90%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	47%	50%	47%	48%
4.1	Attend legal visits?	55%	53%	55%	63%
4.1	Get bail information?	15%	14%	15%	26%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	41%	47%	51%
4.3	Can you get legal books in the library?	35%	37%	35%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	82%	66%	82%	54%
4.4	Are you normally able to have a shower every day?	97%	94%	97%	97%
4.4	Do you normally receive clean sheets every week?	89%	77%	89%	90%
4.4	Do you normally get cell cleaning materials every week?	70%	73%	70%	61%
4.4	Is your cell call bell normally answered within five minutes?	37%	39%	37%	29%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	70%	72%	57%
4.4	Can you normally get your stored property, if you need to?	20%	28%	20%	29%
4.5	Is the food in this prison good/very good?	25%	28%	25%	18%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	60%	45%	60%	66%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	57%	55%	59%
4.8	Are your religious beliefs are respected?	41%	54%	41%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	59%	59%	46%
4.10	Is it easy/very easy to attend religious services?	36%	50%	36%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	82%	83%	82%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	62%	60%	62%	56%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
5.2	Do you feel applications are dealt with quickly (within seven days)?	42%	49%	42%	40%
5.3	Is it easy to make a complaint?	51%	61%	51%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	28%	33%	28%	36%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	26%	36%	26%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	17%	21%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	23%	30%	23%	32%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	55%	50%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	47%	54%	57%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	5%	10%	11%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	56%	41%	56%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	80%	77%	80%	67%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	76%	71%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	30%	29%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	22%	22%	21%
7.5	Do you have a personal officer?	83%	75%	83%	66%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	66%	64%	66%	56%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	25%	33%	25%	34%
8.2	Do you feel unsafe now?	8%	14%	8%	13%
8.4	Have you been victimised by other prisoners here?	22%	23%	22%	18%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	10%	12%	7%
8.5	Hit, kicked or assaulted you?	5%	6%	5%	6%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	10%	14%	10%	
8.5	Taken your canteen/property?	3%	4%	3%	4%

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8.5	Victimised you because of medication?	3%	4%	3%	
8.5	Victimised you because of debt?	3%	3%	3%	
8.5	Victimised you because of drugs?	3%	3%	3%	3%
8.5	Victimised you because of your race or ethnic origin?	3%	4%	3%	2%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%	1%	1%
8.5	Victimised you because of your nationality?	3%	2%	3%	
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	3%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	3%	2%	3%	2%
8.5	Victimised you because you have a disability?	2%	2%	2%	3%
8.5	Victimised you because you were new here?	3%	4%	3%	6%
8.5	Victimised you because of your offence/crime?	3%	4%	3%	2%
8.5	Victimised you because of gang related issues?	3%	3%	3%	3%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	33%	27%	33%	23%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	13%	10%	13%	8%
8.7	Hit, kicked or assaulted you?	6%	3%	6%	3%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	10%	12%	10%	
8.7	Victimised you because of medication?	4%	4%	4%	
8.7	Victimised you because of debt?	2%	2%	2%	
8.7	Victimised you because of drugs?	2%	2%	2%	5%
8.7	Victimised you because of your race or ethnic origin?	3%	5%	3%	3%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%	3%	1%
8.7	Victimised you because of your nationality?	4%	3%	4%	
8.7	Victimised you because you were from a different part of the country?	4%	4%	4%	4%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	4%	2%	4%	1%

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	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because you have a disability?	5%	2%	5%	1%
8.7	Victimised you because you were new here?	4%	5%	4%	7%
8.7	Victimised you because of your offence/crime?	3%	4%	3%	4%
8.7	Victimised you because of gang related issues?	2%	2%	2%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	35%	40%	35%	33%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	28%	32%	28%	29%
9.1	Is it easy/very easy to see the nurse?	48%	55%	48%	51%
9.1	Is it easy/very easy to see the dentist?	9%	13%	9%	5%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	44%	46%	44%	46%
9.2	The nurse?	57%	59%	57%	54%
9.2	The dentist?	27%	42%	27%	33%
9.3	The overall quality of health services?	36%	42%	36%	38%
9.4	Are you currently taking medication?	44%	47%	44%	38%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	87%	86%	87%	
9.6	Do you have any emotional well being or mental health problems?	33%	26%	33%	25%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	37%	49%	37%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	29%	22%	29%	43%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	16%	21%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	32%	30%	32%	30%
10.4	Is it easy/very easy to get alcohol in this prison?	20%	18%	20%	
10.5	Have you developed a problem with drugs since you have been in this prison?	11%	7%	11%	13%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	6%	7%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	49%	65%	49%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	54%	63%	54%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	78%	80%	78%	76%

Main comparator and comparator to last time

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SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	58%	41%	58%	
11.1	Vocational or skills training?	40%	36%	40%	
11.1	Education (including basic skills)?	51%	51%	51%	
11.1	Offending behaviour programmes?	19%	20%	19%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	68%	62%	68%	60%
11.2	Vocational or skills training?	13%	17%	13%	11%
11.2	Education (including basic skills)?	30%	28%	30%	16%
11.2	Offending behaviour programmes?	11%	15%	11%	11%
11.3	Have you had a job while in this prison?	87%	83%	87%	66%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	43%	43%	43%	58%
11.3	Have you been involved in vocational or skills training while in this prison?	74%	74%	74%	43%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	49%	60%	49%	54%
11.3	Have you been involved in education while in this prison?	82%	80%	82%	48%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	54%	62%	54%	62%
11.3	Have you been involved in offending behaviour programmes while in this prison?	70%	72%	70%	43%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	41%	54%	41%	54%
11.4	Do you go to the library at least once a week?	33%	47%	33%	27%
11.5	Does the library have a wide enough range of materials to meet your needs?	48%	45%	48%	
11.6	Do you go to the gym three or more times a week?	38%	39%	38%	66%
11.7	Do you go outside for exercise three or more times a week?	64%	47%	64%	73%
11.8	Do you go on association more than five times each week?	81%	77%	81%	82%
11.9	Do you spend ten or more hours out of your cell on a weekday?	28%	16%	28%	13%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	39%	36%	39%	37%
12.2	Have you had any problems with sending or receiving mail?	41%	43%	41%	37%
12.3	Have you had any problems getting access to the telephones?	14%	22%	14%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	40%	27%	40%	

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Percentages which are not highlighted show there is no significant difference					
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	84%	83%	84%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	39%	33%	39%	
13.2	Contact by letter?	18%	38%	18%	
13.2	Contact by phone?	12%	26%	12%	
13.2	Contact by visit?	42%	33%	42%	
13.3	Do you have a named offender supervisor in this prison?	82%	67%	82%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	72%	73%	72%	52%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	60%	55%	60%	63%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	48%	46%	48%	
13.6	Offender supervisor?	39%	35%	39%	
13.6	Offender manager?	20%	27%	20%	
13.6	Named/ personal officer?	10%	14%	10%	
13.6	Staff from other departments?	18%	17%	18%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	69%	66%	69%	77%
13.8	Are there plans for you to achieve any of your targets in another prison?	12%	23%	12%	
13.9	Are there plans for you to achieve any of your targets in the community?	23%	28%	23%	
13.10	Do you have a needs based custody plan?	5%	6%	5%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	17%	13%	14%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	32%	34%	32%	
13.12	Accommodation?	35%	37%	35%	
13.12	Benefits?	36%	38%	36%	
13.12	Finances?	23%	27%	23%	
13.12	Education?	29%	35%	29%	
13.12	Drugs and alcohol?	37%	44%	37%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	49%	57%	49%	50%



Diversity analysis

Key question responses (ethnicity and religion) HMP&YOI Parc 2013

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		25	174	20	177
1.3	Are you sentenced?	84%	95%	100%	93%
1.5	Are you a foreign national?	13%	3%	5%	4%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	92%	99%	95%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			75%	5%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	2%	5%	2%
1.1	Are you Muslim?	63%	3%		
1.12	Do you consider yourself to have a disability?	20%	23%	15%	23%
1.13	Are you a veteran (ex-armed services)?	8%	5%	5%	5%
1.14	Is this your first time in prison?	32%	33%	25%	34%
2.6	Were you treated well/very well by the escort staff?	52%	73%	50%	72%
2.7	Before you arrived here were you told that you were coming here?	68%	64%	70%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	58%	85%	67%	83%
3.3	Were you treated well/very well in reception?	68%	71%	69%	71%
3.4	Did you have any problems when you first arrived?	54%	59%	50%	60%
3.7	Did you have access to someone from health care when you first arrived here?	71%	67%	67%	68%
3.9	Did you feel safe on your first night here?	71%	85%	83%	83%
3.10	Have you been on an induction course?	83%	88%	83%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	46%	46%	55%	45%

Key to tables

Diversity analysis

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	82%	82%	88%	81%
4.4	Are you normally able to have a shower every day?	96%	97%	94%	97%
4.4	Is your cell call bell normally answered within five minutes?	35%	37%	35%	36%
4.5	Is the food in this prison good/very good?	21%	25%	17%	25%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	46%	62%	45%	61%
4.7	Are you able to speak to a Listener at any time, if you want to?	37%	58%	45%	56%
4.8	Do you feel your religious beliefs are respected?	48%	40%	71%	37%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	71%	58%	78%	57%
5.1	Is it easy to make an application?	67%	84%	78%	82%
5.3	Is it easy to make a complaint?	42%	52%	45%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	49%	67%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	54%	55%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	11%	5%	10%
7.1	Do most staff, in this prison, treat you with respect?	69%	81%	82%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	71%	78%	70%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	23%	28%	21%
7.4	Do you have a personal officer?	87%	82%	94%	82%
8.1	Have you ever felt unsafe here?	29%	24%	28%	25%
8.2	Do you feel unsafe now?	13%	7%	17%	7%
8.3	Have you been victimised by other prisoners?	17%	22%	11%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	4%	11%	5%	11%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	2%	5%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	1%	5%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	2%	5%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	2%	0%	2%
8.6	Have you been victimised by a member of staff?	42%	32%	55%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	4%	11%	11%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	1%	11%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	1%	17%	1%
8.7	Have you been victimised because of your nationality? (By staff)	13%	2%	5%	3%
8.7	Have you been victimised because you have a disability? (By staff)	4%	5%	5%	5%
9.1	Is it easy/very easy to see the doctor?	22%	29%	11%	29%
9.1	Is it easy/ very easy to see the nurse?	42%	50%	39%	50%
9.4	Are you currently taking medication?	37%	45%	28%	45%
9.6	Do you feel you have any emotional well being/mental health issues?	17%	35%	5%	36%
10.3	Is it easy/very easy to get illegal drugs in this prison?	31%	32%	42%	31%
11.2	Are you currently working in the prison?	69%	68%	82%	67%
11.2	Are you currently undertaking vocational or skills training?	26%	11%	29%	11%
11.2	Are you currently in education (including basic skills)?	26%	31%	35%	30%
11.2	Are you currently taking part in an offending behaviour programme?	17%	10%	18%	10%
11.4	Do you go to the library at least once a week?	37%	33%	39%	32%
11.6	do you go to the gym three or more times a week?	58%	36%	61%	37%
11.7	Do you go outside for exercise three or more times a week?	63%	65%	61%	65%
11.8	On average, do you go on association more than five times each week?	71%	83%	83%	82%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	29%	28%	39%	26%
12.2	Have you had any problems sending or receiving mail?	33%	42%	39%	42%
12.3	Have you had any problems getting access to the telephones?	4%	15%	0%	15%

Diversity Analysis



Key question responses (disability, age over 50, age under 21) HMP&YOI Parc 2013

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

Key to tables

Any percentage highlighted in green is significantly better		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50	Prisoners under the age of 21	Prisoners aged 21 and over
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		44	154	26	172	22	176
1.3	Are you sentenced?	88%	96%	96%	94%	100%	94%
1.5	Are you a foreign national?	0%	5%	4%	4%	10%	3%
1.6	Do you understand spoken English?	100%	100%	100%	100%	100%	100%
1.7	Do you understand written English?	98%	99%	96%	99%	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	11%	13%	7%	14%	18%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	3%	4%	2%	0%	3%
1.1	Are you Muslim?	7%	11%	4%	11%	9%	10%
1.12	Do you consider yourself to have a disability?			38%	19%	18%	22%
1.13	Are you a veteran (ex-armed services)?	7%	5%	7%	5%	9%	5%
1.14	Is this your first time in prison?	25%	35%	38%	32%	59%	30%
2.6	Were you treated well/very well by the escort staff?	68%	71%	65%	71%	45%	73%
2.7	Before you arrived here were you told that you were coming here?	57%	67%	58%	65%	41%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	81%	85%	81%	82%	81%
3.3	Were you treated well/very well in reception?	64%	73%	65%	72%	73%	71%
3.4	Did you have any problems when you first arrived?	73%	55%	69%	57%	64%	58%
3.7	Did you have access to someone from health care when you first arrived here?	56%	71%	54%	70%	62%	69%
3.9	Did you feel safe on your first night here?	72%	86%	73%	84%	82%	83%
3.10	Have you been on an induction course?	87%	88%	96%	86%	76%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	48%	52%	45%	30%	48%

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	79%	83%	96%	80%	70%	84%
4.4	Are you normally able to have a shower every day?	93%	98%	96%	97%	100%	97%
4.4	Is your cell call bell normally answered within five minutes?	37%	37%	54%	34%	35%	37%
4.5	Is the food in this prison good/very good?	20%	26%	38%	23%	9%	27%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	57%	62%	58%	61%	64%	60%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	56%	65%	54%	45%	57%
4.8	Do you feel your religious beliefs are respected?	33%	43%	58%	38%	32%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	59%	65%	59%	50%	61%
5.1	Is it easy to make an application?	80%	83%	88%	81%	91%	81%
5.3	Is it easy to make a complaint?	42%	53%	48%	51%	53%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	53%	44%	50%	38%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	56%	54%	53%	35%	56%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	18%	7%	7%	10%	24%	8%
7.1	Do most staff, in this prison, treat you with respect?	69%	82%	81%	79%	79%	80%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	73%	80%	69%	66%	71%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	26%	21%	27%	21%	18%	22%
7.4	Do you have a personal officer?	79%	84%	93%	81%	68%	85%
8.1	Have you ever felt unsafe here?	32%	24%	23%	25%	19%	26%
8.2	Do you feel unsafe now?	16%	6%	7%	8%	0%	9%
8.3	Have you been victimised by other prisoners?	37%	18%	19%	22%	24%	21%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	9%	7%	10%	0%	11%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	3%	0%	3%	0%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	1%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	2%	0%	4%	0%	4%
8.5	Have you been victimised because of your age? (By prisoners)	2%	3%	0%	3%	5%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	0%	4%	1%	0%	2%
8.6	Have you been victimised by a member of staff?	52%	28%	31%	33%	37%	33%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	10%	12%	9%	4%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	3%	0%	4%	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	3%	0%	4%	0%	4%
8.7	Have you been victimised because of your nationality? (By staff)	4%	3%	4%	4%	0%	4%
8.7	Have you been victimised because of your age? (By staff)	2%	4%	0%	4%	9%	3%
8.7	Have you been victimised because you have a disability? (By staff)	18%	1%	7%	4%	0%	5%
9.1	Is it easy/very easy to see the doctor?	28%	28%	46%	25%	34%	28%
9.1	Is it easy/ very easy to see the nurse?	41%	50%	76%	45%	40%	50%
9.4	Are you currently taking medication?	82%	34%	69%	40%	24%	47%
9.6	Do you feel you have any emotional well being/mental health issues?	73%	20%	35%	31%	43%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	34%	31%	12%	35%	19%	33%
11.2	Are you currently working in the prison?	50%	72%	60%	69%	55%	69%
11.2	Are you currently undertaking vocational or skills training?	10%	14%	8%	13%	5%	13%
11.2	Are you currently in education (including basic skills)?	40%	27%	36%	28%	10%	32%
11.2	Are you currently taking part in an offending behaviour programme?	15%	10%	8%	11%	5%	12%
11.4	Do you go to the library at least once a week?	41%	31%	16%	36%	28%	34%
11.6	Do you go to the gym three or more times a week?	21%	44%	27%	41%	35%	39%
11.7	Do you go outside for exercise three or more times a week?	64%	64%	65%	64%	75%	63%
11.8	On average, do you go on association more than five times each week?	69%	84%	69%	83%	84%	81%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	21%	29%	32%	27%	10%	30%
12.2	Have you had any problems sending or receiving mail?	48%	40%	42%	41%	40%	41%
12.3	Have you had any problems getting access to the telephones?	19%	12%	23%	12%	24%	12%

Wing comparator



Prisoner survey responses (vulnerable prisoner wings) HMP&YOI Parc 2013

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

Key to tables

Any percentage highlighted in green is significantly better	Vulnerable prisoner wings (C, D and X wings)	All other Wings
Any percentage highlighted in blue is significantly worse		
Any percentage highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned	43	157
SECTION 1: General information		
1.2 Are you under 21 years of age?	2%	14%
1.3 Are you sentenced?	79%	98%
1.3 Are you on recall?	2%	7%
1.4 Is your sentence less than 12 months?	2%	5%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	1%
1.5 Are you a foreign national?	3%	5%
1.6 Do you understand spoken English?	100%	100%
1.7 Do you understand written English?	95%	99%
1.8 Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	14%	12%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	2%
1.1 Are you Muslim?	7%	11%
1.11 Are you homosexual/gay or bisexual?	7%	2%
1.12 Do you consider yourself to have a disability?	41%	17%
1.13 Are you a veteran (ex-armed services)?	9%	4%
1.14 Is this your first time in prison?	56%	26%
1.15 Do you have any children under the age of 18?	44%	52%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	35%	13%
2.5 Did you feel safe?	79%	81%
2.6 Were you treated well/very well by the escort staff?	70%	71%
2.7 Before you arrived here were you told that you were coming here?	56%	67%
2.8 When you first arrived here did your property arrive at the same time as you?	88%	89%

Wing comparator

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wings (C, D and X wings)	All other Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	40%	31%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	83%
3.3	Were you treated well/very well in reception?	57%	75%
	When you first arrived:		
3.4	Did you have any problems?	72%	55%
3.4	Did you have any problems with loss of property?	9%	8%
3.4	Did you have any housing problems?	12%	12%
3.4	Did you have any problems contacting employers?	0%	1%
3.4	Did you have any problems contacting family?	49%	15%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	1%
3.4	Did you have any money worries?	12%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	19%	12%
3.4	Did you have any physical health problems?	28%	6%
3.4	Did you have any mental health problems?	19%	14%
3.4	Did you have any problems with needing protection from other prisoners?	7%	3%
3.4	Did you have problems accessing phone numbers?	44%	18%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	60%	89%
3.6	A shower?	21%	33%
3.6	A free telephone call?	26%	75%
3.6	Something to eat?	63%	83%
3.6	PIN phone credit?	30%	77%
3.6	Toiletries/ basic items?	56%	50%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	54%	54%
3.7	Someone from health services?	56%	71%
3.7	A Listener/Samaritans?	30%	38%

Wing comparator

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wings (C, D and X wings)	All other Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.7	Prison shop/ canteen?	26%	45%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	38%	61%
3.8	Support was available for people feeling depressed or suicidal?	38%	57%
3.8	How to make routine requests?	41%	57%
3.8	Your entitlement to visits?	38%	55%
3.8	Health services?	38%	58%
3.8	The chaplaincy?	38%	53%
3.9	Did you feel safe on your first night here?	70%	86%
3.10	Have you been on an induction course?	81%	89%
3.12	Did you receive an education (skills for life) assessment?	91%	90%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	38%	49%
4.1	Attend legal visits?	44%	57%
4.1	Get bail information?	3%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	60%	44%
4.3	Can you get legal books in the library?	29%	36%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	83%	81%
4.4	Are you normally able to have a shower every day?	91%	99%
4.4	Do you normally receive clean sheets every week?	90%	89%
4.4	Do you normally get cell cleaning materials every week?	76%	68%
4.4	Is your cell call bell normally answered within five minutes?	59%	31%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	72%
4.4	Can you normally get your stored property, if you need to?	24%	19%
4.5	Is the food in this prison good/very good?	30%	23%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	64%
4.7	Are you able to speak to a Listener at any time, if you want to?	65%	53%

Wing comparator

Key to tables

		Vulnerable prisoner wings (C, D and X wings)	All other Wings
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.8	Are your religious beliefs are respected?	49%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	60%
4.10	Is it easy/very easy to attend religious services?	41%	34%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	84%	82%
	For those who have made an application:		
5.3	Is it easy to make a complaint?	40%	54%
	For those who have made a complaint:		
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	21%	24%
SECTION 6: Incentives and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	58%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	9%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	70%	83%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	72%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	29%
7.4	Do staff normally speak to you most of the time/all of the time during association?	21%	22%
7.5	Do you have a personal officer?	83%	83%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	35%	22%
SECTION 8: Safety			
8.2	Do you feel unsafe now?	12%	7%
8.4	Have you been victimised by other prisoners here?	29%	20%
	Since you have been here, have other prisoners:		

Wing comparator

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wings (C, D and X wings)	All other Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Made insulting remarks about you, your family or friends?	14%	11%
8.5	Hit, kicked or assaulted you?	7%	5%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	12%	9%
8.5	Taken your canteen/property?	2%	3%
8.5	Victimised you because of medication?	5%	3%
8.5	Victimised you because of debt?	0%	4%
8.5	Victimised you because of drugs?	2%	3%
8.5	Victimised you because of your race or ethnic origin?	0%	3%
8.5	Victimised you because of your religion/religious beliefs?	0%	1%
8.5	Victimised you because of your nationality?	2%	3%
8.5	Victimised you because you were from a different part of the country?	5%	5%
8.5	Victimised you because you are from a Traveller community?	5%	0%
8.5	Victimised you because of your sexual orientation?	2%	1%
8.5	Victimised you because of your age?	0%	3%
8.5	Victimised you because you have a disability?	5%	1%
8.5	Victimised you because you were new here?	2%	3%
8.5	Victimised you because of your offence/crime?	10%	1%
8.5	Victimised you because of gang related issues?	2%	3%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	35%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	12%	13%
8.7	Hit, kicked or assaulted you?	5%	6%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	12%	9%
8.7	Victimised you because of medication?	0%	5%
8.7	Victimised you because of debt?	0%	3%

Wing comparator

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wings (C, D and X wings)	All other Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Victimised you because of drugs?	0%	3%
8.7	Victimised you because of your race or ethnic origin?	0%	4%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%
8.7	Victimised you because of your nationality?	7%	3%
8.7	Victimised you because you were from a different part of the country?	0%	5%
8.7	Victimised you because you are from a Traveller community?	5%	0%
8.7	Victimised you because of your sexual orientation?	2%	1%
8.7	Victimised you because of your age?	2%	4%
8.7	Victimised you because you have a disability?	16%	2%
8.7	Victimised you because you were new here?	2%	5%
8.7	Victimised you because of your offence/crime?	2%	3%
8.7	Victimised you because of gang related issues?	2%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	33%	26%
9.1	Is it easy/very easy to see the nurse?	52%	47%
9.1	Is it easy/very easy to see the dentist?	12%	8%
9.4	Are you currently taking medication?	65%	38%
9.6	Do you have any emotional well being or mental health problems?	37%	31%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	12%	34%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	37%
10.4	Is it easy/very easy to get alcohol in this prison?	7%	23%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	2%	9%

Wing comparator

Key to tables

Any percentage highlighted in green is significantly better	Vulnerable prisoner wings (C, D and X wings)	All other Wings
Any percentage highlighted in blue is significantly worse		
Any percentage highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities		
Is it very easy/ easy to get into the following activities:		
11.1 A prison job?	51%	59%
11.1 Vocational or skills training?	40%	40%
11.1 Education (including basic skills)?	40%	55%
11.1 Offending behaviour programmes?	11%	21%
Are you currently involved in any of the following activities:		
11.2 A prison job?	63%	69%
11.2 Vocational or skills training?	10%	14%
11.2 Education (including basic skills)?	37%	28%
11.2 Offending behaviour programmes?	7%	12%
11.4 Do you go to the library at least once a week?	26%	35%
11.5 Does the library have a wide enough range of materials to meet your needs?	38%	50%
11.6 Do you go to the gym three or more times a week?	26%	42%
11.7 Do you go outside for exercise three or more times a week?	47%	69%
11.8 Do you go on association more than five times each week?	74%	83%
11.9 Do you spend ten or more hours out of your cell on a weekday?	28%	28%
SECTION 12: Friends and family		
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	40%
12.2 Have you had any problems with sending or receiving mail?	52%	38%
12.3 Have you had any problems getting access to the telephones?	23%	11%
12.4 Is it easy/ very easy for your friends and family to get here?	33%	42%
SECTION 13: Preparation for release		
13.3 Do you have a named offender supervisor in this prison?	71%	85%
For those who are sentenced:		
13.10 Do you have a needs based custody plan?	8%	5%
13.11 Do you feel that any member of staff has helped you to prepare for release?	7%	14%