

Report on an unannounced inspection of

HMYOI Parc

by HM Chief Inspector of Prisons

11 – 22 November 2019

This inspection was carried out in partnership with:



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 children's unit within the same site, but separated from, the large category B men's training prison of the same name situated just outside Bridgend in South Wales. At the time of this inspection it held 39 children, and had capacity to hold around 60. The establishment, in common with other young offender institutions (YOIs), is inspected more frequently than most prisons, and was last inspected in October 2018.

This was a very positive inspection. The grades awarded were the same as at the last inspection, but that does not mean that this was an establishment that was either failing to make further progress or was 'resting on its laurels'. We found that it was reasonably good in our tests of safety and resettlement, and good, our highest grade, in care and purposeful activity. To maintain these high standards in the challenging environment of children's detention reflected very well on the leadership and on the teamwork and hard work of all who were responsible for achieving these results.

In terms of safety, there is clear potential for the grade to improve to good in the future. The processes to support such an improvement were in place, but at the moment the levels of violence were still too high for this to happen.

Coming into custody, particularly if it is for the first time, can obviously be an unsettling and very disturbing time for a child. It was good to see that considerable attention had been paid to this at Parc. For instance, information about new arrivals was received in advance, enabling staff to prepare. Moreover, whenever possible, when a child arrived he would be met by his allocated key worker, so that there was a degree of continuity and consistency during the journey into custody. It was notable that the overwhelming majority of children told us, in our survey, that they felt safe during their first night at Parc.

The positive relationships between staff and children underpinned much of what had been achieved at this establishment. We saw many good examples of positive interactions between staff and children, and this was particularly noticeable in the education sessions. I was particularly pleased to see that all meals were taken communally, which marked a complete reversal of the situation I have seen at some other comparable establishments where this hardly ever, if ever, happens. It was a pity that the food itself was very poorly regarded by the children, and in our view was simply not good enough.

Not only were communal meals a very positive aspect of life at Parc, but the daily regime for the children was also in stark contrast to what we have seen elsewhere. During our roll checks, taken during the school day, we found that all of the children were out of their cells. When this fact was combined with the extremely positive findings of our colleagues from Estyn about the quality and delivery of education, it was inevitable that our grade for purposeful activity would remain as good.

The children at Parc were drawn from a very wide catchment area, with less than half coming from Wales. As such, there were bound to be challenges in providing effective resettlement, and we felt that more needed to be done to refocus the strategic direction and management of this work. This therefore became one of our four key concerns arising from this inspection. There is obviously a balance between what an individual prison can achieve in this respect, and those issues for which it is dependent upon the efforts of other partners and agencies. Experience tells us that resettlement needs consistent and persistent work to achieve results, and it was reassuring to see that Parc was putting pressure on partners in the community to provide for the resettlement needs of children on their release.

Despite the overwhelmingly positive findings of this inspection, we had concerns, such as the fact that for some children there were still delays in enabling them to make phone calls during their first few days in the prison. There were also poorer perceptions of the fairness of the incentives and earned privileges scheme from black and minority ethnic children, and the reasons for these perceptions

needed to be understood. There was also a concern that child and adolescent mental health services were not delivering treatment and interventions in line with national standards.

However, these concerns should not be allowed to overshadow the work that was delivering good outcomes for the children being held at Parc. We found many examples of good practice that are set out in section 5 of this report, some of which have been mentioned above, but which in addition include the management and support for victims and perpetrators of violence, the help given to children to stay in contact with their families, the presence of dedicated nurses on the children's unit and the help given to children to work towards achieving their sentence targets.

Overall, Parc is easily the best performing YOI in England and Wales. It has the advantage of being smaller in size than some of its comparators, but that should not be used by others as an excuse for not taking full and proper notice of what has been achieved. In recent times we have had to publish some troubling findings from our inspections at other YOIs. I would suggest that there is much to learn from Parc, and that practitioners and others involved in the development of policy and delivery of operations in children's custody should pay close attention to this report.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

November 2019

Fact page

Task of the establishment

Children's unit within a category B training prison with capacity for up to 64 remanded and convicted young people

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection: 39

Baseline certified normal capacity: 64

In-use certified normal capacity: 64

Operational capacity: 60

Notable features from this inspection

60% of children had involvement with children's social care.

46% of the population were of black and minority ethnic background.

30% of children were Welsh.

62% of children were over 50 miles from home and half of these were more than 100 miles from home.

Most children received more than 10 hours out of cell a day.

Establishment status

Private G4S

Region/Department

Wales

Date of last full inspection

October 2018

Brief history

The children's unit in HMP & YOI Parc opened in March 2002 as a 28-cell facility for remanded children aged 15 to 18. In October 2004, it expanded to house 36 children aged 15 to 18, both remand and sentenced, with a further expansion in February 2007 to 64 children. 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 children's unit at HMP&YOI Parc is located in the main establishment and consists of two separate accommodation units. Echo One has an operational capacity of 24 with cells split over two separate levels. The unit consists of 16 single and six double cells. The living

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

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 Wallsgrove

Escort contractor

GeoAmey

Health service commissioner and providers

G4S Health Services UK

Learning and skills providers

G4S

Independent Monitoring Board chair

Brian Thomas

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, particularly the most vulnerable, are held safely.

Care Children are cared for, their needs are met and they are treated with respect for their human dignity.

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

Resettlement Children 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 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 are good against this healthy prison test.**
There is no evidence that outcomes for children are being adversely affected in any significant areas.
- **Outcomes for children are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for children 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 are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for children 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 are poor against this healthy prison test.**
There is evidence that the outcomes for children are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for children. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **key concerns and recommendations:** identify the issues of most importance to improving outcomes for children and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of children
 - **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.
- A6 Five key sources of evidence are used by inspectors: observation; surveys of children; discussions with children; 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 All of our inspections are unannounced, other than in exceptional circumstances, and follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Estyn or Ofsted (England), the General Pharmaceutical Council (GPhC) and occasionally HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

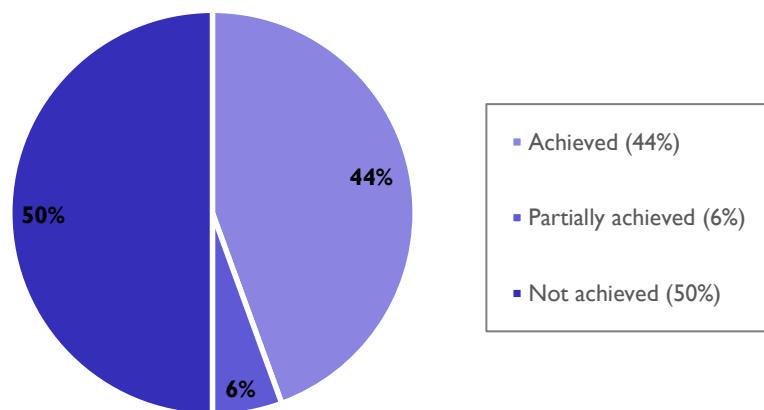
- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of children and young people 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 the appendices.
- A11 Findings from the survey of children and a detailed description of the survey methodology can be found in the appendices 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

- S1 We last inspected HMYOI Parc in 2018 and made 18 recommendations overall. The prison fully accepted 10 of the recommendations and partially (or subject to resources) accepted four. It rejected four of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved eight of those recommendations, partially achieved one recommendation and not achieved nine recommendations.

Figure 1: HMYOI Parc’s progress on recommendations from last inspection (n=18)



- S3 Since our last inspection outcomes for children stayed the same in all healthy prison areas. Outcomes were reasonably good in safety and resettlement, and good in care and purposeful activity.

Figure 2: HMYOI Parc healthy prison outcomes 2018 and 2019³



³ Please note that the criteria assessed under each healthy prison area were amended in November 2018. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 Reception processes were swift and the induction had improved since the previous inspection. Child protection arrangements were well embedded. Care for children at risk of self-harm was good but monitoring was too predictable. Levels of violence had reduced but were still high. Challenge, support and intervention plans were used effectively to address bullying and violence and support victims. The incentives scheme was motivational and good relationships between staff and children supported effective behaviour management. Use of force remained high and governance was good. Separation was only used for very short periods and oversight had improved. **Outcomes for children were reasonably good against this healthy prison test.**

S5 At the last inspection in October 2018, we found that outcomes for children in HMYOI Parc were reasonably good against this healthy prison test. We made eight recommendations about safety. At this follow-up inspection we found that three of the recommendations had been achieved and five had not been achieved.

S6 Children were treated well when they arrived, new admissions were always planned and staff received relevant background information in advance which enabled them to prepare. On arrival at the prison, children were taken to the unit without delay and had no contact with adult prisoners. Where possible, first contact was made by the allocated key worker, the unit nurse and regular induction officer, all of whom helped to provide continuity. Initial interviews were not rushed, were focused on safety and carried out in private. In our survey, 82% of children said they felt safe on their first night at Parc.

S7 Following consultation with children, the induction programme had been shortened and additional activities had been introduced to reduce the time children spent locked up. Good written material was provided about how the unit was run and children's rights. However, delays in allowing children who were potentially of restricted status to make direct telephone calls remained a problem.

S8 The daily multidisciplinary unit meeting continued to be a useful forum for staff to share and discuss emerging information about safeguarding issues. The child protection procedures were well embedded and worked well. When needed, the unit-based advocates supported children to raise issues. There was close involvement with children's services and the police. Records that we reviewed indicated that good quality assessments were carried out and reasoned decisions taken, including formal apologies and advice and guidance to staff where necessary.

S9 Over the previous six months there had been 23 incidents of self-harm compared to seven at the previous inspection. A significant proportion of these incidents involved one child. Most of these incidents involved cutting or scratching and there had been no serious incidents of self-harm in the last 12 months. During the previous six months, 41 ACCT⁴ documents had been opened compared to 28 at the previous inspection. Two children were on open ACCTs at the time of the inspection. They and others we spoke to who had recently been subject to an ACCT were very positive about the care they had received from unit and nursing staff. There were some good quality entries in ACCT documents but in one case we found that checks were predictable and were told that some observations had been carried out using CCTV.

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

- S10 The incentives and earned privileges scheme (IEP) remained motivational. It was understood by staff and children and managed very well. Children on the highest level of the IEP scheme (platinum) were given extended time out of cells at both ends of the day, which was positive. The number of adjudications had reduced marginally since our last inspection and most charges were appropriate. However, adjudicators needed to demonstrate and record deeper investigation of the evidence relating to charges.
- S11 Levels of violence had reduced since the previous inspection but remained high. The number of serious assaults on staff and children remained very low. Records of violence data were comprehensive and there was a robust strategy, although this information was not used to inform a plan to reduce violence further. Plans to support victims and challenge perpetrators of violence were well embedded and operating well. Regular reviews took place and targets for children were appropriate, personal and focused on reintegration.
- S12 The level of use of force had reduced marginally but remained higher than at other young offender institutions (YOIs). Management oversight of use of force was impressive and there was no backlog of missing or incomplete documentation. All children and staff were debriefed by trained managing and minimising physical restraint (MMPR) coordinators following a use of force incident. In our private interviews, children from a black and minority ethnic background had more negative perceptions of use of force, which had not been addressed.
- S13 The prison had worked hard to address our previous concerns about record keeping for children who were separated from others or removed from normal location. As a result, records had improved significantly. Separation was rare and for short periods. The average period of separation was one day and the longest period in the last six months was four days. This was far better than we see at other YOIs.

Care

S14 *Children were positive about staff and we observed good, caring interactions throughout the inspection. These good relationships supported outcomes in all areas of life at Parc. The standard of accommodation was generally good and the complaints and application systems worked well. Children were able to eat all their meals together, but the quality of food required improvement. Equality and diversity work generally met individual needs. Faith provision remained good. Health care services remained generally good but there were deficiencies in the CAMHS service.*
Outcomes for children were good against this healthy prison test.

S15 *At the last inspection in October 2018 we found that outcomes for children in HMYOI Parc were good against this healthy prison test. We made three recommendations about respect.⁵ At this follow-up inspection we found that two of the recommendations had been achieved and one had not been achieved.*

S16 Relationships between staff and children were good and supported outcomes across all four tests. All children in our one-to-one interviews felt cared for by at least one member of staff and were particularly complimentary about staff in education. In our survey, children were more likely to say that staff supported, helped or encouraged them than in other YOIs. Our observations supported this view; staff were patient with children and appropriately focused on meeting their needs.

⁵ In our previous version of *Expectations* for children, this healthy prison test was called 'Respect'.

- S17 External and communal areas were clean, well maintained and free of graffiti. Cells were in a good state of repair and well furnished. However, double cells were too small to accommodate furniture and storage areas for two children. Staff noticed when cells were dirty and encouraged children to clean them. Access to showers, cleaning materials and laundry facilities was much better than we usually see.
- S18 Managers had tried to improve the quality of the food and children on the catering pathway cooked for the unit twice during the week. Children on the higher level of the incentives scheme could cook for themselves at some weekends. Despite this, children continued to have poor perceptions about the quality and quantity of the food, which were justifiable. Children could eat all their meals together which was positive. The arrangements for buying items had improved since the previous inspection and children were positive about the range of goods sold.
- S19 The monthly community forum operated well and children's feedback resulted in change. Most issues were dealt with informally by unit staff which was good. Formal applications and complaints were well managed.
- S20 There was a good, recently updated, equality policy which was well tailored to the circumstances of children coming into and living on the unit. A young person's equality team included managers on the children's unit and those working on equality on the adult site, but there was a lack of clarity about respective roles and responsibilities and joint working was limited. Five discrimination incident report forms had been submitted in the previous six months which had been dealt with appropriately.
- S21 In one-to-one interviews children spoke of discriminatory treatment by staff in relation to the incentives and earned privileges scheme. Monitoring of outcomes by ethnicity had been carried out but had not addressed these perceptions. Monitoring across other protected characteristics was more limited. A dedicated equality and engagement officer had taken a creative approach to promoting equality and was ensuring that activities in the unit promoted diversity. A case management approach was taken to the protected characteristic needs of children, which was appropriate. Faith provision was generally good and children were able to attend services and prayers and speak to chaplains if they wished.
- S22 Health services remained child focused and delivered an excellent service with the exception of child and adolescent mental health services (CAMHS) and substance misuse services. Two skilled nurses delivered primary physical and mental health care and access to care was prompt. Access to primary care clinics such as the dentist and GP were good. Comprehensive child health assessments were undertaken at reception and induction and appropriate referrals were made. Service deficits had developed in the children's psychosocial substance misuse services which had not been staffed for the previous five months. This had limited access to required interventions. CAMHS services had deteriorated because of a lack of clinical psychology provision, deficits in nursing assessments and clinical record keeping. With the exception of substance misuse, integrated health planning was in place for children being released.

Purposeful activity

- S23 *Time out of cell remained far better than at other YOIs and during our roll checks all children were out of their cells. The library facilities and access were reasonably good and PE provision was excellent. Achievement rates had improved from the high levels seen at our last inspection. Children with additional needs and those from a black and minority ethnic background progressed at the same rate as other learners. Nearly all children attended education regularly and developed good*

*attitudes to learning. Teaching was very good; teachers had high expectations of children, differentiated well to meet need and planned lessons effectively. Managers delivered an appropriate curriculum and provided children with the support they needed to progress. **Outcomes for children were good against this healthy prison test.***

- S24 *At the last inspection in October 2018, we found that outcomes for children in HMYOI Parc were good against this healthy prison test. We made one recommendation about purposeful activity. At this follow-up inspection we found that this recommendation had not been achieved.*
- S25 Time out of cell continued to meet our expectations for the majority of children. In our roll checks 97% of children were in education and no children were locked up during the school day which was far better than at other YOIs. Movement to education was prompt with hardly any slippage in the regime. On weekdays children were unlocked for an average of 10 hours and at weekends approximately seven hours.
- S26 All children had satisfactory access to a library, which contained a sufficient range of age-appropriate books, including Welsh language books, accessible materials, foreign language books and graphic novels. The library was staffed for three half days a week and unit staff were able to sign out books for children. Children also had good access to the gym and benefited from high quality physical education and fitness training facilities.
- S27 The standards that children had achieved had improved since the previous inspection. Nearly all children were working at least one level above their level for literacy and numeracy on admission. Children with additional learning needs and from different ethnic backgrounds performed at a similar rate to other learners. Most children achieved several appropriate qualifications during their sentence and a few completed qualifications which took more time such as GCSEs and AS levels. Children acquired new skills which would be of use on release, such as ICT, budgeting and money management, carpentry and how to stay healthy and fit. Learners were articulate and able to explain concepts to teachers and classmates. Most children had achieved a basic awareness of the Welsh language.
- S28 Nearly all children attended education regularly and enjoyed their classes, particularly the more practical lessons such as carpentry, cookery and PE. Most children felt safe in the learning environment and had particularly good relationships with their teachers. Children concentrated well most of the time. We observed children cooperating well with each other in lessons and helping each other with their work.
- S29 Teachers took very good account of children's initial assessments, interests and dispositions when planning their sessions to ensure there was effective differentiation and challenge in the work. Teachers had appropriately high expectations of children's learning and behaviour and used a very good range of activities and materials, including bilingual materials, to support children's learning effectively. Teachers provided clear and useful verbal and written feedback to help children improve their work. They used individual learning plans and education plans well to track children's progress effectively. The curriculum was well planned and well balanced with a core curriculum, which included essential skills in English and mathematics.
- S30 There were effective induction arrangements to ensure that children were placed on an appropriate learning pathway, including baseline assessments in English and mathematics. Managers had recently worked with Careers Wales to provide Welsh children with impartial information about employment opportunities at the end of their sentence. Teachers monitored children's progress effectively.
- S31 A strong management team had increased in number and effectiveness since the last inspection. Managers and staff had an appropriate vision and high aspirations for the children.

The education unit had again exceeded the performance indicators set in its contract. Managers had undertaken a thorough, comprehensive and honest self-evaluation and quality development plan which analysed evidence and set out clear plans for improvement. Managers continued to develop good community partnerships to widen the educational and sporting opportunities available to the children. Managers took into account the views of learners and introduced changes in response.

Resettlement

- S32** *Support for children to maintain contact with their family and friends was very good. There had been gaps in the management of resettlement over the previous year which had led to drift in some provision. The needs engagement and wellbeing team held low caseloads and had frequent meaningful contact with children. Planning meetings were well attended and supported by residential staff. Prison staff were beginning to challenge community partners to improve resettlement outcomes for children. Public protection arrangements were reasonable. Despite the best efforts of staff, there were cases where accommodation was not confirmed early enough to enable education and health care needs to be met. **Outcomes for children were reasonably good against this healthy prison test.***
- S33 *At the last inspection in October 2018, we found that outcomes for children in HMYOI Parc were reasonably good against this healthy prison test. We made six recommendations about resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, one had been partially achieved and two had not been achieved.*
- S34 Support for children to help them maintain contact with their families and friends remained very good. Family days were well used and the number of family days had increased since the previous inspection. In our survey, all children said that they were able to access a telephone each day. Families travelling long distances were well supported by the prison to access visits. Other methods of contact were also available such as Skype, email a prisoner and voicemail services.
- S35 Strategic management and oversight of resettlement work had drifted since the previous inspection. Resettlement meetings were sometimes poorly attended and recommendations from the needs analysis were not driving the resettlement strategy. Early release and home detention curfew processes were managed effectively. Planning for children to transition to adult prisons was reasonable, but worse for children on remand. Fewer children used release on temporary license (ROTL) than at the previous inspection. However, ROTL was used for resettlement purposes for the small number able to access it. There were deficiencies in some of the services children needed before they were released, particularly substance misuse.
- S36 The needs, engagement and well-being team case workers were conscientious and experienced. They held low caseloads and their contact with children was frequent and meaningful. They knew the children they were supporting very well. Case records on the Youth Justice Application Framework reflected this and were excellent.
- S37 More than two-thirds of children in our survey knew they had a sentence plan and 85% of these understood what they had to do to achieve their targets. Most children were positive about the support they received from staff to achieve their targets. Children had timely sentence and remand planning reviews and good access to their case worker between reviews. Residential staff attended most review meetings, which was positive. Communication between case workers, youth offending teams (YOTs), social workers and

parents was generally productive. Case workers were beginning to challenge community partners more assertively to advocate on behalf of children's resettlement needs.

- S38 There were gaps in management oversight and some case workers were unclear about internal escalation processes. Plans to ensure that the educational progress made by children continued in the community were not always robust. Although risk of harm was discussed at review meetings, this was not always transferred on to release plans for children to reflect risk of harm in the community.
- S39 Processes on arrival to identify public protection risks were adequate. Arrangements for monitoring communications and restricting contact with children were managed appropriately. Case workers worked effectively with YOTs to support multi-agency public protection arrangements (MAPPAs), although some members of the team did not fully understand public protection procedures. There was a lack of management oversight of assessment and sentence planning in high-risk cases.
- S40 The number of children with current or previous involvement with children's social care remained high. Support from local authorities varied, although the senior social worker ensured that children with looked-after status generally received their entitlements.
- S41 Release plans were good and identified children's individual needs. When there was a concern that children's needs had not been met before release, case workers sought assistance within the prison, although they were unsure of methods of escalation. On the day of release, case workers ensured that children were always met at the gate by a suitable adult.
- S42 No children had been released in the previous six months without an address, although on four occasions accommodation had been arranged far too close to the release date. This prevented effective reintegration into the community. Budgeting and money advice was incorporated into education provision and all children received it. There was not enough evidence that children had good, sustainable education or activity on release. Careers advice was only available to children from Wales who formed a minority of the population. Case workers delivered a good range of non-accredited interventions to children, and most children had at least one intervention during their time at Parc. The forum for planning and sequencing interventions for children no longer met.

Key concerns and recommendations

- S43 Key concern: Despite efforts to resolve the problem, there were still delays in permitting children who were potentially of restricted status to make direct telephone calls during their first few days.

Recommendation: HMPPS should ensure that all children at Parc can make direct phone calls on their first day in custody.

- S44 Key concern: At the time of the inspection, no black, Asian and minority ethnic children were on platinum (the highest level of the incentives and earned privileges scheme). In our private interviews, children reported experiencing and/or witnessing discriminatory treatment by staff towards black and minority ethnic children in relation to incentives and behaviour management. Prison records about the IEP scheme did not include monitoring of ethnicity and IEP levels and managers were unable to explain these concerns.

Recommendation: Data should be scrutinised thoroughly to ensure that behaviour management processes are not discriminatory.

S45 Key concern: Child and adolescent mental health services did not deliver a suitable range of assessments, treatment and interventions for children at Parc. Psychology based interventions were no longer delivered, there was no speech and language therapist and no evidence of structured talking therapies which was an obvious need for the population.

Recommendation: Child and adolescent mental health services should deliver a suitable range of assessments, treatment and interventions for children in line with national standards.

S46 Key concern: Strategic management and oversight of resettlement work had drifted since the previous inspection. Not all resettlement meetings had taken place as scheduled, and some were poorly attended. Some case workers were unclear about internal escalation procedures, case workers did not have supervision, and quality assurance of assessments was not always completed by a senior manager.

Recommendation: Leaders and managers should provide effective oversight of the delivery of resettlement work to ensure that assessments are robust, children's needs are met and there are clear escalation routes for concerns.

Section 1. Safety

Early days in custody

Expected outcomes:

Children transferring to and from custody are safe and treated decently. On arrival children are safe and treated with respect. Their individual needs are identified and addressed, and they feel supported on their first night. Induction is comprehensive.

- I.1 On average, there were 10 new admissions to the unit each month and almost all children were admitted during the core day. Over the previous year two children had arrived in the evening, and we were told that there were always enough staff to manage late arrivals. In our survey, 84% of children said they were treated well in reception and this finding was reflected in our interviews with children. New admissions were always planned and staff received relevant background information in advance.
- I.2 Children were met by a member of staff from the children's unit on arrival and taken to the unit without delay. Care was taken to ensure that they had no contact with adult prisoners. Where possible, first contact was made by the allocated key worker, the unit nurse and induction officer, all of whom helped to provide continuity.
- I.3 Initial interviews were carried out in private and conducted at the child's own pace. There was an appropriate focus on safety, health and welfare in these discussions.
- I.4 The cells used by children on their first night were clean, free of graffiti and adequately equipped. In our survey, 82% of children said they felt safe on their first night.
- I.5 Following consultation with children, the induction programme had been shortened from five to three days and additional activities had been introduced to reduce the time that children spent locked up. Useful written material reflecting children's views was provided about how the unit was run, with a strong emphasis on children's rights.
- I.6 Despite efforts to resolve the problem, there were still delays in permitting children who were potentially of restricted status to make direct telephone calls during their first few days (see key concern and recommendation S43).

Good practice

- I.7 *A well-planned induction ensured that new arrivals spent long periods out of their cell.*

Safeguarding of children

Expected outcomes:

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

- I.8 Safeguarding procedures for children remained sound. The unit based social worker was very experienced. He had a positive working relationship with colleagues in the community and provided an effective link between the unit and community agencies when advice or guidance on safeguarding was required.

- I.9** The daily multidisciplinary unit meeting remained a useful forum for staff to share information about safeguarding and to discuss emerging issues.
- I.10** Relationships between staff and children were positive which helped to foster a culture of trust (see paragraph 2.1). This was reflected in positive survey results and interviews that we carried out with children. Children's rights were promoted by the Barnardo's advocates.
- I.11** Child protection allegations by children or a responsible adult were passed to the local authority for consultation or external investigation. During the previous six months, 12 referrals had been made compared to four at the previous inspection. The Barnardo's advocates, who maintained a high profile in the unit, played a useful role both in helping children to raise issues and supporting them through any investigation. Most of the allegations related to restraint or complaints about staff and were dealt with to a professional standard.
- I.12** The unit had close links with the local authority and the police, who responded promptly and effectively to child protection referrals (see paragraph 1.8). Records that we reviewed indicated that evidence was considered thoroughly, good quality assessments were carried out and decisions were reasoned and balanced. In one case a child had received a formal apology and in another a member of staff had been given advice.

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 at risk of self-harm and suicide 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.13** The level of self-harm had increased since the previous inspection, but a significant proportion related to one child. During the previous six months there had been 23 incidents of self-harm compared to seven at the previous inspection. Most of the incidents involved children scratching or cutting themselves and none of the incidents was life threatening. Over the same period the number of ACCT⁶ documents opened had increased to 41 compared to 28 previously.
- I.14** At the time of the inspection, two children were on open ACCTs. They and other children we spoke to who had recently been on ACCTs were very positive about the care they had received from unit and nursing staff.
- I.15** The quality of ACCT documentation was sound and the daily notes contained good quality entries. However, in one case records indicated that overnight checks had been carried out at predictable intervals and some observations had been carried out remotely, using CCTV. Both these practices created unnecessary risks.
- I.16** Data on self-harm were reviewed at the monthly safeguarding meeting held on the main site. Individual cases were examined in more detail at monthly safeguarding meetings on the children's unit attended by case workers and health care staff.

⁶ Assessment, care in custody and teamwork case management of children at risk of suicide or self-harm.

Recommendations

- I.17** Observational checks on children should not be carried out at predictable intervals.
- I.18** CCTV monitoring should not be used in place of meaningful human interaction and personal observation.

Security

Expected outcomes:

Children are kept safe through attention to physical and procedural matters, including effective security intelligence and positive relationships between staff and children.

- I.19** Physical security procedures were proportionate for the children at Parc.
- I.20** Security information reports for the adult prison and the children's unit were received into a central system. During the previous six months, there had been 533 information reports specific to children. Reports on physical security and supply reduction attributable to both sites were used to inform policy and generate actions in both prisons. Nearly all these reports were reviewed and actions agreed within 48 hours of receipt. A red, amber and green rating system was used to ensure that reports needing urgent attention were given the highest priority.
- I.21** Managers ensured that sufficient staff were available to make a proactive response to this information. Over the previous two years, the prison had achieved 100% of targeted drug tests and 80% of targeted searches that had been requested.
- I.22** A tactical assessment was produced each month which analysed all the information reports submitted, together with the principal locations and causes for violence, drug finds and trends in supply into the prison. The impact of actions previously taken was also analysed, which was useful. This information was fed into the monthly security meeting. Security objectives were set which encompassed the whole prison and included objectives that monitored the specific risks generated by both children and adults. Progress against these objectives was monitored closely.
- I.23** This tactical assessment was used to identify gaps in physical security and the prison had invested in several technological solutions to help reduce the quantity of drugs entering the prison. An ion scanner checked all incoming mail for traces of drugs or psychoactive substances⁷, a new body scanner arrived during the inspection and a drone detector had successfully reduced the incidence of drones delivering illicit packages.
- I.24** Links with the police had improved and they played an important role in the local tactical assessment, linking information on gang affiliations and supporting the prison in reducing the number of illicit packages thrown over the fence. The database of crimes in prison managed by the police facilitated more thorough analysis and monitoring of the progress of any prosecutions. All assaults in the prison and the outcome of police investigations were recorded on this database.

⁷ Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken, they affect thought processes or individuals' emotional state. In prisons these substances are commonly referred to as spice. For more information see <https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances>.

- I.25** The supply reduction policy and action plan were informed by the local tactical assessment and indicated a clear understanding of the types of substance used and the methods used to bring them into the prison. The supply reduction policy formed part of a comprehensive drug strategy for the whole prison with separate strands for different kinds of substance misuse and the support offered. The drug strategy committee met each month and was well attended. Each action plan was reviewed and updated at this meeting.

Behaviour management

Expected outcomes:

Children 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.26** While the formal systems to manage behaviour were similar to other YOIs, they were underpinned by good relationships. We observed most staff working with children in a responsive and motivational way. These observations were confirmed by feedback children gave us in private interviews and in our survey. More children than at other YOIs said that staff told them when their behaviour was good, encouraged them to attend education and worked with them to achieve their resettlement objectives or targets (see paragraph 2.1).
- I.27** This ethos was reflected across the establishment. We observed high levels of positive contact between children and teachers during education lessons which encouraged children to concentrate, engage and behave well (see paragraphs 3.9 and 3.14). Teachers were a driving force in contributing to the overall effectiveness of behaviour management on the unit.
- I.28** The incentives and earned privileges (IEP) policy emphasised the importance of encouraging positive behaviour. The policy was reasonably flexible which helped managers to make sensible decisions about changing a child's IEP level.
- I.29** Managers ensured that all children had access to decent facilities and a reasonable regime and offered incentives to enhance these. All children were allowed televisions in their rooms regardless of their IEP status and they all experienced a regime of mixing with other children and attending education. Children told us that this reduced boredom and encouraged integration.
- I.30** Managers had astutely extended both ends of the prison day to give children on the highest IEP levels more time unlocked. The morning period had been extended to 7am unlock and evening lock up to 8pm. Enhanced association equipment, including games consoles appropriate for children, was also available.
- I.31** Children on bronze level told us that they received their daily entitlement to time out of cell, exercise and showers and felt that the scheme operated fairly. Four children were on bronze at the time of the inspection and most children did not remain on bronze level for more than a few days. Comprehensive records indicated that staff worked well with children to help them progress quickly from bronze. Every child was given an opportunity to discuss their circumstances and address their behaviour before a decision to downgrade was taken. In our discussions with children, they confirmed that these conversations took place.
- I.32** Reviews for all children were held on Monday mornings and all children were told verbally of the outcome by lunch time on the same day.

- I.33** In interviews children from black and minority ethnic backgrounds were more negative about behaviour management than other children. At the time of the inspection no black and minority ethnic children were on the highest level of the scheme. Monitoring of the scheme was not robust enough to ensure that children from ethnic minorities or with other protected characteristics were treated fairly (see key concern and recommendation S44 and paragraph 2.25).
- I.34** The instant reward scheme for rewarding positive behaviour promptly was no longer in operation and managers told us that the scheme had been suspended pending a review.
- I.35** The adjudication room was a fitting environment to conduct hearings with children and contained appropriate furniture. The number of adjudications had reduced marginally since our last inspection and remained lower than comparator prisons. Many adjudications lacked a full exploration of the charge. Records did not always show why a charge had been proven or whether a child had submitted any mitigation despite evidence of documents concerning mitigation submitted by the child. There was no advocacy for adjudications because Barnardo's was not routinely informed before an adjudication. We raised this with prison managers who said they would address this omission.

Recommendation

- I.36 All children should have the opportunity to seek advocacy in good time before an adjudication.**

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation. Active and fair systems to prevent and respond to bullying behaviour are known to staff, children and visitors.

- I.37** The number of serious assaults remained very low. Since the previous inspection, the number of assaults on staff had reduced by 38% and assaults on children by 15% and were lower than at similar prisons. However, fights between children had increased by 92% and were more frequent than comparators. The underlying reasons for this had not been explored by the prison. When we asked about this, managers acknowledged that they needed to develop their understanding of the reasons for the increase.
- I.38** Data provided by the prison showed that the number of bullying incidents between children had reduced by 37% since our last inspection. The challenge support and intervention plan (CSIP)⁸ was now fully embedded. Potential victims and perpetrators were identified and monitored at the weekday morning meeting of senior managers when managers were tasked to open CSIPs and to prioritise addressing the needs of children requiring additional support.
- I.39** During the previous six months, prison managers had opened 30 CSIPs. This monitoring was conducted on average for 26 days, although this number was skewed by a small number of children who needed to be on a plan for a longer period. At the time of the inspection, four children were on CSIPs. The plans that we looked at were tailored to the needs of each child and targets set were child focused and attainable. Reviews took place promptly and basic entitlements such as showers and phone calls had been logged. Most reviews were attended by a nurse, a needs engagement and wellbeing team worker, a manager, wing staff who knew the child and the child. Reviews were held in an appropriate room and children

⁸ A national HMPPS policy to support victims and manage perpetrators through a managed plan that provides targets and monitors progression to keep children safe.

were encouraged to suggest suitable pathways which made them feel involved in the process. The plans were flexible and could be adjusted and reflected the child's circumstances which made them a very useful resource for supporting children.

- I.40** While the prison did not have a conflict resolution policy, they were working towards this and staff carried out some work informally. A few staff had been trained in conflict resolution and more staff would be trained over the coming months. Senior managers then planned to roll out conflict resolution to enhance CSIP and enable staff to help children to resolve conflicts.
- I.41** The violence reduction strategy contained detailed descriptions of violence but did not explain how it would be reduced. The monthly and quarterly safeguarding meetings were well attended. A significant amount of data on violence was collected. The prison was well placed to understand when, where and how often violence had taken place but much of these data were analysed retrospectively and were not used to inform the strategy.

Good practice

- I.42** *The management of and support for victims and perpetrators of violence were excellent. Prison managers identified children requiring additional support and activated suitable CSIPs promptly. Children were fully involved in the process and could talk to staff about their needs which contributed to constructive support.*

The use of force

Expected outcomes:

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

- I.43** In our survey, 77% of children said they had experienced restraint at Parc and we found that incidents where force had been used had increased by 17% since our last inspection. Robust systems had been developed for recording the use of force with children and the managing and minimising physical restraint (MMPR) coordinators debriefed staff and children following an incident, usually within 24 hours. Safeguarding concerns were therefore identified quickly and we saw evidence of concerns being appropriately referred to the local authority. All use of force footage on CCTV and body-worn cameras was observed on the same day (in most cases straight after the incident) by an MMPR coordinator and a duty manager.
- I.44** The weekly MMPR meeting was well attended and all footage from that week was reviewed by a multidisciplinary team. All incidents were subject to a quality assurance check by the MMPR coordinators and a further 20% were checked by a senior operational manager. Good support was provided by the HMPPS national MMPR team who conducted their own quality assurance of incidents each month. There was no backlog of outstanding use of force paperwork, which was commendable. Governance of use of force was good.
- I.45** Comprehensive data on use of force were gathered but there was no strategy for reducing the level of incidents, nor were the data used to understand if any protected groups were more likely to be subject to restraint.

- I.46** It was disappointing that in the last two months two incidents of pain inducing techniques⁹ had been used on children. The footage indicated that both incidents were avoidable and that further attempts at de-escalation should have been made.

Separation/removal from normal location

Expected outcomes:

Children 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.47** Many children told us that separation did not often occur and, when it did, it was for a short time. Prison data showed that, during the previous six months, separation had been used nine times, with the longest period of four days. This was far less than at similar establishments.
- I.48** The child's cell was used for most incidents of separation. However, there was also a small unit known as T6 containing two fully furnished cells with integral showers and toilets. The cells were clean and appropriately furnished with suitable clothes and bedding.
- I.49** However, the T6 cells were in a separate area at the back of an adult wing and there were logistical implications of clearing an adult landing so that a child could be moved to that location. These cells had only been used once in the previous six months, which was positive.
- I.50** Records of separated children had improved significantly. Most documentation had been appropriately authorised and children were seen by a member of health care staff (usually a nurse) and a duty manager every day. No children were separated at the time of our inspection, but children who had recently been separated said they had received all their entitlements each day and felt that their needs were met in most cases. They also felt that they had been listened to by staff during their reviews, knew why they had been separated and had been kept abreast of how long separation would continue.

⁹ A pain inducing technique is one where pain is intentionally delivered to gain compliance.

Section 2. Care

Relationships between staff and children

Expected outcomes:

Children are treated with care 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 help them to achieve their potential.

- 2.1 Relationships between staff and children were good and supported outcomes across all four healthy prison tests. In our survey, 72% of children said that most staff treated them with respect and more children than at other YOIs said that staff encouraged them to attend education and helped them to achieve the objectives in their training or remand plan. In our private structured interviews, all children said they had a member of staff who cared about them and children were particularly complimentary about staff in education.
- 2.2 Our observations supported this view. Interactions on residential units, education, health care and in training plan review meetings were positive. Staff in all areas clearly knew the children in their care and were appropriately focused on meeting their needs. The daily multidisciplinary meeting remained an effective forum to ensure that all staff were aware of problems that an individual child might have. The practice of night staff opening the door to each cell to check on welfare and make sure children had what they needed for the night was also positive.
- 2.3 In our survey, 63% of children against the comparator of 36% said that staff let them know when their behaviour was good (see paragraph 1.26). We saw mostly very good examples of staff encouraging positive behaviour and remaining calm when challenging poor behaviour. However, in interviews some children spoke of favouritism and frustration that some staff were wary of intervening when children behaved badly. Managers were aware of this issue but needed to provide more support to frontline staff to ensure consistency in behaviour management.
- 2.4 The keyworker scheme continued to operate well.

Good practice

- 2.5 *Leaders and managers were focused on treating children as individuals and meeting their specific needs. Staff in all areas had developed effective caring relationships with children. In our survey, children were much more likely than at other YOIs to report receiving support and encouragement from staff. We found staff from all areas were very knowledgeable about the children in their care and continued to work in a motivational, patient and caring way.*

Daily life

Expected outcomes:

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

Living conditions

- 2.6** The unit remained clean and generally well maintained. Communal equipment, including games, televisions and furniture, were in reasonably good condition and appreciated by children. The exercise yards were bright and contained furniture for children, 'but as we have pointed out before, were too small.
- 2.7** All cells were clean and, impressively, none contained graffiti. However, not enough was done to encourage children to personalise their living space. Toilets were well screened but some were heavily scaled. Most cells were well equipped but double cells were too small to hold enough furniture and storage areas for two children. However, double cells were only used for children who chose to share.
- 2.8** Access to daily basic entitlements, including phone calls, showers and laundry facilities, was excellent. The bedding children received was better than in other YOIs and helped, in part, to mitigate the institutional feel of the living units. We saw staff noticing when cells were dirty and supporting children to clean them, which was good.
- 2.9** In our survey, 67% of children said that their emergency cell bell was answered swiftly which was far higher than the 19% at other YOIs. We saw staff answering cell bells swiftly throughout the inspection.

Residential services

- 2.10** The children continued to have poor perceptions about the quality and quantity of food and, in our survey, only 13% said the food was very or quite good. This finding was reinforced by our own observations and comments from the children during the inspection. Some of the food that we observed was poor and not, in our view, sufficient for growing children.
- 2.11** Food and catering arrangements were a major source of frustration for the children. Managers on the unit had attempted to make improvements and children on the catering pathway cooked food twice a week. At weekends some children who were on the higher level of the incentives scheme cooked for themselves.
- 2.12** The four-week rolling menu remained appropriate with fruit options available. When asked about the food provided and the poor perceptions of the quality, the kitchen staff felt they were hampered for a number of reasons, including the kitchen being too small for the population, no freezer or general space, and many items of cooking equipment awaiting repair.
- 2.13** The children continued to receive an extra snack and fresh milk but this was not enough. In our survey, only 21% of children said they had enough to eat at mealtimes. As at our previous inspection, some children described supplementing their meals with food bought from the canteen. Canteen arrangements had improved since the previous inspection with a reasonable number of products available and children were positive about this.

Consultation, application and redress

- 2.14** The monthly community forum operated better than at the time of the previous inspection. It was chaired by a senior manager, attended by representatives from each unit and staff from a range of functions including equality, Barnardo's advocates and the kitchen. Managers listened to children's views which often led to change.

- 2.15** Good relationships between staff and children meant that most issues that would usually be dealt with through the application system were resolved informally by children speaking to staff. Formal applications were managed through the electronic information kiosks.
- 2.16** There had been 13 complaints in the previous six months which was far fewer than the 57 received in the same period before the previous inspection. The process worked well, children knew how to make a complaint, responses to complaints were appropriate and members of staff had spoken to children as part of the response process. Quality assurance remained comprehensive and the director quality assured 100% of responses.
- 2.17** Children were reminded of how to make a complaint during training and remand planning review meetings, which was very positive. Barnardo's advocates supported children who needed help with this. Complaints containing child protection allegations were appropriately referred to the local authority for advice and investigation (see paragraph 1.11).
- 2.18** The needs, engagement and welfare team workers were able to point children to independent legal advice and children had good access to the advice line of the Howard League for Penal Reform. This telephone line was well promoted on 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 is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The diverse needs of each child are recognised and addressed.

Strategic management

- 2.19** The equality policy was appropriate to the needs and circumstances of the children. The policy emphasised the need for equality to be a central consideration from the moment that children arrived, which was particularly positive.
- 2.20** A children's equality team was responsible for the management of equality. The team consisted of unit staff and a dedicated equality manager and officers who provided support to the children's unit and the adult prison. There was a lack of clarity about the respective roles and responsibilities of unit and equality staff.
- 2.21** Relevant data were collated by equality and unit managers. A monthly equality report focused on the adult prison but also contained data on the protected characteristics of children on the unit. The report was considered at a monthly equality meeting but managers from the children's unit did not attend. Useful data on the ethnicity of children were included in a report prepared for contract review meetings, but it was not clear whether these data were being considered or acted on.
- 2.22** An equality and engagement officer carried out creative and useful work with the children and ensured that positive messages about diversity were included in activities. Although consultations with children with shared protected characteristics had reduced since our last inspection, the equality and engagement officer ensured that discussions focused on issues relevant to the equality agenda.

- 2.23** Complaints about discrimination were submitted on discrimination incident report forms (DIRFs) which were dealt with through a process shared with the adult prison. Five DIRFs had been submitted in the previous six months which had been dealt with appropriately.

Protected characteristics

- 2.24** An average of about 28% of children were from black or minority ethnic backgrounds, a reduction since our last inspection. Aspects of the regime such as use of force and adjudications were monitored by ethnicity but in other areas this was more limited.
- 2.25** In our interviews, there was a perception among some black and minority ethnic children that application of the incentives and earned privileges (IEP) scheme reflected ethnicity (see paragraph 1.33). Monitoring data that we looked at did not reflect this perception, but the data only covered the lowest level of the IEP scheme. It was not apparent whether and how unit managers were working to address this perception. Most of the needs of children with protected characteristics were addressed by a case management approach and we saw evidence that this was carried out appropriately.
- 2.26** In our survey, 24% of respondents said they had a disability and it was apparent that this mainly related to particular learning needs. Positive learning support was in place, tailored to the needs of individual children.
- 2.27** At the time of the inspection, there was one foreign national child from Vietnam on the unit. His needs, engagement and well-being team worker ensured that he received appropriate support and telephone interpreting services had been used frequently to communicate with him. We found that he was content that his needs were being met and was well informed about his impending court appearance.
- 2.28** The chaplaincy continued to play an important role for many children. In our survey, 64% said that they had a religion and of these 71% said their religious beliefs were respected and 86% that they could see a chaplain of their faith in private if they wished. Chaplains saw children shortly after their arrival and were regularly present on the unit.
- 2.29** Children were able to attend Christian and Muslim services and prayers. Efforts were made for children to attend some activities in the adult prison without mixing with the adult prisoners.

Health services

Expected outcomes:

Children are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which children could expect to receive elsewhere in the community.

Strategy, clinical governance and partnerships

- 2.30** There was still no published health needs analysis for the children. Clinical governance processes were in place but needed strengthening. The health services were privately contracted through the Ministry of Justice and there was little external scrutiny, with the exception of the child and adolescent mental health services (CAMHS) which was commissioned by Abertawe Bro Morgannwg University Health Board from the Forensic

Adolescent Consultation and treatment service (FACTS). Primary mental health care remained under the G4S primary care contract. In the absence of partnership boards, there was an over-reliance on self-reporting and oversight by G4S which was inappropriate and needed strengthening.

- 2.31** Clinical audit programmes included a recent review of infection control arrangements. Incident management processes were understood and used effectively by staff and we saw evidence that lessons from these incidents were shared.
- 2.32** Health care remained of good quality and was delivered by a caring team. Waiting times were good and access to primary care clinics was prompt.
- 2.33** There was now a health complaint system which was well advertised. There had been only one complaint in the past year. Children had not engaged well in health forums and user feedback was acquired through questionnaires. Some improvements to the service had been made as a result.
- 2.34** Staff said they felt well supported and there was good evidence of managerial and clinical supervision. Training was up to date and monitored, including life support training.
- 2.35** Staff were available almost immediately for children who had been injured or had attended hospital following an incident. This was supported by a new model of response which included a paramedic who covered the whole site. However, processes for calling an emergency ambulance were less robust than at our previous inspection. Emergency equipment was located in the medicines administration room and was well monitored by the dedicated primary care staff.
- 2.36** Screening for disabilities and the need for support with daily living was carried out on reception and plans to support the children were established at a follow-up clinic. At the time of our inspection, no children were in receipt of social care. There was no specific referral pathway for children. However, if a child required social care support, health staff would provide this to prevent any care deficits and a specialist social worker was attached to the team to provide social care assessments if required.

Promoting health and well-being

- 2.37** There was a positive and integrated health promotion culture in the children's unit which included monthly health promotion themes, adequate time out of cell, time in the fresh air and access to the gym. There were good links between health care and the gym. Vaccinations, sexual health screening, blood-borne virus screening and smoking cessation were well embedded in the service provision. All children were booked in for an eye test with the optician, which was good.
- 2.38** A range of health services information and promotion material was displayed in education and on the units. Easy read leaflets were available but there was no information in other languages.
- 2.39** All children were offered a sexual health appointment for screening or for general sexual health information. More complex cases were seen by specialist sexual health secondary care services.
- 2.40** There was a local communicable disease outbreak policy, but not all staff knew where it was located.

Primary care and inpatient services

- 2.41** G4S Health offered a full range of primary care clinics appropriate to the needs of children including asthma, epilepsy, GP consultations, nurse-led clinics and physiotherapy.
- 2.42** Health services were delivered by two dedicated and caring primary health care nurses who had extensive knowledge of their patients, which was very good. Access and waiting times for primary care services remained good. The comprehensive health assessment tool (CHAT) continued to be used to screen and assess the needs of the children. CHAT was undertaken by trained nurses and included a neuro-disability assessment for all children. A comprehensive induction programme delivered to all children new to the prison covered all aspects of health care provision.
- 2.43** Applications to see health care could be made through an electronic kiosk which was accessible throughout the day. However, most children simply spoke to nurses to arrange health interventions. It was good to see that the health applications were only seen by health care staff.
- 2.44** A local practice delivered GP services across the whole site including out-of-hours needs which facilitated continuity of care. Appointments were ringfenced for the children each day. The incidence of long-term conditions was low. They were managed by the GPs with referral to specialists as necessary.
- 2.45** External hospital appointments were infrequent and rarely cancelled because of operational pressures.
- 2.46** Every child received a pre-release CHAT assessment which included all aspects of their health, with the exception of children unexpectedly released from court. Substance misuse planning was inadequate. The dedicated primary care nurses were now attending the local post-release meeting with case workers in the community about 10 days after release, which was a positive initiative.

Good practice

- 2.47** *The presence of two dedicated nurses on the children's unit enabled effective continuity of care and helped to build caring and trusting relationships with the children.*

Mental health

- 2.48** A child and adolescent mental health service nurse delivered one session a week and a specialist adolescent consultant psychiatrist attended as required. Psychology based interventions had not been delivered since June 2019, which was a deficit. There was no speech and language therapist in the team and no evidence of structured talking therapies which was an obvious need for the population.
- 2.49** Clinical records for patients under the CAMHS nursing team were of poor quality. Notes were not comprehensive. They indicated a lack of thorough clinical, mental health assessment and there was no reference to risk to themselves and others, past medical history or clinical plans. We spoke to some patients who were not aware of personal care plans. We were given conflicting information about additional health records held outside the prison which indicated a lack of a single contemporaneous record for the patient.

- 2.50** There were some clear breaches of information governance. Not all the permanent staff in the CAMHS team had been security cleared and there were still staff with no access to the SystemOne electronic clinical records. CAMHS staff were entering clinical notes using G4S health staff login details, making it more complicated to track mental health entries.
- 2.51** Primary mental health services were delivered by the dedicated mental health nurse from G4S health services. A responsive service provided a wide range of interventions on anxiety, depression, sleep, mindfulness, art therapy, mental health resilience and self-harm. The primary mental health nurse carried out the mental health and neuro-disability CHAT assessments and attended all ACCT reviews. There were good quality care plans for the primary mental health patients.
- 2.52** Communication between G4S and CAMHS had deteriorated since our last inspection which had affected outcomes for patients and caused a periodic loss of service. CAMHS secondary mental health team resources had been withdrawn for three weeks in October 2019. G4S staff felt that there had been no warning that the service would be withdrawn and an alternative room was proposed within a few days.
- 2.53** There had been no transfers under the Mental Health Act in the previous 12 months.

Recommendations

- 2.54** **Child and adolescent mental health services should contribute good quality clinical records to a single contemporaneous health record for the children in their care.**
- 2.55** **Information governance practices should accord with professional standards.**

Substance misuse

Expected outcomes:

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

- 2.56** The drug and alcohol strategy was up to date. Although areas such as supply reduction and staffing models were outlined, the strategy did not differentiate between the adult and child populations.
- 2.57** G4S Health Services delivered clinical treatment and psychosocial interventions for children with substance misuse needs. No children had received clinical treatment since our last inspection, however appropriate arrangements were in place.
- 2.58** The one psychosocial drug worker post on the children's unit had been vacant for five months and a member of staff was back in post on the first day of the inspection. Some attempts had been made to mitigate the deficit by using staff from the adult prison and needs engagement and wellbeing team workers (see paragraph 1.39) but it had not been possible to meet all the children's needs.
- 2.59** The core work to be undertaken by the drug worker was under discussion at the time of the inspection. There was a backlog of 23 comprehensive assessments to be undertaken and the scale of the case load was not clear.

- 2.60** All children were screened for individual needs on arrival by the dedicated primary care nurse who completed the CHAT assessment. Some care records were held on the Youth Justice Application Framework and others on paper records in the substance misuse office. The samples that we viewed were child focused and of good quality and included CHAT screens, care plans and risk assessments. Children were given harm reduction information and advice during induction, where a presentation 'War on drugs' was given. The substance misuse office had good resources but the recent deficit in the service had prevented them from being used.
- 2.61** We saw no evidence of integrated substance misuse services.

Recommendation

- 2.62** **Integrated substance misuse services should provide adequate assessments, interventions and discharge plans to improve outcomes for children.**

Medicines optimisation and pharmacy services

- 2.63** Medicine management was well organised by the primary care nurses. Medicines were supplied on a named patient basis by the well-staffed in-house pharmacy in the main prison. An independent pharmacy prescriber was available if children wished to discuss their prescription.
- 2.64** The drug formulary was largely adhered to. Prescribing and administration were recorded on SystemOne. Some medicines were in possession such as creams and inhalers and the nurses helped the children to manage their medicines and re-order prescriptions. Cells contained lockable cupboards for the safe storage of medicines.
- 2.65** Medicines were stored appropriately and stock was checked and ordered each week. There were no incident reports by the clinical team of delayed arrival of medicines.
- 2.66** Most medicines were administered at 8am and 4pm. Some medicines were administered at lunchtime and at night, but the routine supervision times prevented adherence to dosage schedules of some medicines which were recommended for effective clinical care. Few tradeable medicines were prescribed.
- 2.67** There was good supervision of medicines hatches and children usually attended one at a time.
- 2.68** Appropriate medicines were available to treat minor ailments without a prescription but there were limited protocols to provide more potent medicines without seeing a doctor. There were stock reconciliation procedures for medicines used out of hours but not for those supplied for minor ailments. A good range of simple medicines were available to buy from the canteen list.
- 2.69** There were written medicines management protocols and pharmacy staff attended the monthly medicines management meeting.

Dental services and oral health

- 2.70** Time for Teeth delivered an appropriate range of NHS treatments. A good range of oral health promotion information and advice on oral hygiene and disease prevention was provided during dental consultations.
- 2.71** Waiting times to see the dentist were good. Most children were seen within a few days for routine appointments and in urgent cases the next available appointment was given. Four appointments were available each day, some of which were used for continuing treatment.
- 2.72** Local governance processes and infection prevention control arrangements were effective. The dentist and dental nurse were appropriately trained and qualified.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

Children spend most of their time out of their cell, engaged in activities such as education, leisure and cultural pursuits, seven days a week.¹⁰

- 3.1 Time out of cell remained very good. In our survey, 100% of children said they received more than two hours out of their cells each day. We did not find any children locked up during the core day and 97% in our survey said that they currently attended education, which was excellent. On average children received a minimum of nine hours out of cell on a weekday and a maximum of just over 11 hours. At weekends, they had between six and eight and a half hours. Time out of cell was dictated by the child's level on the incentives and earned privileges scheme. The children we spoke to felt they had adequate time unlocked.
- 3.2 Staff were committed to facilitating time in the fresh air whenever possible. As at the previous inspection, this could be for up to three times a day, far better than at other children's YOIs.
- 3.3 All children had good access to an appropriately resourced library containing a range of age-appropriate books, including Welsh language and foreign language books, easy read novels and periodicals linked to leisure interests. There were also books related to learning pathways. Children were able to order audio books and books from the main prison library which they told us usually arrived within two days.
- 3.4 A librarian attended the library for three and a half days each week. Library staff took materials on to the wings for children who could not attend the library.
- 3.5 Children had access to high quality PE and fitness resources, including a modern, well-equipped gym, a small all-weather pitch and a dedicated classroom for theory lessons. Nearly all children accessed regular PE in the evenings and at weekends and experienced a wide range of sports that met their needs and interests well.
- 3.6 Children following the health and wellbeing pathways had extensive access to the gym and artificial turf area. They developed a wide range of skills and many completed a useful level 1 qualification enabling them to work as gym assistants on release. PE staff liaised well with medical staff to support children who were ill or injured so that they could access physical activity safely and improve their fitness.

Education, learning and skills

Expected outcomes:

All children are expected and enabled to engage in education, skills or work activities that promote personal development and employability. There are sufficient, suitable

¹⁰ Time out of cell, in addition to formal 'purposeful activity', includes any time children are out of their cells to associate or use communal facilities to take showers or make telephone calls.

education, skills and work places to meet the needs of the population and provision is of a good standard.

3.7 Estyn¹¹ made the following assessments about the learning and skills and work provision:

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

Well-being and attitudes to learning

3.8 Most children had good attitudes to learning and contributed well to lessons. In most cases, they listened carefully to the teachers, engaged willingly in discussions and respected the contributions of other children in the class. They cooperated well with each other and helped each other with their work. Most children behaved well and followed the rules and routines of the classroom.

3.9 Nearly all children told us that they felt safe and secure in education. They benefited from the secure atmosphere created by prison staff who moved each class one at a time at the start and end of sessions, reducing the potential for conflict among children. Nearly all children were aware of the complaints procedure and knew how to make a complaint. They felt that teachers and managers were approachable and readily accessible and had confidence that they would investigate their concerns.

3.10 Most children attended education regularly. There had been a steady reduction in the number of children persistently refusing to attend education in the previous four months. Most children enjoyed and valued education, especially the more practical sessions such as physical education, carpentry and cookery. The children gained a greater sense of improving their wellbeing by taking part in fitness training, football and cookery. Producing high quality products, such as in carpentry and upholstery, gave them a sense of self-worth. The children were proud to give the items they had designed and made in carpentry to their families. In citizenship classes children were beginning to understand how they might fit into society and stop their offending behaviour. However, there was not a wide enough range of opportunities for children to develop their employability skills.

3.11 A very few children were not able to integrate fully with other children because they did not understand English.

¹¹ 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.

Recommendations

- 3.12 The vocational skills curriculum should be broadened so that children have more opportunity to join a vocational course or employment on release.**
- 3.13 Provision should be made for children who are speakers of other languages so that they can develop their oral English to a functional level.**

Teaching and learning experiences

- 3.14** Teachers were well qualified and worked effectively as a team with learning assistants to support the children. Teachers took very good account of children's initial assessments, interests and dispositions when they planned their sessions to ensure there was very effective differentiation and challenge in the work presented. Teachers showed children respect and served as excellent role models in the way they spoke and engaged with the children. They had appropriately high aspirations for the children who in turn were respectful and applied themselves well in class. Teachers used a very good range of activities and resources, including bilingual materials and interactive whiteboards, to support children's learning. Bilingual displays provided useful references for children. Teachers gave clear and useful feedback in verbal and written form to help children improve their work. They used individual learning plans and education plans well to track children's progress effectively.
- 3.15** The curriculum was well planned and well balanced. There was a good focus in the core curriculum on English and mathematics. The health and wellbeing pathway provided children with useful information about healthy eating and health issues, such as sexually transmitted diseases and testicular cancer.
- 3.16** The revised curriculum afforded greater opportunities for children to follow subjects in which they were interested, for example all children had at least an hour's access to carpentry each week and greater access to cookery classes. However, access to vocational skills remained limited. During the previous year, the education department had addressed the recommendation to introduce a virtual platform for learning, but it was not fully in operation at the time of the inspection.

Recommendation

- 3.17 Managers should ensure that children can access reliable virtual learning resources.**

Care, support and guidance

- 3.18** There were effective arrangements for inducting children into education and preparing them for release, including baseline assessments in English and mathematics to measure children's initial needs and determine routes for progression.
- 3.19** Teachers and managers had listened carefully to children's preferences for introducing new subjects, for example the music pathway, and had acted on them.
- 3.20** The education department had worked recently with Careers Wales to give children impartial advice and guidance about employment opportunities at the end of their sentence and how to seek further advice and guidance on release. The adviser had met children due

for release to help them consider their options and had produced information sheets on different employment opportunities in which children had expressed an interest.

- 3.21** Staff monitored children's progress effectively and regularly updated their individual learning and educational plans. Staff monitored vulnerable children carefully and recorded appropriate observation notes on their behaviour. Through its citizenship programme, the education department had delivered impartial teaching on the rights of the child and on the election of a UK government. Teachers planned to give children the opportunity to read each political party's manifesto when published and to vote in a mock election to develop further their understanding of their role and responsibilities as citizens.

Leadership and management

- 3.22** The children's unit had a strong management team which had increased in number and effectiveness since the last inspection. Members communicated well with each other and with education staff. There was very good cooperation between education managers and wing staff which enabled managers to plan education appropriately.
- 3.23** The education unit had again exceeded the performance indicators set in its contract. All managers and staff had an appropriate vision and high aspirations for the children.
- 3.24** Managers had made a number of improvements since the last inspection such as a reorganisation of the timetable to increase access to English and mathematics classes and to health and fitness education.
- 3.25** Managers continued to monitor children's attainment and achievements thoroughly and effectively. They had introduced an improved methodology for recording the attainment of qualifications. All staff had individual targets for the achievement of children's goals and attainment of qualifications.
- 3.26** Teachers were observed regularly and given valuable feedback and support to help them develop their skills. Strong team working resulted in consistent expectations and performance in the department. Weekly team meetings ensured regular discussion of issues and support for all teachers. There were good opportunities for teachers to participate in training and continuing professional development.
- 3.27** Managers undertook thorough, comprehensive and honest self-evaluation. Evidence was analysed and appropriate plans made for improvement which enhanced quality development. Resources were allocated effectively to reflect operational planning.
- 3.28** Managers continued to develop good partnerships with community agencies, for example several sporting organisations, a local hospice for children, the Prince's Trust and Cardiff and the Vale College. These initiatives provided additional enrichment and learning activities for children and enabled teachers to share good practice.
- 3.29** Managers had reflected well the views of children at the community forum and had acted on their suggestions, for example children had more opportunities to take part in fitness training (see paragraph 3.5).
- 3.30** Managers had acted on the recommendation from our last inspection to improve online facilities.

Section 4. Resettlement

Children, families and contact with the outside world

Expected outcomes:

Managers support children in establishing and maintaining contact with families, including corporate parents, and other sources of support in the community.

Community partners drive training and remand planning and families are involved in all major decisions about detained children.

- 4.1 The support available to help children maintain contact with their families and friends remained very good. The role of the family worker was well embedded and helped to ensure that families and carers were updated on their child's progress.
- 4.2 In our survey, 91% of children against the comparator of 58% said that someone at Parc had helped them to keep in touch with their family or friends, which was particularly positive. In addition, 100% of children said they could use a phone every day against the comparator of 61%. Our one-to-one interviews reflected these findings. There was good access to telephones, but phone credit was expensive for children to buy compared to other young offender institutions.
- 4.3 The establishment worked hard to help children re-establish and restore regular contact with family members where appropriate. One child in our case sample explained that they had lost contact with an older sibling before coming into custody and staff had helped to re-establish regular telephone contact.
- 4.4 Children could book their visits using the electronic kiosks on their units. Visits took place on evenings during the week and during the day at weekends. The visitors' centre provided a suitable environment for families and children. The number of family days had increased since the previous inspection and all children could now access them irrespective of their level on the incentives and earned privileges scheme.
- 4.5 The prison offered good support to families travelling long distances for visits. A transport service was still provided to and from the local railway station. Other methods of contact were also available, including email a prisoner and Skype for children with families living overseas. This had been used 10 times in the previous six months. A new voicemail system had been introduced for families and carers to leave a message for children. This helped with simple things such as reminding them to book visits.
- 4.6 A one-to-one parenting course had been developed by the family worker to support children who were fathers.

Good practice

- 4.7 *A very high proportion of children said that someone at Parc had helped them to keep in touch with their family or friends and, in our survey, 100% of children said that they could use a phone every day.*

Pre-release and resettlement

Expected outcomes:

Planning for a child'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 a child's risk and need. Ongoing planning ensures a seamless transition into the community.

- 4.8** Strategic management and oversight of resettlement work had drifted since the previous inspection. There was a detailed needs analysis, but recommendations from this were not being used to inform the resettlement action plan. Not all resettlement meetings had taken place as scheduled, and some were poorly attended. The significant changes that had been made to the delivery of resettlement work at the previous inspection were starting to improve outcomes in some areas. However, it was disappointing that resettlement work had not received sufficient management support and direction (see key concern and recommendation S46).
- 4.9** The needs, engagement and well-being team were responsible for the case management of children. The team consisted of six case managers, a social worker who supported looked-after children and a family worker. The case managers were responsible for sentence and remand management, resettlement planning and the delivery of intervention work.
- 4.10** Most children completed their sentence at Parc. Early release and home detention curfew processes were managed effectively by the case workers. Children who were eligible for early release were discussed regularly at sentence planning meetings. In our one-to-one interviews, one child said that their case worker had 'encouraged and motivated' them to behave well and work towards early release.
- 4.11** Some children with longer sentences and those on remand transitioned to adult prisons after their 18th birthday. In the previous six months, 14 children had been transferred to other establishments and a further nine to the adult prison at Parc. This process was reasonable for children who were sentenced, and we observed a positive, multidisciplinary transition meeting where the child reported feeling well informed. The process for children on remand was not as thorough. We spoke to one child who had turned 18 while on remand who knew he was to be transferred to an adult local prison but had not been given any information on the establishment.
- 4.12** Four children had accessed release on temporary licence (ROTL) during the previous six months for a total of 12 days, fewer than at the previous inspection. However, for this small number of children ROTL was used for resettlement purposes, for example completing restorative justice work in the community, attending work experience placements and meeting family members in the community.
- 4.13** ROTL risk assessments were robust. Information was sought from the police and youth offending teams (YOTs) to inform the board. Children attended their own ROTL boards which was positive.
- 4.14** There had been deficiencies in the provision of substance misuse services (see paragraph 2.58). Although case workers worked hard with local YOTs to deliver substance misuse and harm prevention work before children left custody, some children who would have benefited from more intensive, regular input did not receive it.

Recommendation

- 4.15 Children on remand who are transferring to adult prisons should be given full information about the establishment they are going to.**

Training planning and remand management

Expected outcomes:

All children 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 their parents or carers in drawing up and reviewing their plans. The plans are reviewed regularly and implemented throughout and after a child's time in custody to ensure a smooth transition to the community.

- 4.16** The needs, engagement and wellbeing case workers were conscientious, experienced and very good at building effective relationships with the children they supported. They held caseloads of approximately six children, much less than we see at other YOIs. Their contact with children was frequent and meaningful and they knew the children they were supporting very well. The unit continued to use the Youth Justice Application Framework (YJAF) to record its work with children and share it with YOTs in the community. YJAF case records were excellent.
- 4.17** In our survey, 69% of children knew they had a sentence plan and 85% of these understood what they had to do to achieve their targets. It was particularly positive that 81% against the comparator of 43% said that staff were supporting them to achieve their targets or objectives. Our one-to-one interviews reflected this: one child said 'I know my plan. I have reviews every three months and discuss whether my targets have been met and set new ones'.
- 4.18** A plan was in place in all the cases that we reviewed. Plans were written in a way that was easy for children to understand and targets were realistic. Communication between case workers, YOTs, social workers and parents was generally productive. There was evidence that case workers were beginning to challenge community partners more assertively to advocate on behalf of children's resettlement needs, for example questioning the suitability of accommodation for a child on release. Although risk of harm was discussed at review meetings, this did not always transfer on to release plans for children, to identify risk of harm in the community.
- 4.19** Plans to ensure that the good educational progress made by some children continued in the community were not always robust. Some children did not know what education, training or employment they would be doing on release.
- 4.20** Case workers ensured that training and remand planning review meetings took place regularly. Children could have a private meeting with their YOT or social worker at the start of each review meeting if they wished. Departments that worked regularly with a child attended their training and remand planning meetings, which was positive. Residential staff attended most review meetings, which was particularly commendable and better than we see at other YOIs. This generated a united approach by case workers and residential staff which encouraged children to work towards their sentence targets or objectives.
- 4.21** Children who were on remand had monthly review meetings and records showed that bail was discussed with them. Case workers ensured that professionals in the community were reminded of the possible need for support, including accommodation, for every court appearance.

- 4.22** However, leaders and managers did not provide adequate support for case workers and there were gaps in oversight. Some case workers were unclear about internal escalation procedures, some did not have supervision and quality assurance of assessments was not always completed by a senior manager (see key concern and recommendation S46).

Good practice

- 4.23** *The needs, engagement and wellbeing case workers were conscientious, experienced and very good at building effective relationships with the children they supported. They had low caseloads of about six children and their contacts with children were frequent and meaningful.*
- 4.24** *Residential staff attended most review meetings which ensured a cohesive approach to encouraging children to work towards their sentence targets or objectives. Unit staff knew children's targets and could reinforce them during their daily interactions with the children.*

Public protection

- 4.25** Various departments, including custody and security, carried out initial screening to identify children who might pose a risk to the public on release. Within five days of arrival, the case workers completed a public protection record for information sharing. This assessment supported decision making on whether a child should be subject to phone and mail monitoring and child contact restrictions. However, in one case it was only when carrying out this review that the case worker became aware of a marker appended by security indicating that risk to children procedures were applicable.
- 4.26** Case workers communicated effectively with YOTs about children who were subject to multi-agency public protection arrangements (MAPPAs). The contribution of case workers to community MAPPA meetings was generally of reasonably good quality, although the information was not always checked and countersigned by a manager in advance. Some of the case workers were not aware of the establishment public protection policy. At the time of the inspection, three children were subject to a higher level of MAPPA requiring multidisciplinary management on release. There was no routine management oversight of high risk of harm cases.

Recommendation

- 4.27** **There should be management oversight of all high risk of harm cases to ensure that actions to mitigate the risk that children might pose have been completed before release.**

Indeterminate sentence young people

- 4.28** At the time of the inspection, there were two children with indeterminate sentences who were case managed in the same way as other children. Both had been recently sentenced and their case workers were aware of the requirement to liaise with the child's YOT worker to determine whether to hold a multi-agency lifer risk assessment panel.
- 4.29** There were no specific services for children with indeterminate or long sentences, although the learning and skills department was able to support children studying for GCSEs and AS levels.

Looked-after children

- 4.30** At the time of the inspection, the number of children with current or previous involvement with children's social care remained high at 25. Eleven of these were on full care orders or had looked-after status because they were on remand. The remainder had been looked after before entering custody or were children in need.
- 4.31** The senior social worker assigned to the children's unit met all looked-after children shortly after arrival and contacted their local authority to ensure they received the support they were entitled to. The level of support varied, but most authorities provided financial assistance to facilitate continuing family contact. Looked-after child reviews took place as required, and social workers were involved in training plan reviews.

Reintegration planning

Expected outcomes:

Children'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.

- 4.32** Plans for release and reintegration in the community were generally good and identified children's individual needs. Plans were discussed at review meetings and, if needs had not been met, case workers engaged directly with other agencies to try to resolve the issue. A lack of consistent management over the previous six months meant that some caseworkers were unsure how to escalate problems for additional support (see key concern and recommendation S46).
- 4.33** Release planning involved a number of departments and community agencies. We observed a final release planning meeting which set out in detail who would meet the child's needs immediately after release. The meeting was attended by learning and skills, health care and the YOT and chaired by the case worker. Case workers attended a meeting with the YOT 10 days after release to confirm that the plan had been put into practice, although the prison did not analyse the findings from these meetings.
- 4.34** Case workers went through licence conditions with children at their final review meeting and gave the child a copy to ensure they were aware of any restrictions imposed. On the day of release, case workers ensured that children were always met at the gate by an adult. Property that had been held in storage was returned, together with a plain bag to carry their belongings. A store of clothing was held in reception to ensure that no child was released without suitable clothes.

Interventions

Expected outcomes:

Children can access interventions designed to promote successful rehabilitation.

- 4.35** Accommodation needs were identified at the initial assessment by case workers and considered at each review meeting. If suitable accommodation had not been agreed close to the release date, case workers sought assistance from Barnardo's advocates, who had successfully intervened in seven instances over the previous six months, each involving local authorities which had initially been unable to provide accommodation.

- 4.36** During the previous six months, no child had been released without a suitable address, although on four occasions this had not been arranged 14 or more days before the release date. This limited the time for other aspects of the plan to be agreed, undermining reintegration into the community.
- 4.37** Budgeting and money advice was incorporated into education provision, and all children received it. Children could apply for a national insurance number and open a bank account. However, this was arranged at the adult site, and case workers said that it took so long that some children had moved on before an account had been opened. Careers advice was only available to children from Wales who were a minority of the population.
- 4.38** Case workers had developed a good range of non-accredited interventions aimed at increasing the emotional intelligence of children and reducing their violent behaviour. The unit had not yet completed an evaluation of the interventions. There was still no intervention to address sexually harmful behaviour which case workers did not feel qualified to deliver.
- 4.39** Case workers had delivered interventions to 41 children in the previous six months, and almost every child had received at least one intervention. Case workers had also completed many one-to-one rapport building sessions to ensure that children were in a positive frame of mind to gain the most from the intervention. Children we spoke to were positive about participating in interventions.
- 4.40** The regular scheduling meeting to allocate children to interventions based on their offence related behaviour and release date had stalled, and case workers were now making these decisions. At the time of the inspection, 11 children had been referred and were still waiting to start an intervention, although most of these were not due for release until 2020.

Recommendation

- 4.41** **The prison should ensure that children are allocated to interventions based on their offence related behaviour and release date.**

Health, social care and substance misuse

- 4.42** All children were seen on transfer or release to identify outstanding health needs. They were offered health promotion advice, including barrier protection, and were given a release summary with relevant health information for their GP. Children on medication were given a week's supply and those taking controlled medication received it from pharmacy staff outside the prison to prevent diversion.
- 4.43** The children's psychosocial substance misuse service had not been staffed for five months, limiting access to required interventions. Three children had been released during that time who would have benefited from this provision. Child and adolescent mental health services (CAMHS) had also deteriorated because of a lack of clinical psychology provision and deficits in nursing assessments and clinical record keeping (see paragraphs 2.48 to 2.50).

Section 5. Summary of recommendations and good practice

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

Key concerns and recommendations		Directed to:
S43	<p>Key concern: Despite efforts to resolve the problem, there were still delays in permitting children who were potentially of restricted status to make direct telephone calls during their first few days.</p> <p>Recommendation: HMPPS should ensure that all children at Parc can make direct phone calls on their first day in custody.</p>	HMPPS
S44	<p>Key concern: At the time of the inspection, no black, Asian and minority ethnic children were on platinum (the highest level of the incentives and earned privileges scheme). In our private interviews, children reported experiencing and/or witnessing discriminatory treatment by staff towards black and minority ethnic children in relation to incentives and behaviour management. Prison records about the IEP scheme did not include monitoring of ethnicity and IEP levels and managers were unable to explain these concerns.</p> <p>Recommendation: Data should be scrutinised thoroughly to ensure that behaviour management processes are not discriminatory.</p>	The Director
S45	<p>Key concern: Child and adolescent mental health services did not deliver a suitable range of assessments, treatment and interventions for children at Parc. Psychology based interventions were no longer delivered, there was no speech and language therapist and no evidence of structured talking therapies which was an obvious need for the population.</p> <p>Recommendation: Child and adolescent mental health services should deliver a suitable range of assessments, treatment and interventions for children in line with national standards.</p>	Abertawe Bro Morgannwg University Health Board and G4S
S46	<p>Key concern: Strategic management and oversight of resettlement work had drifted since the previous inspection. Not all resettlement meetings had taken place as scheduled, and some were poorly attended. Some case workers were unclear about internal escalation procedures, case workers did not have supervision, and quality assurance of assessments was not always completed by a senior manager.</p> <p>Recommendation: Leaders and managers should provide effective oversight of the delivery of resettlement work to ensure that assessments are robust, children's needs are met and there are clear escalation routes for concerns.</p>	The Director

General recommendations		Directed to:
1.17	Observational checks on children should not be carried out at predictable intervals.	The Director
1.18	CCTV monitoring should not be used in place of meaningful human interaction and personal observation.	The Director
1.36	All children should have the opportunity to seek advocacy in good time before an adjudication.	The Director
2.54	Child and adolescent mental health services should contribute good quality clinical records to a single contemporaneous health record for the children in their care.	The Director
2.55	Information governance practices should accord with professional standards.	The Director
2.62	Integrated substance misuse services should provide adequate assessments, interventions and discharge plans to improve outcomes for children.	The Director
3.12	The vocational skills curriculum should be broadened so that children have more opportunity to join a vocational course or employment on release.	The Director
3.13	Provision should be made for children who are speakers of other languages so that they can develop their oral English to a functional level.	The Director
3.17	Managers should ensure that children can access reliable virtual learning resources.	The Director
4.15	Children on remand who are transferring to adult prisons should be given full information about the establishment they are going to.	The Director
4.27	There should be management oversight of all high risk of harm cases to ensure that actions to mitigate the risk that children might pose have been completed before release.	The Director
4.41	The prison should ensure that children are allocated to interventions based on their offence related behaviour and release date.	The Director
Examples of good practice		
1.7	A well-planned induction ensured that new arrivals spent long periods out of their cell.	
1.42	The management of and support for victims and perpetrators of violence were excellent. Prison managers identified children requiring additional support and activated suitable CSIPs promptly. Children were fully involved in the process and could talk to staff about their needs which contributed to constructive support.	

2.5	Leaders and managers were focused on treating children as individuals and meeting their specific needs. Staff in all areas had developed effective caring relationships with children. In our survey, children were much more likely than at other YOIs to report receiving support and encouragement from staff. We found staff from all areas were very knowledgeable about the children in their care and continued to work in a motivational, patient and caring way.	
2.47	The presence of two dedicated nurses on the children's unit enabled effective continuity of care and helped to build caring and trusting relationships with the children.	
4.7	A very high proportion of children said that someone at Parc had helped them to keep in touch with their family or friends and, in our survey, 100% of children said that they could use a phone every day.	
4.23	The needs, engagement and wellbeing case workers were conscientious, experienced and very good at building effective relationships with the children they supported. They had low caseloads of about six children and their contacts with children were frequent and meaningful.	
4.24	Residential staff attended most review meetings which ensured a cohesive approach to encouraging children to work towards their sentence targets or objectives. Unit staff knew children's targets and could reinforce them during their daily interactions with children.	

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Angus Mulready-Jones	Team leader
Christopher Rush	Inspector
David Foot	Inspector
David Owens	Inspector
Esra Sari	Inspector
Hayley Edwards	Inspector
Ian Macfadyen	Inspector
Rebecca Stanbury	Inspector
Amilcar Johnson	Researcher
Sharlene Andrew	Researcher
Helen Ranns	Senior researcher
Tania Osborne	Health services and substance misuse inspector
Alun Connick	Estyn 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 2018, reception processes were swift but there were some unnecessary restrictions during children's early days at Parc. Child protection arrangements were effective. There were fewer incidents of self-harm than at comparable establishments and care for children in crisis was good. Very few children said they felt 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.

Recommendations

Boys should be transported to custody as soon as their case has finished and arrive into custody before 7pm. (1.2)

Not achieved

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

Not achieved

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)

Not achieved

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. (1.3)

Achieved

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)

Not achieved

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)

Achieved

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

Not achieved

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)

Achieved

Respect

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

At the last inspection in 2018, 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.

Main 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. (S39)

Not achieved

Recommendations

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)

Achieved

All staff should have regular managerial and clinical supervision, underpinned by an up-to-date performance appraisal. (2.40)

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 2018, 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.

Recommendation

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

Not 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 2018, 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.

Main 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. (S40)

Partially achieved

Recommendations

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

Achieved

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)

Achieved

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

Achieved

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)

Not achieved

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

Not 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	29	74.4
Recall	2	5.1
Convicted unsentenced	0	
Remand	8	20.5
Detainees	0	
Total	39	100%

Age	Number of young people	%
15 years	3	7.6%
16 years	12	30.7%
17 years	21	53.8%
18 years	3	7.6%
Other		
Total	39	100%

Nationality	Number of young people	%
British	35	89.7
Foreign nationals	4	10.3
Total	39	100%

Ethnicity	Number of young people	%
White		
British	21	53.6
Irish	1	2.6
Gypsy/Irish Traveller		
Other white	2	5.1
Mixed		
White and black Caribbean	1	2.6
White and black African	1	2.6
White and Asian		
Other mixed		
Asian or Asian British		
Indian		
Pakistani	1	2.6
Bangladeshi		
Chinese		
Other Asian	1	2.6
Black or black British		
Caribbean	7	18
African	2	5.1
Other black	1	2.6
Other ethnic group		

Arab		
Other ethnic group	1	2.6
Not stated		
Total	39	100%

Religion	Number of young people	%
Baptist		
Church of England	8	20.5
Roman Catholic	5	12.8
Other Christian denominations	9	23.1
Muslim	5	12.8
Sikh		
Hindu		
Buddhist	1	2.6
Jewish		
Other	4	10.3
No religion	7	17.9
Total	39	100.0

Other demographics	Number of young people	%
Gypsy/Romany/Traveller	1	2.6
Total	1	2.6

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			1	1				2
16 years		2	1		1	4	2	10
17 years		1		2	4	5	3	15
18 years					1		1	2
Total		3	2	3	6	9	6	29

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		1						1
16 years	1		1					2
17 years		1	2					3
18 years		1						1
Total	1	3	3					7

Main offence	Number of young people	%
Violence against the person	21	53.8
Sexual offences	1	2.6
Burglary	4	10.3
Robbery	7	17.9

Theft and handling		
Fraud and forgery		
Drugs offences	4	10.3
Other offences	2	5.1
Offence not recorded / holding warrant		
Total	39	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		1						1	2
16 years	2					1	1		4
17 years	1		1		1	4			7
18 years						1			1
Total	3	1	1		1	6	1	1	14

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							
16 years		1	2	2	1		6
17 years		1	3	1	1		6
18 years							
Total		2	5	3	2		12

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							
16 years							
17 years		1					1
18 years							
Total		1					1

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					1		1
18 years				1			1
Total				1	1		2

Appendix IV: Summary of questionnaires and interviews

Children's 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 establishment.

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 HMIP and Ofsted inspectors. Draft questions were tested with children in both types of establishment and their input and feedback were invaluable in improving the relevance and accessibility of questions.

Distribution and collection of questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that children can give their informed consent¹² to participate, the purpose of the survey and the inspection is explained. We make clear that the questionnaire can also be administered via 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 via 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.

¹² For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Survey results

Response rate

At the time of the survey on 11 November 2019 the population at HMYOI Parc was 38. Using the approach described above, questionnaires were distributed to 37 children¹³.

We received a total of 33 completed questionnaires, a response rate of 89%. Two children declined to participate in the survey and two 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 2019 compared with responses from other YOIs holding children. The comparator surveys were carried out in five YOIs since February 2019.

The current survey responses from HMYOI Parc 2019 compared with the responses of children surveyed at HMYOI Parc 2018.

The current survey responses from HMYOI Parc 2019 compared with responses from other establishments holding children. The comparator surveys were carried out in three STCs and five YOIs since October 2018.

A comparison within the HMYOI Parc 2019 survey between the responses of children from black and minority ethnic groups and white children.

A comparison within the HMYOI Parc 2019 survey between the responses of children who reported that they had been in local authority care and those who said they had not.

In all the comparative analyses above, statistically significant¹⁴ 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 children'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.

¹³ A questionnaire was not distributed to one child who was at court on the day of the survey.

¹⁴ 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

Background information

Q1.1	What wing, unit or houseblock do you live on?						
	Unit E						15 (45%)
	Unit G						18 (55%)
Q1.2	How old are you?						
	12	13	14	15	16	17	18 or over
	0 (0%)	0 (0%)	0 (0%)	1 (3%)	10 (31%)	19 (59%)	2 (6%)
Q1.3	What is your gender?						
	Male						32 (97%)
	Female.....						1 (3%)
Q1.4	What is your ethnic group?						
	White - English/ Welsh/ Scottish/ Northern Irish/ British						17 (52%)
	White - Irish						1 (3%)
	White - Gypsy or Irish Traveller.....						0 (0%)
	White - any other White background						2 (6%)
	Mixed - White and Black Caribbean						2 (6%)
	Mixed - White and Black African						1 (3%)
	Mixed - White and Asian						1 (3%)
	Mixed - any other Mixed ethnic background						1 (3%)
	Asian/ Asian British - Indian.....						0 (0%)
	Asian/ Asian British - Pakistani.....						1 (3%)
	Asian/ Asian British - Bangladeshi.....						0 (0%)
	Asian/ Asian British - Chinese.....						0 (0%)
	Asian - any other Asian background.....						0 (0%)
	Black/ Black British - Caribbean						3 (9%)
	Black/ Black British - African						2 (6%)
	Black - any other Black/ African/ Caribbean background.....						1 (3%)
	Arab.....						1 (3%)
	Any other ethnic group.....						0 (0%)
Q1.5	Do you have any children?						
	Yes						2 (6%)
	No.....						30 (94%)
Q1.6	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?						
	Yes						2 (6%)
	No.....						31 (94%)
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						20 (61%)
	No.....						13 (39%)

Arrival and induction

Q2.1	When you were searched in reception/admissions, was this done in a respectful way?	
	Yes	24 (73%)
	No.....	1 (3%)
	Don't remember	4 (12%)
	I wasn't searched.....	4 (12%)

Q2.2	Overall, how were you treated in reception/admissions?	
	Well.....	27 (84%)
	Badly.....	2 (6%)
	Don't remember	3 (9%)
Q2.3	When you first arrived here did staff help you with any problems or worries you had?	
	Yes.....	17 (52%)
	No.....	6 (18%)
	Don't remember	0 (0%)
	I didn't have any problems or worries.....	10 (30%)
Q2.4	Did you feel safe on your first night here?	
	Yes.....	27 (82%)
	No.....	5 (15%)
	Don't remember	1 (3%)
Q2.5	In your first few days were you told everything you needed to know about life here?	
	Yes.....	24 (75%)
	No.....	8 (25%)

Living conditions

Q3.1	How comfortable is the temperature of your cell?	
	Too cold.....	11 (35%)
	About right	17 (55%)
	Too hot	3 (10%)
Q3.2	Can you shower every day?	
	Yes.....	30 (91%)
	No.....	2 (6%)
	Don't know.....	1 (3%)
Q3.3	Do you normally have enough clean, suitable clothes for the week?	
	Yes.....	31 (94%)
	No.....	2 (6%)
	Don't know.....	0 (0%)
Q3.4	Do you have clean sheets every week?	
	Yes.....	28 (88%)
	No.....	4 (13%)
	Don't know.....	0 (0%)
Q3.5	Can you get your stored property if you need it?	
	Yes.....	20 (61%)
	No.....	5 (15%)
	Don't know.....	8 (24%)
Q3.6	Is it normally quiet enough for you to relax or sleep at night?	
	Yes.....	18 (55%)
	No.....	12 (36%)
	Don't know.....	3 (9%)
Q3.7	Do you usually spend more than 2 hours out of your cell on weekdays?	
	Yes.....	33 (100%)
	No.....	0 (0%)
	Don't know.....	0 (0%)

Q3.8	Do you usually spend more than 2 hours out of your cell on Saturdays and Sundays?	
	Yes.....	26 (79%)
	No.....	6 (18%)
	Don't know.....	1 (3%)

Food and canteen

Q4.1	What is the food like here?	
	Very good.....	0 (0%)
	Quite good.....	4 (13%)
	Quite bad.....	13 (41%)
	Very bad.....	15 (47%)

Q4.2	Do you get enough to eat at mealtimes?	
	Always.....	2 (6%)
	Most of the time.....	5 (15%)
	Some of the time.....	20 (61%)
	Never.....	6 (18%)

Q4.3	Does the canteen sell the things that you need?	
	Yes.....	26 (79%)
	No.....	6 (18%)
	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	17 (52%)	13 (39%)	3 (9%)
	Nurse	25 (78%)	6 (19%)	1 (3%)
	Dentist	17 (53%)	12 (38%)	3 (9%)
	Mental health workers	19 (59%)	7 (22%)	6 (19%)

Q5.2	Do you have any health problems (including mental health problems)?	
	Yes.....	13 (39%)
	No.....	20 (61%)

Q5.3	Have you been helped with your health problems since you've been here?	
	Yes.....	7 (21%)
	No.....	6 (18%)
	Don't have any health problems.....	20 (61%)

Q5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	
	Yes.....	8 (24%)
	No.....	25 (76%)

Q5.5	If you have a disability, are you getting the support you need?	
	Yes.....	2 (6%)
	No.....	4 (13%)
	Don't have a disability.....	25 (81%)

Q5.6	Did you have an alcohol problem when you came here?	
	Yes.....	4 (12%)
	No.....	29 (88%)

Q5.7	Did you have a drug problem when you came here?	
	Yes	8 (24%)
	No.....	25 (76%)
Q5.8	Have you been helped with your drug or alcohol problem since you've been here?	
	Yes	6 (18%)
	No.....	3 (9%)
	Did not have a drug or alcohol problem.....	24 (73%)
Q5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	
	Yes	25 (78%)
	No.....	5 (16%)
	Don't know.....	2 (6%)
Q5.10	How often do you go to the gym or play sports?	
	More than once a week.....	22 (67%)
	About once a week	9 (27%)
	Less than once a week.....	0 (0%)
	Never	2 (6%)

Complaints

Q6.1	Do you know how to make a complaint?			
	Yes	26 (81%)		
	No.....	6 (19%)		
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?	3 (10%)	4 (13%)	24 (77%)
	Were your complaints usually dealt with within 7 days?	2 (6%)	5 (16%)	24 (77%)
Q6.3	Have you ever felt too scared to make a complaint?			
	Yes	4 (13%)		
	No.....	16 (52%)		
	Never wanted to make a complaint.....	11 (35%)		

Safety and security

Q7.1	Have you ever felt unsafe here?	
	Yes	10 (30%)
	No.....	23 (70%)
Q7.2	Do you feel unsafe now?	
	Yes	2 (6%)
	No.....	29 (94%)
Q7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	
	Yes	22 (67%)
	No.....	11 (33%)
	Don't know.....	0 (0%)
Q7.5	Have other young people here ever done any of the following to you?	
	Verbal abuse.....	14 (45%)
	Threats or intimidation.....	11 (35%)

Physical assault.....	6 (19%)
Sexual assault	2 (6%)
Being forced to assault another young person	4 (13%)
Theft of canteen or property.....	5 (16%)
Other bullying or victimisation	3 (10%)
Young people here have not done any of these things to me	14 (45%)

Q7.6 If you were being bullied/victimised by other young people here, would you report it?

Yes	10 (31%)
No.....	22 (69%)

Q7.7 Have staff here ever done any of the following to you?

Verbal abuse.....	13 (39%)
Threats or intimidation.....	7 (21%)
Physical assault.....	6 (18%)
Sexual assault	1 (3%)
Theft of canteen or property.....	2 (6%)
Other bullying or victimisation	2 (6%)
Staff here have not done any of these things to me	20 (61%)

Q7.8 If you were being bullied/victimised by staff here, would you report it?

Yes	16 (50%)
No.....	16 (50%)

Behaviour management

Q8.1 Do the rewards or incentives for good behaviour encourage you to behave well?

Yes	13 (41%)
No.....	14 (44%)
Don't know	5 (16%)

Q8.2 Do you think the system of rewards or incentives is fair?

Yes	12 (40%)
No.....	14 (47%)
Don't know.....	4 (13%)

Q8.3 Do staff usually let you know when your behaviour is good?

Yes	20 (63%)
No.....	12 (38%)

Q8.4 If you get in trouble, do staff usually explain what you have done wrong?

Yes	20 (63%)
No.....	9 (28%)
Not applicable (never been in trouble here).....	3 (9%)

Q8.5 Have you been physically restrained (e.g. MPR) since you have been here?

Yes	24 (77%)
No.....	7 (23%)

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

Yes	18 (56%)
No.....	7 (22%)
Don't remember	0 (0%)
Not been restrained here	7 (22%)

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.....	23 (72%)
No.....	9 (28%)

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

Yes.....	20 (61%)
No.....	13 (39%)

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

Yes.....	23 (72%)
No.....	9 (28%)

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

Yes.....	26 (81%)
No.....	6 (19%)

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

Yes.....	27 (84%)
No.....	2 (6%)
Don't know.....	3 (9%)

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

No religion.....	12 (36%)
Christian (including Church of England, Catholic, and other branches of Christianity).....	15 (45%)
Buddhist.....	0 (0%)
Hindu.....	0 (0%)
Jewish.....	0 (0%)
Muslim.....	4 (12%)
Sikh.....	0 (0%)
Other.....	2 (6%)

Q10.2 Are your religious beliefs respected here?

Yes.....	15 (45%)
No.....	3 (9%)
Don't know.....	3 (9%)
Not applicable (no religion).....	12 (36%)

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

Yes.....	18 (55%)
No.....	1 (3%)
Don't know.....	2 (6%)
Not applicable (no religion).....	12 (36%)

Keeping in touch with family and friends**Q11.1 Has anyone here helped you to keep in touch with your family and friends?**

Yes.....	30 (91%)
No.....	3 (9%)

Q11.2 Are you able to use a phone every day (if you have credit)?
 Yes 33 (100%)
 No..... 0 (0%)

Q11.3 How easy or difficult is it for your family and friends to get here?
 Very easy 3 (9%)
 Quite easy 10 (30%)
 Quite difficult 8 (24%)
 Very difficult 12 (36%)
 Don't know..... 0 (0%)

Q11.4 How often do you have visits from family or friends?
 More than once a week..... 4 (13%)
 About once a week 11 (34%)
 Less than once a week..... 10 (31%)
 Not applicable (haven't had any visits)..... 7 (22%)

Education and training

Q12.1 Are you doing any of the following activities at the moment?
 Education..... 32 (97%)
 Training for a job (vocational training)..... 3 (9%)
 Paid work 2 (6%)
 Interventions (e.g. offending behaviour programmes) 9 (27%)
 None of these 0 (0%)

Q12.2 Do staff encourage you to attend education, training or work?
 Yes 28 (88%)
 No..... 4 (13%)

Q12.3 Have you learned anything here that will help you when you are released (e.g. education or skills)?
 Yes 27 (82%)
 No..... 6 (18%)

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 22 (69%)
 No..... 7 (22%)
 Don't know..... 3 (9%)

Q13.2 Do you understand what you need to do to achieve your objectives or targets?
 Yes 17 (57%)
 No..... 3 (10%)
 Don't know what my objectives or targets are..... 10 (33%)

Q13.3 Are staff here supporting you to achieve your objectives or targets?
 Yes 17 (55%)
 No..... 4 (13%)
 Don't know what my objectives or targets are..... 10 (32%)

Q13.4 Is anybody here helping you to prepare for when you leave?
 Yes 15 (48%)
 No..... 16 (52%)

Q13.5 Have you had a say in what will happen to you when you leave here?

Yes	18 (58%)
No.....	13 (42%)

Final questions 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 (3%)
Less likely to offend.....	20 (65%)
Made no difference	10 (32%)

HMYOI Parc 2019
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 2019 are compared with the following HMIP survey data:

- Summary statistics from the most recent surveys of all other establishments holding children surveyed since October 2018 (8 establishments).
- Summary statistics from most recent surveys of all other Young Offender Institutions (5 establishments).
- Summary statistics from HMYOI Parc in 2019 are compared with those from HMYOI Parc in 2018.

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Number of completed questionnaires returned

n=number of valid responses to question (HMYOI Parc 2019)

			HMYOI Parc 2019	All responses by children		HMYOI Parc 2019	All other YOIs		HMYOI Parc 2019	HMYOI Parc 2018
			33	637		33	526		33	31
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION										
1.2	Are you under 15 years of age?	<i>n=32</i>	0%	2%		0%	1%		0%	0%
	Are you aged 18 or over?	<i>n=32</i>	6%	11%		6%	12%		6%	3%
1.4	Are you from a minority ethnic group?	<i>n=33</i>	39%	54%		39%	54%		39%	47%
1.5	Do you have any children?	<i>n=32</i>	6%	9%		6%	9%		6%	7%
1.6	Are you from a traveller community?	<i>n=33</i>	6%	9%		6%	8%		6%	14%
1.7	Have you ever been in local authority care?	<i>n=33</i>	61%	53%		61%	54%		61%	57%
5.2	Do you have any health problems (including mental health problems)?	<i>n=33</i>	39%	34%		39%	33%		39%	32%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	<i>n=33</i>	24%	27%		24%	27%		24%	24%
10.1	Are you Muslim?	<i>n=33</i>	12%	20%		12%	20%		12%	11%
ARRIVAL AND INDUCTION										
2.1	Were you searched in reception/admissions?	<i>n=33</i>	88%	95%		88%	96%		88%	83%
<i>For those who had been searched:</i>										
2.1	Was this search done in a respectful way?	<i>n=29</i>	83%	69%		83%	70%		83%	67%
2.2	Overall, were you treated well in reception/admission?	<i>n=32</i>	84%	69%		84%	69%		84%	69%
2.3	When you first arrived, did you have any problems or worries?	<i>n=33</i>	70%	72%		70%	71%		70%	73%
<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?	<i>n=23</i>	74%	47%		74%	44%		74%	64%
2.4	Did you feel safe on your first night here?	<i>n=33</i>	82%	72%		82%	71%		82%	83%
2.5	In your first few days, were you told everything you needed to know about life here?	<i>n=32</i>	75%	54%		75%	51%		75%	57%
LIVING CONDITIONS										
3.1	Is the temperature of your room or cell about right?	<i>n=31</i>	55%	43%		55%	44%		55%	44%
3.2	Can you shower everyday?	<i>n=33</i>	91%	61%		91%	55%		91%	94%
3.3	Do you normally have enough clean, suitable clothes for the week?	<i>n=33</i>	94%	68%		94%	65%		94%	90%
3.4	Do you have clean sheets every week?	<i>n=32</i>	88%	78%		88%	77%		88%	80%
3.5	Can you get to your stored property if you need it?	<i>n=33</i>	61%	50%		61%	48%		61%	47%
3.6	Is it normally quiet enough for you to relax or sleep at night?	<i>n=33</i>	55%	46%		55%	44%		55%	67%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	<i>n=33</i>	100%	75%		100%	72%		100%	82%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	<i>n=33</i>	79%	34%		79%	24%		79%	82%

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Number of completed questionnaires returned

n=number of valid responses to question (HMYOI Parc 2019)

	HMYOI Parc 2019	All responses by children	HMYOI Parc 2019	All other YOIs	HMYOI Parc 2019	HMYOI Parc 2018
	33	637	33	526	33	31

FOOD AND CANTEEN								
4.1	Is the food here very / quite good?	<i>n</i> =32	13%	30%	13%	31%	13%	10%
4.2	Do you get enough to eat at mealtimes always / most of the time?	<i>n</i> =33	21%	38%	21%	39%	21%	23%
4.3	Does the shop / canteen sell the things that you need?	<i>n</i> =33	79%	53%	79%	60%	79%	41%
HEALTH AND WELL-BEING								
5.1	Is it easy to see:							
	- Doctor?	<i>n</i> =33	52%	35%	52%	35%	52%	62%
	- Nurse?	<i>n</i> =32	78%	55%	78%	54%	78%	86%
	- Dentist?	<i>n</i> =32	53%	21%	53%	19%	53%	57%
	- Mental health worker?	<i>n</i> =32	59%	41%	59%	40%	59%	57%
5.2	Do you have any health problems (including mental health problems)?	<i>n</i> =33	39%	34%	39%	33%	39%	32%
<i>For those who have health problems:</i>								
5.3	Have you been helped with your health problems since you have been here?	<i>n</i> =13	54%	58%	54%	58%	54%	60%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	<i>n</i> =33	24%	27%	24%	27%	24%	24%
<i>For those who have a disability</i>								
5.5	Are you getting the support you need?	<i>n</i> =6	33%	45%	33%	42%	33%	67%
5.6	Did you have an alcohol problem when you came here?	<i>n</i> =33	12%	7%	12%	7%	12%	0%
5.7	Did you have a drug problem when you came here?	<i>n</i> =33	24%	25%	24%	26%	24%	17%
<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?	<i>n</i> =9	67%	51%	67%	53%	67%	80%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	<i>n</i> =32	78%	45%	78%	46%	78%	76%
5.10	Do you go to the gym or play sports once a week or more?	<i>n</i> =33	67%	45%	67%	42%	67%	73%
COMPLAINTS								
6.1	Do you know how to make a complaint?	<i>n</i> =32	81%	84%	81%	83%	81%	90%
<i>For those who have made a complaint:</i>								
6.2	Were your complaints usually dealt with fairly?	<i>n</i> =7	43%	34%	43%	32%	43%	25%
	Were your complaints usually dealt with within 7 days?	<i>n</i> =7	29%	30%	29%	27%	29%	25%
6.3	Have you ever felt too scared to make a complaint?	<i>n</i> =20	20%	15%	20%	16%	20%	14%

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33	637	33	526	33	31

SAFETY AND SECURITY								
7.1	Have you ever felt unsafe here?	<i>n=33</i>	30%	38%	30%	39%	30%	35%
7.2	Do you feel unsafe now?	<i>n=31</i>	7%	15%	7%	15%	7%	7%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	<i>n=33</i>	67%	26%	67%	19%	67%	73%
7.5	Have other young people here ever done any of the following to you?							
	- Verbal abuse?	<i>n=31</i>	45%	43%	45%	43%	45%	28%
	- Threats or intimidation?	<i>n=31</i>	36%	32%	36%	32%	36%	20%
	- Physical assault?	<i>n=31</i>	19%	29%	19%	27%	19%	28%
	- Sexual assault?	<i>n=31</i>	7%	2%	7%	2%	7%	0%
	- Being forced to assault another young person?	<i>n=31</i>	13%	7%	13%	7%	13%	4%
	- Theft of canteen or property?	<i>n=31</i>	16%	6%	16%	5%	16%	8%
	- Other bullying or victimisation?	<i>n=31</i>	10%	8%	10%	8%	10%	8%
	- Young people here have not done any of these things to me	<i>n=31</i>	45%	51%	45%	50%	45%	56%
7.6	If you were being bullied / victimised by other young people here, would you report it?	<i>n=32</i>	31%	31%	31%	29%	31%	52%
7.7	Have staff here ever done any of the following to you?							
	- Verbal abuse?	<i>n=33</i>	39%	36%	39%	37%	39%	21%
	- Threats or intimidation?	<i>n=33</i>	21%	23%	21%	24%	21%	10%
	- Physical assault?	<i>n=33</i>	18%	16%	18%	17%	18%	0%
	- Sexual assault?	<i>n=33</i>	3%	2%	3%	1%	3%	0%
	- Theft of canteen or property?	<i>n=33</i>	6%	11%	6%	12%	6%	7%
	- Other bullying / victimisation?	<i>n=33</i>	6%	11%	6%	11%	6%	7%
	- Staff here have not done any of these things to me	<i>n=33</i>	61%	55%	61%	55%	61%	66%
7.8	If you were being bullied / victimised by staff here, would you report it?	<i>n=32</i>	50%	52%	50%	53%	50%	75%
BEHAVIOUR MANAGEMENT								
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	<i>n=32</i>	41%	35%	41%	36%	41%	31%
8.2	Do you think the system of rewards or incentives is fair?	<i>n=30</i>	40%	28%	40%	28%	40%	45%
8.3	Do staff usually let you know when your behaviour is good?	<i>n=32</i>	63%	40%	63%	36%	63%	48%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	<i>n=29</i>	69%	59%	69%	58%	69%	59%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	<i>n=31</i>	77%	65%	77%	66%	77%	59%
<i>For those who have been restrained:</i>								
8.6	Did a member of staff come and talk to you about it afterwards?	<i>n=25</i>	72%	64%	72%	64%	72%	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)	<i>n=32</i>	72%	62%	72%	62%	72%	62%

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33	637	33	526	33	31

STAFF								
9.1	Do you feel cared for by most staff here?	n=33	61%	43%	61%	40%	61%	57%
9.2	Do most staff here treat you with respect?	n=32	72%	66%	72%	62%	72%	82%
9.3	If you had a problem, are there any staff here you could turn to for help?	n=32	81%	68%	81%	65%	81%	71%
9.4	Can you speak to a Barnardo's advocate when you need to?	n=32	84%	66%	84%	65%	84%	66%
FAITH								
10.1	Do you have a religion?	n=33	64%	69%	64%	70%	64%	33%
<i>For those who have a religion:</i>								
10.2	Are your religious beliefs respected here?	n=21	71%	77%	71%	77%	71%	80%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=21	86%	72%	86%	70%	86%	91%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS								
11.1	Has anyone here helped you to keep in touch with your family / friends?	n=33	91%	62%	91%	58%	91%	71%
11.2	Are you able to use a phone every day (if you have credit)?	n=33	100%	66%	100%	61%	100%	93%
11.3	Is it quite / very easy for your family and friends to get here?	n=33	39%	36%	39%	36%	39%	36%
11.4	Do you get visits from family or friends?	n=32	78%	79%	78%	78%	78%	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=25	60%	45%	60%	43%	60%	65%
EDUCATION AND TRAINING								
12.1	Are you doing any of the following activities at the moment:							
	- Education?	n=33	97%	84%	97%	83%	97%	100%
	- Training for a job (vocational training)?	n=33	9%	7%	9%	6%	9%	4%
	- Paid work?	n=33	6%	6%	6%	6%	6%	0%
	- Interventions (e.g. offending behaviour programmes)?	n=33	27%	17%	27%	15%	27%	7%
	- Not doing any of these activities	n=33	0%	13%	0%	14%	0%	0%
12.2	Do staff encourage you to attend education, training or work?	n=32	88%	63%	88%	60%	88%	86%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	n=33	82%	51%	82%	48%	82%	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=32	69%	61%	69%	61%	69%	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=20	85%	91%	85%	91%	85%	100%
13.3	Are staff here supporting you to achieve your objectives or targets?	n=21	81%	48%	81%	43%	81%	77%
13.4	Is anybody here helping you to prepare for when you leave?	n=31	48%	37%	48%	34%	48%	46%
13.5	Have you had a say in what will happen to you when you leave here?	n=31	58%	42%	58%	41%	58%	52%
FINAL QUESTIONS ABOUT THIS STC/YOI								
14.1	Do you think your experiences here have made you less likely to offend in the future?	n=31	65%	56%	65%	55%	65%	54%

HMYOI Parc 2019

Comparison of survey responses between different sub-populations of children

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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Number of completed questionnaires returned

Black and minority ethnic	White
13	20

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	8%	5%
1.5	Do you have any children?	0%	11%
1.6	Are you from a traveller community?	0%	10%
1.7	Have you ever been in local authority care?	69%	55%
5.2	Do you have any health problems (including mental health problems)?	39%	40%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	31%	20%
10.1	Are you Muslim?	23%	5%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	77%	95%
	<i>For those who had been searched:</i>		
2.1	Was this search done in a respectful way?	80%	84%
2.2	Overall, were you treated well in reception/admission?	83%	85%
2.3	When you first arrived, did you have any problems or worries?	54%	80%
	<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?	43%	88%
2.4	Did you feel safe on your first night here?	77%	85%
2.5	In your first few days, were you told everything you needed to know about life here?	54%	90%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	27%	70%
3.2	Can you shower everyday?	77%	100%
3.3	Do you normally have enough clean, suitable clothes for the week?	85%	100%
3.4	Do you have clean sheets every week?	69%	100%
3.5	Can you get to your stored property if you need it?	39%	75%
3.6	Is it normally quiet enough for you to relax or sleep at night?	54%	55%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	100%	100%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	62%	90%

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Number of completed questionnaires returned

Black and minority ethnic	White
13	20

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	15%	11%
4.2	Do you get enough to eat at mealtimes always / most of the time?	15%	25%
4.3	Does the shop / canteen sell the things that you need?	62%	90%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	23%	70%
	- Nurse?	67%	85%
	- Dentist?	33%	65%
	- Mental health worker?	42%	70%
5.2	Do you have any health problems (including mental health problems)?	39%	40%
	<i>For those who have health problems:</i>		
5.3	Have you been helped with your health problems since you have been here?	0%	88%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	31%	20%
	<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?	15%	10%
5.7	Did you have a drug problem when you came here?	23%	25%
	<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?	33%	83%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	62%	90%
5.10	Do you go to the gym or play sports once a week or more?	54%	75%
COMPLAINTS			
6.1	Do you know how to make a complaint?	77%	84%
	<i>For those who have made a complaint:</i>		
6.2	Were your complaints usually dealt with fairly?	0%	75%
	Were your complaints usually dealt with within 7 days?	0%	50%
6.3	Have you ever felt too scared to make a complaint?	13%	25%

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Black and minority ethnic	White
13	20

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	39%	25%
7.2	Do you feel unsafe now?	0%	11%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	39%	85%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	67%	32%
	- Threats or intimidation?	42%	32%
	- Physical assault?	25%	16%
	- Sexual assault?	8%	5%
	- Being forced to assault another young person?	17%	11%
	- Theft of canteen or property?	25%	11%
	- Other bullying or victimisation?	8%	11%
	- Young people here have not done any of these things to me	33%	53%
7.6	If you were being bullied / victimised by other young people here, would you report it?	15%	42%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	54%	30%
	- Threats or intimidation?	39%	10%
	- Physical assault?	39%	5%
	- Sexual assault?	0%	5%
	- Theft of canteen or property?	8%	5%
	- Other bullying / victimisation?	8%	5%
	- Staff here have not done any of these things to me	46%	70%
7.8	If you were being bullied / victimised by staff here, would you report it?	50%	50%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	42%	40%
8.2	Do you think the system of rewards or incentives is fair?	25%	50%
8.3	Do staff usually let you know when your behaviour is good?	33%	80%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	50%	82%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	92%	68%
	<i>For those who have been restrained:</i>		
8.6	Did a member of staff come and talk to you about it afterwards?	64%	79%
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)	75%	70%

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	Black and minority ethnic	White
Number of completed questionnaires returned	13	20

STAFF		
9.1	Do you feel cared for by most staff here?	39% 75%
9.2	Do most staff here treat you with respect?	46% 90%
9.3	If you had a problem, are there any staff here you could turn to for help?	62% 95%
9.4	Can you speak to a Barnardo's advocate when you need to?	92% 79%
FAITH		
10.1	Do you have a religion?	85% 50%
<i>For those who have a religion:</i>		
10.2	Are your religious beliefs respected here?	55% 90%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	82% 90%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS		
11.1	Has anyone here helped you to keep in touch with your family / friends?	77% 100%
11.2	Are you able to use a phone every day (if you have credit)?	100% 100%
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?	69% 84%
<i>For those who do get visits:</i>		
11.4	Do you get visits from family or friends once a week or more?	33% 75%
EDUCATION AND TRAINING		
12.1	Are you doing any of the following activities at the moment:	
	- Education?	92% 100%
	- Training for a job (vocational training)?	8% 10%
	- Paid work?	8% 5%
	- Interventions (e.g. offending behaviour programmes)?	8% 40%
	- Not doing any of these activities	0% 0%
12.2	Do staff encourage you to attend education, training or work?	77% 95%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	69% 90%
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)?	50% 80%
<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?	67% 93%
13.3	Are staff here supporting you to achieve your objectives or targets?	67% 87%
13.4	Is anybody here helping you to prepare for when you leave?	27% 60%
13.5	Have you had a say in what will happen to you when you leave here?	27% 75%
FINAL QUESTIONS ABOUT THIS STC/YOI		
14.1	Do you think your experiences here have made you less likely to offend in the future?	50% 74%

HMYOI Parc 2019

Comparison of survey responses between different sub-populations of children

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:

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

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

Have been in local authority care	Have not been in local authority care
20	13

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?	5%	8%
1.4	Are you from a minority ethnic group?	45%	31%
1.5	Do you have any children?	0%	17%
1.6	Are you from a traveller community?	5%	8%
1.7	Have you ever been in local authority care?		
5.2	Do you have any health problems (including mental health problems)?	30%	54%
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?	15%	8%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	85%	92%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	82%	83%
2.2	Overall, were you treated well in reception/admission?	84%	85%
2.3	When you first arrived, did you have any problems or worries?	65%	77%
<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?	62%	90%
2.4	Did you feel safe on your first night here?	85%	77%
2.5	In your first few days, were you told everything you needed to know about life here?	70%	83%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	53%	58%
3.2	Can you shower everyday?	90%	92%
3.3	Do you normally have enough clean, suitable clothes for the week?	95%	92%
3.4	Do you have clean sheets every week?	84%	92%
3.5	Can you get to your stored property if you need it?	65%	54%
3.6	Is it normally quiet enough for you to relax or sleep at night?	60%	46%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	100%	100%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	75%	85%

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	Have been in local authority care	Have not been in local authority care
Number of completed questionnaires returned	20	13

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	0%	31%
4.2	Do you get enough to eat at mealtimes always / most of the time?	15%	31%
4.3	Does the shop / canteen sell the things that you need?	70%	92%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	50%	54%
	- Nurse?	80%	75%
	- Dentist?	55%	50%
	- Mental health worker?	55%	67%
5.2	Do you have any health problems (including mental health problems)?	30%	54%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	33%	71%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	23%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	40%	0%
5.6	Did you have an alcohol problem when you came here?	10%	15%
5.7	Did you have a drug problem when you came here?	25%	23%
<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?	80%	50%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	68%	92%
5.10	Do you go to the gym or play sports once a week or more?	60%	77%
COMPLAINTS			
6.1	Do you know how to make a complaint?	74%	92%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	0%	60%
	Were your complaints usually dealt with within 7 days?	0%	40%
6.3	Have you ever felt too scared to make a complaint?	15%	29%

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20	13

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	25%	39%
7.2	Do you feel unsafe now?	5%	8%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	60%	77%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	50%	36%
	- Threats or intimidation?	35%	36%
	- Physical assault?	20%	18%
	- Sexual assault?	5%	9%
	- Being forced to assault another young person?	15%	9%
	- Theft of canteen or property?	15%	18%
	- Other bullying or victimisation?	10%	9%
	- Young people here have not done any of these things to me	40%	55%
7.6	If you were being bullied / victimised by other young people here, would you report it?	30%	33%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	50%	23%
	- Threats or intimidation?	25%	15%
	- Physical assault?	25%	8%
	- Sexual assault?	5%	0%
	- Theft of canteen or property?	5%	8%
	- Other bullying / victimisation?	5%	8%
	- Staff here have not done any of these things to me	50%	77%
7.8	If you were being bullied / victimised by staff here, would you report it?	47%	54%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	32%	54%
8.2	Do you think the system of rewards or incentives is fair?	28%	58%
8.3	Do staff usually let you know when your behaviour is good?	53%	77%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	61%	82%
8.5	Have you been physically restrained (e.g. MPR) since you have been here?	78%	77%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	67%	80%
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)	74%	69%

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Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	50%	77%
9.2	Do most staff here treat you with respect?	65%	83%
9.3	If you had a problem, are there any staff here you could turn to for help?	74%	92%
9.4	Can you speak to a Barnardo's advocate when you need to?	84%	85%
FAITH			
10.1	Do you have a religion?	65%	62%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	69%	75%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	85%	88%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	90%	92%
11.2	Are you able to use a phone every day (if you have credit)?	100%	100%
11.3	Is it quite / very easy for your family and friends to get here?	30%	54%
11.4	Do you get visits from family or friends?	68%	92%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	46%	75%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	100%	92%
	- Training for a job (vocational training)?	15%	0%
	- Paid work?	0%	15%
	- Interventions (e.g. offending behaviour programmes)?	20%	39%
	- Not doing any of these activities	0%	0%
12.2	Do staff encourage you to attend education, training or work?	84%	92%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	75%	92%
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)?	68%	69%
<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?	83%	88%
13.3	Are staff here supporting you to achieve your objectives or targets?	83%	78%
13.4	Is anybody here helping you to prepare for when you leave?	56%	39%
13.5	Have you had a say in what will happen to you when you leave here?	56%	62%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	61%	69%