

Report on a scrutiny visit to

HMYOI Parc

by HM Chief Inspector of Prisons

20 and 27–28 April 2021



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Introduction

HMYOI Parc is a children's unit on the same site as, 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 visit, it held 21 children with a capacity of about 60. We carried out a short scrutiny visit in April 2020 where we found that, despite restrictions, leaders and managers had successfully reintroduced face-to-face education and were giving children more time out of cell than at other establishments.

At this visit there was evidence of further progress in many areas. Local leaders had been proactive in recovery planning, liaising with the Welsh Government and Public Health Wales to deliver consistent improvements in access to education and other activities during the previous year. This successful planning had enabled children to spend nearly 10 hours out of their cell each weekday, including 4.5 hours of education, daily exercise and evening association. This was far better than at other young offender institutions (YOIs).

Managers and staff had maintained a clear focus on the well-being of children in their care during the pandemic. Records showed that staff from all areas regularly engaged with children and, in our survey, 94% of children said they felt cared for by staff. These positive relationships were used to encourage children to attend education, engage with their sentence or remand plan and behave well.

All children attended education and the quality of teaching was good. Children knew about their sentence plans and caseworkers carried out regular one-to-one work with children. Incidents of violence, self-harm and use of force had reduced at the start of the pandemic and remained at a lower level as time out of cell improved.

The unit was clean and children had good access to showers, cleaning materials and appropriate equipment in their cells. Children ate all their meals together and had regular opportunities for exercise and games on the unit.

Health care was also good. Measures had been implemented to protect children from the pandemic, including cohorting, mask wearing and enhanced cleaning, and these worked well. Most services were delivered by two nurses who were very accessible and there were no waiting lists for most clinics.

Overall, outcomes for children at Parc remain better than at other YOIs. Managers have been helped by a reduced population, but that should not detract from the impressive progress they have made in all areas during the pandemic. The recovery at Parc has been quicker than at other YOIs and it is commendable that leaders were able to reintroduce the full pre-pandemic regime shortly after our visit. This report describes much good practice that could be used to inform the recovery elsewhere in the children's estate.

Charlie Taylor

HM Chief Inspector of Prisons

April 2021

About HMYOI Parc

Task of the establishment

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

Certified normal accommodation and operational capacity (see Glossary of terms)

Children held at the time of this visit: 21

Baseline certified normal capacity: 64

In-use certified normal capacity: 64

Operational capacity: 60

Prison status (public or private) and key providers

Private G4S

Physical health provider: G4S Health services Ltd

GP provider: Marnell Medical Services

Mental health provider: All Wales Forensic Adolescent Consultation and Treatment Service (FACTS)

Dental treatment provider: Time for Teeth

Prison education framework provider: G4S

Escort contractor: Geo Amey

Prison group/Department

Wales

Brief history

The children's unit opened in March 2002 as a 28-bed unit. The unit was originally commissioned by the Youth Justice Board to address concerns in respect of Welsh children being placed in a secure setting in England. In 2007 the capacity of the facility was increased to 64 beds. Current operational capacity of 60 beds, across two units, which contain both single and double occupancy cells. Our court catchment area is Wales and south-west England.

Short description of residential units

The children's unit 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 accommodation on Golf One is slightly different with rooms all located on one level. The operational capacity of Golf One is 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.

Director and date in post

Janet Wallsgrove, 2006

Leadership changes since last inspection

There has been no change.

Independent Monitoring Board chair

Kelvin Hughes

Date of last inspection

11 to 22 November 2019

Summary of key findings

Key concerns and recommendations

- S1 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.
- S2 During this visit we identified some areas of key concern and have made a small number of recommendations for the establish to address.
- S3 **Key concern:** Despite good transition planning at Parc, we saw examples of a few children who had been refused a place at several adult prisons, including some whose role was to manage high-risk young adults between the ages of 18 and 21. This created unacceptable delays and increased anxiety for children who could wait for long periods to find out where they were going. In addition, children transitioning to the adult estate did not always receive appropriate support from the receiving prisons.
- Recommendation: Eighteen-year olds held in children's establishments should be properly supported during their transition to the most suitable prison in the adult estate.** (To HMPPS)
- S4 **Key concern:** Accommodation was found too close to their release for many children. This delayed progress with finalising their resettlement plans and confirming education, training or employment places. This could increase anxiety for vulnerable children at a difficult time.
- Recommendation: Children should be found suitable accommodation early enough before their release to allow for resettlement plans to be fully achieved.** (To Ministry of Justice; Ministry of Housing, Communities and Local Government; Department for Education; and Welsh Government)

Notable positive practice

- S5 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for children; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- S6 Inspectors found nine examples of notable positive practice during this visit.
- S7 **Conflict resolution was used swiftly by staff working with children. Unit staff engaged with children in conflict very soon after the event to prevent the situation escalating. They were able to develop and practise the skills required to resolve conflict which increased the confidence and trust in children.** (See paragraph 2.10)
- S8 **The care for children at risk of self-harm was good. ACCT documents were well managed including care plans, detailed entries from staff and multidisciplinary reviews that took the needs of each child into account.** (See paragraph 2.21)

- S9 **Leaders had built up an organisational culture which supported staff in developing and maintaining a positive working relationship with each child in their care. The ethos of mutual respect between staff and children created a positive environment, which was evident in outcomes across all four healthy prison tests. (See paragraph 3.2)**
- S10 **The level of education provision had increased over the last year and had recently been extended to 4½ hours a day. The sustained delivery of education and skills activities had engaged children in learning and had enabled them to gain 595 qualifications between April 2020 and March 2021. (See paragraphs 4.2 and 4.12)**
- S11 **Children had very good access to PE as part of their school day as well as recreational exercise sessions. This helped to support physical and mental well-being and encouraged children to get into a routine of regular exercise. (See paragraph 4.5)**
- S12 **A variety of activities were arranged on the unit and outside to keep children occupied when not in education. Residential staff often participated in these activities which enhanced the good relationships between children and staff that we observed throughout the visit. This provision ensured that children could access significantly more time out of cell during the weekends than at other YOIs. (See paragraph 4.5)**
- S13 **Family forums had been organised each month throughout the pandemic giving families the opportunity to raise issues of concern, particularly visits. These meetings were attended by members of several families, a representative from the YOT, the family support worker and prison leaders. Any issues raised were acted on and reported back at the next meeting. (See paragraph 5.6)**
- S14 **Remand and sentence planning meetings took place on time for each child. It was particularly positive that these meetings included residential officers who knew the child well and made a constructive contribution. (See paragraph 5.8)**
- S15 **The needs, engagement and welfare team had continued to deliver face-to-face programmes with individual children throughout the pandemic, using an effective trauma-informed approach. A broad range of programmes was available from practical issues such as parenting, to more focused offence-related work. (See paragraph 5.9)**

Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

- 1.1** At the start of the pandemic leaders at Parc had appropriately challenged national requests to suspend key services including education, library and visits. Leaders and managers worked with Public Health Wales and the Welsh Government to restart some services safely on 30 March 2020 and expand them steadily over the following year.
- 1.2** The proactive recovery planning by leaders had resulted in sustained improvements to the regime. At the time of our visit children could have nearly 10 hours out of their cell on weekdays, including 4.5 hours a day of classroom-based education which was much more than at other young offender institutions (YOIs). There were credible and ambitious plans to re-introduce the full regime on 4 May 2021.
- 1.3** Leaders and managers had communicated well with children and staff throughout the pandemic and, in our surveys, 100% of children said they understood the COVID-19 restrictions and 92% of staff agreed that they were kept informed of what was expected of them. Additional measures implemented to keep children safe included cohorting for new admissions, symptomatic children or those particularly vulnerable to COVID-19, as well as enhanced cleaning, mask wearing and social distancing. We observed staff appropriately challenging children who were not wearing masks.
- 1.4** Our staff survey had a high response rate and 83% said that the prison was supporting staff well-being during the pandemic. About a third of staff said that morale had improved during the pandemic compared to 19% who said morale had declined.
- 1.5** The consistent focus on children's well-being by leaders, managers and staff had led to improved relationships between staff and children during the pandemic. These relationships were key to sustaining the good behaviour among children as time out of cell improved. Nearly all children at Parc felt cared for by staff and these relationships were key to sustaining the generally good behaviour among children as time out of cell improved.
- 1.6** Leaders at Parc had delivered a purposeful regime throughout the pandemic which was impressive. In common with other sites holding children, the population had reduced substantially during this time and was now 30% lower than in February 2020. The challenge for leaders and managers will be to embed these improvements as the population returns to a more normal level.

Section 2. Safety

In this section, we report mainly on arrival and early days; managing behaviour; and safeguarding and support for the most vulnerable children, including those at risk of self-harm.

Arrival and early days

- 2.1** An average of three children arrived at Parc each week. Reception arrangements for new arrivals were good. Leaders and managers had adapted procedures to ensure that children were moved to the residential units on arrival where they were seen promptly by a nurse and a member of unit staff.
- 2.2** The space designated for children's living accommodation was limited and newly arriving children, including those presenting as symptomatic who were subject to reverse cohorting arrangements (see Glossary of terms), were placed in undesignated empty cells. This was well organised and cells that we looked at were clean and appropriately prepared. Staff conducted welfare checks throughout the night and children told us that they had felt cared for by staff during that initial period of custody.



E wing cell ready for occupancy

- 2.3** There were no symptomatic children at the time of our visit. Children were tested for COVID-19 on days two and five after arrival. If the second covid-19 test proved negative, children moved into family bubble units of up to 12 where a full regime was available to them.
- 2.4** In our survey, 100% of children said they knew about the COVID-19 restrictions and felt they had been kept safe from the virus, 83% said the restrictions had been explained to them and 73% felt the restrictions were necessary. Children we talked to said they felt very well supported and informed.

- 2.5** Time out of cell for newly arrived children was better than we had seen at similar young offender institutions (YOIs) since the onset of the pandemic. Induction continued to be delivered face to face. Measures had been implemented to ensure that children subject to reverse cohorting received 4.5 hours face-to-face education a day, half an hour in the fresh air and an additional 90 minutes to take a shower and participate in activities with staff to prevent social isolation. Managers did not keep records of the frequency of these initiatives, but children and staff described detailed examples of interactions conducted in a COVID-safe way. We saw many examples of staff in full personal protective equipment (PPE, see Glossary of terms) interacting meaningfully with children, including spending time in the fresh air and engaging in wing-based activities together.

Managing behaviour

- 2.6** The good relationships between children and staff underpinned behaviour management. We saw consistently good behaviour by children throughout our visit and many examples of staff encouraging children in their care to engage positively in the regime.
- 2.7** In our survey, 12% of children said they felt unsafe at the time of our visit. Leaders and managers had developed robust oversight of violence and the number of violent incidents in the previous six months was much lower than at our last inspection and at other YOIs. All incidents of violence were fully investigated and actions agreed at the monthly safety meetings ensured that any spikes in violence were addressed swiftly to prevent further escalation.
- 2.8** The monthly monitoring and review group had continued to meet throughout the pandemic and was well attended. There were detailed discussions of safety data and managers had good oversight of emerging concerns which they responded to quickly.
- 2.9** Challenge, support and intervention plans (CSIPs, see Glossary of terms) were used to manage the behaviour of children who had been involved in violence or had been the victim of a violent incident. The number of children placed on CSIPs had halved from 24 to 12 in the previous 12 months. The plans that we looked at did not prevent access to education or enrichment activities and remained inclusive in spirit, which was commendable.
- 2.10** Conflict resolution had continued to be delivered to resolve issues between children and had been successfully applied to 58% of all conflicts in the previous six months. Leaders and managers made good use of conflict resolution and residential staff were confident to apply immediate resolution to prevent the escalation of minor incidents. Fewer children were being separated than before the pandemic and staff and children spoke of the positive benefits of this approach.
- 2.11** Only 25% of children who responded to our survey said they would report victimisation by other children or staff, which was concerning. Most children whom we spoke to understood how to report these matters and consistently told us that such incidents were rare. Records showed several examples of children reporting their concerns to staff, but managers needed to investigate and address the perceptions raised in our survey.
- 2.12** At our previous inspection, we found that use of force was high and 77% of children in our survey said that force had been used against them. At this visit, it was evident that leaders and managers had worked to address this and the number of children who told us that force had been used against them had reduced to 33% which was comparable to other YOIs.
- 2.13** The oversight of use of force was good. Little documentation of use of force incidents was outstanding at the time of our visit and all incidents were reviewed within 24 hours by an

MMPR coordinator (managing and minimising physical restraint). Senior managers applied appropriate scrutiny at weekly meetings and actions to address shortfalls were completed promptly. MMPR refresher training had been delivered throughout the pandemic and 98% of custodial staff were in date with their training.

- 2.14** It was positive that pain-inducing techniques had not been used on a child since October 2019 and there were procedures for leaders to scrutinise any such incidents.
- 2.15** Detailed and up-to-date MMPR handling plans were in place for children with a medical condition who would have been at additional risk during use of force. Most staff we spoke to knew where to locate the plans and which children were affected. Most staff wore body-worn cameras, but managers were concerned that they might not always be activated early enough during an incident and were working to address this.
- 2.16** The frequency of separation remained similar to the last inspection and was comparable to other YOIs. Most separation incidents related to prison rule 58 pending adjudication after serious incidents such as an assault, fight or attempted assault. Children were separated for the minimum time and, in most cases, for no more than a day while matters were swiftly resolved.
- 2.17** Adjudications were well managed and had reduced from 649 during the six months before national restrictions to 317 in the previous six months. This was a high figure given the small number of children at Parc. Most charges were for violent incidents.
- 2.18** In our survey, 50% of children said that the incentives and earned privileges scheme encouraged them to behave well. Managers had adapted the scheme appropriately during the pandemic and the removal of televisions as a punishment on the lowest level of the scheme had ceased.

Safeguarding and support for the most vulnerable, including those at risk of self-harm

- 2.19** There were very few incidents of self-harm with four in the previous six months which was similar to other YOIs. None of these children had required hospital treatment.
- 2.20** Managers attributed this reduction to smaller numbers of children to supervise, good relationships between staff and children and closer scrutiny of the management of children on ACCTs (assessment, care in custody and teamwork case management of children at risk of suicide or self-harm). We looked at records of ACCT reviews which indicated that they were well attended and timely and demonstrated detailed discussions. Safeguarding meetings had been held each month throughout the pandemic and vulnerable children had continued to be supported and monitored.
- 2.21** In our survey, 89% of children said their emergency cell bell was answered within five minutes which was far better than we usually see.
- 2.22** Very few children self-isolated and no children were self-isolating at the time of our visit, which was positive.
- 2.23** During the previous six months, 16 safeguarding concerns had been raised all of which had been referred to the local authority multi-agency safeguarding hubs team. Prison leaders had very good links with the team and referrals were acted on promptly and updates provided to prison managers without delay.

- 2.24** Electronic records showed that welfare checks were carried out each day for all children. Most records were more detailed than at other YOIs and demonstrated care for each child. We saw examples of staff devoting time to talk to children about their concerns and helping to resolve them.
- 2.25** Barnardo's independent advocacy service had withdrawn services at the start of the pandemic and had only provided a telephone service which was not fit for purpose. Barnardo's had returned to site towards the end of 2020 and were delivering a full service to children at the time of our visit.
- 2.26** There was a designated prison telephone number and email address for friends and family to call if they needed to raise immediate concerns about a child. We tested both and the telephone call was answered immediately and the email within 24 hours which showed that the systems worked well. The number for an out-of-hours telephone line was included in first night packs.

Section 3. Care

In this section, we report mainly on relationships between children and staff; living conditions; complaints, legal services, consultation, food and canteen; equality, diversity and faith; and health care.

Relationships between children and staff

- 3.1** Relationships between staff and children were very good. In our survey, 94% of children said they felt cared for by staff which is the highest percentage that we have found in YOIs or secure training centres.
- 3.2** Leaders and managers enabled staff to develop and maintain a positive working relationship with each child. Staff were very knowledgeable about the children in their care and we observed friendly and supportive interactions during our visit. There was mutual respect between staff and children. This created a positive environment which was reflected across outcomes in all four healthy prison tests.
- 3.3** Key worker (see Glossary of terms) sessions had continued throughout the pandemic. Each child had a nominated member of staff who sat with them every two weeks for a detailed discussion. Staff checked each day on the child's welfare and these contacts were well documented.
- 3.4** A range of departments recorded interactions with children on the youth justice application framework system. This enabled information to be shared by prison staff and community agencies with responsibility for the child.

Living conditions

- 3.5** At the time of our visit, all children occupied single cells, which were suitably equipped including in-cell telephones. Cells were generally free of graffiti except for a small amount scratched into cell furniture. Toilets remained heavily scaled.



Toilet

- 3.6** In our survey, 83% of children said they were provided with clean sheets each week and 72% said they were given enough soap or sanitiser to keep their hands clean.
- 3.7** Officers were responsible for cleaning the communal areas which were well presented and clean. In our survey, 71% of children said that communal areas were clean. Cleaning materials were given to children on request to clean their cells.



E wing

- 3.8** In our survey, 100% of children said they could shower every day and showers were freely available during association periods. It was positive that children were able to wear their own clothes and in our survey 89% said they had enough clothes for the week. Laundry facilities were readily available on the unit and staff helped children to use them when required.

Complaints, legal services, consultation and food and shop

- 3.9** Consultation with children had continued throughout the pandemic. Prison leaders had used video conferencing facilities to facilitate good attendance. Consultation was thorough and children's views were listened to, which often led to change.
- 3.10** In our survey, 77% of children said the food was good or reasonable. The unit kitchen was used to serve a hot option to supplement the cold lunch. Children also received three snacks a day. The quantity and quality of food was good. Children ate all their meals in the communal area rather than in their cells, which was positive.
- 3.11** The complaints system was managed effectively. The number of complaints was low and only nine had been submitted through the electronic kiosk since the start of the pandemic in March 2020. The child submitting the complaint was spoken to throughout all stages of the process. Responses that we looked at were appropriate and the assurance process was adequate. Children told us that they preferred to resolve issues informally by speaking to a staff member.
- 3.12** Children were able to contact their solicitors by phone, video conferencing or face to face.

Equality, diversity and faith

- 3.13** In response to the pandemic, oversight of equality work had transferred to the children's safeguarding meeting to allow more focus on the children. The monitoring of data was adequate. Where disproportionality occurred, prison leaders explored the reasons before the meeting but, when the same group was consistently over-represented, prison leaders did not establish the root causes.
- 3.14** The equality officer had remained in place throughout the pandemic and was highly visible to children and staff, which was positive.
- 3.15** Induction into equality themes consisted of three stages with a brief introduction, a formal session and one to one. This enabled children to develop a positive relationship with the equality officer.
- 3.16** Consultation meetings with children on equality had continued to take place each month throughout the pandemic. These meetings had generated new initiatives including the introduction of an improved range of products for black and minority ethnic children to buy in the canteen, which they valued.
- 3.17** No discrimination incident report forms (DIRFs) had been submitted during the pandemic. Children raised issues informally with staff and the way in which they were addressed helped to develop understanding of diversity issues. We saw several examples where this method had been used successfully.
- 3.18** A range of community groups had supported equality and inclusion work before the pandemic, but they had since stopped.
- 3.19** On arrival children were individually screened and any additional needs identified. If the child required adjustments, they would be supported through an assisted living plan. At the time of our visit only one child was on a plan.
- 3.20** Corporate worship had been suspended since the start of the pandemic. Faith-based workshops had restarted and the chaplaincy were running an Alpha youth course (weekly interactive sessions exploring the basics of the Christian faith). The chaplaincy had attended residential units each day throughout the pandemic to support the children.

Health care

- 3.21** Parc had recently experienced an outbreak of COVID-19. It was evident that the prison and health care teams had worked diligently in close collaboration with Public Health Wales to minimise the impact on children. Effective partnership working and close managerial oversight had ensured that children's health needs had continued to be met. The local outbreak control plan had been appropriately used to manage the pandemic and no risks had been identified to affect the delivery of health services. A recent health needs analysis for detained children had identified a pathway to improve services further.
- 3.22** A comprehensive health assessment tool (CHAT) was used to identify individual health needs. After the initial health screen, a number of in-depth, focused assessments were completed during the early days in custody which enabled a dedicated nursing team to develop relationships with all the children. Children were offered a weekly COVID-19 test, but few took up this offer.

- 3.23** Children's access to health services and the care provided were good. Two nurses located on the wings were highly visible. They ensured that emerging health need was readily assessed and could refer a child for specialist support if required, including weekly consultations with the GP. All primary care providers, except the chiroprapist, were delivering a face-to-face, responsive and flexible level of care, which was impressive. This included prompt access to ring-fenced clinic appointments and visits by specialists to the wings if necessary. In our survey, 94% of children said it was easy to see a nurse and children we spoke to knew how to access support and were positive about the care they received. The nurses also supported children during the transition and release planning stages of their custody.
- 3.24** The contents and monitoring of resuscitation equipment in the treatment room of the children's unit needed attention, and this was fully addressed during our visit. The nearest available automated external defibrillator (AED) was located in the safer custody unit in the adult prison. This would entail traversing through several locked doors before deployment on the children's unit.
- 3.25** At the time of the COVID outbreak, changes had been made to the dental appointment system to prioritise clinical need across the prison. Allotted appointment times for children had been re-introduced and there were no delays in receiving treatment. In our survey, only 22% of children said it was difficult to see the dentist. The dental team had re-introduced the offer of routine check-ups for all patients, which was extremely positive.
- 3.26** There was little need for social care provision among the children although access to care and support was available if required. Every child received into the unit underwent an assessment which was used to screen for neurodivergent traits and to trigger specialist assessment and support if indicated.
- 3.27** The potential need for mental health support was screened on arrival through the CHAT. Primary care mental health support was delivered by one of the dedicated nurses on the unit who had a caseload of four children at the time of our visit. Immediate support was good and the contribution made by the nurses was valued by the children we spoke to. The spectrum of therapeutic interventions was limited.
- 3.28** Specialist secondary services were delivered by the Forensic Adolescent Consultation and Treatment Service (FACTS) who were supporting one patient at the time of our visit. The FACTS team had not yet fully returned to the site, but were available to do so. Most patient consultations took place through video conferencing facilitated by the primary mental health nurse. The recent health needs assessment had indicated that services could be enhanced by greater collaboration between the health providers and a more structured presence on site by the FACT team. This would include the delivery of additional specialisms such as speech and language services and occupational therapy.
- 3.29** There was little demand for specialist substance misuse support for children with drug and alcohol dependencies. Systems were in place to identify need and specialists were available to provide individual support and to arrange continuing care if required. Health education and harm minimisation advice was delivered intermittently, but was not accessible to all children.
- 3.30** Very few children were on medication at the time of our visit. There were well-established procedures to ensure that supplies were adequate and medicines safely controlled. A dedicated treatment room contained appropriate storage space and was an appropriate environment for administering supervised medications safely when required.

Section 4. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise. Estyn inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment.

- 4.1** In our survey, 100% of children said they were attending education and 94% that they could spend time outside every day. Leaders and managers had worked throughout the pandemic to provide children with as much time out of their cells as was safely possible. Gradual improvements to the three hours a day out of cell reported at our short scrutiny visit in 2020 had been managed well.
- 4.2** At the time of our visit most children spent almost 10 hours out of their cells on weekdays which was far more than at other YOIs visited during the pandemic. This included 4.5 hours of education each day in small groups and a variety of indoor and outdoor activities with unit staff. The weekend regime was similarly good and kept children occupied.
- 4.3** Children ate all their meals together which was an important element of the time they spent unlocked.
- 4.4** Children had at least an hour outside in the fresh air each day, including short breaks between lessons similar to schools in the community. The two small exercise yards remained brightly decorated and were in decent condition.



G wing exercise yard

- 4.5** Children had good access to physical education as part of their daily education timetable. This was supplemented by enrichment sessions after school, in the evenings and at weekends, some of which encouraged physical activity. These sessions often took place outside.



E wing exercise yard

- 4.6** The unit library held books which covered a range of needs and abilities and children also had remote access to the much larger stock of books in the main site library. Children could not yet go into the unit library to select their books, but were provided with information about the books available. The librarian regularly checked with the children for requests to borrow items and they could also be requested from education and unit staff.
- 4.7** Very effective education had been provided throughout the pandemic, which had engaged children and enabled them to progress in their learning. They had been able to attend workshops or class-based sessions for a minimum of two hours each weekday from 30 March 2020 and this had increased over the following year.
- 4.8** Staff assessed children's learning needs effectively and used this information to plan their involvement in education. Nearly all children had received an initial assessment of their skills soon after arriving at Parc and education staff worked with new arrivals individually to help them identify the options and pathways that would best suit their interests. Staff undertook further diagnostic reviews of learners' needs to refine the targeted support that they might need. Staff used assessments effectively to plan learning and to meet the need for individual support.
- 4.9** Staff communicated well with each other and responded appropriately to learners' needs. Teaching staff had maintained a sound, shared understanding of children's learning needs by communicating emerging needs with their colleagues. They had used resources flexibly, for example learning support assistants had been used where appropriate and one-to-one teaching sessions were delivered to engage the learner. Staff monitored learners' progress effectively. While information was shared by individual teachers, the unit had been unable to hold multidisciplinary meetings each week to monitor and share information consistently on the progress of learners and any emerging support needs.
- 4.10** Standards of teaching were good. Nearly all teachers planned lessons well, taking effective account of additional learning needs. Nearly all teachers had a good range of skills which enabled them to develop flexible contingency plans during sessions to help learners to participate in and focus on activities. All teachers developed good, supportive relationships

with learners, which built trust and enabled many learners to contribute to discussions. Most teachers used differentiation effectively, ensuring that learners with varying needs and of different ability levels made the best progress possible. They targeted individual support appropriately to ensure that no learners became disengaged. Nearly all teachers used a good range of learning resources that encouraged learners to engage. These included custom-prepared, colourful and informative worksheets, interactive whiteboards, IT and practical exercises. Teachers' marking was constructive, giving children useful feedback that helped them to improve and focusing on reinforcing positive behaviour.

- 4.11** Children arrived punctually at sessions and settled into their tasks quickly. Attendance at classes was very good and no children refused to attend education. Nearly all children behaved well and participated to a high level in sessions while observing social distancing (see Glossary of terms) appropriately. They followed teachers' instructions and the majority supported each other effectively to complete tasks. Nearly all were respectful to their teachers and peers and appreciated the efforts that staff had made to maintain their access to education.
- 4.12** Most children made good progress in classes and improved their literacy and numeracy skills by at least one level while at Parc. A minority improved by two levels and a few had developed sufficient skills to pursue GCSEs in English. In English sessions, learners used IT to research topics related to their study and to other subjects that they were pursuing. It was positive that children had gained 595 qualifications between April 2020 and March 2021.
- 4.13** In a numeracy class, children showed a good level of understanding of managing personal finances and identifying priorities when planning budgets.
- 4.14** Music learners used industry standard IT equipment and good quality instruments. Many learners developed literacy skills and digital competence in music classes. They took responsibility for the quality of their work and paid close attention to detail to ensure that the outcomes of their work met high standards. A useful progression option had recently been introduced for learners to develop skills that would be useful within the music industry (BTEC L2 Music Industry Skills).
- 4.15** In art, a few children had discovered that they could draw. They took pride in their achievement and were motivated to develop their skills further outside class. They gained an understanding of colour and shading and improved their awareness of different styles of art. A few completed work to a high standard which had been submitted to external national award competitions.
- 4.16** Learners used their initiative in cookery to create improvised meals from available ingredients. If children had previous experience of cooking, teachers encouraged them to experiment to develop their skills. A few learners gained experience in preparing food for their peers. However, the unnecessary use of plastic cutlery which did not cut effectively inhibited learners' potential progress.
- 4.17** PE learners had access to a very broad range of qualifications. They learned useful skills in first aid, gained awareness of the dangers of knife crime and participated in a range of competitive activities. They appreciated the access they had to sport and PE activities and many children found these activities therapeutic.

Section 5. Resettlement

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 5.1** Face-to-face visits had restarted in June 2020. The uptake was low with an average of eight or nine visits a month. Leaders believed that the long distances most families had to travel and concerns about health and safety were the reasons for this.
- 5.2** The visits room had been thoughtfully laid out, enabling social distancing to be maintained at all times. Face masks and hand sanitiser were available and bottled water for visitors and children in the absence of refreshments. Children could have a visit each day if they wished, which was positive.



Visits hall

- 5.3** At the start of restrictions, children had had the option of using tablets and Skype to contact their families via video calls. This had been replaced by Purple Visits (see Glossary of terms) in July 2020. This service was increasing in popularity with 27 users in February 2021 and 64 in April 2021. Children could have as many Purple Visits as they wished.
- 5.4** There were phones in the cells and children were given an additional five pounds credit each week to keep in touch with their families and friends. This was appreciated by children.
- 5.5** Two family support workers delivered a very good, full-time service to children and their families. They saw children when they first arrived at Parc and contributed to their induction. They contacted the child's family or corporate parent to help with immediate concerns and provided information on the prison and visits and how to contact their child. They also acted as a point of contact for the local authority in the case of looked-after children. In our

survey, 89% of children said that someone at Parc had helped them keep in touch with family and friends.

- 5.6** Monthly family forums had taken place throughout the pandemic, which were well attended and effective. Prison leaders, a youth offending team (YOT) representative and the family support worker met children's family members to discuss contact and visits. Leaders followed up concerns or problems raised by the family members and fed back progress at the next meeting.

Sentence progression and risk management

- 5.7** The needs, engagement and welfare team (NEWT) had recently increased from six to eight members and caseloads were very low. The team acted as resettlement practitioners, offender supervisors and case workers for the children assigned to them. This system worked very well. Each child knew their NEWT member and had regular, almost daily, contact. A comprehensive risk of serious harm and communication plan was completed for each child on arrival. This plan contained all the information needed for staff to keep children safe and to manage the child and their time in custody effectively.
- 5.8** Remand and sentence plan meetings were timely and every child had a completed plan with achievable targets. Wing staff, YOT workers and social workers attended nearly all these meetings. In our survey, 71% of children said they knew what their custody plan objectives or targets were and 83% said staff were helping them to achieve the objectives.
- 5.9** The NEWT delivered one-to-one interventions using a trauma-informed approach, which was very good. These programmes included Timewise and Motivation to Achieve, both of which were consequential thinking skills courses, Fearless which looked at the impact of county lines on children, Emotional Awareness and Parenting.
- 5.10** The prison social worker was no longer in post, but the good relationship with the local authority (see paragraph 2.24) ensured that children had an appropriate adult present when needed, and prison staff had a point of contact for advice. Prison records showed that community social workers attended about two-thirds of online meetings to discuss looked-after children, which was not enough.
- 5.11** At the time of our visit, about half the children at Parc would transfer to the adult estate. The transition was well planned and involved the child, their family, YOT, NEWT, family support worker and wing staff. NEWT members tried to hold a handover meeting with the receiving establishment and to facilitate a meeting for the child to ask questions of a member of staff and gain an understanding of their new prison. However, despite these efforts, this did not always happen and was even less likely to occur if a child on remand was moving (see key concern and recommendation S3). There was evidence of several suitable adult establishments, including some holding higher risk prisoners aged between 18 and 21, refusing to accept children as they turned 18 (see key concern and recommendation S3). This caused unnecessary delays and increasing anxiety for the children involved.
- 5.12** The monthly safeguarding meeting discussed children who were subject to public protection arrangements. These meetings were well attended and focused on managing the individual risk of each child who met the criteria, particularly those close to release. The meeting had oversight of the monitoring of telephone calls and mail for these children, although at the time of the visit no child was subject to this level of monitoring. Every child who was subject to MAPPAs (multi-agency public protection arrangements) was identified and a level set. This was regularly reviewed with the YOT. Prison leaders had successfully challenged the YOT's decision if they felt that any risk was not suitably addressed.

Release planning

- 5.13** In our survey, 75% of children said someone was helping them to prepare for leaving Parc. All children who finished their sentence at Parc were provided with accommodation on release. During 2020, eight of the 32 children who were released had not been provided with accommodation until 48 hours before release which made it difficult to plan the child's resettlement and increased their anxiety (see key concern and recommendation S4). This had improved so far in 2021 with all but one child receiving at least two weeks' notice.
- 5.14** Every child left Parc with an employment, training or education place to attend. We only found one example where this did not occur and, despite the YOT finding a training place, COVID-19 restrictions had prevented the child from attending.
- 5.15** NEWT members contacted the YOT before release to arrange transport with the YOT or the child's family. Staff explained the child's resettlement arrangements and any licence restrictions. Children were given a full briefing on COVID-19 restrictions, a face mask and hand sanitiser just before they left.
- 5.16** No children had been released under the end of custody temporary release scheme (see Glossary of terms). One child had been released on temporary licence (ROTL, see Glossary of terms) to help with gaining employment after release, which was good.

Section 6. Appendices

Appendix I: Background and methodology

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

All visits 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 21 bodies making up the NPM in the UK.

During a standard, full inspection HMI Prisons reports against Expectations, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to children and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website:
<http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions for children during the recovery phase. SVs look at key areas based on a selection of our existing Expectations, which were chosen following a further human rights scoping exercise and consultation.

Each SV report includes an introduction, which provides an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. SV reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings are set out under each of our four healthy prison assessments.

Estyn inspectors joined us on this visit to provide an interim assessment on the education, skills and work provision in the prison.

SVs are carried out over two weeks but entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>

Scrutiny visit team

This scrutiny visit was carried out by:

Charlie Taylor	Chief Inspector
Angus Jones	Team leader
David Foot	Inspector
Angela Johnson	Inspector
Esra Sari	Inspector
Donna Ward	Inspector
Steve Eley	Health care inspector
Jonathan Coombes	Health care inspector
Alun Connick	Estyn inspector
Jenna Turnbull	Health in Wales
Amilcar Johnson	Researcher
Annie Bunce	Researcher

Appendix II: Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Children's survey methodology and results

A representative survey of children is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.

Appendix III: Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary available on our website at: <http://www.justiceinspectrates.gov.uk/hmiprisons/about-our-inspections/>

Certified normal accommodation (CNA) and operational capacity

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 children that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

End of custody temporary release scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases> This scheme was paused at the end of August 2020.

Key worker

A named member of staff allocated to each child responsible for meeting the child regularly and addressing any concerns or issues.

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Purple Visits

A secure video calling system commissioned by HM Prison and Probation Service (HMPPS). This system requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for establishments to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

Reverse cohort unit (RCU)

Unit where newly-arrived children are held in quarantine for 14 days.

Special purpose licence ROTL

Special purpose licence allows children to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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