

Report on an unannounced inspection of

Young Persons' Unit

at

HMP & YOI Parc

by HM Chief Inspector of Prisons

15–25 October 2018

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



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



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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

HMYOI Parc is a small juvenile facility comprising two wings and holding up to 60 boys aged under 18 located in the much larger Parc prison in South Wales. The unit and wider prison are operated by the private company G4S. At the time of this annual inspection there were 37 boys in residence.

At our last inspection we reported how good leadership and a re-energised staff group had contributed to significant improvement at the establishment. It was clear on this visit that the team had continued in their efforts to make the unit safer, more purposeful and more respectful. We had previously found high levels of violence, and boys with poor perceptions of their own safety. During this inspection, perceptions of safety were much better and recorded violence was on a consistent downward trajectory, with few serious incidents. Very few boys isolated themselves in their cells or were located in the segregation unit. The leadership team had established a reward-led culture that motivated most boys to behave, incorporating an evidence-based instant rewards scheme that we considered good practice.

Child protection procedures, an area in which we have previously been critical, were now much more effective and again evidenced good practice. Similarly, the multidisciplinary case management approach to managing the victims and perpetrators of violence through the application of a nationally sponsored process known as CSIP¹ was an example to the many establishments that have struggled to grasp its potential.

Our highest assessments were in the areas of respect and purposeful activity. The units were clean and well maintained, relationships between boys and staff were good, and staff were tolerant but also displayed the confidence to challenge inappropriate behaviour when necessary. They balanced authority and care to create a supportive and disciplined environment.

The strategic approach to the management of equality and diversity had improved and health care services remained good. Time out of cell was impressive, even for those on the lowest level of the rewards scheme. There had been a progressive move to establishing a whole-unit approach to managing the boys at Parc. Departments worked together in a way we do not often see. Some experienced prison officers had been supported to undertake the Postgraduate Certificate in Education training to work in education, which served to break down barriers between departments. The education unit was exceeding the performance indicators set out in its contract and boys achieved a success rate of over 90% in most qualifications.

However, we made two main recommendations, one regarding the food and the other risk management. During our inspection, we spoke to most of the boys on both units. They were quick to praise staff and were very fair about their experiences at Parc, complaining about very little. This gave considerable credibility to their consistent complaints about food. Our own observations supported their negative perceptions and we would urge the prison to meet with the contractor at the earliest opportunity to address concerns in this important area.

Our second main recommendation concerned weaknesses in the establishment's approach to risk management. Caseworkers worked well as part of multidisciplinary teams and were particularly effective in helping to manage boys on CSIP plans. The team knew the boys on their caseloads well and contact was good. However, despite significant information about risk being available to caseworkers, it was not always recognised or sufficiently investigated to inform sentence planning and management. This meant that planning for release did not adequately consider the vulnerabilities of or risks posed by some boys on their return to the community.

¹ Challenge, support and intervention plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

Given the energy and commitment put into addressing the concerns raised at previous inspections, we remain confident that leaders at Parc will make every effort to address our recommendations. This was a good inspection and we found that the establishment was characterised by good relationships, excellent multidisciplinary work and strong leadership.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

December 2018

Fact page

Task of the establishment

Young persons' unit within a category B training prison with capacity for up to 60 remanded and convicted young people

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

Private - G4S

Region/Department

Wales and the South West

Number held

37

Baseline certified normal capacity

64

In-use certified normal capacity

60

Operational capacity

60

Date of last full inspection

16-26 October 2017

Brief history

The young persons' unit in HMP & YOI Parc opened in March 2002 as a 28-room facility for remanded boys aged 15 to 18. In October 2004, it expanded to house 36 young people aged 15 to 18, both remand and sentenced, with a further expansion in February 2007 to 64 young people. In March 2013, the court catchment area for the unit extended from Wales to include South-west England from Devon and Cornwall to the Dorset border. In April 2014, the court catchment area expanded further to include Bristol, Swindon and Wiltshire.

Short description of residential units

The young persons' unit at HMP&YOI Parc is located in the main establishment and consists of two separate accommodation units. Echo One unit has an operational capacity of 24 with cells being split over two separate levels. The unit consists of 16 single and six double cells. The living accommodation of Golf One is slightly different with rooms all located on one level. The operational capacity of Golf One is set at 36 with 12 single and 12 double cells. Both units have on-site shower facilities and each cell has a television, toilet, desk, chair, sink and storage unit.

Name of director

Janet Wallsgrave

Escort contractor

GEOAmey.

Health service commissioner and providers

G4S Health Services UK

Learning and skills providers

G4S

Independent Monitoring Board chair
Wendy Hatherly

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, immigration detention facilities and police custody.
- 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 include a summary of an establishment's performance against the model of a healthy prison. The four tests of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | children and young people, particularly the most vulnerable, are held safely |
| Respect | children and young people are treated with respect for their human dignity |
| Purposeful activity | children and young people are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | children and young people are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- A4 Under each test, we make an assessment of outcomes for children and young people and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed nationally.
- **outcomes for children and young people are good against this healthy prison test.**
There is no evidence that outcomes for children and young people are being adversely affected in any significant areas.
 - **outcomes for children and young people are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for children and young people in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for children and young people are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for children and young people are being adversely affected in many areas or particularly in those areas of greatest importance to their well-being. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for children and young people are poor against this healthy prison test.**
There is evidence that the outcomes for children and young people are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for children and young people. Immediate remedial action is required.

A5 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for children and young people.

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

A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

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

This report

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

² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 Reception processes were swift but there were some unnecessary restrictions during boys' early days at Parc. Child protection arrangements were effective. There were fewer incidents of self-harm than at comparable establishments and care for boys in crisis was good. Very few boys reported feeling unsafe and self-isolation was rare. Levels of violence remained comparatively high but were reducing. The case management approach to victims and perpetrators of violence in custody was good practice. Behaviour management processes encouraged positive behaviour and the instant reward scheme was effective. The use of force was proportionate and governance was good. Segregation was rarely used. **Outcomes for children and young people were reasonably good against this healthy prison test.**

S2 At the last inspection in October 2017, we found that outcomes for children and young people in Parc were reasonably good against this healthy prison test. We made 12 recommendations about safety. At this follow-up inspection we found that seven of the recommendations had been achieved and five had not been achieved.

S3 Some boys continued to arrive at Parc late in the evening after excessive delays at court and long journeys. The reception process was completed swiftly by unit staff and boys were moved quickly to their residential accommodation. The content of the induction programme was reasonably good but delivery was inconsistent and boys spent too long locked in cells during their early days at Parc. Boys who were potentially restricted status³ could not make a phone call home for several days, even under supervision, which was disproportionate.

S4 A range of safeguarding processes and meetings were underpinned by good relationships between boys and staff who were knowledgeable about the children in their care. Child protection investigations were an example of good practice. The local authority was routinely informed about relevant incidents involving children, managers took immediate action to prevent further harm, and joint investigations were initiated swiftly.

S5 The number of reported self-harm incidents had reduced significantly and was lower than at comparable establishments. Care for boys at risk of self-harm on assessment, care in custody and teamwork (ACCT)⁴ case management was good and staff worked hard to ensure these children had access to activity. Overnight observations of boys on ACCT case management were too predictable.

S6 In our survey, only 7% of boys said they felt unsafe at the time of the inspection. All boys could access the regime and self-isolation was rare. Levels of violence remained higher than in comparable establishments. However, violence had reduced since the last inspection and there had been a notable reduction in the three months leading up to the inspection. Most incidents of violence remained low level and staff intervened quickly to prevent the

³ Restricted status is the definition given to an offender whose escape would present a serious risk to the public and who is required to be held in designated secure accommodation. Separate procedural security arrangements apply to restricted status prisoners. Category A section of HMPPS will confirm restricted status within days of sentencing during which time prisons have to assume that certain offences will result in the designation of restricted status and apply appropriate safeguards.

⁴ Assessment, care in custody and teamwork case management of young people at risk of suicide or self-harm.

escalation of minor incidents. The ‘challenge, support and intervention plan’ (CSIP)⁵ process was well embedded and provided an effective response to the victims and perpetrators of violence. The adoption of a case management approach to CSIP was good practice (see paragraph 4.3).

- S7 Behaviour management processes worked effectively to encourage positive behaviour and the instant rewards system represented good practice. Staff demonstrated both tolerance and the confidence to challenge inappropriate behaviour, and managers were often visible to provide additional support to staff.
- S8 There was a proactive response to the emerging threat of gang activity which included the provision of specific training for some staff. Disciplinary procedures were managed fairly and boys received good support from Barnardo’s advocates when they were subject to disciplinary measures. The use of segregation remained commendably low with only nine uses in the previous six months.
- S9 The incidents of force that we reviewed were proportionate and few resulted in full restraint. Local governance arrangements were sound and there was some independent scrutiny in place.
- S10 Illicit drug use was very low. No boy had required clinical detoxification from alcohol or drugs since the last inspection, although appropriate services were available if needed. Psychosocial support for boys with substance misuse issues remained good and they could access a range of interventions determined by individual need, including harm minimisation.

Respect

- S11** *Many improvements had been made to residential units and living conditions were generally good. The majority of boys said staff treated them with respect. We observed good relationships and staff who were patient and caring. A positive rewards-based culture had been established across the units and in education. The strategic approach to the management of equality and diversity had improved, with a greater emphasis on the specific needs of individuals. Faith provision remained good. Our assessment of complaints was good but some boys lacked confidence in the system. Health care services remained good. There were legitimate concerns about the quality and quantity of food which was a major source of frustration for boys. **Outcomes for children and young people were good against this healthy prison test.***
- S12** *At the last inspection in October 2017, we found that outcomes for children and young people in Parc were reasonably good against this healthy prison test. We made nine recommendations about respect. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and three had not been achieved.*

- S13 The young persons’ unit was now clean and well maintained. Single cells were well equipped and boys valued in-cell telephones. Emergency cell bells were answered promptly. Boys had particularly good access to cleaning materials and laundry facilities. Improvements had been made to the exercise areas and association equipment since the previous inspection. Applications continued to be managed well through the electronic kiosks.

⁵ Challenge, support and intervention plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

- S14 In our survey, 82% of children said that most staff treated them with respect and we found considerable evidence to support this view. We observed staff in all areas working in a motivational, patient and caring way with boys on the unit. Particular progress had been made in establishing a reward-led culture on residential units and in education. Formal consultation arrangements were reasonable. Peer support was underdeveloped but there were credible plans in place to address this.
- S15 The strategic approach to the management of equality and diversity had improved. The establishment identified boys with protected characteristics and sought to meet their needs on an individual basis. Support for these boys was generally appropriate. Some data monitoring had been carried out since the last inspection, which was positive. There had been some consultation with black and minority ethnic boys in recent months and a number of good sessions had been organised for Black History Month. The recruitment of a full-time equality manager and dedicated worker for the unit demonstrated a commitment to improve work in this critical area. Faith provision remained good.
- S16 The number of complaints made in the last six months was similar to the last inspection. Only 25% of boys in our survey said responses to complaints were fair or timely. The director quality assured all complaints and the responses we looked at were generally good. Further consultation and analysis were needed to understand the negative perceptions held by boys.
- S17 Health care services were child focused and remained good. Services were delivered by two skilled and caring nurses dedicated to the unit and boys we spoke to were very satisfied with the quality of health care they received. Clinical governance systems were mostly effective but guidance on how to make a confidential health care complaint was not clear. Reception and subsequent health screening was comprehensive and completed within recommended timescales. There was a good emphasis on health promotion. Boys had very prompt access to an appropriate range of primary care services and medicines management was good. Dental provision was also good, including oral health education. The mental health nurse based on the unit provided a responsive and caring service. Boys with complex needs had good access to a multidisciplinary specialist health service.
- S18 Boys in our survey remained very negative about both the quantity and quality of food which was reflected in the record of complaints. This was despite attempts by the prison to offer extra snacks and supplementary meals. Based on our own observations of the food being served, and following our taste tests during the inspection, we understood why boys held such negative perceptions. There were reasonable arrangements in place for purchases through the wing electronic kiosks and catalogues.

Purposeful activity

S19 Time out of cell was good and some boys could be out for around 11 hours every day. Library and PE facilities were good. Strategic oversight and operational management of education were also good. The establishment provided a broad range of activities to occupy boys. An age-appropriate curriculum supported literacy and numeracy and also provided skills for work outside custody. Almost all boys attended education and achieved well. Good quality teaching was individual to boys' personal and educational needs. **Outcomes for children and young people were good against this healthy prison test.**

S20 At the last inspection in October 2017, we found that outcomes for children and young people in Parc were reasonably good against this healthy prison test. We made one recommendation about purposeful activity. At this follow-up inspection we found that the recommendation had been achieved.

S21 Time out of cell for boys remained good. Even those on the lowest level of the rewards scheme generally spent a little under nine hours unlocked. Those on the platinum regime could be unlocked for about 11 hours. We found very few boys locked up during our roll checks.

S22 All boys had good access to a library that contained an adequate range of age-appropriate books, including Welsh language books, accessible materials, foreign language books and graphic novels. There was also good access to a well-equipped gym and outdoor sports pitch, and 70% of boys in our survey said they were able to use the facilities at least weekly. There was a good range of education and training in healthy living and boys were able to gain appropriate qualifications.

S23 A strengthened management structure had further improved strategic oversight and operational management of boys' education. Quality development and improvement planning took good account of boys' needs, staff views and the performance of the education team.

S24 The broad range of activities offered enabled all boys to select options that matched their interests, learning preferences and progression needs. The curriculum took good account of labour market information and important skill shortage areas. However, boys had poor access to digital on-line learning resources.

S25 Nearly all boys attended activities and attained appropriate qualifications that matched their identified needs, interests and abilities. Most students made strong progress in learning from their starting points. They made particularly good progress in developing their numeracy and literacy skills and applied these well on vocational courses.

S26 Most boys received teaching of an excellent standard. Teaching was individual to the personal and educational needs of the students in class. The curriculum was designed to support literacy and numeracy and also to develop living skills and skills for work outside custody.

Resettlement

S27 *Promising changes had been made to the delivery of resettlement work and case managers worked well with unit staff. Boys had good access to their case manager and understood the targets they had been set in their plans. Looked-after children were well cared for in custody but support from the community was inconsistent. Early release, home detention curfew and release on temporary licence were managed well. For the majority of boys, multi-agency public protection arrangements (MAPPA) were sound. Work with families remained a real strength and most boys were released to suitable accommodation. However, resettlement work was sometimes uncoordinated and sentence planning did not always take account of risk of harm and vulnerability on release which affected public protection and safe reintegration for some boys. **Outcomes for children and young people were reasonably good against this healthy prison test.***

S28 *At the last inspection in October 2017, we found that outcomes for children and young people in Parc were reasonably good against this healthy prison test. We made 11 recommendations about resettlement. At this follow-up inspection we found that six of the recommendations had been achieved and five had not been achieved.*

S29 An up-to-date needs analysis informed the unit resettlement strategy and a quarterly meeting managed the action plan. Substantial changes had been made to the delivery of resettlement work. Case managers, known as NEWTs (needs, engagement and well-being team)⁶, now worked more closely with unit staff to deliver CSIP and other important interventions to boys. This new multidisciplinary case management approach was promising but there were gaps in provision and inconsistencies in work with some boys. There was a lack of focus on post-release work and case managers were not always aware of the resettlement work done by other departments such as health and education. There were good levels of contact by case managers with youth offending team (YOT) workers, social workers and parents. Early-release and home detention curfew processes were managed appropriately. Planning for transition to adult prisons was reasonable and particularly good for boys who moved to the adult side of Parc. It was positive that release on temporary licence was being used to support reintegration for some boys.

S30 Two-thirds of boys in our survey knew they had a custody plan and understood what they had to do to achieve their targets and objectives. Boys had regular sentence and remand planning reviews, and good access to their case manager between reviews. Case managers did not always take an investigative approach to assessing the information available on new boys. Too often planning did not take account of risk of harm or vulnerability on release.

S31 MAPPA arrangements were adequate for most boys. However, the failure to identify and address risk in some boys during the custodial period limited the usefulness of information passed to their YOT on release.

S32 Local authorities across a wide catchment area had a statutory responsibility for 60% of boys at Parc. Care and support from Parc staff for boys with looked-after status were good but too variable from local authorities. Some looked-after children had to wait until close to release before they knew where they would be living.

⁶ The needs, engagement and well-being team (NEWT) was a team responsible for multidisciplinary case management of boys at Parc. NEWT case managers were responsible for boys' sentence and resettlement planning and management, including the delivery of intervention work. They also provided welfare and behavioural management support to boys.

- S33 Case meetings provided a formal opportunity for case managers and boys to discuss reintegration planning. However, the failure to identify and manage the risk of harm and vulnerability on release jeopardised successful reintegration for some boys.
- S34 Most boys were released to settled accommodation but this was not always the case and one boy had been released recently with no address to go to. Budgeting and financial management advice was provided to all boys as part of the education provision.
- S35 Teachers worked well with YOT teams to support boys into training, education and employment on release. Boys had no access to independent careers advice and guidance, although plans were in place to address this.
- S36 Health discharge arrangements were good, with effective liaison and communication with YOTs and community services. The substance misuse worker delivered a pre-release harm reduction session with boys and liaised effectively with case workers and community YOTs.
- S37 Support to help boys maintain contact with their families remained a strength and included valuable support from a family worker based on the unit. The number of family days had increased and boys had good access to telephones in cell. There were also examples of contact through Skype and inter-prison calls for those who could not receive family visits.
- S38 It was encouraging that new interventions had been introduced following a review of need and provision, although it was too early to assess their effectiveness. There were still no specific interventions for boys who had committed sexual offences.

Main concerns and recommendations

- S39 **Concern:** Boys were critical of the quality and quantity of food provided. In our survey, less than a quarter of boys said they received sufficient food which was a significant issue given the age and development needs of the boys. Observations during the inspection supported the boys' views. The food was bland, temperature checks were not maintained to ensure food was hot when served and portions of the main part of the meal were often quite small.

Recommendation: The prison should ensure that all boys receive sufficient food to support their developmental needs and the food is of good enough quality to encourage them to eat well.
- S40 **Concern:** Work undertaken to support boys' resettlement did not fully consider the risk of harm that boys posed either inside Parc or following release. The significance of information available to case managers was not always recognised or investigated well enough to inform understanding of risk and subsequent planning.

Recommendation: Comprehensive assessments of risk of harm which demonstrate full consideration of all available information should be promptly completed for boys and used to inform their management while on the unit and resettlement work. All subsequent resettlement and release planning work undertaken by internal and external partners should be coordinated through the responsible NEWT case manager.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Children and young people transferring to and from the establishment are treated safely, decently and efficiently.

- I.1 Parc continued to receive boys from a wide catchment area and some new arrivals experienced long journeys to Parc. This was compounded by delays in court after their cases had completed. Boys told us that they were treated well by escort staff and transported in clean vehicles.

Recommendation

- I.2 **Boys should be transported to custody as soon as their case has finished and arrive into custody before 7pm.**

Early days in custody

Expected outcomes:

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

- I.3 The reception process had improved since the previous inspection. A member of the young persons' unit staff met all new arrivals in reception. New admissions were prioritised and moved swiftly to the induction unit where they were interviewed in private by a member of staff and underwent a health care assessment. Both interviews were comprehensive and new admissions were given a booklet with detailed information about life on the unit.
- I.4 In our survey, 83% of boys said they felt safe on their first night and our findings supported this view. Wing staff were knowledgeable about new arrivals and night staff carried out additional checks. New arrivals were placed in cells on E1 or G1. These cells were clean, free of graffiti and reasonably well prepared. However, some boys were not given a pillow case or hot water flask for several days. Staff offered boys a telephone call on their first night unless their offence indicated that they might be categorised as 'restricted status'. In only a minority of cases would HMPPS later confirm 'restricted status'. Boys had to wait up to a week for the decision to be made and could not speak to their families in that time, even under supervision. This practice was disproportionate to the risks posed, causing understandable distress to new boys (see paragraph I.30 and recommendation I.38).
- I.5 Induction was comprehensive and specific to each individual. Boys reported to inspectors that the induction officer was caring and responsive in dealing with their problems during their first week at Parc. The published induction timetable lasted five days with contributions from all departments. All sessions were delivered but not always on the published day. The time allocated was not always filled and new arrivals spent more time in their cells than their peers.

Care and protection of children and young people

Safeguarding

Expected outcomes:

The establishment promotes the welfare of children and young people, particularly those most at risk, and protects them from all kinds of harm and neglect.

- I.6** The procedures in place to safeguard children remained similar to the last inspection and were appropriate. The unit had good links with Bridgend County Borough Children's Services who provided independent oversight. Daily multidisciplinary meetings were well attended by staff from all areas and provided an opportunity for staff to share information about risk and vulnerability. Monthly strategic safeguarding meetings took place and also quarterly meetings which included community agencies.
- I.7** Staff were aware of the safeguarding processes and were confident in raising issues if required.
- I.8** The formal structures were underpinned by good relationships between children and staff who we found to be knowledgeable about the boys in their care and supportive when required.

Child protection

Expected outcomes:

The establishment protects children and young people from maltreatment by adults or other children and young people.

- I.9** Child protection work was better than we usually see. Boys were given clear information about child protection procedures on arrival and during induction. Contact details for the Barnardo's advocates, Independent Monitoring Board and Howard League for Penal Reform were displayed prominently on the two living units. Complaints against staff or concerning use of force incidents were routinely referred to the local authority for advice and investigation.
- I.10** Four child protection allegations had been submitted in the previous six months. All allegations were logged and referred to the local authority for advice and investigation. One allegation had been referred back to the prison for local investigation. In three cases the local authority initiated a joint section 47⁷ investigation. Investigations were carried out promptly, including evidence from body-worn video cameras, and completed to a high standard with clear conclusions. All three investigations had concluded that the allegation was unfounded. Records were comprehensive and demonstrated that the prison took appropriate action to protect children from potential harm, including moving staff to other units during the investigation.

⁷ A Section 47 enquiry means that children's services must carry out an investigation when they have 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'.

Good practice

- I.11** *Child protection investigations were good. The local authority was swiftly contacted for advice. Joint investigations were completed in a timely fashion and came to clear, well documented conclusions. Records of investigations were also good and demonstrated that managers took appropriate action to prevent further harm while the investigation was continuing.*

Victims of bullying and intimidation

Expected outcomes:

Everyone feels safe from bullying and victimisation. Children and young people at risk/subject to victimisation are protected through active and fair systems known to staff, young people and visitors which inform all aspects of the regime.

- I.12** In our survey, 35% of boys said they had felt unsafe at Parc at some time but only 7% felt unsafe at the time of the inspection. Numerous measures introduced shortly before the previous inspection, such as reintegration pathways in education (see paragraph 3.21) and improved staff supervision across units, were now fully embedded and contributed positively to boys' perceptions of safety. No boys were self-isolating at the time of inspection. The unit had conducted a survey of boys and their families, and managers had used the findings effectively to improve safety and inform the wider safeguarding strategy.
- I.13** There was good supervision of boys when they were unlocked. Unit staff were alert to signs of bullying and intimidation with effective observation of associations between boys at an early stage to identify concerns. We observed several situations where staff took appropriate action to avoid potential incidents from escalating. For example, staff had identified concerns about canteen purchases and routinely marked goods to provide evidence of theft. Staff were able to describe in detail the dynamics between boys which indicated the early stages of bullying so that they could step in and take action.
- I.14** Support for victims and perpetrators of violence was now embedded in the HMPPS Challenge, support, intervention plan (CSIP)⁸ model (see paragraph 1.43). Any boys of concern, including those on CSIPs, were discussed in depth each weekday at a multi-disciplinary case meeting. The meeting was chaired by a senior manager, concerns were identified and action points were allocated effectively to relevant departments.

Good practice

- I.15** *Unit staff were alert to signs of bullying and intimidation. Staff had identified concerns about canteen purchases and routinely marked goods to provide evidence of theft.*

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

Suicide and self-harm prevention

Expected outcomes:

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

- I.16 Self-harm had reduced significantly since the previous inspection and was now lower than at comparable establishments. During the six months leading up to the inspection, there had been seven incidents of self-harm compared to 35 at the previous inspection.
- I.17 The number of ACCT⁹ documents opened for boys at risk of suicide or self-harm had also reduced. During the previous six months, 28 ACCTS had been opened and care for these boys was good. At the time of the inspection, four boys were on an open ACCT, all of whom spoke highly about the care they were receiving from unit staff. Three continued to attend education and the fourth boy had been provided with activity on his wing.
- I.18 The quality of ACCT documentation was good. Initial assessments were comprehensive, review meetings were consistently managed and well attended and care plans were completed before the ACCTs were closed. Observation entries were comprehensive, but the timing remained too predictable, particularly at night.
- I.19 The unit now had enough anti-ligature knives for all staff, including night staff who were all carrying anti-ligature knives at the time of the inspection.
- I.20 The monitoring of trends and analysis of self-harm were carried out reasonably effectively at the safeguarding meetings.

Recommendation

- I.21 **The frequency of observations of boys on assessment, care in custody and teamwork (ACCT) documents should be unpredictable.**

Behaviour management

Expected outcomes:

Children and young people live in a safe, well-ordered and motivational environment where their good behaviour is promoted and rewarded. Unacceptable behaviour is dealt with in an objective, fair and consistent manner.

- I.22 The development of behaviour management processes had clearly been a priority for managers. An evidence based review by the casework staff (known as NEWTs)¹⁰ in conjunction with the University of South Wales had placed more emphasis on motivating good behaviour (see paragraph I.25). The review had incorporated all aspects of behaviour management and was linked closely to other key processes such as violence reduction, education and family engagement. The learning from the review informed a whole unit, case-led approach to understanding reasons for boys' behaviours and actions. NEWT staff

⁹ Assessment, care in custody and teamwork case management of young people at risk of suicide or self-harm.

¹⁰ The needs, engagement and well-being team (NEWT) was a team responsible for multidisciplinary case management of boys at Parc. NEWT case managers were responsible for boys' sentence and resettlement planning and management, including the delivery of intervention work. They also provided welfare and behavioural management support to boys.

developed individual plans to encourage positive behaviour and help boys to understand the consequences of negative behaviour.

- I.23 Good behaviour was encouraged from arrival at Parc and all aspects of behaviour management were explained during induction in an age-appropriate format. Staff continued to demonstrate a sensible balance between tolerance and challenge to inappropriate behaviour and managers were visible to support staff during critical times of the day.
- I.24 Most aspects of behaviour management were discussed at the monthly safeguarding meeting and immediate concerns were addressed at the daily multidisciplinary meeting. This ensured a consistent and cohesive approach to behaviour management.

Rewards and sanctions

Expected outcomes:

Children and young people are motivated by an incentives scheme which rewards effort and good behaviour and applies sanctions appropriately for poor behaviour. The scheme is applied fairly, transparently and consistently, and is motivational.

- I.25 There had been a further review of the rewards and sanctions scheme since the previous inspection. NEWT caseworkers had been tasked with reviewing the methods previously used to motivate boys to maintain good behaviour. This had resulted in revision of the instant rewards scheme. Boys were now provided with a card which could be stamped when behaviour and respect standards were met at various times during the day.
- I.26 Boys could exchange their completed cards for small instant rewards from a daily reward menu. Rewards such as additional association time were linked to the number of stamps earned and, while small, they were proving to be effective in motivating positive behaviour. The level of reward and the instant reward menu were varied each day by NEWT staff to maintain interest and instil in boys the motivation to maintain positive behaviour.
- I.27 The instant rewards and incentives scheme was explained to boys during induction. Boys were able to progress to gold (the enhanced level of the incentives scheme) as soon as they had completed their induction, which remained good practice. Boys who achieved gold or platinum (enhanced plus) could use additional association equipment and had more time out of their cell. Some additional association equipment was also made available for boys on the silver (standard) regime to encourage positive behaviour.
- I.28 The review of boys on the lowest level of the scheme (bronze) took place weekly and boys were given individual targets to enable them to progress. Staff interaction with boys on all regimes focused on encouraging positive behaviour.

Good practice

- I.29 *The evidence based instant reward scheme was age appropriate and important in motivating positive behaviour.*

Security and disciplinary procedures

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive relationships between staff and children and young people. Disciplinary procedures are applied fairly and for good reason. Children and young people understand why they are being disciplined and can appeal against any sanctions imposed on them.

- I.30 There were no obvious weaknesses in the physical security of the unit. Some aspects of HMPPS procedural security, such as the management of boys assessed as potentially restricted status, was disproportionate and had a negative impact on maintaining family contact (see paragraph 1.4). In general, boys were well supervised and movement of boys between the units and activities was organised to maintain security and prevent incidents.
- I.31 Security and intelligence on the children's unit was managed through the HMP Parc main security department. The unit was represented by the unit manager at the monthly security meeting. During the previous six months, 360 intelligence reports had been submitted, which was similar to the previous inspection. Actions to be taken following assessment of the intelligence reports were discussed at the daily multidisciplinary meeting.
- I.32 Cell searching was intelligence led and carried out by unit staff. There had been 28 strip-searches on boys during the previous six months, often following intelligence in relation to illicit items such as mobile phones or weapons. Strip-searching required the authorisation of a senior manager and, in the cases that we examined, authorisations were proportionate given the available intelligence and risk posed. All incidents of strip-searching were reviewed at the monthly safeguarding meeting.
- I.33 The location of the young people's unit and its discrete regime helped to reduce the supply of illicit items. Only one boy had tested positive (for cannabis) during the previous six months.
- I.34 Managers remained aware of the emerging risks of boys forming and associating with gangs. This was discussed regularly at multidisciplinary and safeguarding meetings. Some staff had attended training to improve awareness of gang affiliation and how to manage it.
- I.35 Between April and September 2018, there had been 332 adjudications. While this represented a slight increase over a similar period at the last inspection, it also reflected the fact that minor reports were no longer used. The number of adjudications, incidents of violence and use of force had been declining since July 2018.
- I.36 Discipline procedures were fair and adjudications were mainly used for more serious allegations of violence or possession of illicit items. Boys received good support from Barnardo's advocates during disciplinary procedures if they needed it.
- I.37 Prison managers now reviewed adjudications monthly and data were gathered to provide basic information on ethnicity, the boys involved, and the number of times individual staff had placed boys on report. This was an improvement since the previous inspection. However, the number of adjudications remained comparatively high and we found at least one example where the misdemeanour could have been dealt with using the incentives and earned privileges scheme.

Recommendations

- I.38 Current prison service instructions for the management of boys classified as potential restricted status should be reviewed to facilitate contact with family members during the first 72 hours of custody.
- I.39 The outcomes of all disciplinary procedures (adjudications and minor reports) should be scrutinised to ensure that only the most serious incidents are dealt with through adjudication.

Bullying and violence reduction

Expected outcomes:

Active and fair systems to prevent and respond to bullying behaviour are known to staff, children and young people and visitors.

- I.40 During the previous six months, there had been 91 violent incidents, which was fewer than in previous years. In the same period in 2016, the figure was 135, and in 2017 it was 112. Very few incidents were serious and staff intervened promptly to avoid escalation. Despite this, the number of violent incidents was still too high and remained higher than at similar establishments.
- I.41 Unit managers had identified an escalation in violence in early 2018 and had taken appropriate action to keep boys safe, which included making a temporary revision to the unit regime. These temporary measures were kept under regular review by boys and staff during the brief period they were in place. Local data showed that a small group of boys accounted for several incidents and, following appropriate action, there had been a notable reduction in the level of violence since July 2018.
- I.42 Investigations into violent incidents were overseen by a safeguarding manager. They were of reasonable quality and helped to identify the underlying causes to prevent further incidents. Mediation between boys was used in appropriate circumstances.
- I.43 Prison managers had introduced the national CSIP model (see paragraph I.14) to support victims of bullying and challenge boys who displayed violent or intimidating behaviour. The implementation of CSIP at Parc was better than we have seen in many other establishments. The recently introduced case managers known as NEWTs (see paragraph 4.2) used a multi-disciplinary approach to deliver the model in conjunction with unit staff and safeguarding managers. We observed several CSIP reviews that were providing effective case management involving key stakeholders such as social workers and families. This was an impressive response to the challenges the unit faced and ensured that bespoke support systems or interventions were in place to address boys' needs.
- I.44 Violent incidents were discussed at the daily multidisciplinary meeting (see paragraph I.14) with further discussion at a monthly safeguarding meeting. The quarterly child protection and safeguarding committee meeting provided a forum for in-depth scrutiny by community bodies such as the Western Bay Youth Justice Service, social workers, YCS Counselling Wales and a child protection officer from South Wales police. Actions from all meetings were reviewed regularly and the violence reduction action plan from the adult prison had been revised to include areas specific to young people. Despite this, there was still no unit-specific action plan to reduce further the high levels of violence and to learn from recent successes.

Recommendation

- I.45 There should be a unit-specific action plan based on evidence from the monitoring and analysis of incidents to address the underlying causes and further reduce the high levels of violence.**

Good practice

- I.46 The multidisciplinary approach to the management of CSIP for the perpetrators and victims of violence provided effective and individual challenge and support.**

The use of force

Expected outcomes:

Force is used only as a last resort and if applied is used legitimately and safely by trained staff. The use of force is minimised through preventive strategies and alternative approaches and this is monitored through robust governance arrangements.

- I.47** Minimising and managing physical restraint (MMPR) processes had now been fully implemented on the children's unit and all staff were trained in their use. The number of incidents of force had increased slightly to 220 between April and September 2018 compared to 184 incidents during the six months before the previous inspection. There had, however, been a reduction in the use of force since July 2018.
- I.48** Nearly all incidents of force were spontaneous and consisted of low-level guiding holds to prevent acts of violence. Incidents that we reviewed indicated a proportionate use of force and fewer than a third of incidents had resulted in full restraint. Pain infliction techniques had been used on three occasions, although there was no recorded use of such methods since July 2018.
- I.49** MMPR co-ordinators responded to nearly all incidents of force to provide advice and guidance to staff, ensuring that appropriate techniques were being used and that the focus was on de-escalation. Boys were still de-briefed following an incident of force but documentation did not always record how boys felt or the cause of the incident. There was good use of CCTV and body-worn video cameras, both for evidence and de-escalation purposes.
- I.50** Systems for the governance of force were robust. Co-ordinators reviewed all incidents daily and a well-attended weekly MMPR meeting included independent scrutiny by social workers and prison monitors of all incidents including CCTV and staff statements. Use of force data were analysed at the monthly safeguarding meeting, and the quarterly child protection and safeguarding committee meeting also provided a platform for in-depth scrutiny by community bodies (see paragraph 1.44).

Recommendations

- I.51 Following an incident of force, de-brief documentation should be fully completed to assist in analysis and learning to reduce the level of force used.**
- I.52 Pain-inducing techniques should not be used on children. (Repeated recommendation I.64)**

Separation/removal from normal location

Expected outcomes:

Children and young people are only separated from their peers with the proper authorisation, safely, in line with their individual needs, for appropriate reasons and not as a punishment.

- I.53** Although the use of segregation had increased to nine instances between April and September 2018 compared to two in the six months before the 2017 inspection, overall use of segregation remained commendably low. The regime in segregation remained adequate and the use of segregation was reserved for the most serious incidents of violence or for those who were bullying other boys. In cases where boys were segregated, most were reintegrated on the children's unit within seven days.
- I.54** Few boys were segregated following an adjudication. Instead, boys were kept separate on normal location and monitored on supervision logs. The logs held information such as safety algorithms and records of the punishments awarded on adjudication, but they lacked guidance for staff on how to apply restrictions. For example, following adjudication some boys would receive a loss of association at weekends or restricted education on the unit. The documentation in the logs was not clear about how the punishments were to be delivered, and were open to interpretation by different staff.

Recommendation

- I.55 Documentation for boys on separation should be explicit about the award given and the management of the individual to ensure consistency in the delivery of the punishment.**

Substance misuse

Expected outcomes:

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

- I.56** All new arrivals were screened by a nurse and substance use needs were identified. The substance misuse section of the CHAT (comprehensive health assessment tool)¹¹ was also completed within the recommended timescale. No boy had required clinical detoxification from drugs or alcohol since the last inspection, although services by skilled and competent staff were available if required.
- I.57** The substance misuse worker provided good psychosocial substance misuse support and some casework. Under the reconfigured resettlement model, her role focused on delivery of substance misuse services and interventions while casework was led by the NEWTs (see paragraph 4.2).
- I.58** The substance misuse worker saw every boy within five days during induction to assess the support needed and to provide basic drug education. Depending on the need identified, a full assessment was completed within 10 days and an individual treatment plan drawn up with

¹¹ The comprehensive health assessment tool (CHAT) is a standardised holistic screening tool for assessing the health care needs of young people in the youth justice system, aiding early identification of needs, improving continuity of care and reducing duplication during transition periods.

the boy. If a boy declined involvement after the initial assessment, he was offered further opportunities to engage with the worker.

- I.59** In our survey, 17% said they had a drug problem when they arrived and 80% of these boys indicated they had been helped with this problem since arrival.
- I.60** Most interventions remained one to one and individual sessions were tailored to meet the needs of each boy. Suitable programmes were explored and each session incorporated goals. A good range of work books were used including cannabis awareness, which was the main substance used by boys in the community, cocaine and alcohol awareness and relapse prevention. Liaison with other departments and record keeping were good.
- I.61** Some group work was being planned to encourage peer learning and work was in progress to adapt the SMART recovery programme from January 2019 to ensure a child focused approach.

Section 2. Respect

Residential units

Expected outcomes:

Children and young people live in a safe, clean and decent environment which is in a good state of repair and suitable for adolescents.

- 2.1** The young persons' unit was clean and well maintained. Communal areas had been enhanced by the introduction of more association equipment, including games consoles, which were valued by the boys. Notice boards were up to date and included staff photographs. The exercise yards remained small but had been significantly improved with new furniture, murals and artificial grass.
- 2.2** Cells were clean and free of graffiti. Single cells were well equipped but double cells were too small to accommodate enough furniture for two boys. However, the population remained low and double cells were only used for boys who chose to share. All toilets were now screened but they remained badly stained.
- 2.3** Boys continued to have daily access to showers and could launder their own clothes every day, which was particularly good. The bedding was better than we usually see. Access to stored property was also good. In our survey, 73% of boys said their emergency cell bell was answered within five minutes against the comparator of 24%. We saw staff answering cell bells swiftly throughout the inspection.
- 2.4** Boys valued the in-cell telephones and they could also use the wing phones if the phone in their cell was damaged. Arrangements for mail were appropriate and applications were well managed through the electronic information kiosks.

Relationships between staff and children and young people

Expected outcomes:

Children and young people are treated with care and fairness by all staff, and are expected, encouraged and enabled to take responsibility for their own actions and decisions. Staff set clear and fair boundaries. Staff have high expectations of all children and young people and help them to achieve their potential.

- 2.5** In our survey, 82% of boys said that most staff treated them with respect and we observed many staff working in a motivational, patient and caring way with boys on the unit. Significant progress had been made in establishing a reward led culture. We observed staff consistently challenging negative behaviour and reinforcing positive behaviour, which was reflected in key work and electronic case notes. This was true of all areas but we were particularly impressed by the work of residential officers to motivate boys to succeed. The units were calm and well ordered.
- 2.6** Staff from education, resettlement and residential units were very knowledgeable about the boys in their care. Nearly all boys had fortnightly reviews with their key workers and absences were covered by pool key workers.
- 2.7** Consultation with the boys was reasonable but keep-apart issues prevented children from both units attending the same consultation. Some changes were made as a result of consultation, but other issues continued to be carried over for several meetings.

Good practice

- 2.8** *In our survey, 82% of children said that staff treated them with respect. We found staff from all areas working in a motivational, patient and caring way with children on the unit. In particular, the staff challenged poor behaviour consistently and had established a reward led culture in the unit.*

Equality and diversity

Expected outcomes:

The establishment demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no child or young person is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The diverse needs of each young person are recognised and addressed: these include, but are not restricted to, race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues and sexual orientation.

Strategic management

- 2.9** The strategic approach to equality and diversity had improved since the last inspection. A policy specific to work on the young people's unit had been updated in September 2018. Monthly equality meetings were well attended and covered the whole of Parc. Data specific to the unit were discussed at the meetings, ensuring an appropriate focus on the needs of young people. An equality action plan with a specific section on young people was being drawn up.
- 2.10** A newly appointed equality manager was bringing renewed energy to the function and a dedicated equality officer for the young persons' unit had also been appointed recently. Although not yet permanently in post, the equality officer had been brought in under supervision to deliver a number of sessions on the unit, which had been valued by the boys.
- 2.11** The identification of the protected characteristics of boys arriving on the unit had improved. When identified, their needs were met through the individual case management approach, as was appropriate for such a small unit. Examples of proactive measures to identify protected characteristics included the DO-IT assessment (a computer based assessment of learning needs) undertaken by unit staff with all boys. Health and education assessments also helped to identify the best way of engaging with and supporting individuals. We saw examples of written guidance developed for both staff and the boys to support those with protected characteristics.
- 2.12** Only one discrimination incident report had been submitted in the previous six months. This had occurred two days before the inspection and was being investigated by the equality manager.

Diverse needs

- 2.13** About 40% of boys on the unit were from a black and minority ethnic background which had remained the case since our previous inspection. The impact of some aspects of the regime, including adjudications, use of force and searching, were now being monitored by ethnicity. There were significant variations from month to month because of the low number of boys, but some trends remained consistent over the previous six months, including the frequency of searches.

- 2.14** Consultation with black and minority ethnic boys took place on the unit but sometimes focused on wider issues rather than the specific needs of this group. Nevertheless, a number of recent sessions specifically orientated to Black History Month had been very positively received by the boys.
- 2.15** At the time of the inspection, no boys on the unit were identified as having a physical disability, although a significant number had a recognised hidden disability (mental or learning needs). In our survey, 24% of boys said they had a disability, including a hidden one, and 67% of these said they were getting the support they needed. This was borne out by our observations and supported living plans were in place to facilitate day-to-day progress where necessary.
- 2.16** There were no foreign national boys at the time of the inspection. In recent months there had been a number, including two from Vietnam and one from Bulgaria. Individual needs were assessed and supported where possible, including drawing on the knowledge and experience of the dedicated foreign national officer based in the main prison. Boys had been able to use Skype to facilitate family contact in the absence of visits. Skype was not consistently reliable and alternatives were being explored.
- 2.17** One boy on the unit at the time of the inspection was identified as being gay. He was seen monthly by the dedicated support lead on the main site to ensure that his needs were being met. This individual approach was again appropriate and positive.

Faith and religious activity

Expected outcomes:

All children and young people are able to practise their religion. The chaplaincy plays a full part in establishment life and contributes to young people's overall care, support and resettlement.

- 2.18** The chaplaincy remained a positive presence on the young people's unit. All boys were seen within 24 hours of arrival and the chaplaincy made daily visits to the unit. Although more than 40% of the boys were classified as having no religion, 80% of those who responded in our survey said their faith was respected and 91% said they could see a chaplain of their faith in private if they wished.
- 2.19** Services were provided for Christian and Muslim boys, including acts of worship and access to Friday prayers. In July 2018, the Christian group had been relaunched with a new worker from The Message, a Christian community group, joining the chaplaincy. This was a positive initiative, but it was too early to assess its effectiveness.
- 2.20** Muslim boys could attend Friday prayers in the chapel with a Muslim chaplain in attendance. The chapel was interconnected to the world faith room where the service for adult prisoners was held. This allowed boys to be part of the same Friday prayer observance without mixing with the adult prisoners.

Complaints

Expected outcomes:

Effective complaints procedures are in place for children and young people, which are easy to access and use and provide timely responses. Children and young people are provided with the help they need to make a complaint. Children and young people feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.21** In our survey, 90% of boys said they knew how to submit a complaint. Appropriate forms were available on both wings. The number of complaints submitted in the previous six months (57) was very similar to the previous inspection (64).
- 2.22** In most cases, responses to complaints were appropriate and completed within agreed timescales. We saw ample evidence that members of staff had spoken to boys as part of the response process.
- 2.23** Quality assurance was comprehensive. All complaints went through the head of unit and responses were reviewed by the director. We were confident that this system worked and saw a number of examples of poor responses which had been returned for a more comprehensive reply. Despite this, in our survey only 25% of respondents said they felt that responses to their complaints were fair or timely. There was limited analysis of trends and patterns in complaints.

Legal rights

Expected outcomes:

Children and young people are supported by the establishment staff to exercise their legal rights freely.

- 2.24** Case workers ensured that boys were aware of their legal status, the length of their sentence and significant dates. A dedicated youth offending team worker worked with boys who were on remand - nine at the time of the inspection. She worked closely with solicitors representing boys and ensured that appropriate adults were available when interviews took place with the police. We were confident that telephone interpreting services had been used for the small number of boys whose first language was not English.
- 2.25** Facilities for legal visits and video-conferencing were available and easily accessible.

Health services

Expected outcomes:

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

Governance arrangements

- 2.26** G4S Health Services UK Ltd continued to be the main health care provider for the whole prison, including the young people's unit, and 'Time for Teeth' delivered dental services. The

All Wales Forensic Adolescent Consultation and Treatment Service (FACTS) provided a specialist child and adolescent mental health in-reach service (CAMHS).

- 2.27** Representatives from Public Health Wales, the Youth Custody Service (YCS) and Early Interventions Service, the prison and the main health provider attended a quarterly partnership board meeting. However, there was no representation or report from the CAMHS service which was being addressed. Essential areas, including issues relating to the young people's unit, were addressed at monthly integrated governance meetings for health services, but attendance was variable and the service was reverting to quarterly meetings in a bid to improve attendance.
- 2.28** A new health and wellbeing needs assessment had been commissioned to replace the previous assessment published in 2014. It was scheduled to be produced early in 2019.
- 2.29** The two designated unit nurses, one a registered mental health nurse (RMN) and the other a registered general nurse (RGN), continued to provide a caring and child-focused service each weekday between 7am and 4.30pm. Outside these hours the unit was supported by the wider nursing team from the main site for specific activities and emergency response cover, 24 hours a day. The unit nurses knew the boys very well and had a positive rapport with them. The interactions we observed were caring and responsive. Boys we spoke to were positive about the service they received and, in our survey, 86% said it was easy to see a nurse.
- 2.30** Any concerns raised with the nurses were dealt with promptly and a monthly health care forum was due to restart after a gap of a few months.
- 2.31** Both nurses attended the unit morning multidisciplinary team meeting where issues from the previous 24 hours, or 72 hours following the weekend, were discussed and actions agreed. The nurses attended every incident and the weekly minimising and managing physical restraint (MMPR) meeting where incidents were reviewed and regular updates about pertinent health issues were shared. They also attended or produced a written report for individual review meetings.
- 2.32** Clinical records were clear and detailed the involvement of all health professionals, although the in-reach CAMHS team did not have their own log-ins which needed to be addressed. Care plans were used to support specific health needs for boys with mental health or long-term conditions, principally asthma at the time of inspection. Consent to share medical information and the capacity to consent to treatment were routinely sought.
- 2.33** There was a positive emphasis on health promotion with a coordinated approach by gym, education and health staff. They focused on exercise and health education, including sexual health and healthy eating. Each month an advertised healthy living topic linked with national health campaigns and a wealth of eye-catching health promotion information was displayed across the unit. Take-up of sexual health screening had increased by approximately 50% to 107 boys from January to September 2018 compared with 53 boys over the same period in 2017. There were established links with specialist sexual health community services. Barrier protection was discussed and available from nurses. Health promotion continued during individual health appointments and smoking cessation support was available on arrival.
- 2.34** Nurses encouraged boys to consider immunisation and vaccination, and take-up for hepatitis B, meningitis and tetanus, diphtheria and polio was good.
- 2.35** The prison complaint system was used with confidential health care envelopes which went to the main health care unit unopened, maintaining confidentiality. However, this was not clearly advertised and the envelopes were difficult to find. Two complaints had been received since the last inspection, both about medication. One response about out-of-hours care was

too brief and insensitive to the boy's feelings. The other was dealt with through a meeting which was a good initiative but was not followed up by a formal response outlining the discussion and the resolution.

- 2.36** Both unit nurses told inspectors they felt supported. However, annual appraisal, documented managerial and clinical supervision were infrequent and it was not clear if the needs of the organisation or the individual were being met. Both nurses had good awareness of their safeguarding responsibilities and mandatory training was mostly in date, including intermediate life support.
- 2.37** The medicine administration room was clean and met infection control standards, apart from one of the screens which looked shabby and stained. When we pointed this out, the nurse implemented a plan for regular replacement.
- 2.38** The unit nurses and identified nurses or paramedics from the main site attended all medical emergencies, which were infrequent. An emergency had recently occurred and had been responded to appropriately. The emergency equipment and medication was age appropriate and regularly checked. Eighty-six per cent of the officers had received first aid and automatic external defibrillator training and understood the emergency medical code system. Ambulances were called promptly in an emergency.

Recommendations

- 2.39** **The confidential health complaints system should be clearly advertised and accessible to boys. All responses should be respectful, consistent, timely and focused on the issues raised.**
- 2.40** **All staff should have regular managerial and clinical supervision, underpinned by an up-to-date performance appraisal.**

Good practice

- 2.41** *The joint approach by health, gym and education staff to health promotion enhanced the boys' understanding of the importance of a healthy lifestyle.*

Delivery of care (physical health)

- 2.42** Boys were assessed by a registered nurse on arrival for their immediate health needs, including late arrivals. They were referred to the GP and other services if needed.
- 2.43** Previous GP records were requested promptly. During the first few days, a series of comprehensive health assessments were completed within the recommended timescales, including physical health, substance misuse, mental health and neuro-disability, which were audited.
- 2.44** Boys with long-term conditions were cared for by the RGN on the unit overseen by the GP. There was good access to other primary health services, including the optician, physiotherapist and podiatrist.
- 2.45** An hour each weekday from 9 to 10am was allocated exclusively to the boys, escorted by officers, to attend services in the main health care department, including the GP and dental services. This allowed them very prompt access to these services.

- 2.46** Health care appointments could be made using the custodial management system but more often boys would liaise with the unit nurses each morning before they attended education. Non-attendance appointment rates had been high for some services but had recently reduced. Every non-attendance was followed up, boys were encouraged to attend and appointments rebooked when necessary.
- 2.47** Marnell Medical Services provided daytime and out-of-hours GP services which afforded consistency of care.
- 2.48** Access to external appointments was good and they were rarely cancelled.

Pharmacy

- 2.49** Medicines were supplied promptly by the in-house pharmacy. Levels of prescribing were low and age appropriate. Medicines were supplied on a named patient basis in pre-packed doses and transported safely to the unit in a locked container.
- 2.50** Prescribing and administration was carried out electronically on SystmOne (electronic clinical information system). All medicines, including controlled drugs which were mainly for attention deficit hyperactivity disorder (ADHD), were administered regularly from the unit medicine administration room in a confidential, safe and helpful manner.
- 2.51** Officers supervised medicine administration effectively. Boys could keep medicines, such as inhalers and ointments, and in-possession risk assessments were completed as necessary.
- 2.52** The medicine cabinets were clean and tidy with clear differentiation of in-possession and supervised medicines. The fridge where heat-sensitive medicines were stored was within the correct temperature range and monitored effectively.
- 2.53** The pharmacist was available to see boys for advice by request or referral from health staff. Relevant emergency stock was accessible if required.
- 2.54** Nurses could administer a small range of medicines without a GP prescription and these were recorded on SystmOne under a discretionary medicines protocol. Other medicine protocols had been reviewed to ensure they were in operation and age appropriate.
- 2.55** There had been two medication errors since the last inspection and both incidents had been dealt with appropriately.

Dentistry

- 2.56** Boys had very good access to dental appointments with suitable focus on oral and dental health. At the time of our inspection, boys could see a dentist within a few days for a routine appointment and were prioritised more quickly for urgent needs. Record keeping was good. Boys were referred to community orthodontic treatment.
- 2.57** The dental suite remained an excellent facility, met infection control standards and had a separate decontamination room. Dental equipment was suitably maintained and dental waste was disposed of appropriately.

Delivery of care (mental health)

- 2.58** Mental health concerns were identified promptly through the CHAT¹² screening process, on reception and at subsequent mental health and neuro-disability screenings. There was effective joint working between officers, health staff and case workers.
- 2.59** The presence of a dedicated RMN on the unit facilitated early identification and continuity of care for boys with emotional and mental health needs. At the time of the inspection, the mental health caseload was 20. Five boys were on the primary mental health caseload held by the RMN on the unit, who saw them regularly. A range of age-appropriate individual interventions for boys with mild to moderate needs included relaxation, art work based on cognitive behavioural therapy and self-help guidance.
- 2.60** The in-reach FACTS service was responsive and effective and was supporting 15 boys at the time of the inspection. Waiting times were short and boys were seen regularly. The team undertook assessments to identify mental health needs and provided psychologically informed interventions for boys with complex mental health needs. Four boys required support for ADHD at the time of the inspection.
- 2.61** A draft service level agreement had been developed which described the referral pathway and criteria to the FACTS service, to ensure a consistent approach.
- 2.62** The psychologist attended twice a week and had nine boys on her caseload, who also saw the specialist nurse at different times. The specialist nurse held a weekly clinic. He had six boys on his caseload and attended safeguarding meetings for these boys. The consultant psychiatrist visited when needed.
- 2.63** The psychologist had sent useful information about autism to all staff on the unit and had developed a brief guide on how to support one of the boys, which was a positive initiative. Officers said it had helped them to communicate more effectively.
- 2.64** Boys had access to learning disability nurses who worked on the main site and referrals had been made to community speech and language therapists who had helped to identify and support boys with communication and interaction difficulties.
- 2.65** Most staff on the unit had undertaken training in the trauma recovery model (see paragraph 4.39) and 42% of custody staff had completed mental health awareness training.
- 2.66** There had been no transfers under the Mental Health Act to community mental health facilities during the last year.

Good practice

- 2.67** *The creation of a clear and concise guide to help officers liaise more effectively with boys with communication difficulties was a positive initiative.*

¹² The comprehensive health assessment tool (CHAT) is a standardised holistic screening tool for assessing the health care needs of young people in the youth justice system, aiding early identification of needs, improving continuity of care and reducing duplication during transition periods.

Catering

Expected outcomes:

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

- 2.68** The four-week menu cycle was appropriate and boys were offered a reasonable range of options, including fruit and fresh milk. Hot breakfasts were provided at weekends which were appreciated. Boys were able to eat their meals together, which was positive.
- 2.69** Despite this, food and catering arrangements were a major source of frustration and complaint for boys. Many boys we spoke to complained about the quality and quantity of food and this was reflected in the formal complaints received by the prison. We heard repeated descriptions of undercooked and overcooked food that was inedible even for continuously hungry growing boys. In our survey, only 10% of respondents said the food was very or quite good which fell to 0% for black and minority ethnic boys. Fewer than a quarter of boys said they received sufficient food. Given the age and developmental needs of the boys, this was a significant issue.
- 2.70** Some efforts had been made to improve the situation, with extra snacks and enhancements provided throughout the week (see paragraph 3.6). Nevertheless, we saw a number of boys supplementing their main meals with food bought at the prison canteen, often noodles and other snack food.
- 2.71** Our own observations and tests reinforced the views expressed by boys. We were told that food temperatures were taken when food arrived on the wings but it was clear that these were not consistently maintained to ensure food was hot when it was served – sometimes a considerable time later. Food we tasted was bland and portions of main meals were quite small and often supplemented by large quantities of rice or vegetables (see main recommendation S39).

Purchases

Expected outcomes:

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

- 2.72** The electronic information kiosks on wings were used by boys to make purchases each week. A range of goods were available and, although fewer than a quarter of black and minority ethnic boys said the range met their needs, there was evidence of good consultation to improve this. On arrival boys received reception packs. A reasonable range of catalogues were available for boys to order larger items, including electrical goods and clothes. An administration fee for orders was no longer charged, which was really helpful for boys who had very little money.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

Children and young people spend most of their time out of their cell, engaged in activities such as education, leisure and cultural pursuits, seven days a week.¹³

- 3.1** Time out of cell for boys remained a good story. In our survey, 82% of boys said they spent more than two hours out of their cells during the week and at weekends. In most cases, boys on the highest privilege level (platinum) were out of their cells for over 11 hours each day and a boy on the lowest level was likely to spend about nine hours out of his cell. At the roll checks we conducted throughout our inspection, we found very few boys locked up. It was encouraging that, in most cases, boys were locked up for only short periods during the core day. Staff made concerted efforts to get them out where possible and engage in activities with them. Under the reward scheme, boys on the lowest privilege level (bronze) could gain extra time out of their cells during association. This was a significant incentive.
- 3.2** Most boys were able to have three periods in the fresh air on most days. Even for those on bronze level, at least one session was available.
- 3.3** There was good access to the gym and a good range of activities for boys on the wings. For those on the gold or platinum levels, this included a dedicated association room with a pool table and play stations.

¹³ Time out of cell, in addition to formal 'purposeful activity', includes any time children and young people are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Education, learning and skills

Expected outcomes:

All children and young people engage well in education, learning and skills that enable them to gain confidence and experience success. Expectations of children and young people are high. Children and young people are encouraged and enabled to make progress in their learning and their personal and social development to increase their employability and help them to be successful learners on their return to the wider community. Education, learning and skills are of high quality, provide sufficient challenge to children and young people and enable them to gain meaningful qualifications.

- 3.4** Estyn¹⁴ made the following assessments about the learning and skills and work provision:

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

Management of education and learning and skills

- 3.5** Since the last inspection, the prison leadership team had further strengthened the management of the education unit. This had facilitated clearer reporting of boys' progress and improved monitoring of the quality and performance of the provision. The education unit was exceeding the performance indicators set out in its contract.
- 3.6** Senior managers gave high priority to health and well-being in education planning. They had introduced snacks of cereal bars or fruit during the day and milk or water to improve boys' hydration and concentration. The development of a wellbeing team had broadened teaching in physical education and helped boys to develop a better understanding of health matters.
- 3.7** There was highly effective communication within the education team and with wing staff. Regular, structured meetings ensured that staff involved with boys were aware of emerging issues that might affect their behaviour or performance in education. Teachers used this information very well to plan learning and activities to meet individual needs. Many wing staff had been trained to provide learning support, and they gave boys valuable additional help while they were on wings.
- 3.8** The student council met staff weekly and managers monthly, to discuss matters that they had prioritised as needing attention. Managers took their views seriously and informed boys of the action they had taken to address issues.

¹⁴ Inspection of the provision of education and educational standards, as well as vocational training in YOIs for young people, is undertaken by Estyn, the office of Her Majesty's Inspectorate for Education and Training in Wales, working under the general direction of HM Inspectorate of Prisons. Estyn is independent of, but funded by, the National Assembly for Wales. The purpose of Estyn is to inspect quality and standards in education and training in Wales.

- 3.9** The prison offered staff a helpful range of opportunities to develop their skills. Managers observed staff teaching, and discussed their performance regularly. Staff with prison officer experience had been recruited and supported to access a Postgraduate Certificate in Education training. This had improved the flexibility of the teaching team.
- 3.10** Leaders used labour market information effectively to plan curriculum enhancements, such as IT coding classes. The unit had also strengthened and broadened its partnerships with community organisations which contributed to enriching the curriculum and supporting boys. For example, staff engaged 'RugbyWorks', a local charity which worked with a group of boys to equip them with skills they would need when they left custody, and they provided some support on release.
- 3.11** The prison's comprehensive self-assessment report evaluated its performance based on a good range of evidence, including assessment of an appropriate range of data. Identified areas for development were addressed clearly in the quality development plan, which leaders monitored effectively.

Provision of activities

- 3.12** A good range of courses were available to boys. There were enough places for learners to undertake vocational and educational sessions, which provided them with a broad and balanced curriculum. There were appropriate options for boys to develop basic skills, such as literacy and numeracy, and life skills, such as healthy cooking. Boys had enough choice to match the courses they took to their interests, abilities and priorities. There were good opportunities for boys to gain qualifications, including GCSEs and AS/A levels.
- 3.13** The very well-equipped workshops enabled all boys on vocational courses to gain a realistic understanding of the world of work. The prison allocated boys to activities quickly, often giving them opportunities to sample sessions before choosing their preferred pathway.
- 3.14** Staff assessed all boys' literacy and numeracy skills before placing them into education. This information was shared effectively with teachers and almost all used this information well in planning individual learning. Nearly all teachers took full advantage of opportunities to help boys to develop their literacy and numeracy skills.
- 3.15** A few boys had used release on temporary licence (see paragraph 4.7) to gain useful work experience, improving their chances of progression. This had led to an apprenticeship for one young person.
- 3.16** Learners encouraged and supported each other well to achieve tasks.
- 3.17** A very few boys who had difficulty accessing education received effective support from therapy dogs to improve their mental health and communication.
- 3.18** There was good access to IT in many classes, although boys did not yet have access to the virtual campus¹⁵, which limited their access to digital learning resources, including online learning.

Recommendation

- 3.19 On-line learning resources should be available to boys.**

¹⁵ Prisoner access to community education, training and employment opportunities via the internet.

Quality of provision

- 3.20** All learners were allocated to a suitable learning pathway during induction. Pathways enabled boys to specialise in a helpful range of vocational subjects that were useful for personal development, continuing education and employment after release. The curriculum had a strong focus on literacy, numeracy and social skills, and encouraged an understanding of healthy lifestyles. The emphasis on the development of literacy and numeracy skills helped most learners to progress well.
- 3.21** All boys had individual learning plans, informed by teachers' comprehensive understanding of their learning needs and behavioural progress. Teachers reviewed boys' plans regularly during weekly staff meetings. Teachers cooperated well with each other and with wing staff, contributing to a positive, supportive and enthusiastic atmosphere in the learning environment. Learning areas were safe. Discipline was good and staff managed boys' behaviour well.
- 3.22** Most boys received teaching of a high and often an excellent standard. Teaching was nearly always tailored to the personal and educational needs of the learners in class, helping them to make the best progress. Teachers were mindful of issues that might be affecting individual boys.
- 3.23** All teachers were well prepared and lesson planning was good. Teachers were responsive to boys' progress, which they assessed effectively, using assessment outcomes to refine their lesson planning. Teachers used high quality and stimulating materials to engage learners. Many of these materials were designed and produced by the tutors based on their in-depth knowledge of the needs, progress and learning styles of individuals. Most teachers made very good use of ICT during lessons.
- 3.24** Classrooms were well resourced. Wall displays were attractive and informative and key words and phrases in Welsh and English provided useful prompts for learning.
- 3.25** Higher level learners were supported well to manage their own learning and they engaged in supplementary reading and course activities.
- 3.26** Teachers worked well with each other to share good practice and develop each other's skills, which improved their effectiveness in the classroom and enabled boys to make the best progress they could.

Education and vocational achievements

- 3.27** Many boys made very strong progress in developing and improving skills that would prepare them for progressing into education or employment, particularly in vocational areas.
- 3.28** Nearly all boys attended regularly and attained appropriate qualifications which reflected their interests and abilities. The very few who had been excluded from classes for poor behaviour were supported well by officers to access education on their wing. This ensured that their interest was sustained and they were able to re-integrate into lessons when ready. The success rate of 96% for vocational courses, 91% for employability courses and 90% for Essential Skills Wales qualifications was very strong.
- 3.29** Most boys enjoyed their learning, engaged well and showed high levels of resilience in completing tasks. Many responded well to challenging activities which extended their learning and skills. On the few occasions when they lost focus, they quickly re-engaged and completed their work. Nearly all boys communicated appropriately and co-operated well

with their peers and staff. They worked productively on their own, in pairs and in small group or team activities. A few were confident to demonstrate skills to their peers.

- 3.30** Most boys made strong progress in their learning from their starting points, particularly in developing their numeracy and literacy skills. Many assessed on arrival as being at entry level 3 for literacy and numeracy were working confidently at levels 1 or 2. Nearly all boys knew the progress they had made, understood the importance of these skills and were proud of their achievements. They applied these skills well on vocational courses, for example, reading text aloud, having purposeful discussions about their work and using numeracy skills well to calculate profits and costs for making products.
- 3.31** A few boys attended weekend workshops to work towards GCSEs.

Library

- 3.32** There was a small but well-resourced library on the unit. Sessions for boys were facilitated by library staff three times a week and sometimes more often when unit staff took sessions.
- 3.33** There was a good range of age-appropriate books, both fiction and non-fiction, along with periodicals and some magazines. Large print and easy-read books were also available for those with limited reading skills. A good range of audio books were available, although use depended on boys having CD players.
- 3.34** There was a good range of books in languages other than English, including Welsh. There were a number of books in Vietnamese and Bulgarian, reflecting the needs of boys recently on the unit. Books could be obtained from the main prison library where necessary.

Physical education and healthy living

Expected outcomes:

All children and young people understand the importance of healthy living, and are encouraged and enabled to participate in and enjoy physical education in safety, regardless of their ability. The programme of activities is inclusive and well planned. It is varied and includes indoor and outdoor activities.

- 3.35** The boys benefited from high quality physical education and fitness training which enhanced their health and wellbeing. The good facilities included a gym, a small all-weather pitch, a dedicated classroom for theory lessons and access to a large sports hall at weekends.
- 3.36** Boys from across all learning pathways accessed regular PE through timetabled sessions and regular sports challenges in the evenings and at weekends. These activities covered a broad range of sports which met their needs and interests.
- 3.37** The core health and wellbeing provision for all boys included information on the importance of taking regular physical activity and having a balanced, nutritious diet. Staff had enhanced the course further since the previous inspection to cover wider aspects of health and wellbeing including sexual health and mental health. Staff had developed strong partnerships with specialist agencies which provided valuable support for boys to learn about these important aspects of wellbeing.
- 3.38** Boys following the health and wellbeing pathways had extensive access to the gym and an artificial turf area. They developed a wide range of skills and many completed a useful level 1 qualification which enabled them to work as gym assistants on leaving custody. The

department gave strong support to boys who, on arrival, were prevented from using the gym through illness or injury. Staff liaised well with medical staff to provide personal support which helped boys to access physical activity safely and improve their fitness.

- 3.39** Most boys understood the importance of personal fitness. They took part enthusiastically in regular exercise, enjoyed team games and responded well to physical challenges and competitions set across the year.
- 3.40** Most boys benefitted from a healthy snack at break time (see paragraph 2.70).

Section 4. Resettlement

Pre-release and resettlement

Expected outcomes:

Planning for a child or young person's release or transfer starts on their arrival at the establishment. Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of young people's risk and need. Ongoing planning ensures a seamless transition into the community.

- 4.1** An up-to-date needs analysis had been used to develop the resettlement strategy and the action plan, both of which were managed through a quarterly meeting. Significant changes had been made to the delivery of resettlement work since the previous inspection, including the external recruitment of staff specifically to work with young people on the unit. These changes had been implemented a few weeks before the inspection and were still bedding in.
- 4.2** The newly formed needs, engagement and well-being team (NEWT)¹⁶ were responsible for the case management of boys at Parc. The team included two experienced case workers, five new recruits who case managed sentenced boys and a substance misuse worker who also oversaw interventions work in the team. The NEWT case managers brought a range of relevant experience to the role and shared knowledge and skills as part of a training and upskilling process. They each had caseloads of up to five boys. The team also comprised a seconded youth offending team (YOT) worker who case managed boys on remand, a social worker who supported looked-after boys, a family worker and three administrative staff.
- 4.3** NEWT case managers were responsible for boys' sentence and resettlement planning and management, including the delivery of intervention work. The NEWTs also worked in conjunction with unit staff to support boys being managed on a challenge, support and intervention plan (CSIP)¹⁷ (see paragraph 1.14).
- 4.4** The new multidisciplinary approach to case management was promising. NEWT case managers maintained good levels of contact with community professionals and parents and provided good welfare and behavioural management support to boys. However, their work focused predominantly on the custodial part of the sentence rather than on preparing boys for their return to the community. In the cases we looked at there were inconsistencies and gaps in the assessment of available information that could have informed the plans for both custody and resettlement (see paragraph 4.13). Although, multi-discipline work was much improved, NEWT case managers were not always involved with or fully informed about some of the resettlement work undertaken by the education and health service teams.
- 4.5** Many boys completed their sentence at the unit. Early release and home detention curfew were used appropriately and the boys we spoke to were aware of the possibility of early release if they maintained a good level of behaviour and worked towards their sentence plan targets.

¹⁶ The needs, engagement and well-being team (NEWT) was a team responsible for multidisciplinary case management of boys at Parc. NEWT case managers were responsible for boys' sentence and resettlement planning and management, including the delivery of intervention work. They also provided welfare and behavioural management support to boys.

¹⁷ Challenge, support and intervention plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

- 4.6 Other boys with longer sentences or on remand were moved to adult prisons when they reached their 18th birthday. This was discussed with boys, their families and the professionals working with them, from their first planning meeting so that they all understood what would happen. Boys usually moved to a prison in their local catchment area and the level of interaction they had with the prison varied. Moves to Parc adult site included familiarisation visits to a residential wing and a handover meeting with a member of staff who could answer any questions. The family worker undertook initial follow-up visits to boys who had moved from the unit to adult prisons.
- 4.7 At the previous inspection the unit had not been using release on temporary licence (ROTL). This had improved and 21 ROTL events had been arranged for eight different boys since the start of 2018, including college interviews, planning accommodation for release, voluntary work and promoting family ties. Boys were considered for ROTL when they reached their eligibility date and those we spoke to saw it as something to aim for. We saw a very good example of a NEWT case manager identifying a ROTL opportunity for a boy who was struggling to engage within the unit.
- 4.8 The unit had attempted to follow up boys' progress after release but responses from the community had been intermittent. This prevented any assessment of the long-term effectiveness of work with boys on the unit.

Recommendation

- 4.9 **Case management should have a clear focus on resettlement so that boys are prepared for their release into the community.**

Training planning and remand management

Expected outcomes:

All children and young people have a training or remand management plan which is based on an individual assessment of risk and need. Relevant staff work collaboratively with children and young people and their parents or carers in drawing up and reviewing their plans. The plans are reviewed regularly and implemented throughout and after young people's time in custody to ensure a smooth transition to the community.

- 4.10 Training and remand planning review meetings took place regularly in accordance with national guidelines. Boys had good access to their NEWT case managers between formal meetings and there was evidence that telephone calls were made on their behalf to solicitors, social workers and YOT workers.
- 4.11 Boys were offered a private meeting with their YOT worker and/or social worker at the start of each review meeting. Meetings took place in rooms which afforded privacy away from the residential units. Attendance at review meetings by residential staff remained better than we often see. Other departments were not always present and instead submitted written reports which limited discussion of their work with the boy and the implications for resettlement.
- 4.12 Boys who were remanded to Parc had monthly review meetings and records indicated that bail was discussed with them. Community professionals were reminded of the need for plans to be in place, including for accommodation, for each court appearance and to cover all possible court outcomes. In one case that we looked at, the case manager had asked the community YOT to check if the boy had been referred as a possible victim of exploitation.

- 4.13** Sentenced boys had quarterly review meetings. In our survey, two-thirds of boys said they knew they had a custody plan and understood what they had to do to achieve the targets. In all the cases that we reviewed, a plan was in place. Plans were straightforward and understandable to boys, but focused on actions relating to custody issues rather than those that would affect successful resettlement in the community. NEWT case managers did not routinely assess all the available information they had about the boys they were responsible for. As a result, some significant information about risk was not identified or investigated well enough to inform subsequent planning (see paragraph 4.4). This was a particular concern when it involved information about the risk of harm and vulnerability on release which was not reflected in planning either for custody or on release. Quality assurance needed to be more robust to ensure that this was remedied.
- 4.14** The unit was using the youth justice application framework to record its work with boys and share it with community partners. This was a step forward since the previous inspection when the unit was not using a case management information system. Technical issues with the AssetPlus assessment and planning tool were hampering its effectiveness as a platform for communication.

Recommendation

- 4.15** **All departments which work regularly with a boy should be represented at his training or remand planning meeting to provide consistent feedback and inform resettlement planning.**

Public protection

- 4.16** Initial screening took place on arrival to identify boys who would be subject to multi-agency public protection arrangements (MAPPA) and necessary actions were taken in respect of mail and telephone restrictions and monitoring. These were reviewed regularly to ensure they were still necessary. YOTs were asked to provide details of MAPPA for new arrivals and case managers followed this up when the MAPPA levels for eligible boys were not provided. NEWT case managers provided information to community MAPPA meetings for boys who would be subject to higher level multidisciplinary management when released, and in some cases attended the meetings. The usefulness of the information was limited by the failure to identify and address risk for some boys while they were in custody (see paragraph 4.13).

Indeterminate sentence young people

- 4.17** There were no boys with indeterminate sentences at the time of the inspection, although boys with these sentences were sometimes accommodated and were case managed in the same way as other boys. There was sufficient expertise in the NEWT team for life sentence processes to be completed properly, and support with this was available from staff in the adult prison if needed.

Looked-after children

- 4.18** In our survey, 57% of boys said they had at some time been in the care of their local authority. Eighteen local authorities in Wales and England had statutory responsibility for 24 boys at Parc. Fourteen boys were on full care orders or had looked-after status because they were on remand; the other boys had been looked after before entering custody or were

children in need. These boys comprised 60% of the population at the start of the inspection. They received good support from staff and our survey did not show any significant differences between the perceptions of boys who were looked after and those who were not.

- 4.19** Boys who were looked after met the unit social worker who contacted their local authority to source the support they were entitled to. Boys had their looked-after child reviews, but provision of financial support and support to help families visit were variable. Suitable release addresses were still not identified for looked-after children in time to plan properly for their release.

Recommendation

- 4.20 The statutory entitlements of looked-after children should be met promptly and suitable release addresses identified at the earliest opportunity.**

Reintegration planning

Expected outcomes:

Children and young people's resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual young person in order to maximise the likelihood of successful reintegration into the community.

- 4.21** Plans for release and reintegration to the community were discussed at review meetings, but the failure to identify and manage boys' risk of harm and vulnerability on release threatened successful integration for some boys (see paragraph 4.13). NEWT case managers and community partners went through licence conditions with boys at their final review meeting to ensure that they were aware of any restrictions being imposed, supervision arrangements and other appointments and support in place for them.
- 4.22** Case managers expected that all boys would be met on release by a responsible adult and pursued this at review meetings. Boys were not taken to the main prison reception area to complete their release procedures until the unit knew the adult meeting them had arrived at the visitors' centre. Boys were given property held in storage for them and a plain bag to carry their belongings. If there was no responsible adult, staff took the boy to the train station with a travel warrant and waited until he got on the appropriate train.

Accommodation

- 4.23** Accommodation was discussed from the first review meeting, and boys often went to live with family on release. In some cases, the suitability of this accommodation had not been properly explored in terms of the risks to and from the boy within the family. Escalation processes were clear when accommodation was not identified promptly. Barnardo's advocates made an effective contribution and in nearly all cases suitable accommodation was sourced. The advocates told us that help with accommodation was frequently needed, often for boys who were in the care of their local authority. On occasion, accommodation was secured so late it made other elements of release planning very challenging.
- 4.24** One boy had been released in the previous six months with no accommodation, despite efforts on his behalf. Suitable accommodation had been found shortly after his release.

Recommendation

- 4.25 A strategy should be developed to ensure that boys leaving custody are provided with suitable accommodation in time for other elements of release planning to be completed.**

Education, training and employment

- 4.26** In liaison with YOT workers, the prison communicated effectively with further education colleges and work-based learning providers in England and Wales so that boys could continue their education after release.
- 4.27** At the time of the inspection, boys had no access to independent careers advice so that they could make constructive use of their time in prison or plan continuing education, training or work opportunities on release. However, a careers adviser had been appointed and was due to start work shortly.
- 4.28** Teachers encouraged reluctant boys to continue with their education and gave good advice on how they could progress.

Health care

- 4.29** The nurses attended detention and training order meetings at which discharge arrangements were discussed. All boys were seen on transfer or release to identify outstanding health needs and were offered health promotion advice, including barrier protection. They were given a release summary for their GP with relevant health information. Boys on medication were given a week's supply and those taking controlled medication received it from pharmacy staff outside the prison to prevent diversion. All boys transferring to the main site were visited by one of the unit nurses a few days after the transfer to ensure they were settling into the new regime.
- 4.30** The Forensic Adolescent Consultation and Treatment Service (FACTS) team consulted child and adolescent mental health teams or adult services about boys with continuing mental health conditions being released. There was also good liaison with YOTs.

Drugs and alcohol

- 4.31** The substance misuse worker delivered a pre-release harm reduction session to all boys. There was good liaison with case workers and planning for release and transition to adult services. Links with YOTs were good.

Finance, benefit and debt

- 4.32** The education provider delivered information on budgeting and money management. This had recently been enhanced by short workshops run by Prince's Trust volunteers which all boys had attended. Boys could apply for a national insurance number and open a bank account while at Parc.

Children, families and contact with the outside world

- 4.33** The unit continued to offer good support to boys to maintain contact with their families, carers and friends. The family worker led this work and kept families and carers updated on their child's progress. There was evidence of the family worker acting as an intermediary to restore contact between boys and their parents when relationships were under strain.
- 4.34** In our survey, only 36% of boys said it was easy for their family to visit them, but 71% said they had visits. This was consistent with unit data which indicated that 72% of boys received visits. Only half the boys from a black and minority ethnic background said in our survey that they had visits once a week or more.
- 4.35** Boys could book their visits at the unit kiosks. Visits took place on weekday evenings and at weekends in a separate visits area above the main prison visits hall. Visitors could buy hot and cold food and drinks from the tea bar. A well-equipped visitors' centre was open before and after visits and the prison provided transport to and from the nearest railway station. Closed visits were used in response to visits related incidents and were reviewed regularly.
- 4.36** The number of family days had increased and they were accessible to all boys, regardless of their level on the incentives and earned privileges scheme.
- 4.37** In-cell telephones were appreciated by the boys. Boys who did not receive visits could have additional phone credit each month, and unit staff facilitated phone calls to families or carers for boys who did not have enough phone credit. Prisoner email was used and Skype had been used infrequently for contact with families who lived overseas. Regular inter-prison phone calls were arranged for a boy with a close relative in prison.
- 4.38** One-to-one parenting work had been delivered to two boys who were fathers. A parenting course was being developed by the family worker.

Attitudes, thinking and behaviour

- 4.39** The unit had been moving to a trauma recovery model¹⁸ set of interventions at the previous inspection. A review of the existing provision and the needs of the population had been carried out and staff with a background in behaviour analysis and management had been recruited to develop the new interventions, some of which had recently been introduced. These interventions focused on helping boys to develop skills to manage problems and not to respond in a way that would lead to offending. This was an encouraging initiative but it was too early to assess its effectiveness.
- 4.40** A regular scheduling meeting allocated boys to interventions based on their offence related behaviour and release date. The unit had plans to evaluate the interventions and were providing end of intervention assessments to NEWT and community case managers. One of the modules covered healthy relationships, but there was still no specific intervention for the small number of boys convicted of sexual offences of whom there had been two in the previous year.

¹⁸ The trauma recovery model (TRM) (Skuse and Matthew, 2015) is a composite model drawing on theories of child development and current understanding of neurobiological development. It helps practitioners understand the psychological needs that underpin behaviours and suggests the types of intervention that best address those needs, allowing staff to tailor and sequence interventions according to the individual. The TRM focuses on the need to undertake relational therapy to help young people mediate the impact of trauma before cognitive interventions can be fully effective.

Recommendation

4.41 Suitable interventions should be available for boys convicted of sexual offences.

Section 5. Summary of recommendations and good practice

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

Main recommendations	To the governor
5.1 The prison should ensure that all boys receive sufficient food to support their developmental needs and the food is of good enough quality to encourage them to eat well. (S39)	
5.2 Comprehensive assessments of risk of harm which demonstrate full consideration of all available information should be promptly completed for boys and used to inform their management while on the unit and resettlement work. All subsequent resettlement and release planning work undertaken by internal and external partners should be coordinated through the responsible NEWT case manager. (S40)	
Recommendations	To the Ministry of Justice and Youth Custody Service
Training planning and remand management	
5.3 The statutory entitlements of looked-after children should be met promptly and suitable release addresses identified at the earliest opportunity. (4.20)	
Reintegration planning	
5.4 A strategy should be developed to ensure that boys leaving custody are provided with suitable accommodation in time for other elements of release planning to be completed. (4.25)	
Recommendation	To HMPPS, Youth Custody Service, G4S and the Welsh Government
Reintegration planning	
5.5 Suitable interventions should be available for boys convicted of sexual offences. (4.41)	
Recommendation	To HMPPS, Youth Custody Service and Prisoner Escort and Custody Services
Courts, escort and transfers	
5.6 Boys should be transported to custody as soon as their case has finished and arrive into custody before 7pm. (1.2)	

Recommendation To HMPPS and Youth Custody Service

Behaviour management

- 5.7** Current prison service instructions for the management of boys classified as potential restricted status should be reviewed to facilitate contact with family members during the first 72 hours of custody. (1.38)

Recommendations

To the governor

Care and protection of children and young people

- 5.8** The frequency of observations of boys on assessment, care in custody and teamwork (ACCT) documents should be unpredictable. (1.21)

Behaviour management

- 5.9** The outcomes of all disciplinary procedures (adjudications and minor reports) should be scrutinised to ensure that only the most serious incidents are dealt with through adjudication. (1.39)
- 5.10** There should be a unit-specific action plan based on evidence from the monitoring and analysis of incidents to address the underlying causes and further reduce the high levels of violence. (1.45)
- 5.11** Following an incident of force, de-brief documentation should be fully completed to assist in analysis and learning to reduce the level of force used. (1.51)
- 5.12** Pain-inducing techniques should not be used on children. (1.52, repeated recommendation 1.64)
- 5.13** Documentation for boys on separation should be explicit about the award given and the management of the individual to ensure consistency in the delivery of the punishment. (1.55)

Health services

- 5.14** The confidential health complaints system should be clearly advertised and accessible to boys. All responses should be respectful, consistent, timely and focused on the issues raised. (2.39)
- 5.15** All staff should have regular managerial and clinical supervision, underpinned by an up-to-date performance appraisal. (2.40)

Education, learning and skills

- 5.16** On-line learning resources should be available to boys. (3.19)

Pre-release and resettlement

- 5.17** Case management should have a clear focus on resettlement so that boys are prepared for their release into the community. (4.9)

Training planning and remand management

- 5.18** All departments which work regularly with a boy should be represented at his training or remand planning meeting to provide consistent feedback and inform resettlement planning. (4.15)

Examples of good practice

- 5.19** Child protection investigations were good. The local authority was swiftly contacted for advice. Joint investigations were completed in a timely fashion and came to clear, well documented conclusions. Records of investigations were also good and demonstrated that managers took appropriate action to prevent further harm while the investigation was continuing. (1.11)
- 5.20** Unit staff were alert to signs of bullying and intimidation. Staff had identified concerns about canteen purchases and routinely marked goods to provide evidence of theft. (1.15)
- 5.21** The evidence based instant reward scheme was age appropriate and important in motivating positive behaviour. (1.29)
- 5.22** The multidisciplinary approach to the management of CSIP for the perpetrators and victims of violence provided effective and individual challenge and support. (1.46)
- 5.23** In our survey, 82% of children said that staff treated them with respect. We found staff from all areas working in a motivational, patient and caring way with children on the unit. In particular, the staff challenged poor behaviour consistently and had established a reward led culture in the unit. (2.8)
- 5.24** The joint approach by health, gym and education staff to health promotion enhanced the boys' understanding of the importance of a healthy lifestyle. (2.41)
- 5.25** The creation of a clear and concise guide to help officers liaise more effectively with boys with communication difficulties was a positive initiative. (2.67)

Section 6. Appendices

Appendix I: Inspection team

Deborah Butler	Team leader
Ian Dickens	Inspector
Angela Johnson	Inspector
Keith McInnis	Inspector
Angus Mulready-Jones	Inspector
Catherine Shaw	Researcher
Claudia Vince	Researcher
Laura Green	Researcher
Maureen Jamieson	Health services inspector
Alun Connick	Estyn inspector
Lin Howells	Estyn inspector
Anthony Mulcahy	Estyn inspector
Jane Attwood	HMI Probation inspector
Mark Freeman	HMI Probation inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Children and young people, particularly the most vulnerable, are held safely.

At the last inspection in 2017, leaders and managers had worked to improve safety and the number of violent incidents and fights had started to reduce. However, too many boys reported being victimised by others or feeling unsafe, and levels of violence were still high. Boys' early days experiences remained good. Safeguarding and child protection arrangements had improved, and support for children at risk of self-harm was generally good. A range of initiatives to promote positive behaviour had been introduced and were beginning to be effective. Governance of use of force had improved. Use of segregation remained commendably low, and there were no boys self-isolating during the inspection. Security was proportionate, and substance misuse services remained good. Outcomes for children and young people were reasonably good against this healthy prison test.

Main recommendation

Senior managers should work to identify and provide the support needed to help Parc address and reduce the consistently high levels of violence, while continuing to deliver a full, constructive regime to the boys in its care. (S41)

Not achieved

Recommendations

Boys should be transported to custody as soon as their case has finished. They should be transported separately from adults and arrive into custody before 7pm. (I.2)

Not achieved

The monthly safeguarding meeting should accurately record follow-up actions to be taken and evidence of outcomes. (I.13)

Achieved

The unit should survey boys at Parc, their families, carers and visitors about bullying concerns to inform future strategy to reduce the number of incidents. (I.20)

Achieved

The recorded frequency of observations of boys on assessment, care in custody and teamwork (ACCT) documents should be less predictable. (I.28)

Not achieved

The use of camera-observation cells to monitor boys at heightened risk should always be logged, with clear rationale for their use, and the screen should not be easily visible to other boys on the unit. (I.29)

Achieved

All staff, including night staff, should carry anti-ligature knives. (1.30)

Achieved

The outcomes of all disciplinary procedures (adjudications and minor reports) should be scrutinised. There should be more focus on analysing trends and protected characteristics with monitored actions to address concerns. (1.49)

Not achieved

External scrutiny of the use of force should be further extended to provide continued assurance of the legality and proportionality of all incidents. (1.62)

Achieved

Restraint minimisation strategies should reflect the introduction of minimising and managing physical restraint (MMPR). (1.63)

Achieved

Pain-inducing techniques should not be used on children. (1.64)

Not achieved (Recommendation repeated, 1.52)

Documentation for boys on separation should indicate clearly the reason for the separation, the support in place and the actions required. (1.67)

Achieved

Respect

Children and young people are treated with respect for their human dignity.

At the last inspection in 2017, cells and communal areas were clean and well equipped but double cells remained cramped and toilets were heavily stained. Staff relationships with boys had improved in all areas, and most interaction we saw was respectful, caring and effective. Consultation arrangements were reasonably good. Despite recent improvements, there remained significant weaknesses in the management of equality work. Management of complaints had improved, and health care provision was generally good. The food was unappetising but children could eat communally for all meals. Outcomes for children and young people were reasonably good against this healthy prison test.

Main recommendation

There should be a regular equality management meeting to ensure that policy, planning and consultation are effective, boys' perceptions and needs are addressed, and comprehensive monitoring data are considered. (S42)

Partially achieved

Recommendations

Cells should have fully screened toilets and a functioning lockable cupboard, and boys should have access to hot water overnight. (2.4)

Achieved

Engagement by the young persons' unit with community diversity groups should be improved to the level achieved by the adult prison. (2.14)

Partially achieved

There should be an up-to-date health and well-being needs assessment to identify the current and future needs of the population and inform the provision of services. (2.37)

Not achieved

Monitoring and analysis of the unit's health complaints and incidents should be thorough. The confidential health complaints system should be advertised and easily accessible to all boys, and responses should fully address the issues highlighted. (2.38)

Not achieved

Boys should receive vaccinations in a timely manner. (2.39)

Achieved

Boys should have access to a full range of mental health interventions, including those provided by the Forensic Adolescent Consultation and Treatment Service. (2.55)

Achieved

Food temperatures should be taken and recorded at the point of service, completion of servery checks should be monitored, and servery supervisors should accurately record the findings after each check. (2.59)

Not achieved

Boys should not be charged administration fees for catalogue orders. (2.61)

Achieved

Purposeful activity

Children and young people are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection in 2017, time out of cell exceeded our expectations for most boys at Parc. The prison was focused on ensuring boys attended education consistently. Management of learning and skills was good and had led to improvements in provision. Officers and teachers worked well together, and in most sessions the behaviour of boys was good. Achievement levels had improved and most boys made good progress in education. PE provision was very good. Outcomes for children and young people were reasonably good against this healthy prison test.

Recommendation

The day-to-day management of learning and skills and team development should be fully consolidated through careful monitoring by unit senior managers. (3.9)

Achieved

Resettlement

Children and young people are effectively helped to prepare for their release back into the community and to reduce the likelihood of reoffending.

At the last inspection in 2017, the management of resettlement was largely unchanged since the previous inspection. Caseworkers had a good knowledge of the offending behaviour needs of boys, but this was not always reflected in review meetings or training plan targets. Despite efforts by the prison-based social workers, looked-after children did not always receive the support from local authorities that they were entitled to. Public protection work was good. Release planning was generally appropriate, and the recent introduction of the trauma recovery model was an interesting initiative. There were still no interventions to address sexually harmful behaviours, which was a significant concern. Family work was good. Outcomes for children and young people were reasonably good against this healthy prison test.

Main recommendation

The Youth Custody Service and Welsh Government should work with G4S as a matter of urgency to determine how suitable interventions will be put in place for boys who have shown sexually harmful behaviour in their offending history. (S43)

Not achieved

Recommendations

The resettlement committee should drive improvements to pre-release and resettlement provision based on up-to-date understanding of the needs of the population. (4.9)

Achieved

The unit should make more use of release on temporary licence to support release planning and maintenance of family ties. (4.10)

Achieved

All departments that work with a boy regularly should be represented at his training or remand planning meeting to provide consistent feedback and reinforcement to help him achieve his individual targets. (4.14)

Not achieved

Records of review meetings should fully reflect the discussion, and how agreed targets are linked to risk and offending. (4.15)

Not achieved

There should be a case management system to record a boy's progress in custody and facilitate information sharing with community agencies. (4.16)

Achieved

All boys with looked-after status should receive consistent and adequate levels of support from their local authority. (4.23)

Not achieved

The Youth Custody Service should work with relevant government departments to ensure that all boys are provided with appropriate accommodation in good time for their release. (4.27)

Not achieved

New arrivals should have sufficient access to independent advice and guidance so that they can plan the best use of the learning opportunities available in the unit. (4.30)

Achieved

Boys should receive comprehensive advice and guidance on finance, benefit and debt before their release. (4.34)

Achieved

Evaluation of interventions should be put in place. (4.41)

Achieved

Appendix III: Establishment population profile

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

Population breakdown by:

Status	Number of young people	%
Sentenced	30	75
Recall	1	2.5
Convicted unsentenced		
Remand	9	22.5
Detainees		
Total	40	100

Age	Number of young people	%
15 years	3	7.5
16 years	10	25
17 years	23	57.5
18 years	4	10
Other		
Total	40	100

Nationality	Number of young people	%
British	40	100
Foreign nationals		
Total	40	100

Ethnicity	Number of young people	%
White		
British	23	57.5
Irish		
Gypsy/Irish Traveller		
Other white		
Mixed		
White and black Caribbean	2	5
White and black African	2	5
White and Asian	1	2.5
Other mixed	2	5
Asian or Asian British		
Indian		
Pakistani		
Bangladeshi	1	2.5
Chinese		
Other Asian		
Black or black British		
Caribbean	1	2.5
African	3	7.5
Other black	5	12.5
Other ethnic group		
Arab		
Other ethnic group		
Not stated		
Total	40	100

Religion	Number of young people	%
Baptist		
Church of England	3	7.5
Roman Catholic		
Other Christian denominations	9	22.5
Muslim	5	12.5
Sikh		
Hindu		
Buddhist		
Jewish		
Other	6	15
No religion	17	42.5
Total	40	100

Other demographics	Number of young people	%
Gypsy/Romany/Traveller		
Total		

Sentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs +	4 yrs +	Total
Age								
15 years								
16 years								
17 years								
18 years								
Total								

Unsentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs+	4 yrs +	Total
Age								
15 years								
16 years				1				1
17 years	3	1	2					6
18 years	1							1
Total	4	1	3					8

Main offence	Number of young people	%
Violence against the person	17	42.5
Sexual offences	0	0
Burglary	3	7.5
Robbery	6	15
Theft and handling	1	2.5
Fraud and forgery	0	0
Drugs offences	3	7.5
Other offences	10	25
Offence not recorded / holding warrant		
Total	40	100

Number of DTOs by age and full sentence length, including the time in the community

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Recall	Total
Age									
15 years									
16 years			1	1	3	1		1	7
17 years	2	2	1		2	1	4		12
18 years					1				1
Total	2	2	2	1	6	2	4	1	20

Number of Section 91s, (determinate sentences only) by age and length of sentence

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Recall	Total
Age							
15 years		1	1				2
16 years			1				1
17 years			1	3			4
18 years				2			2
Total		1	3	5			9

Number of indeterminate sentences under Section 226b (extended determinate sentence) by age and length of tariff

Sentence	Under 2 yrs	2–5 yrs	5–10 yrs	10–15 yrs	15–20 yrs	Recall	Total
Age							
15 years			1				1
16 years			1				1
17 years			1				1
18 years							
Total			3				3

Number of mandatory life sentences under Section 90 by age and length of tariff

Sentence	Under 2 yrs	2–5 yrs	5–10 yrs	10–15 yrs	15–20 yrs	20 yrs +	Total
Age							
15 years							
16 years							
17 years							
18 years							
Total							

Appendix IV: Summary of children and young people questionnaires and interviews

Children and young people survey methodology

A confidential survey of children is carried out at the start of every inspection. A self-completion questionnaire is offered to every child resident in the establishment on the day of the survey. The questionnaire consists of structured questions covering the child's 'journey' from admission to release together with demographic and background questions which enable us to compare responses from different sub-groups (numbers permitting). There are also a few open questions which provide opportunities for children to express, in their own words, what they find most positive and negative about the centre.

The survey results are used in inspections, where they are triangulated with inspectors' observations, discussions with children and staff and documentation held in the establishment. More detail can be found in the inspection report.

The current questionnaire has been in use since October 2018 and is being used to support inspections of both STCs and YOIs holding children. The questionnaire was developed in consultation with HMI Prisons and Ofsted inspectors. Draft questions were tested with children in both types of establishment and their input and feedback was invaluable in improving the relevance and accessibility of questions.

Distribution and collection of questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that children can give their informed consent¹⁹ to participate, the purpose of the survey and the inspection is explained. We make clear that the questionnaire can also be administered as a face-to-face interview for those who have literacy difficulties and via a telephone interpreting service for those with limited English.

Children are made aware that participation in the survey is voluntary. We also explain that while they do not need to put their name on the questionnaire, individual respondents can be identified through a numbering system which is only accessible to the inspection team. This is so that any child protection and safeguarding concerns can be followed up (see section below for further information).

Children who agree to participate in the survey are provided with a sealable envelope for their completed questionnaire, which will later be collected by researchers.

Child protection and safeguarding

All completed questionnaires are checked by researchers for potential child protection and safeguarding issues on the day of the survey. Any concerns are followed up by inspectors and passed on to establishment staff if necessary.

¹⁹ For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMP's website <http://www.justiceinspectories.gov.uk/hmiprison/about-our-inspections/>

Survey results

Response rate

At the time of the survey on 15 October 2018 the population at HMYOI Parc was 36. Using the approach described above, questionnaires were distributed to all 36 children.²⁰

We received a total of 31 completed questionnaires, a response rate of 86%. No young people declined to participate in the survey and five questionnaires were not returned.

Survey results and analyses

Over the following pages we present the survey results for HMYOI Parc.

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

We also present the following comparative analyses.

- The current survey responses from HMYOI Parc 2018 compared with responses from other YOIs holding children. The comparator surveys were carried out in five YOIs since August 2017.
- The current survey responses from HMYOI Parc 2018 compared with the responses of children surveyed at HMYOI Parc 2017.
- A comparison within the 2018 survey between the responses of white children and those from a black and minority ethnic group.
- A comparison within the 2018 survey between the responses of children who reported that they had been in local authority care and those who did not.

In all the comparative analyses above, statistically significant²¹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in young people's background details.

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

²¹ 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, $p<0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Q1.1	What wing, unit or houseblock do you live on?	
	E Wing.....	12 (39%)
	G Wing	19 (61%)
Q1.2	How old are you?	
	12 0 (0%)	13 0 (0%)
	14 0 (0%)	15 1 (3%)
	16 8 (27%)	17 20 (67%)
		18 or over 1 (3%)
Q1.3	What is your gender?	
	Male.....	30 (100%)
	Female.....	0 (0%)
Q1.4	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	14 (47%)
	White - Irish.....	1 (3%)
	White - Gypsy or Irish Traveller.....	0 (0%)
	White - any other White background	1 (3%)
	Mixed - White and Black Caribbean	6 (20%)
	Mixed - White and Black African	2 (7%)
	Mixed - White and Asian	0 (0%)
	Mixed - any other Mixed ethnic background	0 (0%)
	Asian/ Asian British - Indian	0 (0%)
	Asian/ Asian British - Pakistani.....	0 (0%)
	Asian/ Asian British - Bangladeshi.....	0 (0%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian background.....	0 (0%)
	Black/ Black British - Caribbean.....	3 (10%)
	Black/ Black British - African	1 (3%)
	Black - any other Black/ African/ Caribbean background.....	2 (7%)
	Arab.....	0 (0%)
	Any other ethnic group	0 (0%)
Q1.5	Do you have any children?	
	Yes	2 (7%)
	No.....	26 (93%)
Q1.6	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?	
	Yes	4 (14%)
	No.....	25 (86%)
Q1.7	Have you ever been in local authority care (e.g. lived with foster parents or in a children's home, or had a social worker)?	
	Yes	17 (57%)
	No.....	13 (43%)

Arrival and induction

Q2.1	When you were searched in reception/admissions, was this done in a respectful way?	
	Yes	16 (55%)
	No.....	1 (3%)
	Don't remember	7 (24%)
	I wasn't searched.....	5 (17%)

Q2.2	Overall, how were you treated in reception/admissions?	
	Well.....	20 (69%)
	Badly.....	1 (3%)
	Don't remember	8 (28%)
Q2.3	When you first arrived here did staff help you with any problems or worries you had?	
	Yes	14 (47%)
	No.....	5 (17%)
	Don't remember	3 (10%)
	I didn't have any problems or worries.....	8 (27%)
Q2.4	Did you feel safe on your first night here?	
	Yes	25 (83%)
	No.....	4 (13%)
	Don't remember	1 (3%)
Q2.5	In your first few days were you told everything you needed to know about life here?	
	Yes	17 (57%)
	No.....	13 (43%)

Living conditions

Q3.1	How comfortable is the temperature of your cell?	
	Too cold.....	5 (20%)
	About right	11 (44%)
	Too hot	9 (36%)
Q3.2	Can you shower every day?	
	Yes	29 (94%)
	No.....	1 (3%)
	Don't know.....	1 (3%)
Q3.3	Do you normally have enough clean, suitable clothes for the week?	
	Yes	28 (90%)
	No.....	3 (10%)
	Don't know.....	0 (0%)
Q3.4	Do you have clean sheets every week?	
	Yes	24 (80%)
	No.....	6 (20%)
	Don't know.....	0 (0%)
Q3.5	Can you get your stored property if you need it?	
	Yes	14 (47%)
	No.....	4 (13%)
	Don't know.....	12 (40%)
Q3.6	Is it normally quiet enough for you to relax or sleep at night?	
	Yes	20 (67%)
	No.....	9 (30%)
	Don't know.....	1 (3%)
Q3.7	Do you usually spend more than 2 hours out of your cell on weekdays?	
	Yes	23 (82%)
	No.....	2 (7%)
	Don't know.....	3 (11%)

Q3.8 Do you usually spend more than 2 hours out of your cell on Saturdays and Sundays?

Yes	23 (82%)
No.....	3 (11%)
Don't know.....	2 (7%)

Food and canteen**Q4.1 What is the food like here?**

Very good	0 (0%)
Quite good	3 (10%)
Quite bad	7 (23%)
Very bad	21 (68%)

Q4.2 Do you get enough to eat at mealtimes?

Always.....	2 (7%)
Most of the time.....	5 (17%)
Some of the time.....	9 (30%)
Never	14 (47%)

Q4.3 Does the canteen sell the things that you need?

Yes	12 (41%)
No.....	16 (55%)
Don't know.....	1 (3%)

Health and well-being**Q5.1 How easy or difficult is it to see the following health staff?**

	Easy	Difficult	Don't know
Doctor	18 (62%)	6 (21%)	5 (17%)
Nurse	25 (86%)	1 (3%)	3 (10%)
Dentist	17 (57%)	7 (23%)	6 (20%)
Mental health workers	17 (57%)	3 (10%)	10 (33%)

Q5.2 Do you have any health problems (including mental health problems)?

Yes	9 (32%)
No.....	19 (68%)

Q5.3 Have you been helped with your health problems since you've been here?

Yes	6 (21%)
No.....	4 (14%)
Don't have any health problems.....	19 (66%)

Q5.4 Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.

Yes	7 (24%)
No.....	22 (76%)

Q5.5 If you have a disability, are you getting the support you need?

Yes	4 (14%)
No.....	2 (7%)
Don't have a disability.....	22 (79%)

Q5.6 Did you have an alcohol problem when you came here?

Yes	0 (0%)
No.....	29 (100%)

Q5.7	Did you have a drug problem when you came here?	
	Yes	5 (17%)
	No.....	24 (83%)
Q5.8	Have you been helped with your drug or alcohol problem since you've been here?	
	Yes	4 (14%)
	No.....	1 (3%)
	Did not have a drug or alcohol problem.....	24 (83%)
Q5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	
	Yes	22 (76%)
	No.....	5 (17%)
	Don't know.....	2 (7%)
Q5.10	How often do you go to the gym or play sports?	
	More than once a week.....	22 (73%)
	About once a week.....	7 (23%)
	Less than once a week.....	1 (3%)
	Never	0 (0%)

Complaints

Q6.1	Do you know how to make a complaint?	
	Yes	27 (90%)
	No.....	3 (10%)
Q6.2	If you have made any complaints here, please answer the questions below:	
		Yes No Not made a complaint
	Were your complaints usually dealt with fairly?	4 (14%) 12 (41%) 13 (45%)
	Were your complaints usually dealt with within 7 days?	4 (14%) 12 (41%) 13 (45%)
Q6.3	Have you ever felt too scared to make a complaint?	
	Yes	3 (11%)
	No.....	19 (68%)
	Never wanted to make a complaint	6 (21%)

Safety and security

Q7.1	Have you ever felt unsafe here?	
	Yes	10 (34%)
	No.....	19 (66%)
Q7.2	Do you feel unsafe now?	
	Yes	2 (7%)
	No.....	26 (93%)
Q7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	
	Yes	22 (73%)
	No.....	7 (23%)
	Don't know.....	1 (3%)

Q7.5	Have other young people here ever done any of the following to you? (Please tick all that apply to you.)	
	Verbal abuse.....	7 (28%)
	Threats or intimidation.....	5 (20%)
	Physical assault.....	7 (28%)
	Sexual assault.....	0 (0%)
	Being forced to assault another young person	1 (4%)
	Theft of canteen or property.....	2 (8%)
	Other bullying or victimisation	2 (8%)
	Young people here have not done any of these things to me	14 (56%)
Q7.6	If you were being bullied/victimised by other young people here, would you report it?	
	Yes	13 (52%)
	No.....	12 (48%)
Q7.7	Have staff here ever done any of the following to you? (Please tick all that apply to you.)	
	Verbal abuse.....	6 (21%)
	Threats or intimidation.....	3 (10%)
	Physical assault.....	0 (0%)
	Sexual assault.....	0 (0%)
	Theft of canteen or property.....	2 (7%)
	Other bullying or victimisation	2 (7%)
	Staff here have not done any of these things to me	19 (66%)
Q7.8	If you were being bullied/victimised by staff here, would you report it?	
	Yes	21 (75%)
	No.....	7 (25%)

Behaviour management

Q8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	
	Yes	9 (31%)
	No.....	17 (59%)
	Don't know	3 (10%)
Q8.2	Do you think the system of rewards or incentives is fair?	
	Yes	13 (45%)
	No.....	12 (41%)
	Don't know.....	4 (14%)
Q8.3	Do staff usually let you know when your behaviour is good?	
	Yes	14 (48%)
	No.....	15 (52%)
Q8.4	If you get in trouble, do staff usually explain what you have done wrong?	
	Yes	16 (55%)
	No.....	11 (38%)
	Not applicable (never been in trouble here).....	2 (7%)
Q8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	
	Yes	17 (59%)
	No.....	12 (41%)

Q8.6 If you have been restrained, did a member of staff come and talk to you about it afterwards?

Yes	14 (48%)
No.....	1 (3%)
Don't remember	2 (7%)
Not been restrained here.....	12 (41%)

Q8.7 Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment?

Yes	18 (62%)
No.....	11 (38%)

Staff**Q9.1 Do you feel cared for by most staff here?**

Yes	16 (57%)
No.....	12 (43%)

Q9.2 Do most staff here treat you with respect?

Yes	23 (82%)
No.....	5 (18%)

Q9.3 If you had a problem, are there any staff here you could turn to for help?

Yes	20 (71%)
No.....	8 (29%)

Q9.4 Can you speak to a Barnardo's advocate when you need to?

Yes	19 (66%)
No.....	2 (7%)
Don't know.....	8 (28%)

Faith**Q10.1 What is your religion?**

No religion.....	18 (67%)
Christian (including Church of England, Catholic, and other branches of Christianity)	6 (22%)
Buddhist.....	0 (0%)
Hindu.....	0 (0%)
Jewish	0 (0%)
Muslim.....	3 (11%)
Sikh	0 (0%)
Other	0 (0%)

Q10.2 Are your religious beliefs respected here?

Yes	8 (29%)
No.....	1 (4%)
Don't know.....	1 (4%)
Not applicable (no religion).....	18 (64%)

Q10.3 Are you able to speak to a Chaplain of your faith in private, if you want to?

Yes	10 (34%)
No.....	0 (0%)
Don't know.....	1 (3%)
Not applicable (no religion).....	18 (62%)

Keeping in touch with family and friends

Q11.1	Has anyone here helped you to keep in touch with your family and friends?	
	Yes	20 (71%)
	No.....	8 (29%)
Q11.2	Are you able to use a phone every day (if you have credit)?	
	Yes	26 (93%)
	No.....	2 (7%)
Q11.3	How easy or difficult is it for your family and friends to get here?	
	Very easy	1 (4%)
	Quite easy.....	9 (32%)
	Quite difficult	9 (32%)
	Very difficult	6 (21%)
	Don't know.....	3 (11%)
Q11.4	How often do you have visits from family or friends?	
	More than once a week.....	4 (14%)
	About once a week.....	9 (32%)
	Less than once a week.....	7 (25%)
	Not applicable (haven't had any visits).....	8 (29%)

Education and training

Q12.1	Are you doing any of the following activities at the moment? (Please tick all that apply to you.)	
	Education.....	28 (100%)
	Training for a job (vocational training).....	1 (4%)
	Paid work.....	0 (0%)
	Interventions (e.g. offending behaviour programmes)	2 (7%)
	None of these	0 (0%)
Q12.2	Do staff encourage you to attend education, training or work?	
	Yes	25 (86%)
	No.....	4 (14%)
Q12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	
	Yes	21 (75%)
	No.....	7 (25%)

Preparing to move on

Q13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	
	Yes	19 (66%)
	No.....	4 (14%)
	Don't know.....	6 (21%)
Q13.2	Do you understand what you need to do to achieve your objectives or targets?	
	Yes	18 (64%)
	No.....	0 (0%)
	Don't know what my objectives or targets are.....	10 (36%)

Q13.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes	13 (48%)
	No.....	4 (15%)
	Don't know what my objectives or targets are.....	10 (37%)
Q13.4	Is anybody here helping you to prepare for when you leave?	
	Yes	13 (46%)
	No.....	15 (54%)
Q13.5	Have you had a say in what will happen to you when you leave here?	
	Yes	14 (52%)
	No.....	13 (48%)

Final question about this YOI

Q14.1	Do you think your experiences here have made you more or less likely to offend in the future?	
	More likely to offend.....	1 (4%)
	Less likely to offend.....	14 (54%)
	Made no difference	11 (42%)

HMYOI Parc 2018
Survey responses compared with those from other HMIP surveys of YOIs
and with those from the previous survey

In this table summary statistics from HMYOI Parc 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other Young Offender Institutions (5 establishments). Please note that we do not have comparable data for the new questions introduced in October 2018.
- Summary statistics from HMYOI Parc in 2018 are compared with those from HMYOI Parc in 2017. Please note that we do not have comparable data for the new questions introduced in October 2018.

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
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- Grey shading indicates that we have no valid data for this question

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

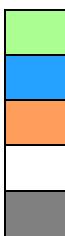
Number of completed questionnaires returned

n=number of valid responses to question (HMYOI Parc 2018)

HMYOI Parc Young Persons' Unit 2018	All other YOIs	HMYOI Parc Young Persons' Unit 2018	HMYOI Parc Young Persons' Unit 2017
31	516	31	39

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	n=30	0%
	Are you aged 18 or over?	n=30	3%
1.4	Are you from a minority ethnic group?	n=30	47%
1.5	Do you have any children?	n=28	7%
1.6	Are you from a traveller community?	n=29	14%
1.7	Have you ever been in local authority care?	n=30	57%
5.2	Do you have any health problems (including mental health problems)?	n=28	32%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=29	24% 19%
10.1	Are you Muslim?	n=27	11% 23%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	n=29	83%
For those who had been searched:			
2.1	Was this search done in a respectful way?	n=24	67%
2.2	Overall, were you treated well in reception/admission?	n=29	69%
2.3	When you first arrived, did you have any problems or worries?	n=30	73%
For those who had any problems when they first arrived:			
2.3	Did staff help you to deal with these problems or worries?	n=22	64%
2.4	Did you feel safe on your first night here?	n=30	83% 73%
2.5	In your first few days, were you told everything you needed to know about life here?	n=30	57%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	n=25	44%
3.2	Can you shower everyday?	n=31	94% 75%
3.3	Do you normally have enough clean, suitable clothes for the week?	n=31	90%
3.4	Do you have clean sheets every week?	n=30	80%
3.5	Can you get to your stored property if you need it?	n=30	47%
3.6	Is it normally quiet enough for you to relax or sleep at night?	n=30	67%

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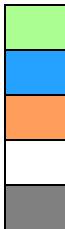
HMYOI Parc Young Persons' Unit 2018	All other YOs	HMYOI Parc Young Persons' Unit 2018	HMYOI Parc Young Persons' Unit 2017
31	516	31	39

Number of completed questionnaires returned

n=number of valid responses to question (HMYOI Parc 2018)

3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	n=28	82%	82%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	n=28	82%	82%
FOOD AND CANTEEN				
4.1	Is the food here very / quite good?	n=31	10%	10%
4.2	Do you get enough to eat at mealtimes always / most of the time?	n=30	23%	23%
4.3	Does the shop / canteen sell the things that you need?	n=29	41%	41%
HEALTH AND WELL-BEING				
5.1	Is it easy to see:			
	- Doctor?	n=29	62%	62%
	- Nurse?	n=29	86%	86%
	- Dentist?	n=30	57%	57%
	- Mental health worker?	n=30	57%	57%
5.2	Do you have any health problems (including mental health problems)?	n=28	32%	32%
<i>For those who have health problems:</i>				
5.3	Have you been helped with your health problems since you have been here?	n=10	60%	60%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=29	24%	24%
<i>For those who have a disability</i>				
5.5	Are you getting the support you need?	n=6	67%	67%
5.6	Did you have an alcohol problem when you came here?	n=29	0%	0%
5.7	Did you have a drug problem when you came here?	n=29	17%	52%
<i>For those who did have a drug or alcohol problem</i>				
5.8	Have you been helped with your drug or alcohol problem since you've been here?	n=5	80%	80%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	n=29	76%	76%
5.10	Do you go to the gym or play sports once a week or more?	n=30	73%	73%
COMPLAINTS				
6.1	Do you know how to make a complaint?	n=30	90%	90%
<i>For those who have made a complaint:</i>				
6.2	Were your complaints usually dealt with fairly?	n=16	25%	25%
	Were your complaints usually dealt with within 7 days?	n=16	25%	25%
6.3	Have you ever felt too scared to make a complaint?	n=22	14%	26%
SAFETY AND SECURITY				
7.1	Have you ever felt unsafe here?	n=29	35%	54%
7.2	Do you feel unsafe now?	n=28	7%	21%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	n=30	73%	49%
7.5	Have other young people here ever done any of the following to you?			
	- Verbal abuse?	n=25	28%	28%

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HMYOI Parc Young Persons' Unit 2018	All other YOIs	HMYOI Parc Young Persons' Unit 2018	HMYOI Parc Young Persons' Unit 2017
31	516	31	39

Number of completed questionnaires returned

n=number of valid responses to question (HMYOI Parc 2018)

	- Threats or intimidation?	n=25	20%	
	- Physical assault?	n=25	28%	
	- Sexual assault?	n=25	0%	
	- Being forced to assault another young person?	n=25	4%	
	- Theft of canteen or property?	n=25	8%	
	- Other bullying or victimisation?	n=25	8%	
	- Young people here have not done any of these things to me	n=25	56%	
7.6	If you were being bullied / victimised by other young people here, would you report it?	n=25	52%	
7.7	Have staff here ever done any of the following to you?			
	- Verbal abuse?	n=29	21%	
	- Threats or intimidation?	n=29	10%	
	- Physical assault?	n=29	0%	
	- Sexual assault?	n=29	0%	
	- Theft of canteen or property?	n=29	7%	
	- Other bullying / victimisation?	n=29	7%	
	- Staff here have not done any of these things to me	n=29	66%	
7.8	If you were being bullied / victimised by staff here, would you report it?	n=28	75%	
BEHAVIOUR MANAGEMENT				
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	n=29	31%	
8.2	Do you think the system of rewards or incentives is fair?	n=29	45%	
8.3	Do staff usually let you know when your behaviour is good?	n=29	48%	
8.4	If you get in trouble, do staff usually explain what you have done wrong?	n=27	59%	
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	n=29	59% 49%	
For those who have been restrained:				
8.6	Did a member of staff come and talk to you about it afterwards?	n=17	82%	
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	n=29	62%	
STAFF				
9.1	Do you feel cared for by most staff here?	n=28	57%	
9.2	Do most staff here treat you with respect?	n=28	82% 64%	
9.3	If you had a problem, are there any staff here you could turn to for help?	n=28	71%	
9.4	Can you speak to a Barnardo's advocate when you need to?	n=29	66% 35%	
FAITH				
10.1	Do you have a religion?	n=27	33% 65%	
For those who have a religion:				
10.2	Are your religious beliefs respected here?	n=10	80%	
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=11	91%	

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Number of completed questionnaires returned

31	516	31	39

n=number of valid responses to question (HMYOI Parc 2018)

KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	n=28	71%
11.2	Are you able to use a phone every day (if you have credit)?	n=28	93%
11.3	Is it quite / very easy for your family and friends to get here?	n=28	36%
11.4	Do you get visits from family or friends?	n=28	71%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	n=20	65%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	n=28	100%
	- Training for a job (vocational training)?	n=28	4%
	- Paid work?	n=28	0%
	- Interventions (e.g. offending behaviour programmes)?	n=28	7%
	- Not doing any of these activities	n=28	0%
12.2	Do staff encourage you to attend education, training or work?	n=29	86%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	n=28	75%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	n=29	66%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	n=18	100%
13.3	Are staff here supporting you to achieve your objectives or targets?	n=17	77%
13.4	Is anybody here helping you to prepare for when you leave?	n=28	46%
13.5	Have you had a say in what will happen to you when you leave here?	n=27	52%
FINAL QUESTIONS ABOUT THIS YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	n=26	54%

HMYOI Parc 2018

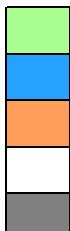
Survey responses compared with those from other HMIP surveys of YOIs and with those from the previous survey

In this table the following analyses are presented:

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

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

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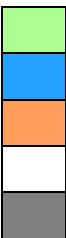
* less than 1% probability that the difference is due to chance

Black and minority ethnic	White
14	16

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION	
1.2	Are you under 15 years of age?
	0% 0%
	Are you aged 18 or over?
	0% 6%
1.4	Are you from a minority ethnic group?
1.5	Do you have any children?
	0% 13%
1.6	Are you from a traveller community?
	7% 20%
1.7	Have you ever been in local authority care?
	36% 73%
5.2	Do you have any health problems (including mental health problems)?
	36% 31%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.
	14% 36%
10.1	Are you Muslim?
	23% 0%
ARRIVAL AND INDUCTION	
2.1	Were you searched in reception/admissions?
	86% 79%
<i>For those who had been searched:</i>	
2.1	Was this search done in a respectful way?
	50% 82%
2.2	Overall, were you treated well in reception/admission?
	57% 79%
2.3	When you first arrived, did you have any problems or worries?
	50% 93%
<i>For those who had any problems when they first arrived:</i>	
2.3	Did staff help you to deal with these problems or worries?
	29% 86%
2.4	Did you feel safe on your first night here?
	93% 80%
2.5	In your first few days, were you told everything you needed to know about life here?
	50% 67%
LIVING CONDITIONS	
3.1	Is the temperature of your room or cell about right?
	39% 55%
3.2	Can you shower everyday?
	86% 100%
3.3	Do you normally have enough clean, suitable clothes for the week?
	93% 88%
3.4	Do you have clean sheets every week?
	71% 93%
3.5	Can you get to your stored property if you need it?
	57% 40%
3.6	Is it normally quiet enough for you to relax or sleep at night?
	71% 67%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?
	92% 71%

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Black and minority ethnic	White
14	16

Number of completed questionnaires returned

3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	92%	71%
FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	0%	19%
4.2	Do you get enough to eat at mealtimes always / most of the time?	14%	33%
4.3	Does the shop / canteen sell the things that you need?	23%	60%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	43%	79%
	- Nurse?	86%	86%
	- Dentist?	50%	60%
	- Mental health worker?	50%	60%
5.2	Do you have any health problems (including mental health problems)?	36%	31%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	40%	80%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	14%	36%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	0%	100%
5.6	Did you have an alcohol problem when you came here?	0%	0%
5.7	Did you have a drug problem when you came here?	0%	29%
<i>For those who did have a drug or alcohol problem</i>			
5.8	Have you been helped with your drug or alcohol problem since you've been here?		100%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	86%	71%
5.10	Do you go to the gym or play sports once a week or more?	79%	67%
COMPLAINTS			
6.1	Do you know how to make a complaint?	93%	87%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	22%	33%
	Were your complaints usually dealt with within 7 days?	22%	33%
6.3	Have you ever felt too scared to make a complaint?	10%	18%
SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	7%	57%
7.2	Do you feel unsafe now?	7%	8%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	71%	80%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	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
14	16

7.5	- Threats or intimidation?	0%	36%
	- Physical assault?	10%	43%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	0%	7%
	- Theft of canteen or property?	0%	14%
	- Other bullying or victimisation?	0%	14%
	- Young people here have not done any of these things to me	60%	50%
7.6	If you were being bullied / victimised by other young people here, would you report it?	25%	75%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	31%	13%
	- Threats or intimidation?	15%	7%
	- Physical assault?	0%	0%
	- Sexual assault?	0%	0%
	- Theft of canteen or property?	15%	0%
	- Other bullying / victimisation?	0%	7%
	- Staff here have not done any of these things to me	62%	73%
7.8	If you were being bullied / victimised by staff here, would you report it?	57%	92%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	7%	57%
8.2	Do you think the system of rewards or incentives is fair?	21%	71%
8.3	Do staff usually let you know when your behaviour is good?	43%	57%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	43%	83%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	71%	50%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	80%	86%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	79%	43%
STAFF			
9.1	Do you feel cared for by most staff here?	39%	79%
9.2	Do most staff here treat you with respect?	77%	93%
9.3	If you had a problem, are there any staff here you could turn to for help?	71%	77%
9.4	Can you speak to a Barnardo's advocate when you need to?	64%	64%
FAITH			
10.1	Do you have a religion?	46%	21%
<i>For those who have a religion:</i>			

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

	Black and minority ethnic	White
	14	16

10.2	Are your religious beliefs respected here?	71%	100%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	86%	100%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	77%	71%
11.2	Are you able to use a phone every day (if you have credit)?	100%	93%
11.3	Is it quite / very easy for your family and friends to get here?	23%	50%
11.4	Do you get visits from family or friends?	77%	71%
For those who do get visits:			
11.4	Do you get visits from family or friends once a week or more?	50%	80%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	100%	100%
	- Training for a job (vocational training)?	0%	7%
	- Paid work?	0%	0%
	- Interventions (e.g. offending behaviour programmes)?	8%	7%
	- Not doing any of these activities	0%	0%
12.2	Do staff encourage you to attend education, training or work?	85%	93%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	58%	87%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	46%	87%
For those who do have a plan:			
13.2	Do you understand what you need to do to achieve your objectives or targets?	100%	100%
13.3	Are staff here supporting you to achieve your objectives or targets?	83%	73%
13.4	Is anybody here helping you to prepare for when you leave?	23%	71%
13.5	Have you had a say in what will happen to you when you leave here?	39%	69%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	25%	85%

HMYOI Parc 2018
Survey responses compared with those from other HMIP surveys of YOIs
and with those from the previous survey

In this table the following analyses are presented:

- responses of children who had been in local authority care are compared with responses of those who had not been in local authority care

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

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

	Have been in local authority care	Have not been in local authority care
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	17	13

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	6%	0%
1.4	Are you from a minority ethnic group?	31%	69%
1.5	Do you have any children?	7%	8%
1.6	Are you from a traveller community?	13%	15%
1.7	Have you ever been in local authority care?		
5.2	Do you have any health problems (including mental health problems)?	40%	23%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	23%
10.1	Are you Muslim?	14%	8%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	81%	85%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	77%	55%
2.2	Overall, were you treated well in reception/admission?	81%	54%
2.3	When you first arrived, did you have any problems or worries?	82%	62%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	71%	50%
2.4	Did you feel safe on your first night here?	88%	77%
2.5	In your first few days, were you told everything you needed to know about life here?	75%	31%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	39%	50%
3.2	Can you shower everyday?	100%	85%
3.3	Do you normally have enough clean, suitable clothes for the week?	94%	85%
3.4	Do you have clean sheets every week?	75%	85%
3.5	Can you get to your stored property if you need it?	50%	46%
3.6	Is it normally quiet enough for you to relax or sleep at night?	56%	77%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	88%	75%

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

	Green shading shows results that are significantly more positive than the comparator		Have been in local authority care
	Blue shading shows results that are significantly more negative than the comparator		Have not been in local authority care
	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

17	13
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3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	88%	75%
FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	12%	8%
4.2	Do you get enough to eat at mealtimes always / most of the time?	31%	15%
4.3	Does the shop / canteen sell the things that you need?	40%	39%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	67%	54%
	- Nurse?	88%	83%
	- Dentist?	53%	58%
	- Mental health worker?	59%	50%
5.2	Do you have any health problems (including mental health problems)?	40%	23%
For those who have health problems:			
5.3	Have you been helped with your health problems since you have been here?	71%	33%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	23%
For those who have a disability			
5.5	Are you getting the support you need?	100%	33%
5.6	Did you have an alcohol problem when you came here?	0%	0%
5.7	Did you have a drug problem when you came here?	25%	8%
For those who did have a drug or alcohol problem			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	75%	100%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	81%	69%
5.10	Do you go to the gym or play sports once a week or more?	75%	77%
COMPLAINTS			
6.1	Do you know how to make a complaint?	81%	100%
For those who have made a complaint:			
6.2	Were your complaints usually dealt with fairly?	43%	13%
	Were your complaints usually dealt with within 7 days?	29%	25%
6.3	Have you ever felt too scared to make a complaint?	8%	20%
SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	38%	31%
7.2	Do you feel unsafe now?	0%	15%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	88%	54%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	31%	22%
	- Threats or intimidation?	19%	22%

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

	Green shading shows results that are significantly more positive than the comparator		Have been in local authority care	
	Blue shading shows results that are significantly more negative than the comparator		Have not been in local authority care	
	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		17	13	

7.6	- Physical assault?	31%	22%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	0%	11%
	- Theft of canteen or property?	6%	11%
	- Other bullying or victimisation?	13%	0%
	- Young people here have not done any of these things to me	50%	67%
	If you were being bullied / victimised by other young people here, would you report it?	67%	30%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	19%	25%
	- Threats or intimidation?	13%	8%
	- Physical assault?	0%	0%
	- Sexual assault?	0%	0%
	- Theft of canteen or property?	0%	17%
	- Other bullying / victimisation?	13%	0%
	- Staff here have not done any of these things to me	63%	67%
	If you were being bullied / victimised by staff here, would you report it?	75%	75%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	44%	8%
8.2	Do you think the system of rewards or incentives is fair?	53%	31%
8.3	Do staff usually let you know when your behaviour is good?	53%	39%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	71%	46%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	56%	62%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	78%	88%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	56%	69%
STAFF			
9.1	Do you feel cared for by most staff here?	63%	50%
9.2	Do most staff here treat you with respect?	81%	83%
9.3	If you had a problem, are there any staff here you could turn to for help?	75%	67%
9.4	Can you speak to a Barnardo's advocate when you need to?	63%	69%
FAITH			
10.1	Do you have a religion?	36%	31%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	83%	75%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	100%	75%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			

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

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	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 been in local authority care	Have not been in local authority care
Number of completed questionnaires returned		17	13

11.1	Has anyone here helped you to keep in touch with your family / friends?	75%	67%
11.2	Are you able to use a phone every day (if you have credit)?	88%	100%
11.3	Is it quite / very easy for your family and friends to get here?	31%	42%
11.4	Do you get visits from family or friends?	69%	75%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	55%	78%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	100%	100%
	- Training for a job (vocational training)?	6%	0%
	- Paid work?	0%	0%
	- Interventions (e.g. offending behaviour programmes)?	6%	8%
	- Not doing any of these activities	0%	0%
12.2	Do staff encourage you to attend education, training or work?	81%	92%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	73%	75%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	69%	58%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	100%	100%
13.3	Are staff here supporting you to achieve your objectives or targets?	82%	67%
13.4	Is anybody here helping you to prepare for when you leave?	53%	33%
13.5	Have you had a say in what will happen to you when you leave here?	53%	50%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	67%	36%