

Report on an unannounced inspection of

# **HMP Parc**

by HM Chief Inspector of Prisons

**11–22 November 2019**

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



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

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### **Glossary of terms**

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

# Introduction

HMP Parc is a category B local men's prison holding convicted adult and young adult offenders, as well as a considerable number of prisoners convicted of sexual offences. It is a very large and complex prison, with over 1,600 prisoners at the time of this inspection. Opened in 1997, it is situated near Bridgend in South Wales and is operated under contract by G4S Care and Justice Ltd.

The prison was last inspected in January 2016, on which occasion our judgement was that safety at Parc was not sufficiently good, respect was reasonably good and the remaining tests of purposeful activity and rehabilitation and release planning were both at our highest level, good. On this occasion the judgements were broadly similar, except that we now found safety to have improved to reasonably good. These are impressive findings for this kind of prison, particularly given the challenging environment in which so many prisons have been operating over the past few years.

The improved grade in safety was a significant achievement in the current context across the custodial estate. Parc had managed to buck the trend in terms of the overall and very large increases in violence that have been recorded. We were particularly impressed by the oversight of the use of force by staff. There was a robust review process, significant managerial input and a clear determination to learn from incidents and share that learning with staff. We have recognised the whole approach to this issue as good practice, and would recommend the approach taken at Parc to others who might wish to learn from it.

As well as the decline in levels of violence over the previous two years, it was pleasing to see that there had been a recent decline in the levels of self-harm, although they were much higher than at the time of the last inspection. Nevertheless, there were some good initiatives, such as the care and support offered to prisoners on their first night in custody, and the safer custody team was working hard to derive the maximum benefit from challenge, support and intervention plans (CSIPs). It was also of note that positive rates in drug tests had declined in the past year, and measures had been introduced which may have contributed to this. While it was true that drugs were still too readily available, positive action was being taken to address the problem. Overall, we took the view that the work that had been done across various areas to improve safety – probably reflected in the early signs of improvement in several areas – was sufficient to improve our rating to 'reasonably good'.

In our survey, over half the prisoners at Parc told us that they had a problem with their mental health. However, only 23% said that they had received help to address their issues, which was a lower figure than at comparable prisons. The demand was not properly quantified in a health needs assessment and, possibly because of this, while support was available for some needs, there were inadequate interventions and support for others. One of our key concerns arising from this inspection was that this weakness should be addressed, with a full range of therapeutic interventions to be made available for all psychiatric conditions.

A very positive feature of Parc was the quality of the relationships between staff and prisoners: 73% of prisoners told us that they were treated with respect by staff, and the key worker scheme appeared to be working well. While it was certainly the case that the prison was generally clean and well maintained, and there was reasonably good access to facilities such as laundry and showers, there was room for improvement in the area of food. In our survey, a mere 28% of prisoners said that the food was good, and less than a third told us that they always or on most occasions had enough to eat. It was good to see a prison where all meals were taken communally, but these very poor perceptions of the food, which were reinforced by our own observations, do need to be addressed.

We have explained our concerns and made recommendations to address them, and I shall only make specific mention of a few of them in this introduction as they are clearly set out in the relevant sections of the report. It is important to note that 17% of the prisoners held at Parc had been convicted of sexual offences, but intervention provision was woefully inadequate. It was certainly the case that some prisoners were transferred to other prisons to receive appropriate interventions, but given the size of the sex offender population at Parc, there should have been provision within the establishment itself.

As an inspectorate, we frequently highlight how important it is that prisoners are released to settled accommodation to begin their life back in the community. The lack of appropriate, or as we see far too often, any accommodation at all, is widely recognised as a major factor that can contribute to reoffending. At Parc, some 100 prisoners were released on average each month, and 17% of them did not have an address to go to. We saw a great deal of effort going into rehabilitation and release planning at Parc, and indeed our overall judgement in this area was that the outcomes for prisoners warranted our highest grading. However, there is a serious risk that much of this good work could be undermined by prisoners not having appropriate accommodation on their release. We have therefore made a recommendation directly to Her Majesty's Prison and Probation Service (HMPPS) that it should work with the Welsh Government to ensure that accommodation is available for prisoners on release.

Although there is a body of opinion that large prisons are inferior to smaller establishments, Parc shows that this need not be the case. In fact, I gained a clear impression of how Parc has avoided being inflexible or monolithic in its service provision, and has, in fact, used its size and breadth of resources to provide a range of services to different groups that simply could not be made available in smaller establishments. For instance, there were bespoke services for prisoners with learning disabilities or autism. There was an excellent unit focusing on veterans, and young adults had specialist provision, as did vulnerable prisoners and those with assisted living needs. Parc has, of course, also retained its international reputation for the work carried out with children and families. The result is that it does not feel like a huge establishment for the prisoners held there, and it certainly did not merit the pejorative description of a 'warehouse' that is sometimes aimed at large establishments.

Parc has benefitted from consistency of leadership over many years, and it was clear during my meetings with the governor, senior management and staff at Parc that they were rightly proud of what has been achieved. Of course, as with every prison, there was room for improvement, some of it urgent and in key areas, but overall this was a prison that, as we considered it, was fulfilling its core purposes and performing well.

**Peter Clarke CVO OBE QPM**

HM Chief Inspector of Prisons

February 2020

# Fact page

## Task of the establishment

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

## Certified normal accommodation and operational capacity<sup>1</sup>

Prisoners held at the time of inspection: 1,612

Baseline certified normal capacity: 1,559

In-use certified normal capacity: 1,559

Operational capacity: 1,699

## Notable features from this inspection

*In our survey, 52% of prisoners said that they had a mental health problem.*

*The Offender Management in Custody model had been fully implemented for prisoners from Wales.*

*Cynnwys unit provided assisted living conditions for prisoners with a wide range of disabilities.*

*The prison held remand prisoners, young adults, a large population of prisoners convicted of a sexual offence, older prisoners as well as the adult male population.*

*There were no interventions for prisoners convicted of a sexual offence.*

## Prison status (public or private) and key providers

Private – run by G4S Care and Justice Ltd

Physical health provider: G4S Health

Mental health provider: G4S Health

Substance misuse provider: G4S Health

Learning and skills provider: G4S Education

Community rehabilitation company (CRC): Wales CRC

Escort contractor: GeoAmey

## Prison group/Department

Wales

## Brief history

Located in Bridgend, South Wales, HMP/YOI Parc was the first prison to be built in the UK under the private finance initiative (PFI), and opened in November 1997. G4S Care and Justice Ltd has a 25-year operating contract to manage the prison on behalf of Her Majesty's Prison and Probation Service which runs until 2022. Parc holds a complex mix of residents, including young people aged 15–17 years, young adults, life-sentenced prisoners and those who have committed sexual offences, making it one of the largest prisons in the UK.

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

**Short description of residential units**

A2 is the induction/early days in custody unit for main residential prisoners.

A4 (Dewis unit) provides a follow-on unit from induction.

Cynnwys unit provides assisted living conditions for prisoners who have learning difficulties or disabilities, autism spectrum disorder and/or brain injury.

B3 is the young adults unit, where there is a focus on promoting positive and respectful behaviour among younger prisoners.

D unit is the substance misuse support unit, tailored specifically for individuals experiencing dependent and/or problematic substance use.

T1 is the first time in custody/college unit, providing focused access to education in a learning environment.

T3 is the first time in custody and military veterans unit.

T4 is the families and significant others unit.

T5 (Taith unit) provides support to offenders on the thinking skills programme and Resolve accredited interventions.

Coed unit houses vulnerable prisoners – both convicted and on remand.

X1 is the induction/early days in custody unit for vulnerable prisoners.

X3 and T6 are assisted living units for prisoners who are older or clinically vulnerable.

**Name of governor/director and date in post**

Janet Wallsgrove (2005)

**Independent Monitoring Board chair**

Brian Thomas

**Date of last inspection**

30 November – 1 December 2015; 18–22 January 2016



# About this inspection and report

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

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

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

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

**Respect** Prisoners are treated with respect for their human dignity.

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

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

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

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

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

A5 Our assessments might result in one of the following:

- **Key concerns and recommendations:** identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- **Recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.
- **Examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.<sup>2</sup> The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>3</sup>

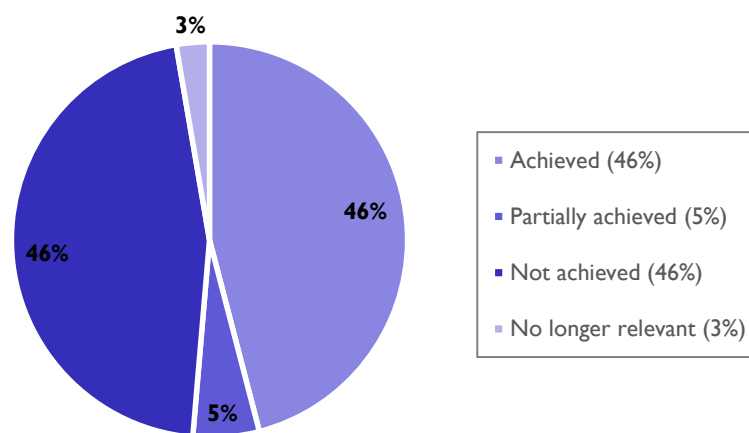
<sup>2</sup> <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

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

# Summary

- S1 We last inspected HMP Parc in 2015 and made 37 recommendations overall. The prison fully accepted 31 of the recommendations and partially (or subject to resources) accepted three. It rejected three of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 17 of those recommendations, partially achieved two recommendations and not achieved 17 recommendations. One recommendation was no longer relevant.

**Figure 1: HMP Parc progress on recommendations from last inspection (n=37)**



- S3 Since our last inspection of HMP Parc, outcomes for prisoners stayed the same in three healthy prison areas, with Respect remaining reasonably good, and Purposeful activity and Rehabilitation and release planning remaining good. Safety improved from not sufficiently good to reasonably good.

**Figure 2: HMP Parc healthy prison outcomes 2015 and 2019<sup>4</sup>**



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

## Safety

- S4** *Prisoners arrived at the establishment with a range of needs, particularly substance misuse and mental health problems. Staff on first night and induction were supportive and worked well to address these issues. Violence among prisoners was marginally higher than at similar prisons. Behaviour management was reasonably good. Oversight of use of force was particularly good. The regime on the segregation unit was limited. There had been six self-inflicted deaths since the previous inspection. A large number of prisoners needed support to prevent self-harm and suicide. Managers had implemented initiatives to prevent substance misuse, reduce the risk of debt and provide activity for those at risk. Levels of self-harm, while reducing over the previous year, were much higher than at the time of the previous inspection **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S5** *At the last inspection, in 2015, we found that outcomes for prisoners in HMP Parc were not sufficiently good against this healthy prison test. We made seven recommendations in the area of safety.<sup>5</sup> At this inspection, we found that six of the recommendations had been achieved and one had not been achieved.*
- S6** Facilities in the reception area had improved and were good. Prisoners we observed being admitted were treated well and supported, and the assessment procedures were sound. Newly admitted prisoners were issued with a cash advance, in order to reduce the risk of accumulating debt.
- S7** There were high levels of need on arrival; in our survey, 79% of respondents said that they had had problems on arrival at the prison, with more prisoners than at similar prisons saying that they had been depressed, had substance misuse problems or had other mental health problems.
- S8** First night cells were clean and adequately equipped. The induction process for mainstream prisoners was comprehensive, and was now organised in two phases, better to meet the needs of first-time prisoners. Induction on the vulnerable prisoner unit, while adequate, was less structured. Prisoners were consulted on how the content and format of the induction process could be improved.
- S9** Levels of violence among prisoners were slightly higher than in comparable prisons. The number of assaults on staff was low. Behaviour management was generally reasonable but undermined, in part, by a lack of challenge and supervision from some staff. Challenge, support and intervention plans<sup>6</sup> were used to address violent behaviour and support victims. The plans we reviewed were of high quality and unit staff had a good knowledge of them.
- S10** The incentives and earned privileges (IEP) scheme was not used by staff to motivate good behaviour, even though there were some good incentives. The separate incentives scheme for 18–25-year-olds on B3 unit incentivised good behaviour, with immediate rewards. The number of adjudications was higher than in comparable prisons. Charges were generally appropriate but records did not demonstrate adequate inquiry. The proportion of adjudications outstanding on the vulnerable prisoner unit was too high.

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

<sup>6</sup> Challenge, support and intervention plans (CSIPs) are used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Some prisons also use the CSIP framework to support victims of violence.

- S11 Force was used appropriately to resolve incidents of violence. Levels of use of force were relatively high. Governance was good, with the footage of all incidents being viewed. Analysis and use of learning points to inform refresher training was good practice. The quality assurance process for use of force paperwork was comprehensive and had reduced the levels of outstanding use of force reports. Staff used their body-worn cameras for nearly every incident.
- S12 The number of prisoners held on the segregation unit was lower than in comparable prisons. However, there was a large number of prisoners segregated on the units pending an adjudication. The regime on the segregation unit was limited. Despite some reintegration planning, a large proportion of those held on the segregation unit were transferred to other establishments.
- S13 The management of security intelligence was good, with a proactive response to the information received. There was a comprehensive drug supply reduction policy and managers had implemented a range of measures to reduce the availability of drugs. The number of positive mandatory drug tests, while lower than in 2018/19, was higher than at comparable sites and at the time of the previous inspection.
- S14 There were high levels of need among the population; in our survey, 52% of prisoners reported having a mental health problem, and a large proportion (27%) had been subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm. Reducing self-harm was regarded as a priority, and over the previous 12 months a more integrated approach, based on trauma-informed principles, had been adopted to try to achieve this. This involved a greater involvement of specialist staff, and action to reduce use of illicit drugs and prevent prisoners from accumulating debt.
- S15 Although reducing over the previous year, the level of self-harm remained high and was considerably higher than at the time of the previous inspection. Since the previous inspection, there had been six deaths categorised as self-inflicted and five as non-natural, and a further one was yet to be classified. Recommendations made by the Prisons and Probation Ombudsman (PPO) were taken seriously, and 'learning lesson' exercises were carried out promptly. Most of the recommendations had resulted in an adequate response, but there were weaknesses in the quality of recording and the way that observational checks were carried out. During the inspection, there were 60 prisoners on ACCT documentation. Those we spoke to were positive about their treatment, particularly those with complex needs, located on the safer custody unit. The quality of ACCT documentation was too variable. Care maps lacked detail and the timing of some observations was too predictable. In addition, there were weaknesses in mental health care. Managers made particular efforts to ensure that prisoners at risk of self-harm who were also on the basic level of the IEP scheme were given opportunities to attend work or education.

## Respect

**S16** *Staff–prisoner relationships were positive and the key worker scheme was working well. Internal and external areas were clean, well maintained and graffiti free. Prisoners had justifiably poor perceptions of the food provided. Applications and complaints were well managed. The equality team was relatively new in post and consultation was developing well. Equality provision was reasonably good for most groups. The chaplaincy was unable to meet the needs of all faiths. Most health services remained reasonably good but secondary mental health provision was poor. **Outcomes for prisoners were reasonably good against this healthy prison test.***

**S17** *At the last inspection, in 2015, we found that outcomes for prisoners in HMP Parc were reasonably good against this healthy prison test. We made 20 recommendations in the area of respect. At this inspection, we found that of the recommendations seven had been achieved and 13 had not been achieved.*

**S18** In our survey, 73% of respondents said that most staff treated them respectfully, and we saw generally positive interactions between staff and prisoners in all areas. Staff supervision was good overall but some lower-level rule breaking, such as vaping on the landings, was not always challenged. The personal officer scheme had been replaced by the key worker scheme, and this was working well. Prisoners were positive about their key worker, and staff demonstrated a good knowledge of the prisoners in their care.

**S19** The external grounds were well maintained and tidy. Living accommodation and communal areas were generally clean, well equipped and with little graffiti. Access to cleaning materials, laundry and showers was reasonably good. In our survey, only 32% of respondents said that cell call bells were answered within five minutes, and there was still no system to monitor this.

**S20** In our survey, only 28% of respondents said that the quality of the food provided was very or quite good, which was worse than at comparable prisons. This finding was reinforced by our own observations and by comments from prisoners during the inspection. Much of the equipment in the kitchen was in need of repair. All meals could be eaten communally, and some food could be prepared on the units.

**S21** Some prisoner consultation forums took place, and had informed changes for prisoners, but these varied in regularity across the units. The central management system (CMS; the electronic kiosks used to process prisoner requests) was popular among prisoners, and they used them to make most of their applications. However, the system often crashed, causing understandable frustration. The number of complaints submitted was similar to that at the time of the previous inspection, and most were in relation to property, residential matters and food. The responses we saw were respectful and timely.

**S22** The strategic management of equality and diversity was a mixed picture; there was a new strategy in place but it was not widely known about and there was no process for monitoring its implementation. Monthly equality reports were extensive and detailed, but structured in such a way that it was difficult to identify instances of disproportionality. A monthly meeting had been in place since September 2019 but was not well attended. Its focus was mainly limited to considering the monthly equality report. Delays in dealing with discrimination incident report forms had been addressed by the director and the system now worked effectively. There were regular consultations with prisoners with shared protected characteristics. The prison provided a range of services, support and interventions for prisoners with needs related to particular protected characteristics. Individual plans were in

place for transgender prisoners but were not always implemented effectively. Details of prisoners on personal emergency evacuation plans were not always readily available. Faith provision for most prisoners was reasonable but a lack of chaplains for some religions meant that not all prisoners were able to practise their faith fully.

- S23 Many prisoners described access to health services and treatments as being problematic, but we found an appropriate range of appropriate primary care services, with short waiting times for most, including the GP. Support for patients with long-term conditions had improved as a result of enhanced staffing. Social care arrangements were well established and good individual support packages were delivered.
- S24 Demand for mental health services was high and, while primary care services had improved, there was insufficient capacity in the secondary mental health team to deliver appropriate care and treatment for prisoners with complex needs. Provision for prisoners with learning difficulties was impressive.
- S25 Demand for clinical substance misuse treatment had more than doubled since the previous inspection but was well managed, and designated psychosocial support was improving provision. Officer supervision of medicine administration on most units was appropriate and queues were generally well ordered, but arrangements in the health care pharmacy were inadequate.
- S26 Access to dental provision was good, except for vulnerable prisoners residing on X unit, who had more restricted access to the service.

## Purposeful activity

**S27** *Most prisoners could access a regime that met our expectations and fewer prisoners were locked up during the working day than at the time of the previous inspection. Gym and library provision were both good. Prisoners worked to a high standard in many areas and achievement rates were good. Attendance, punctuality and behaviour in learning, training and work were good. Teaching was of a high standard in most sessions and the use of peer mentors was excellent. Managers delivered a well-planned curriculum and there was enough activity to occupy the population. The unemployment rate had reduced, and was low. **Outcomes for prisoners were good against this healthy prison test.***

**S28** *At the last inspection, in 2015, we found that outcomes for prisoners in HMP Parc were good against this healthy prison test. We made five recommendations in the area of purposeful activity. At this inspection we found that two of the recommendations had been achieved, two had been partially achieved and one had not been achieved.*

- S29 The amount of time out of cell had increased for most prisoners, and those on the enhanced level of the IEP scheme who worked full time could now be out of their cells for over 12 hours a day. In our roll checks, we found 29% of prisoners locked up during the day, which, although too many, was lower than at the time of the previous inspection.
- S30 The library service was generally good but, despite steps taken to improve the provision for vulnerable prisoners, the offer on X unit was still more limited than for other prisoners. PE provision was good.
- S31 In vocational workshops, employability courses and in education sessions, nearly all prisoners made effective progress towards their learning goals. Their overall success rates consistently

exceeded the prison's contractual requirements, and compared favourably with those of other prisons in Wales. Nearly all learners acquired useful skills that would help them progress into employment or training. Course work and practical work were completed to a good standard. There were good examples of outreach work supporting prisoners to engage in education and to develop essential skills. Many learners improved their literacy and numeracy by at least one level, and a few progressed to levels two or three.

- S32 Most prisoners knew who to talk to if they had concerns, and they showed a high level of trust in teaching staff and peer mentors. They responded well to interventions that supported their well-being, such as rehabilitation programmes, counselling, learning support and creative arts. Learners developed important skills in tolerance, resilience and respect. Most of them attended their lessons regularly and punctually. They settled into structured activities quickly, sustained good levels of concentration and completed tasks purposefully. Nearly all prisoners established good relationships with tutors, showing respect to staff and other prisoners.
- S33 Nearly all teachers developed positive and supportive working relationships with prisoners. Many provided valuable encouragement, advice and verbal feedback to help prisoners to improve their work. Many tutors planned engaging sessions to help prisoners to further their knowledge and develop new skills. However, a few tutors did not cater well enough for the full range of learners' abilities with their groups. Many tutors across the provision took good advantage of opportunities to develop prisoners' numeracy and literacy skills in the context of the vocational or academic learning. The provision catered for prisoners' abilities and interests well, offering a wide range of choice.
- S34 Peer mentors worked effectively with learners. They inducted new starters, demonstrated skills and shared their knowledge with their fellow prisoners, and played a useful role in assessing learners' work.
- S35 Prisoners' educational needs and abilities were assessed effectively on induction. Staff used assessment outcomes well to identify prisoners with additional needs. The peer partner and mentor role had had a positive impact on the well-being and standards of the peer partners, mentors and prisoners. Data were used well to develop strategies and tailor provision to support learners on their learning journey and prepare them well for their release. In a few areas, information about prisoners was not shared effectively.
- S36 There was sufficient purposeful provision to meet prisoners' needs, with good opportunities for them to combine education and work within their activity timetable. The number of fully unemployed prisoners had reduced since the previous inspection, and was low. Senior leaders prioritised learning, skills and employment within the strategic planning and management of the prison. A comprehensive self-assessment report benchmarked learners' performance levels against those recorded for a broad range of similar providers, making effective use of data to identify strengths and areas for improvement within the provision. The quality development plan prioritised appropriately areas for development, and progress was monitored. Planning made effective use of labour market information and employer partnerships, to inform the development of learning activities that improved prisoners' opportunities for employment. Staff had good access to training, but in a few cases performance assessment did not take full account of staff development needs. While the prison had invested widely in information technology equipment, the installation of the virtual campus (internet access for prisoners to community education, training and employment opportunities) had not yet been completed.



## Rehabilitation and release planning

**S37** *Work to support prisoners to maintain contact with children, families and significant others remained among the best we have seen. Managers had implemented the Offender Management in Custody model well. Offender managers worked hard to complete offender assessment system (OASys) assessments, and the backlog was small. Contact between key workers and prisoners was good and there was regular liaison between prison offender managers and their counterparts in the community. Public protection arrangements were good. With the exception of prisoners convicted of a sexual offence, a wide range of appropriate programmes and interventions was provided. The community rehabilitation company provided a timely assessment of the needs of prisoners approaching release, but around 17% of prisoners did not have accommodation to go to on the day of release. **Outcomes for prisoners were good against this healthy prison test.***

**S38** *At the last inspection, in 2015, we found that outcomes for prisoners in HMP Parc were good against this healthy prison test. We made five recommendations in the area of resettlement.<sup>7</sup> At this inspection, we found that two of the recommendations had been achieved, two had not been achieved and one was no longer relevant.*

**S39** In our survey, more prisoners than at comparator prisons answered most of the questions about maintaining contact with family and friends positively. The prison had maintained its impressive approach to supporting prisoners' links with families and significant others, and since the previous inspection had also expanded the provision available. Visits facilities were good, including those for vulnerable prisoners. The daily visits timetable was supplemented by family visits and initiatives such as parent/teacher events. Barnardo's Cymru ran the visitors centre and provided support to prisoners and their families.

**S40** The prison had a comprehensive reducing reoffending strategy, based on a good analysis of prisoner needs, and was well advanced in the rollout of Offender Management in Custody (OMiC),<sup>8</sup> including the provision of key workers and prison offender managers (POMs). We reviewed 15 cases of prisoners who had recently arrived, were due for release or were in the establishment on a long-term basis. All cases that required an offender assessment system (OASys) assessment had one, completed to a reasonable standard, and also a sentence plan and a risk management plan where required.

**S41** The OASys backlog was small. At the time of the inspection, 86 prisoners who should have had an assessment did not have one; 54 of these were the responsibility of the prison, and 32 the responsibility of community partners. These were being followed up by the prison. Prisoners who did not qualify for an OASys under OMiC had been seen by a POM, and this had resulted in the creation of a shared document visible to all prison staff. It addressed screening for risk of harm, interventions, care leaver status and recorded details of contact with the prisoner.

**S42** The implementation of OMiC was well advanced. Key work sessions took place regularly and there was evidence of liaison with the offender management unit (OMU) and resettlement team. Caseloads were high, and meaningful contact between prisoners and POMs was low. This lack of regular contact was mitigated by the regular key worker input. Too many prisoners experienced delays to their release on home detention curfew.

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

<sup>8</sup> The OMiC model was introduced in 2017. In the first stage, prison officer key workers were introduced with the aim of having regular contact with individual prisoners. The second phase sees the introduction of core offender management and prison offender managers.

- S43 Public protection work was given appropriate priority. The initial assessments made by POMs and administrators identified relevant concerns and included appropriate licence conditions for release. It was clear from the cases we reviewed that the OMU had managed the release of multi-agency public protection arrangements (MAPPA) cases effectively, including the completion of information-sharing paperwork (MAPPA F forms) and the sharing of information between the POM and the community offender manager. Processes to assess child contact restrictions were effective, and arrangements to conduct and review telephone and mail monitoring were managed well.
- S44 Recategorisation processes were prompt, but transfers to the open estate could be slow and the prison had not yet made any use of release on temporary licence to mitigate this.
- S45 The prison offered several accredited and unaccredited interventions, but there was nothing for prisoners convicted of sexual offences, despite the prison having made considerable efforts to provide a suitable programme in-house. This was a big gap in provision, given that these prisoners made up 17% of the population. This was mitigated to some extent by the number of progressive transfers that the prison arranged to other establishments offering interventions that addressed sexual offending.
- S46 On average, over 100 prisoners were released each month. The community rehabilitation company resettlement team provided a timely assessment of their needs. Despite the best efforts of staff, around 17% of prisoners had been released without an address over the previous six months. St Giles Trust staff helped prisoners to open bank accounts before release. On-site Jobcentre Plus workers gave advice on claiming benefits and also arranged community appointments for prisoners to make claims when released. Arrangements for the day of release were good.

## Key concerns and recommendations

- S47 Key concern: The level of need among the prison population appeared to have increased, and this placed greater pressure on support services. Despite evidence of a decline over the previous year, the level of self-harm remained very high and, combined with the relatively large number of self-inflicted deaths, continued to cause serious concern.

**Recommendation: Levels of self-harm should be reduced as a matter of urgency.**

- S48 Key concern: The demand for mental health services was high and service provision did not meet demand. Although the support available for mild to moderate problems had improved, the range of specialist interventions and support for prisoners with more complex needs was inadequate and too many patients waited too long to access existing services.

**Recommendation: The mental health needs of the population should be established and the model of service should provide prompt assessment and timely access to integrated support and a full range of therapeutic interventions for all psychiatric conditions.**

- S49 Key concern: Vulnerable prisoners on X unit could access only a single weekly dentist session, which could have resulted in them facing delays in receiving urgent care.

**Recommendation: All prisoners should have equitable access to dental care, including the provision of urgent care.**

- S50 Key concern: Prisoners' individual learning plan targets were not consistently clear, or personalised to drive improvement planning. In a minority of cases, they were not specific enough to help prisoners focus on exactly what they needed to do in the shorter term to make the best progress they could.

**Recommendation: Prisoners' individual learning plan targets should be personalised to drive improvement planning.**

- S51 Key concern: Seventeen per cent of Parc's population was convicted of a sexual offence but there were no specific interventions available there to address their offending behaviour. Instead, they had to transfer to other prisons to access interventions.

**Recommendation: Prisoners who are convicted of sexual offences should be able to access relevant offending behaviour interventions without the need to transfer to another prison.**

- S52 Key concern: In spite of efforts made by the resettlement team and the prison, around 17% of prisoners released over the previous six months had left the prison without an address to go to, which undermined resettlement opportunities.

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



# Section 1. Safety

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

## Early days in custody

### Expected outcomes:

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

- I.1 We received no complaints about the way that new arrivals were treated during their journey to the prison. Late arrivals at the prison were rare and most new admissions were dealt with during the working day, when there were sufficient staff available.
- I.2 The reception area was spacious, clean and well maintained, and provided a positive first impression of the prison. The facilities in reception had improved since the previous inspection, with more private interview space and a separate holding room now designated for vulnerable prisoners, allowing these prisoners to be separated more easily. A body scan machine had recently been installed in the reception area and, after some initial teething problems, trialling of this technology and new procedures was just being carried out.
- I.3 In our survey, 79% of respondents said that they had had problems when they arrived, which was higher than at the time of the previous inspection (61%): 42% said that they had been depressed, 30% that they had had other mental health problems and 18% that they had had problems with drugs or alcohol, each of which was higher than the respective comparators.
- I.4 Prisoners we observed being admitted to the prison were dealt with courteously and sensitively, and this was reflected in our survey results. New arrivals underwent a comprehensive initial assessment interview, conducted by a member of staff in private. They were then seen for a more informal discussion by an Insider (a prisoner who introduces new arrivals to prison life), who gave them a hot drink and provided them with verbal and written information about prison routines and the services that could be accessed. In an attempt to reduce the risk of accumulating debt, and as part of the overall attempt to reduce self-harm, newly admitted prisoners were issued with a cash advance. This helpful initiative was being developed further through a proposal which had just been submitted, to obtain funding to set up a small shop in the reception area. This would enable prisoners to obtain the products they bought immediately, eliminating the delays with the current system (see also paragraph 2.13).
- I.5 First night cells were clean and adequately equipped. Mainstream prisoners were initially located on A2, and newly arrived vulnerable prisoners were now placed on X1 unit, and no longer shared a split regime with other prisoners on the safer custody unit. In our survey, responses to questions about first night access to nicotine replacement, toiletries and a free telephone call were better than at comparator prisons. An additional visual welfare check was carried out on all new arrivals before midnight, as well as a further three irregular checks during the night.
- I.6 The induction process for mainstream prisoners was organised into two phases, and was comprehensive. The first part took place on A2 and lasted three days. This was delivered by prisoner representatives and staff, and covered the mandatory requirements. The second section, delivered on A4, was designed for prisoners who were new to custody, and lasted

for two weeks. This second phase included useful and relevant input on how to avoid getting into debt; educational material about the impact of using illicit drugs; and basic training on first aid. Vulnerable prisoners received their induction on XI; this was led by a single member of staff and was less structured than for mainstream prisoners, but was adequate.

- 1.7** Prisoners were consulted on how the content and format of the induction process could be improved, and the most recent exercise was to result in the second phase of the induction programme being streamlined.

## Managing behaviour

### Expected outcomes:

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

### Encouraging positive behaviour

- 1.8** Levels of violence among prisoners had increased since the previous inspection, and were slightly higher than at other establishments, but had been reducing each year since reaching a peak in 2017.
- 1.9** In the previous six months, there had been 45 assaults against staff, which was lower than at similar prisons and about the same as at the time of the previous inspection. There had been only five serious assaults against staff in this period, which was lower than at comparable prisons.
- 1.10** The senior management team had recently reviewed the structure of the safer custody department, which managed the violence reduction strategy and the systems used to manage violence. They had employed a behaviour analyst and introduced a senior member of staff as a harm reduction manager, and their input was visible in the high quality of challenge, support and intervention plans (CSIPs).<sup>9</sup> For each CSIP, there was a detailed action plan which was bespoke to the prisoner, and a senior member of staff was allocated as a case manager. There were 17 CSIPs in place at the time of the inspection. In addition to the senior team, there were five support and engagement workers, who met the prisoners on a CSIP regularly, were involved in their day-to-day management and conducted investigations into every violent incident.
- 1.11** There was a weekly safety intervention meeting, which discussed every prisoner on a CSIP, reviewed each action plan and made further recommendations to support the prisoners involved. This meeting was multiagency and detailed, with good input from health services staff; it was clear that the prisoners under discussion were known well and that the actions discussed were completed as a priority. Staff on the units were made aware of each prisoner on a CSIP through briefings and an internal, intranet-based information sheet.
- 1.12** The safer custody team had also reviewed the violence reduction strategy and meeting format, using the lessons learnt from the previous system and input from the new professionally qualified team to inform this process. The resultant meetings and action plan were of high quality.

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<sup>9</sup> Challenge, support and intervention plans (CSIPs) are used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Some prisons also use the CSIP framework to support victims of violence.

- I.13** Of the 17 CSIPs we saw, only one was for a victim of violence. We found six prisoners who were self-isolating and remaining in their cells as they felt unsafe – five because of debt and one owing to the nature of their offence. The regime for these prisoners was restricted to an hour out of their cell each day, when they were allowed to go outside, make applications and do laundry. The prison monitored this group well; the support and engagement team tried to reintegrate them but there were no formal plans, little other support and few interventions available to them, and nearly all were listed for transfer to other prisons.
- I.14** The prison operated two incentives and earned privileges (IEP) schemes: one for the 18–25-year age group (residing on B3 unit) and one for the rest of the prison. The aim of these schemes was to promote good behaviour and challenge low-level poor behaviour without resorting to charges under the code of discipline.
- I.15** There were some good initiatives to promote good behaviour, but staff did not always use these and there was an over-reliance on the adjudications system. We observed numerous occasions when staff did not challenge prisoners' low-level poor behaviour – for example, vaping on the landings, swearing and not dressing appropriately (see also paragraph 2.2).
- I.16** The main IEP scheme worked on a points system; if a prisoner gained 10 points they moved up to either the standard or enhanced level (depending on their current level); if they lost 10 points, they could be demoted by a level. There were good incentives to progress, and few prisoners were on the basic level of the scheme at any one time. Those who were on the basic level had comprehensive behaviour management plans and weekly reviews.
- I.17** The IEP scheme on B3 was incentivised, with instant rewards and merit slips for good behaviour. The three prisoners with the most merits at the end of the month selected a prize; this was popular among these prisoners and had improved standards of behaviour.

## Adjudications

- I.18** There had been 3,904 adjudications in the previous six months, which was higher than in comparable prisons. There were too many charges for low-level offences that should have been dealt with by using the IEP scheme or by talking to the prisoners concerned. Adjudications for vulnerable and mainstream prisoners were held on the vulnerable prisoner unit and on the segregation unit, respectively, and were managed separately.
- I.19** Most adjudications were conducted on the segregation unit. To ensure that the number outstanding remained manageable, 25 were heard each day; this consisted of all newly laid charges, with the balance coming from those that had been adjourned for various reasons. This initiative had worked in keeping down the backlog, and the number outstanding was only 97 on the day we inspected this. However, this had influenced the quality of enquiry in each adjudication, and we saw some poor examples in the records we viewed. To compound this, the director had stopped the quality assurance process, and so this poor-quality enquiry went unchallenged.
- I.20** A total of 190 adjudications had been held on the vulnerable prisoner unit over the previous six months. Levels of enquiry for these were better than on the segregation unit, as unit directors had more time to conduct the hearings. However, at the time of the inspection there were 57 outstanding hearings that had been adjourned, some of which dated back six months.
- I.21** The system used to provide a conduct report for prisoners who were found guilty was good. It included a chronological record of past adjudications and the punishment given for each

finding of guilt, and behaviour reports from unit officers, work supervisors and any other interested staff who had helped. The punishments given were proportionate.

## Use of force

- I.22** Force had been used 584 times in the previous six months, which was higher than in comparable prisons and at the time of the previous inspection.
- I.23** A senior manager had oversight of a small team consisting of a control and restraint<sup>10</sup> coordinator who was also an instructor, and an administrator who managed and advised on the use of force across the prison. The coordinator viewed footage of every use of force, to ensure that it was appropriate and to highlight any training needs. There was plentiful footage available for each incident as the prison had extensive closed-circuit television coverage, and staff used their body-worn cameras for nearly every incident. If a member of staff was seen on review without their camera turned on (indicated by a red light on the camera) during an incident, they were reprimanded by a manager.
- I.24** Any instances of inappropriate use of force or poor application of control and restraint techniques were highlighted at the monthly use of force meeting, along with a comprehensive analysis of the reasons for the force being used. This analysis was detailed, looking at whether the individual concerned was on an assessment, care in custody and teamwork (ACCT) case management document, or had mental health issues; the staff involved; the area of the prison where the incident took place and many other factors. This enabled the prison to have a good understanding of why force was used and to inform a strategy to try to reduce its use.
- I.25** The instructors also used the lessons learned from this analysis and the viewing of footage to improve training for staff. Video footage, with the identities of those involved concealed, was used to show staff both good and bad practice. The impact of this was seen in the footage of the incidents we viewed, with staff using de-escalation techniques in every case and good application of control and restraint techniques.
- I.26** Use of force reports were completed in a timely manner; at the time of the inspection, there were only 27 outstanding for the last 12 months. Each planned use of force was authorised by the duty manager who oversaw the incident, who then completed an initial review and began the quality assurance process. The quality assurance process for use of force paperwork was good; it was signed off by the deputy director and provided another level of safeguarding to the already impressive review process.
- I.27** Special accommodation had not been used in the previous six months.

## Good practice

- I.28** *The quality of use of force, its management and the quality assurance of its use were excellent; the use of force coordinator viewed all incidents, with all good and bad practice highlighted at the use of force meeting and used to improve training for staff.*

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<sup>10</sup> 'Control and restraint' is the term used by HMPPS for the techniques and regulations used by trained staff to restrain refractory adult male prisoners and restore order after acts of concerted indiscipline.



## Segregation

- I.29** A total of 258 prisoners had been segregated in the previous six months, which was lower than in comparable prisons. The segregation unit had 24 cells over two floors; at the time of the inspection, there were 20 prisoners located there, with two of the cells out of action. The unit was clean and bright, and the cells were well maintained.
- I.30** About two-thirds of the prisoners on the unit at the time of the inspection had been located there owing to their disruptive behaviour. All of these prisoners were waiting for a transfer as they had either refused to return to the units or could not be returned because of their behaviour. The remaining third were on punishment following a proven adjudication. Some efforts were made to reintegrate prisoners back onto the units but a large number were transferred out; in the previous six months, 103 prisoners had been transferred out from the segregation unit.
- I.31** Each prisoner's segregation was authorised correctly and reviewed by a panel weekly. Authorities for extended stays (of over 42 days) were subject to approval from the prison group director, who oversaw all the prisons in the region. Segregation reviews were completed in a timely manner and the director attended reviews at the 84-day stage.
- I.32** The chaplain visited the unit daily but it was not clear from the records that someone from the health care team attended every day. The GP attended three times a week, however, and an independent monitoring board member and the director attended weekly.
- I.33** The regime for segregated prisoners was restrictive, especially for those who were held there for extended periods (for example, two prisoners had been held in segregation for more than 84 days in the previous six months). They were offered half an hour on the exercise yard, a shower and a telephone call each day. In our survey, only 33% of respondents who had been segregated said that they had had access to the exercise yard each day, which was far lower than at similar prisons. Owing to the large number of prisoners segregated, their sequential unlocking to make telephone calls started just after breakfast and continued through the day; however, calls could not be made in the evenings, making family contact difficult.
- I.34** A total of 353 prisoners had been segregated on the residential units pending an adjudication over the previous six months for an offence against the code of discipline, which was much higher than at comparable prisons. This type of segregation should occur only when there is a risk to either the prison, the prisoner or some other person, but we found that it was routinely used for low-level offences.

## Recommendation

- I.35** **The segregation unit regime should be enhanced, to ensure that prisoners consistently get time outside and are able to contact their families at an appropriate time.**

## Security

### Expected outcomes:

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

- I.36** Physical security procedures were proportionate. There were numerous outside work parties, and these prisoners had been risk assessed to work unsupervised in the prison grounds and garden areas.
- I.37** A total of 5,943 information reports had been submitted in the previous six months, and these had been managed well. Nearly all of these reports had been reviewed, and any subsequent actions agreed within 48 hours of being submitted. To ensure that the reports were appropriately prioritised, a red, amber, green rating system was used.
- I.38** The prison achieved 100% of the targeted drug tests and 80% of the requested targeted searches, and managers ensured that staff numbers were adequate, when needed, as part of a proactive approach to respond to this information.
- I.39** The prison produced a monthly local tactical assessment, which was an analysis of all the information reports submitted, as well as of the causes of, and main areas for, violence, and any drug finds and trends in supply into the prison. Usefully, there was also an analysis of the effect of action taken in that month and previously on the issues being identified. This information was fed into the monthly security meeting. Security objectives were set at this meeting and progress against these objectives was monitored closely. This included objectives to monitor the specific risks associated with having a large population of prisoners convicted of a sexual offence.
- I.40** The prison had used this analysis to identify gaps in its security, and invested in several technological solutions to help to reduce the quantity of drugs entering the prison. The prison had bought an ion scanner, which checked all incoming mail for traces of 'traditional' drugs or psychoactive drugs (PS),<sup>11</sup> and a new body scanner, which came into use during the inspection. A specialised drone detector had successfully reduced the number of drone-delivered illicit packages.
- I.41** Links with the police had improved, and they played an important role in all security-related risk assessments, linking information on individuals associated with organised crime and supporting the prison in reducing the number of illicit packages thrown over the perimeter fence. The police managed a 'crime in prison' database, which allowed greater analysis and enabled both parties to monitor the progress of any prosecutions; for example, all assaults that took place in the prison were recorded there, as well as the outcome of any police investigations.
- I.42** The random mandatory drug testing positive rate was 15.68%, which was higher than at comparable prisons and at the time of the previous inspection. The prison had a good drug supply reduction policy and action plan, which was informed by the local tactical assessment. Both the prison and the local police had a good understanding of the types of substances used and the methods used to bring them into the prison. There had been some recent

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<sup>11</sup> Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see <https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances>.

success in reducing supply and, although the drug testing positive rate was currently statistically higher than in other prisons, there had been an overall downward trend over the last three years.

- I.43** This supply reduction policy was part of a wider, comprehensive drug strategy that brought all areas of the prison together and had separate strands to deal with the various types of substance misuse and the support offered. The drug strategy committee met monthly and was well attended, and each action plan was reviewed and updated there.

## Safeguarding

### Expected outcomes:

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

### Suicide and self-harm prevention

- I.44** There were high levels of need among the population. In our survey, 52% of prisoners reported having a mental health problem and 41% that they had a disability. In addition, 27% of respondents, more than in similar prisons, said that they had been subject to ACCT procedures.
- I.45** Reducing self-harm was regarded as a priority, and over the previous 12 months a more integrated approach, based on trauma-informed principles, had been adopted, to try to achieve this. This involved greater use of specialist staff, including a psychologist and a behaviour analyst, who provided guidance and advice to support operational staff. There was a clear recognition about the potential links between prisoners using drugs, getting into debt and then resorting to self-harm. As a result of this, action had been taken to try to reduce the use of illicit drugs, including the introduction of a body scanner (see also paragraph I.40), as well as providing educational input for prisoners about the dangers of drug use. Measures had also been taken to try to prevent prisoners from accumulating debt, by providing a cash advance on admission (see also paragraph I.4).
- I.46** Despite this new approach, the level of self-harm remained concerning. Although this had decreased over the previous year, from around 130 to around 100 incidents each month, it was considerably higher than at the time of the previous inspection: there had been 608 self-harm incidents in the previous six months, compared with 386 in the same period at the time of the previous inspection. The number of ACCT documents opened in the previous six months was 710, compared with 454 over the same period at the time of the previous inspection, with 332 prisoners involved in self-harming in this period, compared with 234 previously (see key concern and recommendation S47).
- I.47** Since the previous inspection, there had been six deaths categorised as self-inflicted, three categorised as non-natural and two which are awaiting further information. Recommendations made by the Prisons and Probation Ombudsman were taken seriously and regularly reviewed by safer custody staff, as well as being monitored at the monthly safer custody strategy meeting. Most of the recommendations had resulted in an adequate response, but there were weaknesses in the quality of recording and the way that observational checks were carried out. 'Learning lesson' exercises were carried out promptly in advance of any independent scrutiny.

- I.48** During the inspection, there were 60 prisoners on ACCT documentation. Those we spoke to were positive about their treatment, particularly those with complex needs, located on the safer custody unit.
- I.49** The quality of ACCT documentation was mixed. Although quality assurance measures were in place, care maps lacked detail and observations were not always conducted at unpredictable intervals.
- I.50** It was positive to find that the use of anti-ligature clothing had reduced markedly since the previous inspection. In the previous 12 months, there had been only one case where this had been used, and the detailed records reflected that this had been justified.
- I.51** Prisoners subject to ACCT procedures who were on the basic level of the IEP scheme were closely monitored daily, to ensure that they were given opportunities to attend work or education, and received sufficient time out of their cell.

### Protection of adults at risk<sup>12</sup>

- I.52** There was an up-to-date and comprehensive safeguarding policy, which had been produced in collaboration with the Bridgend County Borough Council adult safeguarding team.
- I.53** The deputy governor was the designated safeguarding lead and was an active participant in two local safeguarding boards. A representative from one of the boards had delivered safeguarding awareness raising training to staff at the prison.
- I.54** Since the previous inspection, the introduction of prison-based social workers and an occupational therapist had helped to improve communication and strengthen working relationships between the prison and the local authority.
- I.55** Assessment and referral procedures to identify prisoners who needed a high level of specialist care were suitable, and seven prisoners were in receipt of social care packages, provided by community-based staff, at the time of the inspection.
- I.56** There were arrangements for safeguarding referrals to be made, and this had taken place for a few prisoners since the previous inspection.
- I.57** Prisoners subject to ACCT procedures held on the segregation unit underwent a medical check. However, there was no record to demonstrate that management oversight was being exercised over this particularly vulnerable group of prisoners. Suitable arrangements were put in place by prison managers as soon as we brought this to their attention.

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<sup>12</sup> Safeguarding duties apply to an adult who:

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

## Section 2. Respect

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

### Staff-prisoner relationships

#### **Expected outcomes:**

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

- 2.1 Relationships between staff and prisoners remained good, and in our survey 73% of respondents said that most staff treated them respectfully. Most interactions we observed across the prison were respectful, polite and demonstrated a professional caring approach by staff. The staff we spoke to knew the prisoners in their care well, and many prisoners spoke positively of the staff, describing them as approachable and understanding of their needs.
- 2.2 The residential units were calm, even during association, and we did not hear prisoners playing loud music or shouting from the windows. Staff supervision on the units was good overall, although we saw some low-level rule breaking going unchallenged, such as vaping on the landings, and a few officers remained in wing offices at times when they could have been on the landings.
- 2.3 The personal officer scheme had been replaced by the key worker scheme. This was working well and sessions were documented well by staff. New members of staff told us that they felt well supported by more experienced colleagues. New prisoners were allocated a key worker by a matching process, ensuring that their needs matched the skills of the staff available. In our survey, 62% of respondents said that their named officer was very or quite helpful, and most prisoners we spoke to described being able to turn to their key worker for support, and that this contact was regular and meaningful.

### Daily life

#### **Expected outcomes:**

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

### Living conditions

- 2.4 The prison was well maintained and generally clean. The external grounds were well kept and neat, with impressive horticulture on most of the main outdoor areas (see Appendix IV). However, exercise yards were bleak (see Appendix IV). A small area behind the B residential units was littered with refuse and debris from items that had been thrown from cell windows.
- 2.5 Interior living conditions were good and communal areas on the residential units were mostly bright and clean, with little graffiti, vandalism or damage. Prisoners had access to pool and table tennis in association areas, and they all appeared to be in good working order. In our survey, 69% of respondents said that the communal/shared areas of their units were

very or quite clean. Some prisoners had showers in their cells, and the communal showers were appropriately screened and clean. In our survey, 98% of respondents said that they could shower every day.

- 2.6** Cells were appropriately furnished and prisoners could wash their own clothes on the unit. However, during the inspection there were a few faulty washing machines waiting to be repaired. The prison had recently rolled out an impressive weekly hygiene pack to all prisoners, including soap, a cloth, a cleaning tablet and two toilet rolls. However, prisoner views on this were mixed and some said that they struggled to access additional toilet rolls, and appeared to be unaware that they could ask for more. They were allocated a kettle on arrival and had access to some cooking facilities on the residential units. A few prisoners told us that access to cupboards and curtains had been a problem but that the weekly unit surgeries with staff had helped them to report and resolve maintenance issues, and an all-cell inventory took place every three months.
- 2.7** In our survey, 32% of respondents said their cell call bells were answered within five minutes. However, there was no system to monitor this electronically. The prison had made attempts to improve the system, including weekly checks by operational managers on each residential unit to check response times randomly, but these had not been successful. Cell call bells defaulted to a priority call, whereby a call went through to the control room and the officer was radioed, after one minute. However, there were no audible alarms or landing light indicators on the older units (A, B, C, D units or the safer custody unit) outside of the office, which was concerning.

## Recommendation

- 2.8     Emergency cell call bells should be answered within five minutes.**

## Residential services

- 2.9** In our survey, only 28% of respondents said that the quality of the food provided was very or quite good, which was worse than at comparable prisons. This finding was reinforced by our own observations. In addition, only 30% said that they got enough to eat at mealtimes always or most of the time. Many prisoners we spoke to said that they preferred to buy their own food as an alternative or to supplement the meals provided. However, there was limited access to some of the cooking facilities on the units.
- 2.10** All meals could be eaten communally. Mealtimes were appropriate and consistent, and the supervision of staff at the serveries had improved. Prisoners selected their meals from a four-week rolling menu, which included fruit and vegetables. Breakfast packs were provided on the day before they were due to be eaten. Food comments books were no longer used as prisoners could access the electronic kiosks in the central management system (CMS) to make direct comments to the kitchen.
- 2.11** An external supplier provided some of the food, with the rest prepared freshly on site. At the time of the inspection, however, much of the equipment in the kitchen was in need of repair, including the dishwasher. Food waste was left outside overnight owing to a lack of space, which was concerning. Food dates, times and cooking temperatures were monitored and recorded, and the kitchen food hygiene rating had been inspected in May 2019 and had improved from three (satisfactory) to four (good).
- 2.12** The kitchen was too small for the population of the prison, which restricted the number of prisoners who could work there, and there was a long waiting list. There had been little

formal consultation with prisoners about the food provided but the catering managers had recognised that this needed to improve, and a regular monthly forum had recently started.

- 2.13** The prison shop was run in-house, and there were sufficient items available for prisoners to buy (including newspapers and magazines), weekly, at a reasonable price. All orders were placed using the CMS kiosks. New prisoners who arrived after the day when shop orders were placed had to wait too long to make their first full order. Prisoners could also order goods, including clothing, electrical and religious items, from a range of catalogues.

## **Prisoner consultation, applications and redress**

- 2.14** Prisoner consultation took place through forums, but these varied in regularity across the units. In our survey, 52% of respondents said that they were consulted about food, prison shop, health care and residential unit issues. Some prisoners told us that consultation meetings had resulted in some changes being made but meetings had not taken place on the residential units for several months.
- 2.15** To enhance consultation, the prison had assigned each functional head, such as catering and equality, to carry out its own consultation but this had not been done consistently.
- 2.16** In our survey, 71% of respondents said that it was easy to make an application. Most applications were made using the CMS kiosks. Prison managers had made a decision to keep those that needed to be processed by more than one department as paper based, which reduced delays. Quality assurance of the appropriateness and timeliness of responses had improved since the previous inspection, and those we reviewed had been answered appropriately and promptly. The CMS kiosks were popular among prisoners but they often crashed and broke down, causing understandable frustration.
- 2.17** The number of complaints submitted was similar to that at the time of the previous inspection, and most were in relation to property, residential matters and food. A new complaints policy framework had been introduced, and the complaints process updated. Complaint forms were freely available on each of the residential units, and complaint boxes were emptied by the night manager and passed to the complaints clerk. Forms were logged with a serial number and assigned to the appropriate manager. The CMS kiosks were used to provide an interim response, and this was welcomed by the prisoners we spoke to. The responses we saw were respectful and timely.
- 2.18** Quality assurance of complaint responses was good, analysis took place at the functional heads meeting, to establish patterns and trends, and action was taken to address areas causing the most concern.
- 2.19** There were no legal services staff to help prisoners with legal matters but the equality officer signposted them to legal support. The library held an appropriate range of legal texts. Arrangements for legal visits were satisfactory and the prison had five legal visits rooms in the visits hall. At the time of the inspection, the waiting time for the next available legal visit was not excessive.

## Equality, diversity and faith

### Expected outcomes:

**There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>13</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.**

### Strategic management

- 2.20** The management of equality had recently been reorganized. Positively, the director was now the head of the equality team, and a dedicated equality manager and four equality officers had been recruited. Although a new strategy outlined useful objectives for the prison's work on equality, key staff were not aware of either this or the action plan that had been developed to carry out its provisions. There was no forum to review or monitor the implementation of either the strategy or action plan.
- 2.21** Monthly equality reports were extensive and contained a large amount of data, but much of the information was not particularly useful, and the remainder that was, was not always presented in such a way as to make it easy to identify and track instances of disproportionality or to monitor trends.
- 2.22** A monthly meeting had been held twice since being set up in September 2019. This had been chaired by senior staff members (the director or the head of safer custody) but attendance on each occasion had been limited. The meeting was focused on reviewing the monthly equality report, with limited consideration of other relevant issues.
- 2.23** A network of prisoners was tasked with promoting equality across the prison. Although there was an aspiration to have three tiers of prisoner equality roles – coordinator, mentor and representative – at the time of the inspection one mentor and 17 representatives were in post. Only the mentor and one of the representatives had received equality training, and we found that knowledge of equality varied widely among the representatives. Although job descriptions defining the responsibilities of the various equality roles had been drawn up, most of the representatives we spoke to were not fully clear about what was expected of them. The equality mentor was doing a good job, liaising with the representatives and providing them with advice and support, and there had been a meeting of representatives which had highlighted specific issues and led to better coordination between them.
- 2.24** We found that discrimination incident report forms (DIRFs) that had been submitted earlier in the year had not always been dealt with quickly and effectively, and some who had submitted one at that time had not received a response at all. This had resulted in some prisoners losing confidence in the DIRF process. However, lessons had been learned from these cases, and the process of dealing with DIRFs had improved considerably in the last few months. The director now received, reviewed and assigned DIRFs for follow-up. The DIRFs we reviewed that had been submitted in the last few months had been dealt with appropriately and in a timely fashion.
- 2.25** There were regular consultations with prisoners with shared protected characteristics, in both the main prison and in the area of the prison holding vulnerable prisoners. In the last

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<sup>13</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).



few months, such forums had taken place for black and minority ethnic; Gypsy, Roma, Traveller; gay and bisexual; transgender; and foreign national prisoners, as well as those with disabilities. The forums had varied in usefulness, and many issues identified would have been more appropriately addressed in more general unit forums, although these did not take place regularly across all of the units (see also paragraph 2.14). However, overall, useful information was shared in these meetings, fostering an understanding of the experiences and needs of those consulted.

- 2.26** Specific issues raised, and the necessary actions arising, at each of the consultations were included in a centralised plan for follow-up and tracking, although information on the status of follow-up was not always fed back quickly.
- 2.27** Distinct from the consultation forum, the prison had recently introduced a black and minority ethnic council, led by the director and with participation from prisoner representatives. The council's aim was to improve understanding of the needs of this group of prisoners and adapt services accordingly. The council's initial focus had been on food provision but it was too early to say whether, and to what extent, it would be effective at meeting its objectives.

## Protected characteristics

- 2.28** The prison sought to meet the needs of particular groups of prisoners. Most notably, there were units catering to the specific health needs of prisoners. For instance, the Cynnwys unit provided assisted living support to those with learning difficulties and disabilities, autism spectrum disorder and brain injuries, while T6 and X3 units provided assisted living conditions for older prisoners and those with disabilities.
- 2.29** Not all prisoners with support needs were on specialist units, and there were prisoners on assisted living plans and/or personal emergency evacuation plans (PEEPs) across the prison. We spoke to a prisoner with a long-term condition that meant that he had limited movement in one of his feet and moved around on crutches. Although staff told us that he was on a PEEP, there was no information about this, either in the unit office or on the door to his cell.
- 2.30** More generally, we found that the recording of information about those on PEEPs varied between the units. On some units, there was no information about those on PEEPs on the display boards in the offices. When questioned about this, staff said that they would either know the location of those on PEEPs or they would check case files as necessary. Given that PEEPs relate to emergency situations, neither of these responses were adequate.
- 2.31** Good work was undertaken with foreign national prisoners. One of the equality officers was specifically focused on ensuring that their needs were met. As well as a focus group that identified their concerns, they could attend a regular drop-in service with an immigration officer.
- 2.32** Review boards for transgender prisoners provided a multidisciplinary approach to developing and reviewing plans, ensuring that their needs were met. However, as had been highlighted in focus groups, and through speaking to transgender prisoners, it was apparent that they were still facing specific challenges, particularly in accessing suitable clothes and make-up.

## Recommendations

- 2.33** Information about prisoners who are on personal emergency evacuation plans should be clearly and prominently displayed on or near their cell doors and in the main office.
- 2.34** Transgender prisoners should get easy and quick access to suitable clothes and make-up.

## Faith and religion

- 2.35** Faith provision for most prisoners was reasonable. A managing chaplain led a team of five full-time and five part-time chaplains. The chaplaincy catered well for the faith needs of Christians and Muslims, and a vacancy for a Catholic chaplain was in the process of being filled. There was currently no chaplaincy provision for those of Hindu, Sikh, Buddhist, Rastafarian and Pagan faiths. Although efforts were made to ensure that prisoners from these faiths could practise their religion, some of them told us that the lack of a chaplain of their faith was having a detrimental impact on this.
- 2.36** The multi-faith centre was located in the main part of the prison, and had two large rooms which could be used flexibly for services and events. In another part of the prison, there was a smaller centre that was used specifically for services and events for vulnerable prisoners.
- 2.37** Prisoners could book attendance at services using the CMS kiosks. They could also use these for other faith-related queries or to request support, and we saw evidence that this was working well.
- 2.38** The chaplaincy had a busy calendar of events to celebrate days that were important to a range of religions, and used the CMS kiosks to communicate information about these days to the general prison population.
- 2.39** The chaplains provided pastoral support to individuals and were visible on the units, particularly in areas where prisoners were most likely to be in crisis. Members of the chaplaincy were not invited to all assessment, care in custody and teamwork (ACCT) case management reviews, but they tried to attend the ones that they were told about. The managing chaplain admitted that the chaplaincy lacked resources to attend all such reviews, and was of the view that invitations were sent in instances where it was considered that the chaplaincy might add particular value.
- 2.40** Focus groups on religion had been organised by the equality team in both the main prison and in the area of the prison housing the vulnerable prisoners. These sessions did not involve the chaplaincy, although the minutes were shared with them.

## Health, well-being and social care

### Expected outcomes:

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

### Strategy, clinical governance and partnerships

- 2.41** The inspection of health services was jointly undertaken with Healthcare Inspectorate Wales (HIW) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.
- 2.42** G4S Health Medical Services UK ('G4S') was the main health provider. Subcontracted services included Time for Teeth dental provision and Marnell Medical Services. Swansea Bay University Health Board was responsible for secondary mental health services, commissioned through the Welsh government.
- 2.43** A health needs analysis had been produced but offered limited strategic direction for service provision. Governance processes were in place and regular meetings reviewed clinical activity, but there was little external scrutiny owing to the absence of the partnership board. An over-reliance on self-reporting and oversight by G4S was inappropriate and needed to be addressed.
- 2.44** Clinical audit programmes were in place, including a recent infection control assessment that had indicated some areas to address. The incident management system was used effectively by staff and we saw evidence of lessons from this being shared.
- 2.45** Consultation with prisoners on health issues was strong. It was led by an enthusiastic and committed member of staff who provided support during induction, as well as a valuable patient advice and liaison service which enabled prisoners to resolve individual concerns constructively.
- 2.46** Nurses were available 24 hours a day. Staffing had improved considerably over the last 12 months and was delivering enhanced specialist nursing support. There was effective leadership of the service, and staff told us that they felt well supported, with a good induction, and there was evidence of managerial and clinical supervision. Mandatory training uptake was good and closely monitored. Access to professional development and in-house learning was also provided, linked to individual development and patient need. We observed professional engagement with prisoners throughout the inspection.
- 2.47** The health centre was clean and the equipment well maintained, and treatment rooms on the units were in good condition and fit for use.
- 2.48** Health services staff were appropriately trained to respond to medical emergencies, and equipment was appropriate. Emergency response arrangements had changed since the previous inspection and now included a paramedic who covered the entire site.
- 2.49** There was now an independent health care complaints system, and this was well advertised. However, the responses to these complaints did not consistently address the concerns raised, highlighting the need for improved quality assurance. Feedback across all clinics was sought in the form of questionnaires, in an attempt to improve services.

## Promoting health and well-being

- 2.50** The prison had a coherent approach to health promotion. The health care team utilised a calendar of events reflecting national programmes, and health promotional information was displayed throughout the prison.
- 2.51** Effective initial health screenings and additional secondary assessments enabled timely access to tests for blood-borne viruses and the administration of an appropriate range of immunisations. There was a health lead member of staff for older prisoners, and ongoing support which included substantial support for vulnerable prisoners on X unit.
- 2.52** Prisoners could access age-appropriate national screening programmes through effective liaison with external agencies. Smoking cessation support was provided where necessary, and a sexual health clinic was held, with barrier protection discreetly available on request. There was a local policy for managing outbreaks of communicable diseases.

## Primary care and inpatient services

- 2.53** Initial health screening was undertaken promptly and effectively in reception, with appropriate onward referral to other services when necessary. Secondary screening was routinely offered, and take-up and recording had improved over the last 12 months. Health practitioners regularly attended the segregation unit to support prisoners there, but their attendance was not always properly documented.
- 2.54** Prisoners made appointments through the CMS kiosks, and were usually given a slot for nurse triage in the first instance. They told us that it could be difficult to access services but we found a range of appropriate primary care clinics being run from the health centre, with short waiting times for most, including GP, physiotherapy, optician and chiropody services. GP input was good, and included an excellent out-of-hours service. Medical services included access to an independent pharmacist prescriber, who provided a valuable layer of patient support.
- 2.55** The restructuring of staffing arrangements had resulted in improved, skilled support for prisoners with long-term conditions. We saw care planning being developed but arrangements were not yet fully embedded or personalised. Multidisciplinary oversight and monitoring of patients with pain management issues enabled a consistent and objective approach, particularly when potential drug-seeking behaviour was exhibited.
- 2.56** Access to routine external hospital appointments was rarely curtailed by the prison, and any prioritisation was always coordinated by the GP. Pre-release clinics enabled effective gateway support to community services. A palliative care pathway had been established and was used appropriately.

## Social care

- 2.57** There was a memorandum of understanding between Bridgend County Borough Council and key partners for the provision of social care, and the prison had good oversight of these arrangements. A team of social workers and a dedicated occupational therapist were co-located in the prison, to enable needs to be identified promptly, thorough assessments to be undertaken and the necessary support and adaptations to be directed for the 38 prisoners who were in receipt of some form of social care input. Prisoners referred for assessment in the previous year had been seen promptly, with the council contracting G4S to provide intimate personal care to those who met the threshold, although formal registration of the

service had not yet been completed. We were told that there was no access to specialist community dementia services to enable early assessment and treatment.

- 2.58** G4S employed several health care assistants. At the time of the inspection, they were providing personal care to seven prisoners, most of whom resided on X3 and T6 units and needed substantial assistance with mobility and personal care needs. Carers were well supported and knew these prisoners well, and the prisoners concerned told us that they appreciated the support provided.
- 2.59** Individual care plans and record keeping were generally clear but local authority staff said that important medical information was not always made available to them. The information provided was brief and not always up to date, which could have had an impact on future care.

## Mental health care

- 2.60** In our survey, 52% of respondents said that they had a mental health problem, yet only 23% said that they had received help with this (compared with 41% at similar prisons). Demand for mental health services was high but, disappointingly, this had not been quantified in the recent health needs assessment (see main recommendation S48), and we considered that this should be revisited. Seventy-three per cent of prison staff had received mental health awareness training, and the secondary mental health services provided monthly refresher training.
- 2.61** Services were provided from Monday to Friday. Primary mental health services had improved, and a designated team of mental health nurses ensured that prisoners screened at reception or self-referring were seen promptly. Those with mild to moderate problems could now access self-help literature, peer support, one-to-one work and groups focusing on managing anxiety and low mood. Counselling support was also available, although limited. Designated 'high-risk' nurses prioritised joint work with the safer custody team, covered ACCT reviews and staffed the safer custody unit.
- 2.62** Provision for prisoners with learning difficulties was impressive. A specialist assisted living unit had opened in June 2019 to offer a supportive regime to 70 prisoners, and the prison had been awarded autism accreditation by the National Autistic Society. A team of learning disability nurses offered comprehensive assessments and management plans on the unit and throughout the prison, including X unit.
- 2.63** Secondary mental health services for those with complex mental health issues were provided by the Swansea Bay University Health Board. The team was under-resourced, and also covered another prison. There were insufficient psychiatry sessions, and there was a lack of provision for patients with attention-deficit hyperactivity disorder and older adults, with no occupational therapist, minimal psychology input and no dual diagnosis pathway (for those with co-existing mental health and substance misuse problems; see also paragraph 2.70, and key concern and recommendation S48). The current caseload stood at 62, which was low, considering the size of the prison, with another 13 patients on the waiting list; at the time of the inspection, the longest wait was two months.
- 2.64** New referrals were prioritised at weekly allocation meetings, but those did not include primary mental health or substance misuse services, which limited opportunities for integrated working. Mental health nurses contributed to the challenge, support and

intervention plan<sup>14</sup> process, and attended ACCT reviews and case conferences. Currently, 25 patients were being managed under a care and treatment plan, but there was limited involvement from community mental health teams at pre-discharge meetings.

- 2.65** In the previous six months, three out of four transfers under the Mental Health Act had taken place promptly, with one slightly delayed and another cancelled as the individual concerned had died on the day before transfer.

## Good practice

- 2.66** *There was a specialist assisted living unit for prisoners diagnosed with learning difficulties, and this provided an excellent level of care and support.*

## Substance misuse treatment<sup>15</sup>

- 2.67** The establishment's drug and alcohol strategy had been reviewed earlier in the year, was comprehensive and included action plans for future service development. Strategic and operational oversight and joint working with other departments, such as security, was good.
- 2.68** The prison used a designated substance misuse service, which was part of the Dyfodol consortium and also operated in the community. This new model was still bedding in but it had already increased access to drug- and alcohol-specific support. In response to prisoners' use of psychoactive substances (PS),<sup>16</sup> the prison had introduced a range of measures to reduce harm and manage risk, such as a drug education programme at induction, a PS rapid response service and brief interventions, designated clinics and observational records.
- 2.69** At the time of the inspection, 459 prisoners (30% of the population) were engaging with the service, and interventions included self-management and recovery training (SMART); Alcoholics Anonymous and Narcotics Anonymous groups; counselling; motivational groups; and the Building Skills for Recovery programme, facilitated by the programmes team. Initiatives to broaden provision included named practitioners for other units, piloting an incentivised substance-free living unit and developing groupwork on A unit.
- 2.70** The need for clinical treatment had more than doubled since the previous inspection, and at the time of the inspection 133 prisoners had been prescribed methadone or buprenorphine (heroin substitutes). During the previous six months, 12 prisoners had needed alcohol detoxification on X unit, and this had been safely managed. Treatment was flexible and reviewed jointly with the psychosocial team, but clinical protocols needed updating in light of current practice, and joint working with mental health services was not formalised (see also paragraph 2.63).
- 2.71** Most patients (76) were located on Delta unit, where controlled drug administration was appropriately supervised and which also benefited from peer mentors. Due to the increase in demand, A3 was due to open as an initial drug treatment unit, with facilities to administer controlled drugs.

<sup>14</sup> Challenge, support and intervention plans (CSIPs) are used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Some prisons also use the CSIP framework to support victims of violence.

<sup>15</sup> In the previous report, substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

<sup>16</sup> Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see <https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances>

- 2.72** Pre-release preparation and throughcare arrangements were good. The use of a shared case management database facilitated information sharing with community agencies, and community workers provided an in-reach service to see prisoners before release. Harm reduction advice included naloxone training and the provision of a naloxone kit, to reverse the effects of opiates.

## Medicines optimisation and pharmacy services

- 2.73** Medicines were supplied, mainly on a named-patient basis, from a well-staffed in-house pharmacy. A pharmacist gave advice to patients collecting their medicines from the pharmacy. The prison had recently appointed nine unit-based pharmacy technicians, which had released nursing time, although pharmacy- and unit-based technicians did not work sufficiently cohesively. Prescribing and administration completed on SystemOne (the electronic clinical record) mostly followed an agreed drug formulary (a list of medications used to inform prescribing).
- 2.74** The in-possession policy needed to be reviewed as risk assessments focused on the individual and were not reviewed for each new medicine (such as antibiotics), and we observed this affecting the provision of effective treatment. Risk assessments were reviewed every six months but doctors or dentists did not routinely undertake these. Fifty per cent of prisoners receiving medicines had these in-possession – some for 14 days and others for 28 days. They ordered these directly, and many told us of delays in receiving prescriptions. We found some evidence of this, but considered the delays not to be unreasonable, given the size of the prison. Locked cupboards were available in most, but not all, cells for the safe storage of medicines.
- 2.75** Supervised medicines administration took place mainly at 8am and 4pm, which meant that the recommended dosage schedules of some medicines, including night sedation, could not be adhered to; it also encouraged the prescribing of potent modified-release pain killers, which was inappropriate. However, some provision was available for lunch- and night-time administration. Few tradeable medicines were prescribed.
- 2.76** Officer supervision of drug administration queues was robust on most units but arrangements in the health care pharmacy were inadequate, including the queues for opiate medication, which potentially increased the likelihood of bullying and diversion.
- 2.77** Medicines were available for minor ailments without a prescription but there were limited protocols to provide more potent medicines without the need to see a doctor. Stock reconciliation procedures were in place for medicines used out of hours but not for those supplied for minor ailments. A wide range of simple medicines was available to buy from the prison shop list.
- 2.78** Medicine cupboards were tidy but unused medicines were not promptly removed. Refrigerator temperatures on A and X units were too low, and no remedial action had been taken. The controlled drug cabinet on D unit was not secured as required by law. Community-style prescriptions were available following unplanned releases from court or in emergencies, which was appropriate. Suitable policies were in place and a monthly medicines management meeting had been established, which the pharmacy staff attended.

## Dental services and oral health

- 2.79** Time for teeth provided an appropriate range of NHS treatments, from Monday to Friday, delivered by an experienced team. A wide range of oral health promotion information and oral hygiene advice was provided during dental consultations. A dental nurse provided triage assessment, to ensure that clinical priorities were identified. Routine appointments and ongoing treatments could be accessed in a timely fashion, but not by vulnerable prisoners on X unit; these prisoners had access only to a Friday afternoon session, which could have resulted in them facing delays in receiving urgent care (see key concern and recommendation S49).
- 2.80** Governance processes and infection prevention control arrangements were effective. The dental surgery met all standards. Cleaning was effective, equipment was appropriately maintained, safety checks were undertaken and the disposal of waste was well managed.



## Section 3. Purposeful activity

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

### Time out of cell

#### **Expected outcomes:**

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

- 3.1 Revision of the planned working day since the previous inspection had increased the amount of time out of cell for most prisoners. Those on the enhanced level of the incentives and earned privileges (IEP) scheme who worked full time could be out of their cell for as long as 12.25 hours a day between Monday and Thursday. Others working full time could expect between 10.25 and 11.25 hours, and part-time workers six hours out of their cell on those days. There had also been increases in time out of cell for most prisoners on Fridays and at weekends. However, those without employment or with basic IEP status could be locked up for over 22 hours every day.
- 3.2 The amount of association time varied, depending on IEP and employment status, but the minimum was one hour a day for those on the basic level of the IEP scheme. In our survey, 83% of respondents said that they got association time on more than five days a week, which compared favourably with other category B and C training prisons we have inspected recently (66%).
- 3.3 Outdoor exercise times also ranged upwards from a minimum of one hour a week for those with basic IEP status. Most exercise areas were stark, with a few benches and with no exercise equipment (see Appendix IV).
- 3.4 During the inspection, most movements of prisoners took place at the times they were supposed to, and we saw no evidence of regime slippage or curtailment.
- 3.5 The library was spacious and attractively laid out, and provided a generally good service. In our survey, 51% of respondents said that they could go to the library at least once a week, compared with 32% at the time of the previous inspection. More prisoners said that the library had a wide enough range of materials to suit their needs than at similar establishments we have recently inspected, and than at the time of the previous inspection.
- 3.6 There was now a library annexe in the area of the prison housing the vulnerable prisoners. Although this was much smaller than the main library, we were told that the librarians could bring books and other materials between the sites, according to the interests of the prisoners. Despite this, only 39% of vulnerable prisoners said that the library had a wide enough range of materials to suit their needs, compared with 91% of prisoners in the rest of the prison, and some prisoners we spoke to were not aware that they could access other materials from the main site.
- 3.7 PE provision was good. The gym facilities were well used and in our survey 58% of respondents said that they used the gym at least twice a week.
- 3.8 While it was clearly a challenge to provide access to so many prisoners, the PE department closely monitored the use of exercise facilities by unit, and addressed issues as they arose.

This was leading to innovations; for example, the gym had begun to open at 7am for those on one of the units where most of the prisoners worked full time. This removed the need for working prisoners to make a choice between work and exercise, as we have seen in other prisons.

- 3.9** There were two all-weather pitches, including a new artificial grass sports area which had just been opened, and an indoor ball court. Rehabilitation and weight loss sessions were carried out in the gym, and the PE department was focused on increasing gym use by older prisoners. The department ran a range of courses that gave prisoners the opportunity to gain health and fitness qualifications.
- 3.10** The PE department had well-developed relationships with a large network of external stakeholders, including rugby and football clubs, and this had led to training opportunities for prisoners, as well as regular events.

## Education, skills and work activities (Estyn)<sup>17</sup>

### 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.<sup>18</sup>**

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

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

### Standards

- 3.12** Prisoners' overall success rates consistently exceeded the prison's contractual requirements. Success rates were stronger than those of other prisons in Wales.
- 3.13** In vocational workshops, employability courses and education sessions, nearly all prisoners made effective progress towards their learning goals. In vocational workshops, prisoners developed useful skills that improved their employability, gaining an authentic understanding of what employers would expect of them. A minority of prisoners, such as those in the digital print workshop, were able to demonstrate a sound technical understanding of complex industrial processes. Many used appropriate tools and equipment competently and

<sup>17</sup> This part of the inspection is conducted by Estyn inspectors using Estyn's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

<sup>18</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

with minimal supervision. Peer mentors in vocational settings developed and demonstrated valuable supervisory skills.

- 3.14** A few prisoners took responsibility for developing areas of work, creating opportunities to enhance their existing skills. For example, one prisoner took the initiative to produce high-quality garden furniture in a horticulture unit. One, with no prior experience of horticulture, had developed in-depth experience in growing chilli peppers.
- 3.15** A few prisoners had completed national vocational qualifications in horticulture, which had motivated them to consider this area as a future employment route. In many workshops, learners developed an appreciation of the value of literacy and numeracy.
- 3.16** Most prisoners' course work and practical work were completed to a good standard, with a few producing excellent work. Prisoners being trained as cleaners took care in undertaking their tasks to a high standard. Music learners paid great attention to the performance and technical assembly of their good-quality music tracks. The horticulture team took great pride in the quality and presentation of the prison grounds (see Appendix IV), which they explained were important to maintain an air of normality for their fellow prisoners.
- 3.17** Many learners made good progress in developing literacy and numeracy skills, with nearly all improving these skills by at least one level. A few prisoners had improved from entry level to level three, and one prisoner, who had struggled with numeracy within formal education, had recently started a mathematics-based degree.
- 3.18** Most prisoners achieved qualifications that would support their entry to employment. A few learners were working towards advanced qualifications, with a few progressing to Masters-level degrees. As well as formal qualifications, learners gained valuable skills such as peer and collaborative working, time keeping, following instructions and communicating in groups. A few learners in classes demonstrated advanced oracy skills. Many prisoners told us that they valued the opportunity to combine part-time vocational training with part-time education classes, allowing them to improve their skills and qualifications.
- 3.19** A few prisoners who did not participate in education classes took part in a helpful range of outreach activities. These activities improved their confidence, and many were then encouraged to attend mainstream classes. Unit-based peer mentors provided strong encouragement for these prisoners.

## Well-being and attitudes to learning

- 3.20** Most prisoners felt safe in learning and skills activities, and said that staff dealt with any emerging incidents of bullying or harassment promptly and well. They knew who they could turn to if they had any concerns, and felt that they could confide safely in their tutors and peer mentors. Most prisoners responded positively to the support provided by the prison to enhance their well-being. For example, rehabilitation programmes, counselling sessions, learning support activities and creative arts lessons were all valued as therapeutic.
- 3.21** Many prisoners appreciated the importance of a healthy diet and lifestyle. Most prisoners made good use of the gym facilities.
- 3.22** Most prisoners appreciated the importance of personal development and employability. The majority were keen to develop their skills and achieve qualifications, to improve their employment prospects on release. They engaged confidently and fully in discussions about their experiences in the prison and how they had benefited from these.

- 3.23** Nearly all prisoners attended their lessons regularly and punctuality was good. Prisoners generally settled into activities quickly, sustained good levels of concentration and completed tasks purposefully. Most of them responded positively to the inclusive ethos of the prison's education and work activities, which helped them develop important skills in tolerance, resilience and respect. Many showed high levels of motivation and made productive use of their time in the prison
- 3.24** Many prisoners engaged well with worthwhile community projects and enjoyed the feeling of 'giving something back to the community'. For example, as part of the 'Too good to waste' project, prisoners developed a strong sense of contribution to outside communities. Over time, most developed the confidence and skills to work with increasing independence in lessons.
- 3.25** Nearly all peer mentors were effective role models. They provided valuable support in most lessons; for example, during numeracy lessons peer mentors supported less confident prisoners well, giving clear explanations and reassurance.
- 3.26** The productive working relationships between teaching staff, peers and prisoners were a notable feature of the prison's work. Most prisoners developed highly effective relationships with teaching staff and peers. Many prisoners trusted staff and felt that their opinions were valued, which helped them improve their self-esteem and confidence, and develop positive attitudes to learning. The strength and quality of these relationships promoted a positive atmosphere of trust and respect which was particularly conducive to prisoners' well-being and learning.

### Teaching and learning experiences

- 3.27** Nearly all tutors had valuable relevant knowledge and experience. Nearly all maintained positive and supportive working relationships with prisoners. Many planned engaging sessions to help prisoners to further their knowledge and develop new skills. However, a few tutors did not cater well enough for the full range of learners' abilities within their groups.
- 3.28** Many tutors assessed prisoners' progress skilfully by working with individuals during sessions. These tutors provided valuable encouragement, advice and verbal feedback to help prisoners to improve their work. Written feedback on prisoners' work was constructive and helpful, improving their motivation and self-belief, although a minority of tutors provided only limited written feedback.
- 3.29** Many tutors across the provision took good advantage of opportunities to develop prisoners' numeracy and literacy skills in the context of their vocational or academic learning. For example, learners in carpentry and business enterprise sessions practised and developed their applied numeracy skills by calculating costings and surface areas.
- 3.30** Most peer mentors worked well with prisoners. They inducted new starters effectively, demonstrated important skills and techniques during work and education activities, and shared their knowledge with their fellow prisoners. Most also played a worthwhile role in assessing prisoners' work.
- 3.31** The broad range of provision catered for prisoners' abilities and interests well. The prison had made effective use of labour market information to tailor the activities it offered. Recent expansion of the provision had helped to provide clear progression routes for prisoners in their learning. For example, those who showed interest and ability in information and communications technology had recently been able to progress to studying web design and learning how to program using HTML code.

- 3.32** Each vocational training tutor had recently formed valuable relationships with businesses linked to their respective industries. These links were used effectively to provide valuable current industrial knowledge for tutors and prisoners, and to help prisoners prepare for employment.

### Care, support and guidance

- 3.33** Overall, the prison had created a positive learning environment. There were high expectations in relation to prisoner engagement and progression, with the clear aim of reducing the risk of reoffending.
- 3.34** Induction procedures and assessments were used to good effect. Staff provided prisoners with well-informed advice and guidance on the range of employment and learning opportunities at the prison and, for those nearing the completion of their sentence, in the community. They also used assessment outcomes well to identify prisoners with additional needs.
- 3.35** Across the prison, there were appropriate systems that tracked the progress that prisoners made in their learning, attitudes and achievement of qualifications. Learners too evaluated their progress and set targets for the future. Overall, prisoners had a clear sense of purpose, and understood the benefits of developing their skills. However, their individual learning plan targets were not consistently clear, or personalised to drive improvement planning. In a minority of cases, they were not specific enough to help prisoners focus on exactly what they needed to do in the shorter term, to make the best progress they could (see key concern and recommendation S50).
- 3.36** The prison's broad range of employment and education provision was well matched to the needs of prisoners. It ranged from entry-level courses to vocational pathways, and to postgraduate study. There were clear routes for progression, both within and beyond the prison. The prison had recently developed links with a helpful range of local businesses. These organisations had committed to supporting the employment of prisoners on their release, and just under a third had made job offers.
- 3.37** There were effective arrangements to identify a range of prisoners' needs, including substance dependencies and special educational needs. The prison had recently developed more appropriate provision for prisoners with these needs. Prisoners were able to access a range of support services, and education and employment opportunities on dedicated units. The unit that supported prisoners with additional learning needs was undertaking helpful work with autistic prisoners.
- 3.38** The systematic and coordinated sharing of wider information – for example, in relation to prisoners' special educational needs and/or substance misuse issues – was not developed well enough. As a result, education staff were not always as informed as they needed to be about prisoners with more complex needs, which limited their ability to plan effectively.
- 3.39** Prisoners benefited from the valuable support and guidance of peer partners and mentors, who undertook their roles with commitment and enthusiasm. They demonstrated appropriate levels of empathy and understanding towards their fellow prisoners. They supported the learning of other prisoners well. The peer partner and mentor role had had a positive impact on the well-being and standards of the peer partners, mentors and prisoners.
- 3.40** As a result of the reducing reoffending strategy, the number of prisoners who were unemployed had reduced considerably, and was low. This strategy had resulted in a range of

relatively new approaches that better meet the needs of prisoners and provided them with valuable and meaningful skills in preparation for release.

## Leadership and management

- 3.41** There was sufficient purposeful provision to meet prisoners' needs, with good opportunities for them to combine education and work within their activity timetable. This provided them with valuable, flexible ways to develop skills and qualifications that improved their employability.
- 3.42** Senior leaders prioritised strongly the status they gave to learning, skills and employment within the strategic planning and management of the prison. This had enabled the prison to improve the range of opportunities open to prisoners, such as rail maintenance training and web design, and to introduce qualifications to areas such as horticulture.
- 3.43** Planning made strong use of labour market information and employer partnerships, to inform the development of learning activities that improved prisoners' opportunities for employment, such as in modular housing construction.
- 3.44** The prison's focus on increasing employer engagement had succeeded in improving the attendance of employers at recruitment fairs. This, in turn, had improved prisoners' access to employment. For example, in the most recent event, 24 out of the 75 prisoners who attended were given an offer of employment.
- 3.45** There were effective reporting and data gathering systems, and senior managers used these to monitor closely prisoners' high rates of attendance at activities and achievements of learning or vocational targets.
- 3.46** A comprehensive self-assessment report benchmarked learners' performance levels against those recorded for a broad range of similar providers, making effective use of data and a wide range of evidence to identify strengths and areas for improvement within the provision. The quality development plan prioritised appropriately areas for development. Progress towards these was monitored effectively each month by a quality improvement group, with regular reporting to senior leaders.
- 3.47** Despite staff having good access to training, in a few cases their performance assessment did not take full account of all their development needs.
- 3.48** The prison had invested widely in information technology equipment for learners. However, at the time of the inspection the installation of the virtual campus (internet access for prisoners to community education, training and employment opportunities) had not yet been completed. This had held up prisoners' and teachers' access to a wide range of learning resources.

## Recommendations

- 3.49** Continuing professional development arrangements should be informed by robust identification of the strengths and shortcomings in teachers' skills.
- 3.50** Learners' and teachers' access to online learning resources should be improved.

## Section 4. Rehabilitation and release planning

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

### Children and families and contact with the outside world

#### Expected outcomes:

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

- 4.1 The prison's strategy for family and significant others was comprehensive, and support in this area for prisoners continued to be among the best we have seen. The innovative provision seen at the previous inspection had been further enhanced. This was evident in our survey, with more prisoners than at similar prisons answering most of the questions about maintaining contact with family and friends positively. For example, 97% said that they could use a telephone every day, against the 90% comparator.
- 4.2 T4 unit was the family interventions unit, and held up to 60 prisoners. The unit offered programmes and initiatives to help prisoners to rebuild and develop relationships with their families. Prisoners could apply to move to the unit, or be referred by staff, and a multidisciplinary panel decided on who would benefit most from location there.
- 4.3 The Parc Supporting Families (PSF) team was based on T4, and since the previous inspection had extended the support available to prisoners elsewhere in the prison. Every new prisoner had an induction interview with a PSF worker, to identify the issues for which they needed support. Prisoners who were care leavers or veterans were also identified during this interview. The team's support line for families received about 1,000 calls each month. PSF was also the point of contact for social services and other agencies involved in safeguarding and caring for children in the community. Support for prisoners who were involved in adoption or care processes was available, and free legal advice had been sourced from local solicitors.
- 4.4 As well as monthly family visits sessions, the prison organised a range of focused events for prisoners to attend with their families. These included Baby Bliss, for infants under one year of age (run by Barnardo's Cymru); Language and Play, for pre-school children; the Learn Together Club, for fathers to help school-age children with their homework; parent/teacher events, which took place two or three times each year; and an eight-session family intervention, run in partnership with Action on Addiction.
- 4.5 Invisible Walls Wales (IWW), which was jointly funded by G4S and HMPPS, provided a throughcare family support service. It worked with a small number of prisoners and their families for up to two years, both while in custody and after release. Twenty-six current, or former, prisoners and their families were being supported by the service during the inspection. Data on reconviction rates for participants was being prepared for publication. The service now extended to HMP Eastwood Park (for women), and, with new National

Lottery funding, 'IWW Accord' had been launched by Barnardo's Cymru. This project offered hidden sentence training and a toolkit to schools, for teachers to use when working with children affected by parental imprisonment.

- 4.6** Visits were managed by the family interventions team and took place daily, including evening sessions. The visitors centre, run by Barnardo's Cymru, was a well-equipped environment, where visitors could obtain information and refreshments; share concerns; prepare for their visit; and access any necessary mobility scooters, wheelchairs or child buggies to get to the visits hall. Both the main visits hall and the smaller facility for X unit prisoners were pleasant, and equipped with play areas for children and snack bars that offered hot and cold food and drinks. The family lounge in the main visits hall was used for family support events. Closed visits facilities were less stark than we often see, and included a small play area for children. In our survey, more respondents than at similar prisons (69% versus 46%) said that visits started and finished on time. A free shuttle bus operated between the nearest train station and the visitors centre.
- 4.7** The prison monitored visits usage and compiled quarterly analysis of visiting patterns. The most recent reported that 78% of prisoners had received a visit in the previous year. The proportion who did not receive visits was around a quarter in each analysis. The prison's 'Connect' strategy sought to address the isolation that these prisoners could experience, including the first use of Men's Shed<sup>19</sup> groups in a Welsh or English prison. Work to support care leavers was progressing well, with the appointment of a care leavers worker. She had a caseload of 155 care leavers of all ages, 44 of whom did not receive any visits.

## Reducing risk, rehabilitation and progression

### Expected outcomes:

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

- 4.8** The reducing reoffending strategy was comprehensive, up to date and based on a good analysis of prisoner needs. It recognised the diverse population held at the prison – which included remand prisoners, young adults, a large population of prisoners convicted of a sexual offence, older prisoners and a large sentenced population convicted of a wide range of offences – and the need for individualised support. Just under half the population was assessed as presenting a high or very high risk of harm to others by virtue of their offending behaviour, 55% were serving sentences of four years or longer, 5% were serving indeterminate sentences and just under one-fifth were accused or convicted of a sexual offence. Each part of the strategy had a supporting action plan, and progress was being made against these. The work was overseen by a group of senior managers, who met every two months. Links with the resettlement service provider appointed earlier in the year were developing well (see paragraph 4.26).
- 4.9** The prison was well advanced in its rollout of Offender Management in Custody (OMiC).<sup>20</sup> In the cases we looked at, key worker sessions with their allocated prisoners were taking place regularly, with detailed recording and effective liaison by key workers with the offender management and resettlement teams on behalf of prisoners.

<sup>19</sup> The Men's Shed movement offers community spaces for men, with activities for them to enjoy together and help reduce loneliness and isolation.

<sup>20</sup> Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management and the introduction of prison offender managers, was introduced gradually over 2019 and is now due to be completed during 2020.



- 4.10** Welsh prisoners had been transitioned to phase two of OMiC (which changes the arrangements for the offender management of prisoners in custody), and English prisoners were to transition in the next few weeks. For staff delivering offender management at Parc, this necessitated running two models at the same time, with different areas of responsibility for custodial and community practitioners in the two models. This was being managed well, and, overall, the provision of offender management was well developed. Although the offender management unit (OMU) was split between different locations in the prison, the provision of offender management was central to the prison's approach.
- 4.11** The backlog of prisoners without an offender assessment system (OASys) assessment was small, with 86 prisoners who should have had an assessment not having one. Fifty-four of these were the responsibility of the prison to complete, and 32 the responsibility of community partners. The prison was gradually reducing the number of outstanding assessments, and chasing community partners. In our survey, only 48% of respondents said that they had a custody plan, which was worse than the comparator (60%). Managers in the OMU were surprised at this finding, as each prisoner was given a written outline of their specific objectives for addressing their offending behaviour; during the inspection, they described how they would address this by using key workers to reinforce prisoners' understanding of sentence plan targets.
- 4.12** The OMU included two senior probation officers, four non-operational managers, 20 full-time-equivalent uniformed prison offender manager (POM) posts (including six operational officers, whose deployment to other work was managed to minimise the impact on POM work) and seven and a half full-time-equivalent probation POM posts. Some vacancies were still to be filled, but new staff were gradually being recruited. Vacancies, and the transfer of cases previously managed by substance misuse workers to the POMs, had resulted in high caseloads, with some POMs having over 100 cases. Communication with the well-organised administrative support team was good.
- 4.13** The team had good leadership. The uniformed POMs could progress to a higher tier within the team, and then be assigned more complex cases to manage. Regular team meetings took place and mentoring was provided for new team members. The managers within the team, including the head of function, carried out regular quality assurance, and all POMs had some supervision, either from the senior probation officers or the prison operational managers in the team.
- 4.14** Prisoners told us that they were concerned about their lack of contact with OMU staff. The cases we looked at showed that this contact was sometimes infrequent, until there was a specific reason for it, such as making arrangements for release or reviewing programme reports. POMs said that they hoped to carry out more one-to-one work with prisoners once vacancies in the team had been filled. However, there was very good contact between key workers and the prisoners in their care, with many examples of this leading to good outcomes, such as following up on arrangements for programmes or for release through key worker liaison with POMs or resettlement workers. This mitigated the lack of direct contact between POMs and prisoners.
- 4.15** We reviewed a selection of 15 cases in depth, including prisoners who had recently arrived, were due for release or were in the establishment on a long-term basis. All cases that needed an OASys assessment had one, completed to a reasonable standard, and also a sentence plan and a risk management plan where required. There was a good parole assessment report for a prisoner in the sample who was the subject of a parole board review.
- 4.16** Prisoners who did not qualify for an OASys assessment under OMiC had been seen by a POM, and this had led to the creation of a public protection record for information sharing (PPRIS) document, which was available electronically to all prison staff. The PPRIS had been

designed by managers at the establishment, and addressed screening for risk of harm, interventions, care leaver status and recorded details of contact with, or about, the prisoner. Although not a full OASys assessment, it covered many of the same areas.

- 4.17** Home detention curfew (HDC) was managed well but too many prisoners experienced delays in their release on HDC. Of 185 prisoners granted HDC in the previous six months, 48 had been released after their earliest possible date. This was mainly because of paperwork being returned late or a lack of Bail Accommodation and Support Service accommodation. The small number of prisoners who had not been approved for release on HDC had been refused for justifiable reasons.
- 4.18** The prison had not made any use of release on temporary licence (ROTL), and more needed to be done to ensure that prisoners who were eligible for this had their suitability assessed promptly and had useful options open to them. At the time of the inspection, work to develop a ROTL strategy was nearing completion. The first prisoner to be granted ROTL was expected to be approved to take up an identified work-based placement in the week after the inspection.
- 4.19** At the time of the inspection, 32 prisoners were serving indeterminate sentences for public protection and 59 were serving life sentences, several of whom had been recalled to custody. Prisoners with indeterminate and life sentences were allocated to more experienced POMs but otherwise their management was no different to that of other prisoners.

## Good practice

- 4.20** *The use of the locally devised public protection record for the information sharing document provided a good picture of the risks and needs of prisoners who did not require an offender assessment system (OASys) assessment and was available electronically to all staff, to inform work and interactions with that prisoner.*

## Public protection

- 4.21** Public protection work was a priority for the prison and the OMU. The initial assessments made by POMs and administrators identified relevant concerns, and management of these continued until release, with the inclusion of appropriate licence conditions for release. The cases we reviewed showed that the OMU managed the release of multi-agency public protection arrangements (MAPPA) cases effectively. This included good completion of information-sharing paperwork (MAPPA F forms) and the sharing of information between the POM and the community offender manager. OMU staff had access to the National Probation Service case management system (n-Delius), which helped MAPPA management levels to be identified promptly. The monthly pre-release risk management meeting oversaw the management of prisoners approaching release whose risk gave most cause for concern.
- 4.22** Contact restrictions were applied promptly and reviewed regularly, with input from the senior probation officers. Staff in the post room had access to up-to-date lists of prisoners subject to these restrictions, which they used when processing incoming and outgoing post and emails. There was good management of arrangements to initiate and review telephone and mail monitoring.

## Categorisation and transfers

- 4.23** Categorisation reviews were timely, but several prisoners shared their frustration about the long waits to move to an open prison after being recategorised to D. Sixty-three were waiting to move during the inspection, including some who had been approved suitable for open conditions nearly three months earlier. Managers said that it was not unusual for prisoners to wait two or three months for these transfers, which highlighted the need for more use of ROTL (see paragraph 4.18). There were efficient processes to arrange other transfers, including for progressive moves.

## Interventions

### Expected outcomes:

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

- 4.24** The prison offered several accredited programmes and unaccredited interventions. The programmes team delivered the thinking skills programme (TSP), Resolve (for violence and aggression), Building Skills for Recovery (for substance misuse and reducing the risk of reoffending), Building Better Relationships (for intimate partner violence) and Timewise (a one-to-one intervention addressing violence). The team was on course to achieve its target of nearly 300 prisoners taking up these programme places in 2019/20. Suitability for, and allocation to, these programmes was determined by assessment of need and time left to complete the intervention before release. Prisoners involved in TSP and Resolve were encouraged to live on T5 unit which offered additional support, such as mindfulness groups and peer mentors, to help successful programme completion. Prisoners across the site could access other sources of interventions that supported their progression, including from the PSF team (see paragraph 4.3) and the substance misuse team.
- 4.25** The main gap in provision was for prisoners convicted of sexual offences, who made up 17% of the population. This was despite the prison having made considerable efforts to provide a suitable programme in-house. Although mitigated to some extent by the number of transfers that the prison arranged to other establishments offering interventions that addressed sexual offending, the absence of these interventions at Parc was a weakness.
- 4.26** St Giles Trust, on behalf of Seetec (the Wales CRC contractor), had provided resettlement support since April 2019, gradually building up the on-site team. These workers helped prisoners to open bank accounts before release but had not yet introduced any debt-related work. Prisoners with debts had some support from the RALPH (Resettlement Advice Line Prisoners Helpdesk) team of peer mentors, who could provide template letters to send to creditors. Jobcentre Plus staff were available at the prison each weekday to give prisoners approaching release advice on claiming benefits, or those who needed to close down existing benefits claims. Although prisoners could not begin an online application for Universal Credit in the prison, an appointment at their local Jobcentre Plus was made for their day of release.
- 4.27** Resettlement team workers supported prisoners to find accommodation on release, including writing to local authorities to inform them of the impending release of prisoners who would be homeless. They also made efforts to build up a list of public and private landlords they could approach to provide accommodation, and had information available on support agencies for rough sleepers. The prison was developing its own project to help a small number of younger prisoners into accommodation. Despite these efforts, over the previous six months around 17% of prisoners had been released without an address to go to, which undermined resettlement opportunities. There was no information available on how many who presented to their local authority as homeless on release then had accommodation provided for them. The prison did not monitor the number of prisoners

who sustained their accommodation for 12 weeks after release, to assess the effectiveness of the provision.

## Release planning

### **Expected outcomes:**

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

- 4.28** An average of 100 prisoners were released each month. In the cases we reviewed, the community rehabilitation company (CRC) resettlement team had provided a timely assessment of prisoners' needs, including accommodation (see also paragraph 4.27), and communicated with community offender managers to ensure that these needs were addressed.
- 4.29** Arrangements on the day of release were organised well, but prisoners were routinely strip-searched before release, which was disproportionate. Reception staff gave each prisoner who needed it a plain bag in which to carry their property on release, and a store of non-prison clothing was available, donated by other prisoners for those who had nothing suitable to wear when leaving the prison. Prisoners who were not being met by someone with transport received a travel warrant and were told how to get to trains and buses. If the prison had concerns about the prisoner's ability to get to the local station without help, transport was provided. Staff went through release licences and reporting instructions with prisoners who were about to leave.

## Section 5. Summary of key concerns, recommendations and good practice

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers in the left-hand column refer to the paragraph location in the main report.

Key concerns and recommendations		Directed to:
S47	<p>Key concern: The level of need among the prison population appeared to have increased, and this placed greater pressure on support services. Despite evidence of a decline over the previous year, the level of self-harm remained very high and, combined with the relatively large number of self-inflicted deaths, continued to cause serious concern.</p> <p><b>Recommendation: Levels of self-harm should be reduced as a matter of urgency.</b></p>	<b>The Director</b>
S48	<p>Key concern: The demand for mental health services was high and service provision did not meet demand. Although the support available for mild to moderate problems had improved, the range of specialist interventions and support for prisoners with more complex needs was inadequate and too many patients waited too long to access existing services.</p> <p><b>Recommendation: The mental health needs of the population should be established and the model of service should provide prompt assessment and timely access to integrated support and a full range of therapeutic interventions for all psychiatric conditions.</b></p>	<b>The Director</b>
S49	<p>Key concern: Vulnerable prisoners on X unit could access only a single weekly dentist session, which could have resulted in them facing delays in receiving urgent care.</p> <p><b>Recommendation: All prisoners should have equitable access to dental care, including the provision of urgent care.</b></p>	<b>The Director</b>
S50	<p>Key concern: Prisoners' individual learning plan targets were not consistently clear, or personalised to drive improvement planning. In a minority of cases, they were not specific enough to help prisoners focus on exactly what they needed to do in the shorter term to make the best progress they could.</p> <p><b>Recommendation: Prisoners' individual learning plan targets should be personalised to drive improvement planning.</b></p>	<b>The Director</b>
S51	<p>Key concern: Seventeen per cent of Parc's population was convicted of a sexual offence but there were no specific interventions available there to address their offending behaviour. Instead, they had to transfer to other prisons to access interventions.</p>	<b>The Director</b>

	<b>Recommendation: Prisoners who are convicted of sexual offences should be able to access relevant offending behaviour interventions without the need to transfer to another prison.</b>	
S52	<p>Key concern: In spite of efforts made by the resettlement team and the prison, around 17% of prisoners released over the previous six months had left the prison without an address to go to, which undermined resettlement opportunities.</p> <p><b>Recommendation: HMPPS should work with the Welsh Government to ensure that accommodation is available for prisoners being released from custody.</b></p>	<b>HMPPS</b>
<b>General recommendations</b>		<b>Directed to:</b>
1.36	The segregation unit regime should be enhanced, to ensure that prisoners consistently get time outside and are able to contact their families at an appropriate time.	<b>The Director</b>
2.8	Emergency cell call bells should be answered within five minutes.	<b>The Director</b>
2.33	Information about prisoners who are on personal emergency evacuation plans should be clearly and prominently displayed on or near their cell doors and in the main office.	<b>The Director</b>
2.34	Transgender prisoners should get easy and quick access to suitable clothes and make-up.	<b>The Director</b>
3.49	Continuing professional development arrangements should be informed by robust identification of the strengths and shortcomings in teachers' skills.	<b>The Director</b>
3.50	Learners' and teachers' access to online learning resources should be improved.	<b>The Director</b>
<b>Examples of good practice</b>		
1.28	The quality of use of force, its management and the quality assurance of its use were excellent; the use of force coordinator viewed all incidents, with all good and bad practice highlighted at the use of force meeting and used to improve training for staff.	
2.66	There was a specialist assisted living unit for prisoners diagnosed with learning difficulties, and this provided an excellent level of care and support.	
4.20	The use of the locally devised public protection record for the information sharing document provided a good picture of the risks and needs of prisoners who did not require an offender assessment system (OASys) assessment and was available electronically to all staff, to inform work and interactions with that prisoner.	

## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief Inspector
Angus Mulready-Jones	Team leader
Hayley Edwards	Inspector
David Foot	Inspector
Angela Johnson	Inspector
Ian McFadyen	Inspector
Chris Rush	Inspector
Becky Duffield	Researcher
Rahul Jalil	Researcher
Amilcar Johnson	Researcher
Chloe Moore	Researcher
Billie Powell	Researcher
Shannon Sahni	Researcher
Steve Ely	Lead health and social care inspector
Siggi Engelen	Health and social care inspector
Deborah Hylands	Pharmacist
Tom Stephenson	Healthcare Inspectorate Wales
Alun Connick	Estyn inspector
Huw Davies	Estyn inspector
Emma Leighton	Estyn inspector
Sion Peters-Flynn	Estyn inspector
Keith Humphries	Offender management inspector





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

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

### Safety

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

*At the last inspection, in 2005, prisoners' early days in the prison were managed well. Staff and peer supporters maintained a clean and welcoming reception. First night procedures and induction were good. Levels of violence were very high and one in five prisoners felt unsafe. The prison's response was proactive and thorough but more was needed to make the prison safer. The level of self-harm was high. Case management procedures for prisoners in crisis were good, but too many were managed in special accommodation and some observation practices were unsafe. Security was managed well and the privileges scheme was effective. Use of force was high but proportionate, and governance was excellent. With the exception of special accommodation, the segregation unit was used appropriately to manage the most challenging prisoners. The prison's efforts to tackle the availability of drugs and related prisoner debt were not sufficiently effective. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

The prison should further explore and address the reasons for the high and increasing levels of violence, and give more focus to managing and supporting prisoners in debt. There should be more consultation with prisoners and peer representatives to discuss violence and its main causes. (S40)  
**Not achieved**

### Recommendations

Prisoners on assessment, care in custody and teamwork (ACCT) case management should only be placed on the basic level of the incentives and earned privileges scheme as a last resort, and even then should not be confined to their cells for long periods. (I.22)

**Achieved**

Prisoners requiring constant watch should be monitored face-to-face by a dedicated member of staff and not by CCTV. (I.23)

**Achieved**

The prison should work with the police to explore ways to prevent drugs and other illicit items entering the prison, and take action to reduce or remove methods of entry. (I.39)

**Achieved**

Prisoners on basic level should not all be located on the same landing or have signs on their door to indicate their regime level. (I.47)

**Achieved**

All use of special accommodation should be justified and this accommodation should not be used for prisoners in crisis. Prisoners who do have to be held in these cells should be removed at the earliest opportunity. (1.56)

**Achieved**

The prison should further develop substance misuse services to meet the needs of prisoners, and the range of support for prisoners using Spice should be increased. (1.65)

**Achieved**

## Respect

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

*At the last inspection, in 2005, Parc provided a decent living environment and facilities were good. Relationships between staff and prisoners were positive and staff were approachable. The personal officer scheme worked well and staff had good knowledge of the prisoners in their care. Outcomes for prisoners in most protected groups were generally good. There was a lack of confidence in the applications and complaints processes. Most health services were reasonably good but mental health provision was weak. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

Prisoners with primary and secondary mental health needs, including dual diagnosis, should receive satisfactory care-planned support from appropriately trained staff within agreed timescales. (S41)

**Not achieved**

Prisoners requiring a transfer to hospital under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (S42)

**Achieved**

### Recommendations

Prisoners should have access to exercise equipment in the exercise yards. (2.7)

**Not achieved**

A cell call bell monitoring system should be used to monitor response times. (2.8)

**Not achieved**

The paper-based applications system should be replaced by the electronic central management system (CMS), and systematic monitoring and quality assurance introduced. (2.9)

**Achieved**

Issues raised by prisoners at consultation meetings should be followed up promptly by a named manager. (2.15)

**Not achieved**

The community inclusion action team meeting should ensure effective policy, planning and consultation for all protected groups, which address need, prisoner perceptions and monitoring data. (2.23)

**Not achieved**

Foreign national prisoners should be given at least one month's notice before they have completed their sentence of an intention to detain them. (2.32)

**Not achieved**

All retired prisoners and those unfit to work should have access to similar provision as that available in the assisted living unit. (2.33)

**Not achieved**

The prison should assess and meet the needs of transgender prisoners, including through staff training. (2.34)

**Not achieved**

All health care rooms should comply with infection control standards, and temperatures should not exceed 25°C. (2.52)

**Achieved**

Prisoners should have access to a well-advertised confidential health complaints system. Responses to health complaints should address all the issues raised, and advise prisoners of the options if they are unhappy with the response. (2.53)

**Achieved**

All new arrivals should receive secondary health assessments within 72 hours. (2.61)

**Achieved**

Prisoners should be able to access all primary care clinics, including dental services, within community-equivalent waiting times, and non-attendance rates should be below 12%. (2.62)

**Not achieved**

Prisoners should have prompt access to external hospital appointments, and waiting times from referral to attendance should be monitored. (2.63)

**Achieved**

All medication should be administered at an appropriate time for maximum therapeutic effect, and administration records should be complete. (2.69)

**Not achieved**

Custodial staff should supervise medicines administration adequately to ensure confidentiality and prevent diversion and bullying. (2.70)

**Not achieved**

Prisoners should have secure storage for their medication, and there should be systematic checks on patients receiving in-possession medication. (2.71)

**Not achieved**

Breakfast should be served on the day it is to be eaten. (2.87)

**Not achieved**

There should be consistent staff supervision of prisoners during meal times. (2.88)

**Achieved**

## Purposeful activity

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

*At the last inspection, in 2005, too many prisoners were locked behind their doors during the core day. Leadership and management of learning and skills were good, and a wide range of courses and work places were available, but not enough for all prisoners. The quality of provision was good and prisoners were able to progress and achieve qualifications at a high level. The main library was good but access for vulnerable prisoners was poor. The PE department offered a good range of activities for all capabilities. Outcomes for prisoners were good against this healthy prison test.*

### Recommendations

Prisoners who were not required to be at activities should be unlocked during the core day. (3.5)  
**Not achieved**

NOMS should require the community rehabilitation company provider to evaluate the impact of prisoners' learning on their progression into work and on their offending behaviour following release from prison. (3.14)

**Partially achieved**

The preparatory work with prisoners who need to improve their numeracy skills should ensure they understand the relevance of these classes. (3.21)

**Achieved**

SMART (specific, measurable, achievable, realistic and time-bound) targets should be included in prisoners' individual learning plans. (3.33)

**Partially achieved**

Vulnerable prisoners should have better access to the library. (3.37)

**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 2005, the prison had placed offender management at the heart of its work to reduce reoffending. The strategy was clear, and links between the relevant departments and with external organisations were well established. Most prisoners received good support from all resettlement departments, and the quality of casework was good, though there was not enough focus on risk management plans. Public protection arrangements were generally robust. Reintegration planning was good, with offender supervisors and the community rehabilitation company (CRC) helping prisoners to prepare for their release. The prison's work on the children and families pathway remained among the best we have seen. Outcomes for prisoners were good against this healthy prison test.*

## Recommendations

Prisoners should not be transferred to Parc without an up-to-date OASys. (4.16)

**No longer relevant**

Quality assurance of OASys assessments should ensure that risk management plans describe clearly how prisoners should be managed, both in custody and the community. (4.17)

**Achieved**

NOMS should ensure that the MAPPA level on which prisoners will be released is determined at the earliest opportunity to ensure effective pre-release risk management. (4.22)

**Achieved**

Wales CRC should routinely follow up prisoners who approach them for housing support to establish the accommodation they are actually released to, and use such information in its strategy to developing service support. (4.30)

**Not achieved**

The prison should develop general debt management advice and support for prisoners, and enable them to open bank accounts before their release. (4.35)

**Not achieved**



## Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	124 + 1 (IS)	1,191 + 48 (IS)	85
Recall	3	204	12.9
Convicted unsentenced	1	19	1.24
Remand	0	12	0.74
Civil prisoners	0	0	0
Detainees	0	1	0.06
<b>Total</b>	<b>129</b>	<b>1,475</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	1	32	2.05
Less than 6 months	4	6	0.62
6 months to less than 12 months	7	13	1.24
12 months to less than 2 years	19	103	7.60
2 years to less than 4 years	52	385	27.24
4 years to less than 10 years	42	617	41.08
10 years and over (not life)	3	229	14.46
ISPP (indeterminate sentence for public protection)	0	32	1.99
Life	1	58	3.67
<b>Total</b>	<b>129</b>	<b>1,475</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	16	
Under 21 years	165 - 36 YP	8.04
21 years to 29 years	540	33.66
30 years to 39 years	469	23.00
40 years to 49 years	240	14.96
50 years to 59 years	125	7.79
60 years to 69 years	56	3.49
70 plus years	45	2.80
Please state maximum age here:	85	5.29
<b>Total</b>	<b>1,604</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	115	1419	95.63
Foreign nationals	14	56	4.36
<b>Total</b>	<b>129</b>	<b>1,475</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	2	0.12
Uncategorised sentenced	2	31	2.05
Category A			
Category B	0	162	10.09
Category C	0	1,199	74.75
Category D	1	62	3.92
Other	126	19	9.03
<b>Total</b>	<b>129</b>	<b>1,475</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	82	1,200	79.92
Irish	1	9	0.62
Gypsy/Irish Traveller	1	14	0.93
Other white	2	24	1.62
Mixed			
White and black Caribbean	3	22	1.55
White and black African	1	2	0.18
White and Asian	1	8	0.56
Other mixed	0	17	0.87
Asian or Asian British			
Indian	1	16	1.05
Pakistani	2	21	1.43
Bangladeshi	0	10	0.62
Chinese	0	1	0.06
Other Asian	2	18	1.24
Black or black British			
Caribbean	12	50	3.86
African	10	34	2.74
Other black	8	18	1.62
Other ethnic group			
Arab	1	3	0.24
Other ethnic group	2	6	0.49
Not stated	0	2	0.12
<b>Total</b>	<b>129</b>	<b>1,475</b>	<b>100</b>

<b>Religion</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	4	0.24
Church of England	2	61	3.92
Roman Catholic	7	162	10.53
Other Christian denominations	34	393	26.62
Muslim	25	153	11.09
Sikh	1	6	0.43
Hindu	0	4	0.24
Buddhist	0	16	0.99
Jewish	1	9	0.62
Other	1	29	1.87
No religion	58	638	43.39
<b>Total</b>	<b>129</b>	<b>1,475</b>	<b>100</b>

<b>Other demographics</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)	Not on report	Not on report	
<b>Total</b>			



**Sentenced prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	21	1.30	136	8.47
1 month to 3 months	28	1.74	249	15.52
3 months to six months	30	1.87	315	19.63
six months to 1 year	35	2.18	360	22.44
1 year to 2 years	11	0.68	254	15.83
2 years to 4 years	3	0.18	98	6.10
4 years or more	0	0	31	1.93
<b>Total</b>	<b>128</b>		<b>1,443</b>	<b>90</b>

**Sentenced prisoners only**

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

**Unsented prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	10	0.62
1 month to 3 months	1	0.06	14	0.87
3 months to six months	0	0	3	0.18
six months to 1 year	0	0	4	0.24
1 year to 2 years	0	0	1	0.06
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>1</b>		<b>32</b>	<b>1.97</b>

Main offence	18–20-year-olds	21 and over	%
Violence against the person	Not on report requested	Not on report requested	
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
<b>Total</b>			



## Appendix IV: Photographs



Central prison gardens



B unit exercise yard



# Appendix V: Prisoner survey methodology and results

## Prisoner survey methodology

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

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.<sup>21</sup>

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

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

### Sampling

On the day of the survey, a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.<sup>22</sup> In smaller establishments we may offer a questionnaire to the entire population.

### Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.<sup>23</sup> Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

### Survey response

At the time of the survey on 11 November 2019, the prisoner population at HMP Parc was 1,655. Using the sampling method described above, questionnaires were distributed to 226 prisoners. We received a total of 175 completed questionnaires, a response rate of 77%. Twenty-five prisoners declined to participate in the survey and 26 questionnaires were either not returned at all, or returned blank.

<sup>21</sup> Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

<sup>22</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>23</sup> For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Parc. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.<sup>24</sup> Missing responses have been excluded from all analyses.

### Full survey results

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

#### Responses from HMP Parc 2019 compared with those from other HMIP surveys<sup>25</sup>

- Survey responses from HMP Parc in 2019 compared with survey responses from other category B and C training prisons inspected since September 2017.
- Survey responses from HMP Parc in 2019 compared with survey responses from HMP Parc in 2015.

#### Comparisons between different residential locations within HMP Parc 2019

- Responses of prisoners on vulnerable prisoner unit (X unit) compared with those from the rest of the establishment.

#### Comparisons between self-reported sub-populations of prisoners within HMP Parc 2019<sup>26</sup>

- Responses of prisoners from black or minority ethnic groups compared with those of white prisoners.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.<sup>27</sup>

In the comparator analyses, statistically significant differences are indicated by shading.<sup>28</sup> Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

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

<sup>24</sup> Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

<sup>25</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>26</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>27</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>28</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

## Survey summary

### Background information

<b>I.1</b>	<b>What wing or houseblock are you currently living on?</b>	
	A unit.....	38 (22%)
	B unit.....	31 (18%)
	C unit.....	9 (5%)
	D unit.....	11 (6%)
	T unit.....	47 (27%)
	X unit.....	38 (22%)
	Health care unit.....	1 (1%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21 .....	14 (8%)
	21 - 25.....	27 (16%)
	26 - 29.....	24 (14%)
	30 - 39.....	50 (29%)
	40 - 49.....	26 (15%)
	50 - 59.....	24 (14%)
	60 - 69.....	6 (3%)
	70 or over .....	3 (2%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British .....	139 (81%)
	White - Irish .....	0 (0%)
	White - Gypsy or Irish Traveller .....	2 (1%)
	White - any other White background .....	3 (2%)
	Mixed - White and Black Caribbean.....	4 (2%)
	Mixed - White and Black African .....	1 (1%)
	Mixed - White and Asian.....	0 (0%)
	Mixed - any other Mixed ethnic background.....	4 (2%)
	Asian/ Asian British - Indian .....	1 (1%)
	Asian/ Asian British - Pakistani.....	2 (1%)
	Asian/ Asian British - Bangladeshi.....	0 (0%)
	Asian/ Asian British - Chinese .....	0 (0%)
	Asian - any other Asian Background.....	1 (1%)
	Black/ Black British - Caribbean.....	10 (6%)
	Black/ Black British - African .....	2 (1%)
	Black - any other Black/ African/ Caribbean background.....	2 (1%)
	Arab.....	0 (0%)
	Any other ethnic group .....	0 (0%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months.....	53 (31%)
	6 months or more.....	119 (69%)
<b>I.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes .....	148 (87%)
	Yes - on recall .....	20 (12%)
	No - on remand or awaiting sentence.....	3 (2%)
	No - immigration detainee.....	0 (0%)

**1.6 How long is your sentence?**

Less than 6 months.....	3 (2%)
6 months to less than 1 year .....	8 (5%)
1 year to less than 4 years .....	71 (42%)
4 years to less than 10 years .....	59 (35%)
10 years or more.....	17 (10%)
IPP (indeterminate sentence for public protection).....	1 (1%)
Life.....	7 (4%)
Not currently serving a sentence.....	3 (2%)

**Arrival and reception****2.1 Were you given up-to-date information about this prison before you came here?**

Yes .....	25 (15%)
No.....	123 (73%)
Don't remember.....	21 (12%)

**2.2 When you arrived at this prison, how long did you spend in reception?**

Less than 2 hours .....	56 (33%)
2 hours or more.....	106 (62%)
Don't remember.....	9 (5%)

**2.3 When you were searched in reception, was this done in a respectful way?**

Yes .....	135 (80%)
No.....	21 (13%)
Don't remember.....	12 (7%)

**2.4 Overall, how were you treated in reception?**

Very well.....	40 (24%)
Quite well.....	105 (62%)
Quite badly .....	16 (9%)
Very badly .....	8 (5%)
Don't remember.....	1 (1%)

**2.5 When you first arrived here, did you have any of the following problems?**

Problems getting phone numbers.....	54 (32%)
Contacting family.....	54 (32%)
Arranging care for children or other dependants.....	3 (2%)
Contacting employers .....	9 (5%)
Money worries.....	30 (18%)
Housing worries .....	30 (18%)
Feeling depressed .....	71 (42%)
Feeling suicidal.....	17 (10%)
Other mental health problems .....	51 (30%)
Physical health problems.....	30 (18%)
Drug or alcohol problems (e.g. withdrawal).....	31 (18%)
Problems getting medication .....	64 (38%)
Needing protection from other prisoners.....	12 (7%)
Lost or delayed property .....	31 (18%)
Other problems.....	18 (11%)
Did not have any problems.....	35 (21%)



<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes .....	44 (26%)
	No.....	89 (53%)
	Did not have any problems when I first arrived .....	35 (21%)

### First night and induction

<b>3.1</b>	<b>Before you were locked up on your first night here, were you offered any of the following things?</b>	
	Tobacco or nicotine replacement.....	130 (77%)
	Toiletries / other basic items .....	132 (79%)
	A shower .....	81 (48%)
	A free phone call .....	101 (60%)
	Something to eat .....	129 (77%)
	The chance to see someone from health care.....	105 (63%)
	The chance to talk to a Listener or Samaritans.....	52 (31%)
	Support from another prisoner (e.g. Insider or buddy).....	47 (28%)
	Wasn't offered any of these things .....	5 (3%)
<b>3.2</b>	<b>On your first night in this prison, how clean or dirty was your cell?</b>	
	Very clean.....	6 (3%)
	Quite clean.....	57 (33%)
	Quite dirty .....	61 (35%)
	Very dirty .....	47 (27%)
	Don't remember.....	2 (1%)
<b>3.3</b>	<b>Did you feel safe on your first night here?</b>	
	Yes .....	119 (70%)
	No.....	42 (25%)
	Don't remember.....	10 (6%)
<b>3.4</b>	<b>In your first few days here, did you get:</b>	
		Yes      No      Don't remember
	Access to the prison shop / canteen?	89 (53%)    73 (43%)    6 (4%)
	Free PIN phone credit?	106 (62%)    59 (35%)    5 (3%)
	Numbers put on your PIN phone?	89 (54%)    66 (40%)    11 (7%)
<b>3.5</b>	<b>Did your induction cover everything you needed to know about this prison?</b>	
	Yes .....	82 (48%)
	No.....	84 (49%)
	Have not had an induction .....	6 (3%)

### On the wing

<b>4.1</b>	<b>Are you in a cell on your own?</b>	
	Yes .....	85 (49%)
	No, I'm in a shared cell or dormitory .....	88 (51%)
<b>4.2</b>	<b>Is your cell call bell normally answered within 5 minutes?</b>	
	Yes .....	55 (32%)
	No.....	97 (57%)
	Don't know.....	17 (10%)
	Don't have a cell call bell.....	2 (1%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	131 (76%)	41 (24%)	0 (0%)
Can you shower every day?	169 (98%)	3 (2%)	0 (0%)
Do you have clean sheets every week?	126 (73%)	45 (26%)	1 (1%)
Do you get cell cleaning materials every week?	87 (51%)	83 (49%)	1 (1%)
Is it normally quiet enough for you to relax or sleep at night?	114 (67%)	51 (30%)	4 (2%)
Can you get your stored property if you need it?	44 (26%)	89 (52%)	37 (22%)

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

Very clean.....	38 (23%)
Quite clean.....	77 (46%)
Quite dirty .....	32 (19%)
Very dirty .....	21 (13%)

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

Very good.....	3 (2%)
Quite good.....	45 (26%)
Quite bad .....	66 (39%)
Very bad .....	57 (33%)

**5.2 Do you get enough to eat at mealtimes?**

Always .....	16 (9%)
Most of the time.....	36 (21%)
Some of the time.....	77 (45%)
Never .....	43 (25%)

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

Yes .....	88 (51%)
No.....	78 (46%)
Don't know.....	5 (3%)

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

Yes .....	121 (73%)
No.....	44 (27%)

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

Yes .....	116 (68%)
No.....	54 (32%)

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

Yes .....	75 (45%)
No.....	93 (55%)

- 6.4 How helpful is your personal or named officer?**
- |   |          |
|---|----------|
| Very helpful.....                           | 37 (22%) |
| Quite helpful.....                          | 55 (33%) |
| Not very helpful.....                       | 31 (19%) |
| Not at all helpful.....                     | 17 (10%) |
| Don't know.....                             | 9 (5%)   |
| Don't have a personal / named officer ..... | 18 (11%) |
- 6.5 How often do you see prison governors, directors or senior managers talking to prisoners?**
- |                   |           |
|-------------------|-----------|
| Regularly .....   | 6 (4%)    |
| Sometimes.....    | 16 (10%)  |
| Hardly ever ..... | 135 (81%) |
| Don't know.....   | 10 (6%)   |
- 6.6 Do you feel that you are treated as an individual in this prison?**
- |           |          |
|-----------|----------|
| Yes ..... | 63 (39%) |
| No.....   | 99 (61%) |
- 6.7 Are prisoners here consulted about things like food, canteen, health care or wing issues?**
- |  |          |
|--|----------|
| Yes, and things sometimes change ..... | 20 (12%) |
| Yes, but things don't change .....     | 67 (40%) |
| No.....                                | 58 (35%) |
| Don't know.....                        | 23 (14%) |

## Faith

- 7.1 What is your religion?**
- |  |          |
|--|----------|
| No religion.....   | 77 (46%) |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations)..... | 68 (41%) |
| Buddhist.....  | 4 (2%)   |
| Hindu.....   | 0 (0%)   |
| Jewish .....   | 1 (1%)   |
| Muslim.....  | 11 (7%)  |
| Sikh.....  | 1 (1%)   |
| Other.....   | 5 (3%)   |
- 7.2 Are your religious beliefs respected here?**
- |                                   |          |
|-----------------------------------|----------|
| Yes .....                         | 63 (37%) |
| No.....                           | 12 (7%)  |
| Don't know .....                  | 18 (11%) |
| Not applicable (no religion)..... | 77 (45%) |
- 7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?**
- |                                   |          |
|-----------------------------------|----------|
| Yes .....                         | 57 (34%) |
| No.....                           | 12 (7%)  |
| Don't know .....                  | 23 (14%) |
| Not applicable (no religion)..... | 77 (46%) |

<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes .....	75 (44%)
	No.....	3 (2%)
	Don't know.....	14 (8%)
	Not applicable (no religion).....	77 (46%)

### Contact with family and friends

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes .....	72 (43%)
	No.....	97 (57%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	82 (48%)
	No.....	89 (52%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes .....	165 (97%)
	No.....	5 (3%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	15 (9%)
	Quite easy .....	65 (38%)
	Quite difficult.....	44 (26%)
	Very difficult.....	40 (24%)
	Don't know .....	6 (4%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week.....	3 (2%)
	About once a week.....	42 (25%)
	Less than once a week.....	71 (42%)
	Not applicable (don't get visits) .....	53 (31%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes .....	78 (69%)
	No.....	35 (31%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes .....	85 (76%)
	No.....	27 (24%)

### Time out of cell

<b>9.1</b>	<b>Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?</b>	
	Yes, and these times are usually kept to .....	102 (60%)
	Yes, but these times are not usually kept to .....	60 (35%)
	No.....	8 (5%)

- 9.2 How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?**
- |                         |          |
|-------------------------|----------|
| Less than 2 hours ..... | 20 (12%) |
| 2 to 6 hours.....       | 53 (33%) |
| 6 to 10 hours.....      | 57 (35%) |
| 10 hours or more.....   | 25 (16%) |
| Don't know.....         | 6 (4%)   |
- 9.3 How long do you usually spend out of your cell on a typical Saturday or Sunday?**
- |                         |           |
|-------------------------|-----------|
| Less than 2 hours ..... | 29 (17%)  |
| 2 to 6 hours.....       | 109 (64%) |
| 6 to 10 hours.....      | 22 (13%)  |
| 10 hours or more.....   | 4 (2%)    |
| Don't know.....         | 6 (4%)    |
- 9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?**
- |                   |           |
|-------------------|-----------|
| None.....         | 4 (2%)    |
| 1 or 2.....       | 29 (17%)  |
| 3 to 5.....       | 16 (10%)  |
| More than 5 ..... | 107 (64%) |
| Don't know.....   | 12 (7%)   |
- 9.5 How many days in a typical week do you get association, if you want it?**
- |                   |           |
|-------------------|-----------|
| None .....        | 1 (1%)    |
| 1 or 2.....       | 10 (6%)   |
| 3 to 5.....       | 14 (8%)   |
| More than 5 ..... | 141 (83%) |
| Don't know.....   | 4 (2%)    |
- 9.6 How many days in a typical week could you go outside for exercise, if you wanted to?**
- |                   |           |
|-------------------|-----------|
| None.....         | 4 (2%)    |
| 1 or 2.....       | 10 (6%)   |
| 3 to 5.....       | 28 (17%)  |
| More than 5 ..... | 122 (72%) |
| Don't know.....   | 5 (3%)    |
- 9.7 Typically, how often do you go to the gym?**
- |                            |          |
|----------------------------|----------|
| Twice a week or more ..... | 96 (58%) |
| About once a week.....     | 10 (6%)  |
| Less than once a week..... | 8 (5%)   |
| Never .....                | 52 (31%) |
- 9.8 Typically, how often do you go to the library?**
- |                            |          |
|----------------------------|----------|
| Twice a week or more ..... | 16 (10%) |
| About once a week.....     | 68 (41%) |
| Less than once a week..... | 30 (18%) |
| Never .....                | 52 (31%) |
- 9.9 Does the library have a wide enough range of materials to meet your needs?**
- |                             |          |
|-----------------------------|----------|
| Yes .....                   | 85 (53%) |
| No.....                     | 24 (15%) |
| Don't use the library ..... | 52 (32%) |

**Applications, complaints and legal rights****10.1 Is it easy for you to make an application?**

Yes .....	116 (71%)
No .....	40 (24%)
Don't know .....	8 (5%)

**10.2 If you have made any applications here, please answer the questions below:**

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	74 (48%)	66 (43%)	15 (10%)
Are applications usually dealt with within 7 days?	54 (35%)	84 (55%)	15 (10%)

**10.3 Is it easy for you to make a complaint?**

Yes .....	103 (62%)
No .....	38 (23%)
Don't know .....	26 (16%)

**10.4 If you have made any complaints here, please answer the questions below:**

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	36 (23%)	76 (48%)	46 (29%)
Are complaints usually dealt with within 7 days?	23 (15%)	86 (55%)	46 (30%)

**10.5 Have you ever been prevented from making a complaint here when you wanted to?**

Yes .....	36 (22%)
No .....	92 (57%)
Not wanted to make a complaint .....	33 (20%)

**10.6 In this prison, is it easy or difficult for you to...**

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	73 (44%)	34 (21%)	35 (21%)	23 (14%)
Attend legal visits?	76 (48%)	23 (14%)	35 (22%)	26 (16%)
Get bail information?	14 (9%)	30 (19%)	71 (45%)	44 (28%)

**10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?**

Yes .....	66 (40%)
No .....	81 (49%)
Not had any legal letters .....	19 (11%)

**Health care****11.1 How easy or difficult is it to see the following people?**

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	5 (3%)	46 (28%)	62 (37%)	46 (28%)	7 (4%)
Nurse	13 (8%)	66 (40%)	48 (29%)	31 (19%)	6 (4%)
Dentist	1 (1%)	17 (10%)	39 (24%)	88 (53%)	20 (12%)
Mental health workers	5 (3%)	19 (12%)	43 (26%)	58 (35%)	39 (24%)

**11.2 What do you think of the quality of the health service from the following people?**

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	15 (9%)	56 (34%)	44 (27%)	28 (17%)	23 (14%)
Nurse	21 (13%)	73 (44%)	32 (19%)	23 (14%)	16 (10%)
Dentist	12 (7%)	32 (19%)	33 (20%)	37 (22%)	52 (31%)
Mental health workers	10 (6%)	20 (12%)	27 (16%)	35 (21%)	73 (44%)

**11.3 Do you have any mental health problems?**

Yes .....	87 (52%)
No .....	80 (48%)

**11.4 Have you been helped with your mental health problems in this prison?**

Yes .....	20 (12%)
No .....	66 (40%)
Don't have any mental health problems .....	80 (48%)

**11.5 What do you think of the overall quality of the health services here?**

Very good.....	7 (4%)
Quite good.....	44 (27%)
Quite bad .....	57 (35%)
Very bad .....	46 (28%)
Don't know.....	10 (6%)

**Other support needs****12.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?**

Yes .....	68 (40%)
No .....	100 (60%)

**12.2 If you have a disability, are you getting the support you need?**

Yes .....	13 (8%)
No.....	51 (31%)
Don't have a disability .....	100 (61%)

**12.3 Have you been on an ACCT in this prison?**

Yes .....	45 (27%)
No.....	123 (73%)

**12.4 If you have been on an ACCT in this prison, did you feel cared for by staff?**

Yes .....	23 (14%)
No.....	21 (13%)
Have not been on an ACCT in this prison.....	123 (74%)

**12.5 How easy or difficult is it for you to speak to a Listener, if you need to?**

Very easy .....	27 (16%)
Quite easy .....	50 (30%)
Quite difficult .....	11 (7%)
Very difficult .....	9 (5%)
Don't know.....	67 (41%)
No Listeners at this prison .....	1 (1%)

**Alcohol and drugs**

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes .....	27 (16%)
	No .....	139 (84%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes .....	4 (2%)
	No .....	21 (13%)
	Did not / do not have an alcohol problem.....	139 (85%)
<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	50 (29%)
	No .....	120 (71%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes .....	30 (18%)
	No .....	140 (82%)
<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes .....	20 (12%)
	No .....	150 (88%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	21 (12%)
	No .....	32 (19%)
	Did not / do not have a drug problem.....	116 (69%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy .....	61 (36%)
	Quite easy .....	22 (13%)
	Quite difficult.....	7 (4%)
	Very difficult.....	6 (4%)
	Don't know .....	74 (44%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy .....	29 (17%)
	Quite easy .....	25 (15%)
	Quite difficult.....	9 (5%)
	Very difficult.....	21 (12%)
	Don't know .....	87 (51%)

**Safety**

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	85 (50%)
	No .....	86 (50%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	30 (18%)
	No .....	138 (82%)



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

Verbal abuse .....	45 (27%)
Threats or intimidation.....	42 (26%)
Physical assault .....	28 (17%)
Sexual assault.....	4 (2%)
Theft of canteen or property .....	47 (29%)
Other bullying / victimisation .....	31 (19%)
Not experienced any of these from prisoners here.....	94 (57%)

**14.4 If you were being bullied / victimised by other prisoners here, would you report it?**

Yes .....	56 (34%)
No.....	109 (66%)

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

Verbal abuse .....	47 (29%)
Threats or intimidation.....	40 (25%)
Physical assault .....	10 (6%)
Sexual assault.....	2 (1%)
Theft of canteen or property .....	15 (9%)
Other bullying / victimisation .....	38 (24%)
Not experienced any of these from staff here.....	93 (58%)

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

Yes .....	82 (51%)
No.....	80 (49%)

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

Yes .....	77 (46%)
No.....	75 (45%)
Don't know what the incentives / rewards are .....	16 (10%)

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

Yes .....	60 (35%)
No.....	77 (45%)
Don't know.....	14 (8%)
Don't know what this is.....	19 (11%)

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

Yes .....	16 (9%)
No.....	154 (91%)

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

Yes .....	4 (2%)
No.....	12 (7%)
Don't remember.....	1 (1%)
Not been restrained here in last 6 months .....	154 (90%)

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

Yes .....	9 (5%)
No.....	161 (95%)

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

	Yes	No
Were you treated well by segregation staff?	3 (33%)	6 (67%)
Could you shower every day?	5 (56%)	4 (44%)
Could you go outside for exercise every day?	3 (33%)	6 (67%)
Could you use the phone every day (if you had credit)?	5 (56%)	4 (44%)

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

	Easy	Difficult	Don't know	Not available here
Education	114 (69%)	27 (16%)	23 (14%)	1 (1%)
Vocational or skills training	82 (50%)	43 (26%)	35 (21%)	3 (2%)
Prison job	91 (56%)	52 (32%)	19 (12%)	1 (1%)
Voluntary work outside of the prison	5 (3%)	41 (25%)	57 (35%)	60 (37%)
Paid work outside of the prison	3 (2%)	38 (23%)	56 (35%)	65 (40%)

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

	Yes, will help	No, won't help	Not done this
Education	73 (46%)	56 (35%)	31 (19%)
Vocational or skills training	63 (42%)	41 (27%)	46 (31%)
Prison job	57 (35%)	76 (47%)	28 (17%)
Voluntary work outside of the prison	25 (16%)	35 (23%)	92 (61%)
Paid work outside of the prison	25 (17%)	32 (21%)	93 (62%)

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

Yes .....	99 (60%)
No.....	61 (37%)
Not applicable (e.g. if you are retired, sick or on remand) .....	4 (2%)

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

Yes .....	77 (48%)
No.....	84 (52%)

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

Yes .....	64 (83%)
No.....	10 (13%)
Don't know what my objectives or targets are.....	3 (4%)

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

Yes .....	35 (47%)
No.....	36 (49%)
Don't know what my objectives or targets are.....	3 (4%)

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

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	22 (30%)	13 (18%)	38 (52%)
Other programmes	13 (18%)	13 (18%)	46 (64%)
One to one work	19 (26%)	9 (13%)	44 (61%)
Being on a specialist unit	8 (11%)	12 (17%)	52 (72%)
ROTL - day or overnight release	2 (3%)	7 (10%)	63 (88%)

**Preparation for release****18.1 Do you expect to be released in the next 3 months?**

Yes .....	27 (16%)
No.....	124 (76%)
Don't know.....	13 (8%)

**18.2 How close is this prison to your home area or intended release address?**

Very near.....	2 (7%)
Quite near.....	13 (48%)
Quite far .....	7 (26%)
Very far .....	5 (19%)

**18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?**

Yes .....	16 (59%)
No.....	11 (41%)

**18.4 Are you getting help to sort out the following things for when you are released?**

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	3 (11%)	14 (52%)	10 (37%)
Getting employment	7 (27%)	11 (42%)	8 (31%)
Setting up education or training	2 (8%)	11 (46%)	11 (46%)
Arranging benefits	4 (15%)	16 (59%)	7 (26%)
Sorting out finances	2 (8%)	14 (56%)	9 (36%)
Support for drug or alcohol problems	1 (4%)	9 (36%)	15 (60%)
Health / mental health support	2 (8%)	14 (54%)	10 (38%)
Social care support	1 (4%)	10 (38%)	15 (58%)
Getting back in touch with family or friends	1 (4%)	9 (33%)	17 (63%)

**More about you****19.1 Do you have children under the age of 18?**

Yes .....	83 (51%)
No.....	81 (49%)

<b>19.2</b>	<b>Are you a UK / British citizen?</b>	
	Yes .....	162 (98%)
	No .....	4 (2%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>	
	Yes .....	5 (3%)
	No .....	160 (97%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>	
	Yes .....	7 (4%)
	No .....	158 (96%)
<b>19.5</b>	<b>What is your gender?</b>	
	Male .....	163 (98%)
	Female .....	2 (1%)
	Non-binary .....	0 (0%)
	Other .....	1 (1%)
<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual .....	161 (97%)
	Gay / lesbian / homosexual .....	1 (1%)
	Bisexual .....	3 (2%)
	Other .....	1 (1%)
<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes .....	2 (1%)
	No .....	159 (99%)

#### Final questions about this prison

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend .....	11 (7%)
	Less likely to offend .....	84 (51%)
	Made no difference .....	71 (43%)

## HMP/YOI PARC 2019

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

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

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

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

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

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

Number of completed questionnaires returned

Have a disability	Do not have a disability	Mental health problems	No mental health problems
68	100	87	80

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	19%	27%	24%	24%
	Are you 50 years of age or older?	22%	16%	17%	20%
1.3	Are you from a minority ethnic group?	10%	19%	9%	22%
7.1	Are you Muslim?	3%	9%	5%	8%
11.3	Do you have any mental health problems?	84%	30%		
12.1	Do you consider yourself to have a disability?			66%	14%
19.2	Are you a foreign national?	2%	3%	4%	1%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	8%	0%	6%	0%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	77%	83%	79%	82%
2.4	Overall, were you treated very / quite well in reception?	79%	90%	80%	91%
2.5	When you first arrived, did you have any problems?	94%	70%	91%	70%
For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	32%	36%	30%	39%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	54%	81%	64%	78%
3.5	Have you had an induction at this prison?	94%	98%	97%	96%
For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	35%	59%	45%	54%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	36%	28%	30%	32%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	68%	82%	66%	87%
	- Can you shower every day?	97%	99%	98%	99%
	- Do you have clean sheets every week?	69%	77%	66%	82%
	- Do you get cell cleaning materials every week?	46%	55%	44%	58%
	- Is it normally quiet enough for you to relax or sleep at night?	55%	75%	60%	74%
	- Can you get your stored property if you need it?	28%	23%	25%	25%

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

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

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

	Have a disability	Do not have a disability	Mental health problems	No mental health problems
Number of completed questionnaires returned	68	100	87	80

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	25%	34%	28%	33%
5.3	Does the shop / canteen sell the things that you need?	46%	55%	49%	53%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	63%	79%	66%	79%
6.2	Are there any staff here you could turn to if you had a problem?	62%	74%	66%	73%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	43%	47%	41%	50%
6.6	Do you feel that you are treated as an individual in this prison?	42%	37%	40%	37%
FAITH					
For those who have a religion:					
7.2	Are your religious beliefs respected here?	46%	85%	59%	80%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	46%	73%	50%	74%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	41%	45%	41%	46%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	52%	46%	48%	49%
8.3	Are you able to use a phone every day (if you have credit)?	97%	97%	98%	96%
For those who get visits:					
8.7	Are your visitors usually treated respectfully by staff?	75%	76%	81%	72%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	21%	7%	18%	7%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	11%	19%	11%	21%
For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	71%	82%	70%	85%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	62%	76%	63%	78%
For those who have made an application:					
10.2	Are applications usually dealt with fairly?	43%	60%	51%	55%
10.3	Is it easy for you to make a complaint?	55%	67%	55%	69%
For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	28%	35%	28%	36%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	41%	20%	40%	16%

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

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

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

Number of completed questionnaires returned

Have a disability	Do not have a disability	Mental health problems	No mental health problems
68	100	87	80

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	26%	34%
	- Nurse?	45%	50%
	- Dentist?	6%	14%
	- Mental health workers?	11%	17%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	21%	27%
11.5	Do you think the overall quality of the health services here is very / quite good?	27%	34%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	20%	
SAFETY			
14.1	Have you ever felt unsafe here?	71%	35%
14.2	Do you feel unsafe now?	33%	7%
14.3	Not experienced bullying / victimisation by other prisoners	45%	65%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	40%	31%
14.5	Not experienced bullying / victimisation by members of staff	48%	63%
14.6	If you were being bullied / victimised by staff here, would you report it?	48%	52%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	37%	51%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	27%	41%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	13%	6%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	3%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	47%	72%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	41%	52%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	42%	50%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	67%	53%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	39%	58%

32%	29%
48%	49%
6%	17%
12%	18%
23%	
27%	36%
17%	40%
61%	38%
25%	9%
45%	68%
35%	35%
46%	69%
45%	57%
38%	53%
24%	48%
13%	5%
8%	1%
53%	71%
38%	57%
38%	52%
56%	67%
39%	62%

## HMP/YOI Parc 2019

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners

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

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Number of completed questionnaires returned

Black and minority ethnic	White
27	144

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?	33%	22%
	Are you 50 years of age or older?	11%	20%
1.3	Are you from a minority ethnic group?		
7.1	Are you Muslim?	42%	0%
11.3	Do you have any mental health problems?	32%	56%
12.1	Do you consider yourself to have a disability?	27%	43%
19.2	Are you a foreign national?	8%	2%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	2%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	85%	80%
2.4	Overall, were you treated very / quite well in reception?	89%	84%
2.5	When you first arrived, did you have any problems?	74%	81%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	40%	32%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	70%	70%
3.5	Have you had an induction at this prison?	89%	98%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	52%	49%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	31%	32%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	78%	75%
	- Can you shower every day?	96%	99%
	- Do you have clean sheets every week?	85%	70%
	- Do you get cell cleaning materials every week?	42%	52%
	- Is it normally quiet enough for you to relax or sleep at night?	65%	68%
	- Can you get your stored property if you need it?	31%	26%



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

Number of completed questionnaires returned

Black and minority ethnic	White
27	144

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	35%	29%
5.3	Does the shop / canteen sell the things that you need?	30%	56%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	74%	73%
6.2	Are there any staff here you could turn to if you had a problem?	67%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	52%	43%
6.6	Do you feel that you are treated as an individual in this prison?	32%	40%
FAITH			
For those who have a religion:			
7.2	Are your religious beliefs respected here?	77%	65%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	77%	57%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	33%	45%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	42%	49%
8.3	Are you able to use a phone every day (if you have credit)?	96%	98%
For those who get visits:			
8.7	Are your visitors usually treated respectfully by staff?	81%	76%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	17%	12%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	13%	16%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	90%	75%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	69%	70%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	33%	58%
10.3	Is it easy for you to make a complaint?	54%	63%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	13%	37%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	30%	29%

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

Number of completed questionnaires returned

Black and minority ethnic	White
27	144

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	19%	34%
	- Nurse?	42%	50%
	- Dentist?	15%	10%
	- Mental health workers?	19%	14%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	38%	22%
11.5	Do you think the overall quality of the health services here is very / quite good?	39%	30%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	14%	21%
SAFETY			
14.1	Have you ever felt unsafe here?	39%	52%
14.2	Do you feel unsafe now?	23%	16%
14.3	Not experienced bullying / victimisation by other prisoners	56%	57%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	32%	34%
14.5	Not experienced bullying / victimisation by members of staff	44%	60%
14.6	If you were being bullied / victimised by staff here, would you report it?	57%	50%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	44%	46%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	23%	38%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	12%	9%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	4%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	68%	61%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	52%	48%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	50%	48%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	67%	57%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	54%	51%

## HMP/YOI Parc 2019

### Survey responses compared with those from other HMIP surveys of all other category B and C training prisons and with those from the previous survey

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

- Summary statistics from surveys of category B and C training prisons conducted since the introduction of the new questionnaire in September 2017 (31 prisons). Please note that this does not include all category B and C training prisons.
- Summary statistics from HMP/YOI Parc 2015 Please note that we do not have comparable data for the new questions introduced in September 2017.

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Number of completed questionnaires returned

HMP/YOI Parc 2019	All other category B and C training prisons surveyed since September 2017	HMP/YOI Parc 2019	HMP/YOI Parc 2015
175	5,192	175	197

n=number of valid responses to question (HMP/YOI Parc 2019)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	n=174	8%	5%	8%	8%
	Are you 25 years of age or younger?	n=174	24%	23%	24%	
	Are you 50 years of age or older?	n=174	19%	13%	19%	11%
	Are you 70 years of age or older?	n=174	2%	1%	2%	1%
1.3	Are you from a minority ethnic group?	n=171	16%	32%	16%	14%
1.4	Have you been in this prison for less than 6 months?	n=172	31%	32%	31%	
1.5	Are you currently serving a sentence?	n=171	98%	99%	98%	98%
	Are you on recall?	n=171	12%	9%	12%	12%
1.6	Is your sentence less than 12 months?	n=169	7%	7%	7%	5%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=169	1%	4%	1%	4%
7.1	Are you Muslim?	n=167	7%	18%	7%	9%
11.3	Do you have any mental health problems?	n=167	52%	44%	52%	
12.1	Do you consider yourself to have a disability?	n=168	41%	33%	41%	29%
19.1	Do you have any children under the age of 18?	n=164	51%	50%	51%	53%
19.2	Are you a foreign national?	n=166	2%	9%	2%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=165	3%	5%	3%	3%
19.4	Have you ever been in the armed services?	n=165	4%	6%	4%	10%
19.5	Is your gender female or non-binary?	n=166	2%	1%	2%	
19.6	Are you homosexual, bisexual or other sexual orientation?	n=166	3%	4%	3%	2%
19.7	Do you identify as transgender or transsexual?	n=161	1%	2%	1%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	n=169	15%	16%	15%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=171	33%	47%	33%	28%
2.3	When you were searched in reception, was this done in a respectful way?	n=168	80%	83%	80%	83%
2.4	Overall, were you treated very / quite well in reception?	n=170	85%	86%	85%	

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Number of completed questionnaires returned

	HMP/YOI Parc 2019	All other category B and C training prisons surveyed since September 2017		
	175	5,192	HMP/YOI Parc 2019	HMP/YOI Parc 2015
	175	197		

n=number of valid responses to question (HMP/YOI Parc 2019)

2.5	When you first arrived, did you have any problems?	n=170	79%	71%	79%	61%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=170	32%	25%	32%	19%
	- Contacting family?	n=170	32%	25%	32%	23%
	- Arranging care for children or other dependents?	n=170	2%	2%	2%	
	- Contacting employers?	n=170	5%	2%	5%	4%
	- Money worries?	n=170	18%	16%	18%	18%
	- Housing worries?	n=170	18%	12%	18%	18%
	- Feeling depressed?	n=170	42%	29%	42%	
	- Feeling suicidal?	n=170	10%	9%	10%	
	- Other mental health problems?	n=170	30%	21%	30%	
	- Physical health problems?	n=170	18%	14%	18%	16%
	- Drugs or alcohol (e.g. withdrawal)?	n=170	18%	11%	18%	
	- Getting medication?	n=170	38%	21%	38%	
	- Needing protection from other prisoners?	n=170	7%	6%	7%	9%
	- Lost or delayed property?	n=170	18%	23%	18%	11%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	n=133	33%	32%	33%	33%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=168	77%	64%	77%	84%
	- Toiletries / other basic items?	n=168	79%	51%	79%	82%
	- A shower?	n=168	48%	44%	48%	34%
	- A free phone call?	n=168	60%	44%	60%	71%
	- Something to eat?	n=168	77%	74%	77%	81%
	- The chance to see someone from health care?	n=168	63%	59%	63%	70%
	- The chance to talk to a Listener or Samaritans?	n=168	31%	27%	31%	35%
	- Support from another prisoner (e.g. Insider or buddy)?	n=168	28%	24%	28%	
	- None of these?	n=168	3%	8%	3%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=173	36%	41%	36%	
3.3	Did you feel safe on your first night here?	n=171	70%	75%	70%	81%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	n=168	53%	43%	53%	36%
	- Free PIN phone credit?	n=170	62%	49%	62%	
	- Numbers put on your PIN phone?	n=166	54%	49%	54%	
3.5	Have you had an induction at this prison?	n=172	97%	94%	97%	81%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	n=166	49%	57%	49%	

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Number of completed questionnaires returned

HMP/YOI Parc 2019	All other category B and C training prisons surveyed since September 2017
175	5,192

HMP/YOI Parc 2019	HMP/YOI Parc 2015
175	197

n=number of valid responses to question (HMP/YOI Parc 2019)

ON THE WING			
4.1	Are you in a cell on your own?	n=173	49% 69%
4.2	Is your cell call bell normally answered within 5 minutes?	n=171	32% 30%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	n=172	76% 70%
	- Can you shower every day?	n=172	98% 90%
	- Do you have clean sheets every week?	n=172	73% 66%
	- Do you get cell cleaning materials every week?	n=171	51% 58%
	- Is it normally quiet enough for you to relax or sleep at night?	n=169	68% 67%
	- Can you get your stored property if you need it?	n=170	26% 26%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=168	69% 60%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	n=171	28% 43%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=172	30% 36%
5.3	Does the shop / canteen sell the things that you need?	n=171	52% 61%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	n=165	73% 70%
6.2	Are there any staff here you could turn to if you had a problem?	n=170	68% 69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=168	45% 32%
6.4	Do you have a personal officer?	n=167	89% 82%
For those who have a personal officer:			
6.4	Is your personal or named officer very / quite helpful?	n=149	62% 47%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=167	4% 11%
6.6	Do you feel that you are treated as an individual in this prison?	n=162	39% 43%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=168	52% 53%
	If so, do things sometimes change?	n=87	23% 33%
FAITH			
7.1	Do you have a religion?	n=167	54% 69%
For those who have a religion:			
7.2	Are your religious beliefs respected here?	n=93	68% 69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=92	62% 69%
7.4	Are you able to attend religious services, if you want to?	n=92	82% 88%

49%	
32%	31%
76%	76%
98%	96%
73%	73%
51%	51%
68%	65%
26%	18%
69%	
28%	
30%	
52%	45%
73%	77%
68%	75%
45%	33%
89%	
62%	
4%	
39%	
52%	
23%	
54%	47%
68%	
62%	
82%	



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Number of completed questionnaires returned

HMP/YOI Parc 2019	All other category B and C training prisons surveyed since September 2017	HMP/YOI Parc 2019	HMP/YOI Parc 2015
175	5,192	175	197

n=number of valid responses to question (HMP/YOI Parc 2019)

CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=169	43%	29%	43%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=171	48%	57%	48%
8.3	Are you able to use a phone every day (if you have credit)?	n=170	97%	90%	97%
8.4	Is it very / quite easy for your family and friends to get here?	n=170	47%	34%	47%
8.5	Do you get visits from family/friends once a week or more?	n=169	27%	16%	27%
For those who get visits:					
8.6	Do visits usually start and finish on time?	n=113	69%	46%	69%
8.7	Are your visitors usually treated respectfully by staff?	n=112	76%	73%	76%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=170	95%	91%	95%
For those who know what the unlock and lock-up times are supposed to be:					
9.1	Are these times usually kept to?	n=162	63%	54%	63%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=161	12%	16%	12%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=161	16%	9%	16%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=170	17%	20%	17%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=170	2%	3%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=168	64%	59%	64%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=170	83%	66%	83%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=169	72%	69%	72%
9.7	Do you typically go to the gym twice a week or more?	n=166	58%	53%	58%
9.8	Do you typically go to the library once a week or more?	n=166	51%	48%	51%
For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=109	78%	55%	78%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=164	71%	73%	71%
For those who have made an application:					
10.2	Are applications usually dealt with fairly?	n=140	53%	49%	53%
	Are applications usually dealt with within 7 days?	n=138	39%	34%	39%
10.3	Is it easy for you to make a complaint?	n=167	62%	64%	62%
For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	n=112	32%	30%	32%
	Are complaints usually dealt with within 7 days?	n=109	21%	24%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=128	28%	27%	28%

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175	5,192	175	197

n=number of valid responses to question (HMP/YOI Parc 2019)

For those who need it, is it easy to:					
10.6	Communicate with your solicitor or legal representative?	n=142	51%	41%	51%
	Attend legal visits?	n=134	57%	48%	57%
	Get bail information?	n=115	12%	17%	12%
For those who have had legal letters:					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=147	45%	59%	45%
HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	n=166	31%	30%	31%
	- Nurse?	n=164	48%	50%	48%
	- Dentist?	n=165	11%	15%	11%
	- Mental health workers?	n=164	15%	23%	15%
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	n=166	43%	46%	43%
	- Nurse?	n=165	57%	55%	57%
	- Dentist?	n=166	27%	34%	27%
	- Mental health workers?	n=165	18%	29%	18%
11.3	Do you have any mental health problems?	n=167	52%	44%	52%
For those who have mental health problems:					
11.4	Have you been helped with your mental health problems in this prison?	n=86	23%	41%	23%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=164	31%	41%	31%
OTHER SUPPORT NEEDS					
12.1	Do you consider yourself to have a disability?	n=168	41%	33%	41%
For those who have a disability:					
12.2	Are you getting the support you need?	n=64	20%	30%	20%
12.3	Have you been on an ACCT in this prison?	n=168	27%	16%	27%
For those who have been on an ACCT:					
12.4	Did you feel cared for by staff?	n=44	52%	44%	52%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=165	47%	39%	47%
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison?	n=166	16%	14%	16%
For those who had / have an alcohol problem:					
13.2	Have you been helped with your alcohol problem in this prison?	n=25	16%	52%	16%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=170	29%	27%	29%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=170	18%	17%	18%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=170	12%	10%	12%
For those who had / have a drug problem:					
13.6	Have you been helped with your drug problem in this prison?	n=53	40%	48%	40%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=170	49%	49%	49%
13.8	Is it very / quite easy to get alcohol in this prison?	n=171	32%	34%	32%

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

Number of completed questionnaires returned

	HMP/YOI Parc 2019	All other category B and C training prisons surveyed since September 2017		
	175	5,192	HMP/YOI Parc 2019	HMP/YOI Parc 2015
			175	197

n=number of valid responses to question (HMP/YOI Parc 2019)

SAFETY						
14.1	Have you ever felt unsafe here?	n=171	50%	47%	50%	43%
14.2	Do you feel unsafe now?	n=168	18%	23%	18%	20%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=164	27%	34%	27%	
	- Threats or intimidation?	n=164	26%	31%	26%	
	- Physical assault?	n=164	17%	19%	17%	
	- Sexual assault?	n=164	2%	2%	2%	
	- Theft of canteen or property?	n=164	29%	24%	29%	
	- Other bullying / victimisation?	n=164	19%	18%	19%	
	- Not experienced any of these from prisoners here	n=164	57%	54%	57%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=165	34%	32%	34%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=161	29%	30%	29%	
	- Threats or intimidation?	n=161	25%	24%	25%	
	- Physical assault?	n=161	6%	11%	6%	
	- Sexual assault?	n=161	1%	2%	1%	
	- Theft of canteen or property?	n=161	9%	10%	9%	
	- Other bullying / victimisation?	n=161	24%	18%	24%	
	- Not experienced any of these from staff here	n=161	58%	57%	58%	
14.6	If you were being bullied / victimised by staff here, would you report it?	n=162	51%	48%	51%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=168	46%	40%	46%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=170	35%	38%	35%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=170	9%	13%	9%	10%
For those who have been restrained in the last 6 months:						
15.4	Did anyone come and talk to you about it afterwards?	n=17	24%	21%	24%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=170	5%	10%	5%	
For those who have spent one or more nights in the segregation unit in the last 6 months:						
15.6	Were you treated well by segregation staff?	n=9	33%	59%	33%	
	Could you shower every day?	n=9	56%	70%	56%	
	Could you go outside for exercise every day?	n=9	33%	77%	33%	
	Could you use the phone every day (if you had credit)?	n=9	56%	64%	56%	



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Number of completed questionnaires returned

HMP/YOI Parc 2019	All other category B and C training prisons surveyed since September 2017	HMP/YOI Parc 2019	HMP/YOI Parc 2015
175	5,192	175	197

n=number of valid responses to question (HMP/YOI Parc 2019)

EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=165	69%	62%	69%
	- Vocational or skills training?	n=163	50%	39%	50%
	- Prison job?	n=163	56%	47%	56%
	- Voluntary work outside of the prison?	n=163	3%	5%	3%
	- Paid work outside of the prison?	n=162	2%	4%	2%
16.2	In this prison, have you done the following activities:				
	- Education?	n=160	81%	80%	81%
	- Vocational or skills training?	n=150	69%	69%	69%
	- Prison job?	n=161	83%	82%	83%
	- Voluntary work outside of the prison?	n=152	40%	33%	40%
	- Paid work outside of the prison?	n=150	38%	32%	38%
For those who have done the following activities, do you think they will help you on release:					
	- Education?	n=129	57%	61%	57%
	- Vocational or skills training?	n=104	61%	66%	61%
	- Prison job?	n=133	43%	41%	43%
	- Voluntary work outside of the prison?	n=60	42%	54%	42%
	- Paid work outside of the prison?	n=57	44%	58%	44%
16.3	Do staff encourage you to attend education, training or work?	n=160	62%	59%	62%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=161	48%	60%	48%
For those who have a custody plan:					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=77	83%	84%	83%
17.3	Are staff helping you to achieve your objectives or targets?	n=74	47%	46%	47%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=73	48%	51%	48%
	- Other programmes?	n=72	36%	45%	36%
	- One to one work?	n=72	39%	39%	39%
	- Been on a specialist unit?	n=72	28%	21%	28%
	- ROTL - day or overnight release?	n=72	13%	13%	13%
For those who have done the following, did they help you to achieve your objectives or targets:					
	- Offending behaviour programmes?	n=35	63%	72%	63%
	- Other programmes?	n=26	50%	67%	50%
	- One to one work?	n=28	68%	68%	68%
	- Being on a specialist unit?	n=20	40%	50%	40%
	- ROTL - day or overnight release?	n=9	22%	40%	22%

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Number of completed questionnaires returned

HMP/YOI Parc 2019	All other category B and C training prisons surveyed since September 2017	HMP/YOI Parc 2019	HMP/YOI Parc 2015
175	5,192	175	197

n=number of valid responses to question (HMP/YOI Parc 2019)

PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months? <i>n=164</i>	17%	22%	17%	
For those who expect to be released in the next 3 months:					
18.2	Is this prison very / quite near to your home area or intended release address? <i>n=27</i>	56%	41%	56%	
18.3	Is anybody helping you to prepare for your release? <i>n=27</i>	59%	58%	59%	
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation? <i>n=27</i>	63%	63%	63%	
	- Getting employment? <i>n=26</i>	69%	63%	69%	
	- Setting up education or training? <i>n=24</i>	54%	49%	54%	
	- Arranging benefits? <i>n=27</i>	74%	69%	74%	
	- Sorting out finances? <i>n=25</i>	64%	58%	64%	
	- Support for drug or alcohol problems? <i>n=25</i>	40%	43%	40%	
	- Health / mental Health support? <i>n=26</i>	62%	50%	62%	
	- Social care support? <i>n=26</i>	42%	37%	42%	
	- Getting back in touch with family or friends? <i>n=27</i>	37%	39%	37%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation? <i>n=17</i>	18%	36%	18%	
	- Getting employment? <i>n=18</i>	39%	23%	39%	
	- Setting up education or training? <i>n=13</i>	15%	24%	15%	
	- Arranging benefits? <i>n=20</i>	20%	30%	20%	
	- Sorting out finances? <i>n=16</i>	13%	24%	13%	
	- Support for drug or alcohol problems? <i>n=10</i>	10%	46%	10%	
	- Health / mental Health support? <i>n=16</i>	13%	28%	13%	
	- Social care support? <i>n=11</i>	9%	23%	9%	
	- Getting back in touch with family or friends? <i>n=10</i>	10%	30%	10%	
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future? <i>n=166</i>	51%	50%	51%	

HMP/YOI Parc 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 25 and under are compared with those of prisoners over 25
- responses of prisoners aged 50 and over are compared with those of prisoners under 50

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

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Number of completed questionnaires returned

25 and under	Over 25	50 and over	Under 50
41	133	33	141

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	34%			
	Are you 70 years of age or older?		2%		10%
				9%	
1.3	Are you from a minority ethnic group?	23%	14%	9%	17%
7.1	Are you Muslim?	13%	5%	0%	8%
11.3	Do you have any mental health problems?	53%	52%	48%	53%
12.1	Do you consider yourself to have a disability?	33%	43%	48%	39%
19.2	Are you a foreign national?	5%	2%	0%	3%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	4%	3%	3%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	78%	81%	87%	79%
2.4	Overall, were you treated very / quite well in reception?	83%	86%	84%	86%
2.5	When you first arrived, did you have any problems?	65%	84%	84%	78%
For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	33%	33%	31%	34%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	90%	63%	67%	70%
3.5	Have you had an induction at this prison?	93%	98%	97%	96%
For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	61%	46%	44%	51%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	27%	34%	39%	30%
4.3					
	- Do you normally have enough clean, suitable clothes for the week?	78%	76%	82%	75%
	- Can you shower every day?	98%	99%	100%	98%
	- Do you have clean sheets every week?	50%	80%	88%	70%
	- Do you get cell cleaning materials every week?	42%	54%	53%	50%
	- Is it normally quiet enough for you to relax or sleep at night?	71%	66%	73%	66%
	- Can you get your stored property if you need it?	27%	26%	34%	24%

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Number of completed questionnaires returned

	25 and under	Over 25		50 and over	Under 50
	41	133		33	141

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	38%	28%
5.3	Does the shop / canteen sell the things that you need?	46%	53%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	58%	78%
6.2	Are there any staff here you could turn to if you had a problem?	72%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	41%	46%
6.6	Do you feel that you are treated as an individual in this prison?	31%	41%
FAITH			
For those who have a religion:			
7.2	Are your religious beliefs respected here?	72%	67%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	61%	62%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	40%	44%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	48%	48%
8.3	Are you able to use a phone every day (if you have credit)?	98%	97%
For those who get visits:			
8.7	Are your visitors usually treated respectfully by staff?	73%	77%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	18%	11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	18%	15%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	86%	76%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	73%	70%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	46%	55%
10.3	Is it easy for you to make a complaint?	55%	64%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	19%	36%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	45%	23%

39%	28%
47%	53%
88%	70%
70%	68%
56%	42%
44%	38%
58%	70%
53%	64%
42%	43%
33%	51%
100%	96%
92%	74%
10%	13%
10%	17%
59%	83%
72%	71%
65%	50%
56%	63%
41%	31%
14%	31%

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Number of completed questionnaires returned

	25 and under	Over 25
	41	133

	50 and over	Under 50
	33	141

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	38%	29%
	- Nurse?	48%	48%
	- Dentist?	18%	9%
	- Mental health workers?	21%	13%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	24%	23%
11.5	Do you think the overall quality of the health services here is very / quite good?	26%	33%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	31%	18%
SAFETY			
14.1	Have you ever felt unsafe here?	36%	53%
14.2	Do you feel unsafe now?	13%	19%
14.3	Not experienced bullying / victimisation by other prisoners	55%	58%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	26%	37%
14.5	Not experienced bullying / victimisation by members of staff	53%	59%
14.6	If you were being bullied / victimised by staff here, would you report it?	46%	52%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	48%	46%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	37%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	15%	7%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	5%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	65%	62%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	55%	46%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	60%	43%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	56%	61%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	55%	49%

22%	33%
44%	49%
6%	12%
9%	16%
20%	24%
33%	31%
21%	20%
58%	47%
22%	16%
66%	55%
46%	31%
72%	54%
59%	49%
61%	43%
42%	34%
3%	10%
0%	6%
59%	63%
31%	52%
40%	48%
100%	58%
55%	49%



## HMP/YOI Parc 2019

### Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner unit (X wing) are compared with those from rest of the establishment.

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Number of completed questionnaires returned

Vulnerable prisoner unit (X wing)	Rest of the establishment
38	136

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	5%	9%
	Are you 25 years of age or younger?	11%	27%
	Are you 50 years of age or older?	45%	11%
	Are you 70 years of age or older?	8%	0%
1.3	Are you from a minority ethnic group?	8%	18%
1.4	Have you been in this prison for less than 6 months?	37%	29%
1.5	Are you currently serving a sentence?	92%	100%
	Are you on recall?	13%	11%
1.6	Is your sentence less than 12 months?	11%	5%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	0%
7.1	Are you Muslim?	0%	9%
11.3	Do you have any mental health problems?	57%	50%
12.1	Do you consider yourself to have a disability?	54%	36%
19.1	Do you have any children under the age of 18?	35%	56%
19.2	Are you a foreign national?	0%	3%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	2%
19.4	Have you ever been in the armed services?	8%	3%
19.5	Is your gender female or non-binary?	5%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	11%	1%
19.7	Do you identify as transgender or transsexual?	6%	0%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	13%	15%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	50%	28%
2.3	When you were searched in reception, was this done in a respectful way?	84%	79%
2.4	Overall, were you treated very / quite well in reception?	82%	86%

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Vulnerable prisoner unit (X wing)	Rest of the establishment
38	136

Number of completed questionnaires returned

2.5	When you first arrived, did you have any problems?	95%	76%
2.5	Did you have problems with:		
	- Getting phone numbers?	47%	28%
	- Contacting family?	50%	27%
	- Arranging care for children or other dependents?	3%	2%
	- Contacting employers?	3%	6%
	- Money worries?	29%	15%
	- Housing worries?	21%	17%
	- Feeling depressed?	61%	37%
	- Feeling suicidal?	13%	9%
	- Other mental health problems?	34%	29%
	- Physical health problems?	24%	16%
	- Drugs or alcohol (e.g. withdrawal)?	13%	20%
	- Getting medication?	50%	34%
	- Needing protection from other prisoners?	8%	7%
	- Lost or delayed property?	18%	18%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	44%	29%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	81%	76%
	- Toiletries / other basic items?	81%	78%
	- A shower?	60%	45%
	- A free phone call?	32%	68%
	- Something to eat?	65%	80%
	- The chance to see someone from health care?	51%	65%
	- The chance to talk to a Listener or Samaritans?	32%	30%
	- Support from another prisoner (e.g. Insider or buddy)?	19%	30%
	- None of these?	3%	3%
3.2	On your first night in this prison, was your cell very / quite clean?	58%	30%
3.3	Did you feel safe on your first night here?	60%	72%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	46%	55%
	- Free PIN phone credit?	61%	63%
	- Numbers put on your PIN phone?	35%	59%
3.5	Have you had an induction at this prison?	92%	98%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	37%	52%

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Number of completed questionnaires returned

Vulnerable prisoner unit (X wing)	Rest of the establishment
38	136

ON THE WING			
4.1	Are you in a cell on your own?	29%	55%
4.2	Is your cell call bell normally answered within 5 minutes?	45%	28%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	63%	80%
	- Can you shower every day?	100%	98%
	- Do you have clean sheets every week?	87%	69%
	- Do you get cell cleaning materials every week?	74%	44%
	- Is it normally quiet enough for you to relax or sleep at night?	71%	66%
	- Can you get your stored property if you need it?	34%	23%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	83%	64%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	35%	26%
5.2	Do you get enough to eat at meal-times always / most of the time?	42%	26%
5.3	Does the shop / canteen sell the things that you need?	49%	52%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	84%	70%
6.2	Are there any staff here you could turn to if you had a problem?	74%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	63%	39%
6.4	Do you have a personal officer?	97%	87%
For those who have a personal officer:			
6.4	Is your personal or named officer very / quite helpful?	67%	60%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	5%	2%
6.6	Do you feel that you are treated as an individual in this prison?	41%	38%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	50%	52%
	If so, do things sometimes change?	32%	19%
FAITH			
7.1	Do you have a religion?	61%	52%
For those who have a religion:			
7.2	Are your religious beliefs respected here?	65%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	61%	62%
7.4	Are you able to attend religious services, if you want to?	78%	83%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	55%	39%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	37%	52%
8.3	Are you able to use a phone every day (if you have credit)?	100%	96%
8.4	Is it very / quite easy for your family and friends to get here?	45%	47%
8.5	Do you get visits from family/friends once a week or more?	24%	28%
For those who get visits:			
8.6	Do visits usually start and finish on time?	71%	68%
8.7	Are your visitors usually treated respectfully by staff?	86%	73%



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TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	97%	95%
For those who know what the unlock and lock-up times are supposed to be:			
9.1	Are these times usually kept to?	70%	61%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	8%	14%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	17%	15%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	26%	15%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	3%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	54%	66%
9.5	Do you get association more than 5 days in a typical week, if you want it?	95%	79%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	68%	73%
9.7	Do you typically go to the gym twice a week or more?	40%	64%
9.8	Do you typically go to the library once a week or more?	58%	48%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	39%	91%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	81%	68%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	71%	47%
	Are applications usually dealt with within 7 days?	41%	38%
10.3	Is it easy for you to make a complaint?	71%	59%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	36%	30%
	Are complaints usually dealt with within 7 days?	12%	24%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	13%	33%

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For those who need it, is it easy to:			
10.6	Communicate with your solicitor or legal representative?	55%	50%
	Attend legal visits?	68%	53%
	Get bail information?	16%	11%
For those who have had legal letters:			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	46%	45%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	30%	31%
	- Nurse?	49%	48%
	- Dentist?	8%	12%
	- Mental health workers?	11%	16%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	53%	40%
	- Nurse?	69%	53%
	- Dentist?	17%	30%
	- Mental health workers?	14%	20%
11.3	Do you have any mental health problems?	57%	50%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	30%	22%
11.5	Do you think the overall quality of the health services here is very / quite good?	34%	31%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	54%	36%
For those who have a disability:			
12.2	Are you getting the support you need?	30%	16%
12.3	Have you been on an ACCT in this prison?	54%	19%
For those who have been on an ACCT:			
12.4	Did you feel cared for by staff?	65%	39%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	57%	43%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	11%	18%
For those who had / have an alcohol problem:			
13.2	Have you been helped with your alcohol problem in this prison?	0%	19%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	18%	33%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	5%	21%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	8%	13%
For those who had / have a drug problem:			
13.6	Have you been helped with your drug problem in this prison?	17%	43%
13.7	Is it very / quite easy to get illicit drugs in this prison?	29%	54%
13.8	Is it very / quite easy to get alcohol in this prison?	11%	38%

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SAFETY			
14.1	Have you ever felt unsafe here?	63%	46%
14.2	Do you feel unsafe now?	14%	19%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	32%	26%
	- Threats or intimidation?	32%	24%
	- Physical assault?	16%	18%
	- Sexual assault?	3%	2%
	- Theft of canteen or property?	29%	29%
	- Other bullying / victimisation?	16%	20%
	- Not experienced any of these from prisoners here	58%	57%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	54%	28%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	24%	31%
	- Threats or intimidation?	22%	26%
	- Physical assault?	3%	7%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	5%	11%
	- Other bullying / victimisation?	24%	24%
	- Not experienced any of these from staff here	60%	57%
14.6	If you were being bullied / victimised by staff here, would you report it?	62%	48%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	53%	43%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	50%	31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	8%	10%
For those who have been restrained in the last 6 months:			
15.4	Did anyone come and talk to you about it afterwards?	0%	29%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	5%
For those who have spent one or more nights in the segregation unit in the last 6 months:			
15.6	Were you treated well by segregation staff?	50%	29%
	Could you shower every day?	50%	57%
	Could you go outside for exercise every day?	50%	29%
	Could you use the phone every day (if you had credit)?	50%	57%

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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	83%	65%
	- Vocational or skills training?	53%	49%
	- Prison job?	56%	56%
	- Voluntary work outside of the prison?	3%	3%
	- Paid work outside of the prison?	0%	2%
16.2	In this prison, have you done the following activities:		
	- Education?	76%	83%
	- Vocational or skills training?	63%	72%
	- Prison job?	84%	82%
	- Voluntary work outside of the prison?	28%	44%
	- Paid work outside of the prison?	26%	42%
For those who have done the following activities, do you think they will help you on release:			
	- Education?	57%	56%
	- Vocational or skills training?	59%	61%
	- Prison job?	55%	39%
	- Voluntary work outside of the prison?	40%	42%
	- Paid work outside of the prison?	33%	46%
16.3	Do staff encourage you to attend education, training or work?	69%	60%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	26%	55%
For those who have a custody plan:			
17.2	Do you understand what you need to do to achieve your objectives or targets?	70%	85%
17.3	Are staff helping you to achieve your objectives or targets?	50%	47%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	20%	52%
	- Other programmes?	20%	39%
	- One to one work?	20%	42%
	- Been on a specialist unit?	20%	29%
	- ROTL - day or overnight release?	10%	13%
For those who have done the following, did they help you to achieve your objectives or targets:			
	- Offending behaviour programmes?	50%	64%
	- Other programmes?	50%	50%
	- One to one work?	50%	69%
	- Being on a specialist unit?	50%	39%
	- ROTL - day or overnight release?	0%	25%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	11%	18%
For those who expect to be released in the next 3 months:			
18.2	Is this prison very / quite near to your home area or intended release address?	25%	61%
18.3	Is anybody helping you to prepare for your release?	75%	57%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	50%	65%
	- Getting employment?	75%	68%
	- Setting up education or training?	25%	60%
	- Arranging benefits?	100%	70%
	- Sorting out finances?	75%	62%
	- Support for drug or alcohol problems?	50%	38%
	- Health / mental Health support?	50%	64%
	- Social care support?	25%	46%
	- Getting back in touch with family or friends?	50%	35%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	0%	20%
	- Getting employment?	33%	40%
	- Setting up education or training?	0%	17%
	- Arranging benefits?	25%	19%
	- Sorting out finances?	33%	8%
	- Support for drug or alcohol problems?	0%	13%
	- Health / mental Health support?	50%	7%
	- Social care support?	0%	10%
	- Getting back in touch with family or friends?	50%	0%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	50%	51%