

Action Plan: HMYOI PARC

Action Plan Submitted: 13-03-2020

A Response to the HMIP Inspection: 11-22 November 2019

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INTRODUCTION

HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Probation for England and Wales are independent inspectorates which provide scrutiny of the conditions for, and treatment of prisoners and offenders. They report their findings for prisons, Young Offender Institutions and effectiveness of the work of probation, Community Rehabilitation Companies (CRCs) and youth offending services across England and Wales to Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS). In response to the report HMPPS / MoJ are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plans provides specific steps and actions to address these. Actions are clear, measurable, achievable and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the HMPPS web based Prison Finder. Progress against the implementation and delivery of the action plans will also be monitored and reported on.

Term	Definition	Additional comment		
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Specifi Measurable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.		
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There <b>mus</b> t be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.		
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option.  There <b>must</b> be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.		

## ACTION PLAN: HMCIP REPORT ESTABLISHMENT: HMYOI PARC

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	To HMPPS				
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.	Partly agreed	This recommendation is partly agreed, as if a Child or Young Person (CYP) is identified as restricted status, we cannot guarantee that they will be permitted to make direct phone calls on their first day in custody due to the delays in obtaining supporting documentation from the relevant police force, which are factors beyond our control.  All CYP not identified as restricted status will be allowed to make direct phone calls on their first day in custody, subject to the usual public protection checks.  For any CYP identified as being restricted status the following actions are followed at HMYOI Parc:  • Adhere to all mandatory actions within Prison Service Instruction (PSI 09/2015), The Identification, Initial Categorisation and Management of Potential and Provisional Category A/Restricted Status Prisoners/Children.  • All supporting documentation will be requested from the relevant police force on the day of identification to assist in determining if the CYP is restricted status or not. A log of all such requests is kept, to track progress. As soon as the supporting documentation is received it is referred to Category A section for a final decision. The Police Intelligence Officer will continue to seek a quicker response from the relevant police forces to gain the documentation.  • The CYP is informed that he will not be allowed direct access to phone calls until all appropriate checks are completed. However, the identified next of kin will be contacted upon initial reception, then daily thereafter until a decision is made by Category A section on whether the CYP is restricted status or not. A log of all these calls is kept, and the CYP updated on progress.	HMPPS/YCS Wales HMPPS/YCS Wales	Completed

			A speedier process for provision of supporting documentation within 24 hours of admission into Parc YOI is being sought through a new criminal justice partnership arrangement.	HMPPS/YCS	June 2020
	To the Director				
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.	Agreed	All levels of the Incentives Policy Framework are now included in data gathering. Where issues of a discriminatory practice are identified within the different levels of the framework, this is investigated and any appropriate actions taken. Senior staff and all those involved in the process will review and put into practice the evidence based summary on de-biasing by the evidence based practice team, to ensure enough is being done to reduce the potential of bias in decision making regarding Incentives. This data and any identified issues are discussed at the monthly safeguarding meeting, which subsequently feeds into the equalities meeting, (Wherever possible, attendees at both meetings will be representative of the community being discussed).	Director	Completed
	Recommendation: Data should be scrutinised thoroughly to ensure that behaviour management processes are not discriminatory.		A monthly 'Young Person's Unit' Equalities forum has been introduced which is in addition to the monthly student community forum, where any concerns about discrimination can be raised. These meetings are also used to provide feedback and updates to the CYP.	Director	Completed

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.	Not Agreed	This recommendation is not agreed as it is outside of HMYOI Parc's control, as the Director has no management or financial oversight of the Child and Adolescent Mental Health Services (CAMHS) team, and cannot enforce the recommendation.  However, HMYOI Parc will continue to engage in meetings with CAMHS, to develop the agreed service level agreement (SLA), to ensure the best possible service is delivered based on the current funding restrictions within Wales. The current SLA is due to be reviewed in June 2020.  It is anticipated the partnership board will be reinstated but at present there is no date for this, but when it commences any issues identified will be raised through this meeting in relation to service delivery. In the interim any issues will be raised through the quarterly meetings with the local health authority.  HMPPS/YCS Wales will continue to liaise with NHS Wales about the service provision available that can be provided to HMYOI Parc. It has already been identified that there is no current speech and language provision available, this will be raised through these discussions.	Director/ Cwm Taf UHB	
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.	Agreed	The Safeguarding and Resettlement management structure has been reviewed and a new manager is now in place who will provide improved and effective strategic management and oversight of the resettlement function. This will ensure CYP assessments are robust, needs are met and there are clear escalation routes for concerns.  The Resettlement meeting framework will be reintroduced and meet every two months. The meeting will include identified stakeholders. Terms of reference for the meetings will be reviewed and re issued. This meeting will be used as a vehicle to drive recommendations identified within the current needs analysis.	Director	April 2020 May 2020

	General Recommendations				
	To the Director				
1.17	Observational checks on children should not be carried out at predictable intervals.	Partly Agreed	This recommendation is partly agreed, it is very difficult to make the frequency of observations less predictable where boys are on five observations per hour. That frequency is adopted only where the risk of self-harm is highest. It requires closely spaced observations to reduce the time in which a boy can harm himself unobserved, which means the intervals can differ by only a few minutes. The frequency of observations is based upon the identified risks of the person, these are discussed at multi-disciplinary reviews and recorded in the care map. All Assessment, Care in Custody and Teamwork (ACCT's) documents are quality checked where the frequency of observations are monitored.	Director	May 2020
1.18	CCTV monitoring should not be used in place of meaningful human interaction and human observation.	Agreed	Every ACCT is subject to a multi-disciplinary risk assessment which bests suits the individual needs of the CYP, this is recorded in the care plan. Closed Circuit Television (CCTV) is only used as an additional enhanced observation, and will not be used as an alternative to meaningful checks that are identified in the ACCT.	Director	Completed
1.36	All children should have the opportunity to seek advocacy in good time before an adjudication.	Agreed	The Barnardo's advocate is advised each day of any planned adjudications, the charges placed against the CYP, and the date of the hearing.  The CYP is advised of the advocacy available for adjudications, when the notice that they are on report is issued. All in cell telephones also have a direct line to Barnardo's where advocacy can be sought if a representative is not available in person.  The adjudicator will ask the CYP if they would like an advocator present. If the CYP feels further time is required to speak to one the adjudication will be adjourned which will be documented in the record of the adjudication hearing.	Director	Completed

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.	Not Agreed	This recommendation is not agreed as it is outside of HMYOI Parc's control, as the Director has no management or financial oversight of the Child and Adolescent Mental Health Services (CAMHS) team, and cannot enforce the recommendation.  The CAMHS team currently use a separate reporting system to SystmOne (a patient administration system), which is used by clinical staff at the prison. Conversations are ongoing to promote the use of one consolidated system to enable a good quality single contemporaneous health record for children in our care. HMYOI Parc will provide training advice and support in relation to CAHMS staff utilising SystmOne if it is agreed to use one system.  The CAMHS manager will monitor the quality of clinical records, and where issues are identified they will be addressed as necessary. Assurance will be provided to the Director through the partnership board once reinstated, and at the quarterly health authority meetings.  It is anticipated the partnership board will be reinstated but at present there is no date for this, but when it commences any issues identified around quality of clinical records will be raised through this meeting in relation to service delivery. In the interim any issues will be raised through the quarterly meetings with the local health authority.	Director/ Cwm Taf UHB	
2.55	Information governance practices should accord with professional standards.	Agreed	Issues identified at the time of the inspection have been addressed, and all Information Government Practices are adhered to. This is monitored for ongoing compliance in relation to professional standards by the CAMHS manager.  The CAMHS team currently use a separate reporting system to SystmOne (a patient administration system), which is used by clinical staff at the prison. Conversations are ongoing to engage the partner to use one consolidated system to enable a good quality single contemporaneous health record for children in our care. HMYOI Parc will provide training advice and support in relation to CAHMS staff utilising SystmOne if it is agreed to use one system.	Director/ Cwm Taf UHB	Completed

			It is anticipated the partnership board will be reinstated but at present there is no date for this, but when it commences any issues identified around quality of clinical records and governance practices will be raised through this meeting in relation to service delivery. In the interim any issues will be raised through the quarterly meetings with the local health authority.		
2.62	Integrated substance misuse services should provide adequate assessments, interventions and discharge plans to improve outcomes for children.	Agreed	The current Substance Misuses Service (SMS) provision has been reviewed, taking account of recent needs analysis to enhance our current provision. This will ensure suitable assessments, interventions and discharge plans are developed for children in custody.	Director	Completed
			HMYOI Parc will provide training, support and guidance to the current Needs Engagement and Wellbeing Team (NEWT) upskilling them to ensure suitable assessments, interventions and discharge plans are developed and that there is continuity of delivery of SMS service during staff non-effective periods.	Director	June 2020
3.12	The vocational skills curriculum should be broadened so that children have more opportunity to join a vocational course or employment on release.	Partly Agreed	This recommendation is partly agreed, as HMYOI Parc do not currently have scope within the current contract and budgetary/resources restrictions to facilitate an increase in our vocational skills programme.		
			However, we will develop a funding proposal to broaden the vocational curriculum and present this to the YCS by March 2020. We have been informed to expect a decision to be made on this bid by the end of June 2020. Any progress on this recommendation will be dependent on funding agreement.	Director	June 2020
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.	Agreed	A CYP specific teacher will be identified and upskilled to provide English for Speakers of Other Languages (ESOL) provision, as required to support the development of oral English for children who are speakers of other languages.	Director	September 2020
			CYP will be identified as requiring this provision through initial assessments, and this will be included in their Individual Learning Plans.		
3.17	Managers should ensure that children can access reliable virtual learning resources.	Agreed	The Virtual Campus (VC) has been installed. The reliability of the system has improved and is accessible for all boys as part of their curriculum.	Director	Completed

4.15	Children on remand who are transferring to adult prisons should be given full information about the establishment they are going to.	Agreed	As part of transition processes, all young people identified to transition to an adult prison as a remand or convicted sentenced young person, will be given relevant information on the identified prison.	Director	Completed
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.	Agreed	A revised quality assurance process for case management will be introduced. The process will focus on the identification and assessment of risk of harm, to ensure all available information is considered, reviewed and incorporated into resettlement planning and have the necessary management oversight, to inform how CYP are manged on the unit and in resettlement and work. The Safeguarding manager will ensure all case workers are fully aware of the establishments public protection policy.	Director	May 2020
			All CYP identified as high risk of harm will be reviewed at the monthly safeguarding meeting to ensure appropriate action has been taken to mitigate risk prior to release.	Director	May 2020
4.41	The prison should ensure that children are allocated to interventions based on their offence related behaviour and release date.	Agreed	A revised quality assurance process for case management will be introduced. This will help focus interventions on offence related behaviour and sequenced with release date planning.	Director	May 2020
			Where it is identified that there is insufficient time to compete the necessary intervention in custody, then the relevant YOT team will be notified of this at the earliest opportunity.	Director	May 2020

Recommendations	
Agreed	11
Partly Agreed	3
Not Agreed	2
Total	16