



Annual Report of the Independent Monitoring Board at HMP/YOI Parc

**For reporting year
1 October 2024 to 30 September 2025**

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Introductory sections 1 – 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

The IMB at HMP/YOI Parc

During the reporting period, the Board has faced significant challenges in conducting comprehensive monitoring, due to limited capacity. The Board has undergone considerable change, with membership evolving and processes developing throughout this time. These challenges have had an impact on some aspects of the depth of this report. The Board acknowledges that monitoring was underdeveloped, but significant efforts have been made over the past 12 months to strengthen practices, increase capacity and establish a more robust approach. Moving forward, the Board aims to produce a more substantial and evidence-driven report.

2. Description of the establishment

HM Prison and Youth Offending Institution (HMP/YOI) Parc is Wales' only privately run prison. It opened in 1997 and is managed by G4S on behalf of HM Prison and Probation Service (HMPPS) and the Youth Custody Service (YCS). HMPPS in Wales has a dedicated senior civil servant (SCS1) who oversees all of the contractual arrangements at HMP/YOI Parc contract (G4S, learning and skills and healthcare). The SCS1 is supported by an on-site controller team, which manages the day-to-day monitoring of the contract. The Director of the prison, employed by G4S, is equivalent to a Governor in a publicly operated establishment. G4S secured a ten-year contract for operating HMP/YOI Parc, with service delivery commencing in December 2022.

HMP/YOI is a category C resettlement prison (for those who cannot be trusted in an open prison but are considered unlikely to attempt escape) that holds convicted adult men aged over 18 years, as well as convicted or remanded vulnerable prisoners (those kept separate from the main prison population because they may be at risk of harm from other prisoners, due to their offence, age, disability or personal safety concerns). The young person's unit (YPU) is situated in the larger Parc prison complex and is designated for young men aged between 15 and 18 years who are either convicted or on remand.

Located near Bridgend, HMP/YOI Parc is well connected by road and rail and recruits many staff locally. HMP/YOI Parc has a baseline certified normal accommodation (CNA), (the number of prisoners a prison can hold without being overcrowded), of 1,559 adults, with an operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the prison) of 1849 (including young people). The vulnerable prisoner unit (VPU) can accommodate 464 prisoners, although its operational capacity is 424. The YPU has the capacity for up to 46 young people. On 30 September 2025, 1785 adults and 26 young people were unlocked. Around 16% of the population were from ethnic minorities; 5% were foreign nationals; and fewer than 3% were first language Welsh speakers.

During the reporting period, HMP/YOI Parc underwent an unannounced inspection by HM Inspectorate of Prisons (HMIP). Findings from this inspection were published on 23 April 2025. Outcomes for prisoners, against four 'healthy prisons tests' were poor for safety and not sufficiently good for respect, purposeful activity and preparation for release. In response to these findings HMP/YOI Parc leadership, in collaboration with partners, have developed an action plan 'Six for Twenty Six'" to prioritise improvements in these areas. An Independent Review of Progress (IRP) was scheduled for January 2026.

A note about use of data and language in the annual report

The IMB reporting period for HMP/YOI Parc has changed since 2021. Reports have been conflated to include periods lengthier than one year and have merged the adult and young person's estate. For these reasons, it is important to note that data comparisons between reporting periods are limited¹.

Where comments refer to the main prison estate, including young offenders [men aged between 18 and 25 years old] the terms 'men', 'adults' or 'prisoners' have been used.

¹ Figures included in this report are local management information. They reflect the prison's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice

The term 'young people' has been used to refer to those between 15 and 18 years old. Where comments refer to both the adult estate and the YPU, the term 'prisoners' is used. Where possible and appropriate, the report has differentiated the Board's findings for the prison and the YPU.

3. Key points

Insufficiency of staff, attributed to recruitment and retention difficulties and in part to national population pressures, was exacerbated by delays in the government's vetting system and a high volume of bed-watches. This not only hampered consistent delivery of a rehabilitative regime at HMP/YOI Parc but also impeded progress of improvement plans. The prison regularly operated a reduced regime (the daily schedule and set of routines that govern prisoners' activities, such as work, education, meals, exercise, association and lock-up times). For most of the year, whilst education and employment were protected, association and enrichment activities were somewhat curtailed, and key worker delivery was limited. Staffing became more challenging during the last quarter of the reporting year. Despite mitigations, time out of cell decreased and cancellation of healthcare, education, employment and training activities was a frequent occurrence. All of this had a significant impact on many prisoners' progression and resettlement opportunities, as well as their mental health and wellbeing.

From the Board's observations, leadership within the YPU was visible and effective. Staff-to-young person ratio is higher compared with the main estate and staffing levels have been adequately sustained throughout the reporting period.

3.1 Main findings

Safety

- From our very limited number of observations, admissions staff were welcoming and respectful, despite occasional overcrowding and operational disorganisation.
- There were some delays in healthcare assessments for new arrivals.
- Levels of deliberate self-harm (DSH) remained high compared with comparable prisons², although marginally lower than during the previous year.
- The use of assessment, care and custody and teamwork (ACCT) plans, which help support prisoners at risk of self-harm and suicide, declined overall, but insufficient trained assessors limited timely reviews and stretched staff resources.
- Violence levels remained consistently high and, according to both staff and prisoners, were driven mainly by debt and frustrations with the regime.
- Use of force continued to rise, disproportionately affecting ethnic minority prisoners.
- Illicit drugs remained available, with an increase in substance misuse observation records (SMORS) opened during restricted regimes. A clinical and operational procedure aimed at reducing harm and managing the challenge of drugs in the prison, used to monitor and document a prisoner's condition and behaviour when they are suspected of being under the influence of, or withdrawing from, drugs or alcohol.
- The young people's unit (YPU) appeared to be well led, despite integration challenges.

² 'Comparable prisons' referred to throughout this report refer to category C resettlement prisons as used by HMPPS; these do not fully reflect the complexity of the prisoner demographic at HMP/YOI Parc.

Fair and humane treatment

- Adult accommodation was generally sound and adequately clean, although double-occupancy cells lack in-cell showers and rubbish management around perimeters and yards remained problematic.
- YPU accommodation was refurbished, providing good-quality rooms with integral sanitation and call systems.
- The Board was concerned about food provision across the adult estate, with limited choice and inconsistent portions, linked to servery supervision issues. However, investment plans and interim equipment upgrades led to modest improvements in food quality and healthier menu options by the end of the reporting period.
- Segregation appeared to be generally well managed, with calm staff interactions, low use of force and prisoners usually understanding the reasons for being kept apart from the rest of the prison population.
- Persistent issues with prisoners' property during segregation and transfers were widely reported, including losses and officers' poor record-keeping.
- The complaints procedure and property-handling systems lacked transparency and effectiveness, undermining prisoner confidence and generating high levels of dissatisfaction.
- Staffing shortages, exacerbated by high numbers of bed-watches and vetting delays negatively impacted regime delivery.
- At times, restricted regimes reduced access to work, education and healthcare, contributing to frustration, violence, self-harm and substance misuse among prisoners.
- Key worker provision met numerical targets but lacked consistency and continuity, limiting meaningful staff and prisoner relationships in the adult estate.
- Equality data showed significant negative disparities for minority ethnic prisoners, despite an active equality and diversity (EDI) strategy and increased cultural initiatives.

Health and wellbeing

- Improved partnership working between the prison and the health board was showing potential for improving both operational and strategic approaches.
- From our observations, the provision of healthcare, including dentistry, was limited by space.
- There appeared to be significant delays in transferring prisoners to the emergency department (ED).
- In the Board's view, young people's healthcare needs were met well.
- Episodes of self-harm were often attributed by prisoners to the withdrawal of medication; we understand that subsequent analysis by the healthcare department suggests a proportion of withdrawals were associated with failed mandatory drug tests (MDT) and/or were clinically urgent.
- Prisoners told Board members that they did not feel involved in decision making.
- The Board believes that the waits for transfers to secure hospital were too long.
- Adequate care planning on return from hospital was not consistently safe.
- Pharmacy facilities appeared to be inadequate.
- Dental services were severely limited by space and high cancellation rates.
- Caseloads for the substance misuse service were too high, in the Board's view.

Progression and resettlement

- From our observations, a broad range of education and courses aimed at preparing prisoners for work was in place.
- In the Board's view, education and enrichment activities provision for young people was good.
- Leaders appeared to exhibit high levels of commitment to their work.
- Staff turnover rate was too high.
- From the Board's observations, the quality of teaching was variable.
- The proportion of cancelled sessions/classes was too high; this had a negative impact on prisoners' progression and wellbeing.
- Offender Management was insufficiently resourced.
- A good range of interventions appeared to be in place to support contact with families.

3.2 Main areas for development

TO THE MINISTER

- The delay in obtaining Shared Services Connected Limited (SSCL) vetting clearance has had a major impact on the ability to appoint staff, particularly prison custody officers (PCO), as well as health, education and catering staff. How does the Minister plan to hasten this process to ensure the necessary staffing complement can be achieved whilst security is not compromised?

TO HMPPS AND THE DIRECTOR

- Given national population pressures across the prison estate, staffing provision in the offender management unit (OMU) is insufficient to meet the demand of the current prison population at HMP/YOI Parc. When will HMPPS provide additional funding to alleviate the pressure on Prison Offender Manager (POM) caseloads and facilitate more effective sentence planning?

TO THE HEAD OF HEALTHCARE AND THE DIRECTOR

- The dental service is severely limited by lack of space and high cancellation rates. What concrete actions do the head of healthcare and the director intend to take to expand access to dental care, including both preventative provision and timely emergency treatment?
- Delays to remove prisoners to ED for non-urgent conditions were prolonged. Neither the healthcare department nor G4S monitored the wait times nor the reasons.
 - What arrangements do the head of healthcare and the Director intend to put in place to actively prioritise and monitor prisoners to ensure no harm comes to them during these waits?
 - What data collection arrangements do the head of healthcare and the Director intend to put in place that will inform strategies to improve the timeliness of prisoner transfers to ED?

TO THE DIRECTOR

- HMP/YOI Parc has continued to experience high levels of deliberate self-harm (DSH) compared with similar prisons. What specific actions will the Director take to achieve a sustained reduction in these incidents?

- Prisoners report a lack of trust in the complaints process, and the IMB has found that many responses are of poor quality. What actions does the Director intend to take to rebuild prisoner confidence in the system and to ensure that responses are timely and of consistently higher quality?

3.3 Response to the previous report

Minister		
Issue raised	Response given	Progress
<p>As we described last year, notwithstanding the efforts by management and staff at Parc and all prisons in Wales to support prisoners serving Imprisonment for Public Protection (IPP) sentences, the uncertainty of their release date is a cause of anxiety and negatively impacts their mental health and progression. Having said that, the Board is aware of the challenging issues around public safety and licence supervision.</p>	<p>Currently, there are around 70 IPP prisoners at HMP/YOI Parc.</p> <p>IPP panels are attended by a Governor grade at HMP/YOI Parc to ensure progress is well understood and barriers that require prison intervention/ support can be supported at a strategic level.</p> <p>HMP/YOI Parc has a psychology contract with the Forensic Psychology Consultancy (FPC), which includes the requirement for FPC to provide some case management support for IPP prisoners. Their contract also includes psychological therapy to reduce reoffending, which is delivered on a one-to-one basis, and this has been targeted towards IPP prisoners in some instances to support their progression.</p> <p>Wales Restorative Approaches Partnership (WRAP) are currently halfway through a two-year project aimed at supporting IPPs in custody. This includes specifically working in HMP/YOI Parc.</p>	<p>The Board has been unable to confirm the current number of IPPs at HMP/YOI Parc.</p> <p>IPP progression panels are a regional HMPPS function. During the reporting period, there was some stagnation while services awaited the publication of the IPP Progression Panel Framework, which was issued in July 2025.</p> <p>The Forensic Psychology Consultancy (FPC) contract with G4S (in addition to HMPPS FPC) is insufficiently resourced, due to population pressures. Consequently, rather than direct prisoner-facing work, this contract has mainly provided oversight and support to POMs to do direct work.</p> <p>The prison has been supported by Wales Restorative Approach Partnership (WRAP). This has mainly focused on staff training and awareness but has included supporting some staff and prisoners to</p>

	<p>HMP/YOI Parc is also working with the Prison Reform Trust and their Building Futures Programme, which works with prisoners serving over ten years to identify improvements to the prison system for this cohort.</p>	<p>achieve accredited restorative status.</p> <p>The Prison Reform Trust's Building Futures Programme has stalled. It is not clear why. The recently appointed new head of offender management at HMP/YOI is investigating this.</p>
To the Prison Service		
Issue Raised	Response Given	Progress
<p>As mentioned in many Boards' annual reports and by the Parc Board last year, there remains a need to monitor and ensure that the Prisoners' Property Policy Framework is followed to ensure that prisoners' property is transferred with them. Property issues continued to provide the largest number of prisoner applications [prisoners' written representations] received by the IMB at Parc and most of these related to transfers from other prisons.</p>	<p>A common area for problems is where excess prisoner property is forwarded when a prisoner transfers. When prisoner escort custody service (PECS) suppliers transfer property within the volumetric control limits of the Prisoners Property Policy Framework, there are few complaints for lost property overall. It is, therefore, key that prisoners comply with volumetric control limits, as anything within those limits will transfer with them.</p> <p>Since the reporting period, there have been updates made to the policy ensuring HMP/YOI Parc is aligned with the Prisoners' Property Policy Framework. Given that property is one of the main topics of complaint by prisoners at HMP/YOI Parc, regular meetings take place involving the senior leadership</p>	<p>The prison is working to ensure that excess property is sent either to Branston (the HMPPS national storage and distribution depot) or to a nominated address; however, it remains non-compliant with volumetric control (the rules governing how much property a prisoner is allowed to keep in possession). New processes have been put in place to track valuables. Prisoners are required to sign to confirm they are happy with everything in admissions. This provides a better opportunity to investigate if anything is reported missing, either prior to leaving and/or after they have transferred.</p> <p>The prison has reviewed complaints data for 2024 in relation to property. A total of 37% of complaints related to getting property to prisoners. Subsequently, improvements have been made to methods of delivering property to</p>

	<p>team at the prison and relevant parties to ensure the appropriate action is taken to rectify any issues that arise.</p>	<p>prisoners. A further 18% of complaints related to cell clearance. This process has also been amended to clarify responsibility for logging and recording property, ensuring the clearance is completed in the correct time period.</p>
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Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

The Board did not routinely monitor admissions or early days in custody (EDiC) during the reporting period, although the Board made a minimum number of visits to both areas.

Observations from our two visits to admissions were that, despite the appearance of some disorganisation with many prisoners (12) being housed in one holding cell, we noted that staff were welcoming. Clearly, staff knew some of the prisoners but gave extra time to new admissions. We observed that tensions between prison and healthcare staff led to some delays in prisoners being seen by healthcare professionals. All prisoners were thoroughly and respectfully searched and X-ray body scanned.

Although high-level explanations were provided by staff about the behaviour compact (a type of contract) prisoners are asked to sign, no time was given for prisoners to read it for themselves, and only limited attention was given to ensuring that prisoners fully understood the documentation they were signing. Property was sorted efficiently and new clothes issued to those who needed them.

We are aware that, on at least one occasion, the EDiC wing was insufficiently resourced to allow safety assessments to be undertaken.

4.2 Suicide and self-harm, deaths in custody

During the reporting period, HMP/YOI Parc has continued to experience high levels of deliberate self-harm (DSH) compared with similar prisons. Parc remains the highest in its comparator group (annualised incidents, per 1000 prisoners) as of August 2025

However, between January and September 2025, recorded self-harm incidents fell slightly, to 1465 from 1483 in the same period in 2024. July to September, however, saw a sharp rise in incidents, coinciding with a period when the prison was predominantly operating a restricted regime.

On average, two-thirds of DSH incidents are repeat incidents committed by around 60 prisoners, of which about seven are classified as 'prolific' self-harmers. Drivers of reported reasons for DSH have varied over the reporting period. They have included concerns relating to medication, mental health, the regime, perceived problems with staff or staff instructions and, notably, an increased trend in prisoners refusing to disclose reasons during September 2025.

During the reporting period, 35 incidents of DSH were recorded among young people, a lower number than in the adult estate.

A total of 1066 ACCT documents (the process used to support prisoners identified as being at risk of self-harm or suicide) were opened during our reporting year.

Throughout the period, there has been a continued downward trend in the average number of ACCTs opened each month. The Board has not had capacity to directly routinely review the quality of ACCT documentation. However, our regular review of notes from safety meetings suggests that there are insufficient ACCT assessors for

timely completion of checks. Although the required observations do seem to be carried out, staff resources are often stretched, especially during evenings and weekends.

Eight deaths at HMP/YOI Parc required investigation by the Prison Probation Ombudsman (PPO). Three occurred on site; two in hospital; two within 28 days of release; and one at home, following release on temporary licence (ROTL). Of these, interim PPO reports suggest five deaths were due to natural causes, whilst the causes of the remaining three are yet to be determined. Whilst any death is, of course, regrettable, it is notable that the total represents a reduction compared with the last reporting period.

4.3 Violence and violence reduction

Violence has remained consistently high at HMP/YOI Parc during the reporting period when compared with similar prisons, both in respect to prisoner-on-prisoner assaults and prisoner-on-staff assaults. In total, there were 712 incidents of violence between October 2024 and September 2025. Most of the incidents have taken place on residential houseblocks with debt issues frequently being cited by staff and prisoners as the cause of fights between prisoners. More recently, particularly during the summer months, violence was more widely spread throughout the estate, with prisoners attributing outbreaks of violence to their frustration with the regime, particularly inconsistencies and short-notice changes,

The challenge, support, and intervention plan (CSIP) process was used as a violence-reduction strategy. The safety team has worked consistently during the reporting period to encourage greater cohesion across the various disciplines within the prison, particularly residence staff, healthcare and substance misuse providers, to achieve robust management plans. Whilst much improvement in relationships at a strategic level has been achieved, in the Board's view, the prison's ability to manage violence was impacted by the limitations on staff resources to undertake CSIP investigations and reviews, leading to backlogs and too many CSIPs closed too early.

There were 76 incidents of violence involving young people during the reporting period. Whilst many have been of a minor nature, arising from petty arguments, the Board is aware of a smaller number of more serious incidents, driven by gang-related affiliations established prior in the community but also arising from quasi-gang affiliations formed on the unit. Some of the more serious incidents have included assaults on staff and resulted in personal injury either to staff, young people or both. It is important to note that, for a large part of the reporting period, the unit has been operating at roughly half its capacity due to refurbishments taking place between November 2023 and March 2025. As a result, all young people have been accommodated on a single residential unit rather than two. This situation has presented some challenges to staff in keeping apart young people who are in conflict with each other. Since the return to full capacity with the re-opening of the second residential unit, staff have also been challenged with integrating new arrivals. Nevertheless, from our observations, we believe that the YPU is a well-led, closely supervised unit that is staffed by a dedicated and professional team.

4.4 Use of force

There was a steady increase in the use of force (UoF) across the adult estate during the calendar year Jan 2024 to December 2025. This trajectory has continued through to the end of our reporting period to reach an average of 5.7% incidents per 1000 population per month. Whilst there have been brief periods when incidents of UoF

dipped, notably when the prison was operating a predominantly restricted regime, incidents have nonetheless remained at a level on average 25% higher than in the previous year. The highest number of UoF incidents were attributed to non-compliance and prevention of assaults/fighting. UoF incidents are reported to be 91% higher for ethnic minority groups, even after accounting for the prison's demographic makeup.

There have been two occasions during the reporting year when IMB members have observed incidents of UoF, as well a further three that were subsequently observed on body-worn video camera (BWVC) footage. On all five occasions, we saw good use of de-escalation techniques prior to physical intervention, and appropriate and proportionate procedures followed. It is unfortunate that, due to technical problems, there have, at times, been lengthy delays in the ability to review BWVC footage. This has caused frustration for prisoners wishing to challenge their treatment and has also left some staff vulnerable to accusation without timely access to evidence of their compliance. This is exacerbated by the fact that many areas of the prison, including some residential sections, do not have full coverage by closed circuit television (CCTV), thus increasing reliance on BWVC footage.

During the period April 2025 to Sept 2025 incidents of UoF within the YPU were, except for August, consistently higher than during the same period in 2024. The proportion of incidents involving young people from ethnic minorities broadly reflected the diversity of the population as whole. Most incidents involved the use of minimising and managing physical restraint (MMPR) techniques, prioritising de-escalation strategies and approved physical restraint methods, with a continued focus on minimising their use and duration. Many incidents were sufficiently de-escalated for the young person to walk unaided.

4.5 Preventing illicit items

Illicit drugs remain available, more so on the main adult houseblocks than elsewhere in the prison, although accessibility was variable throughout the year. HMP/YOI Parc and the YOI continued to use SMORs as part of its strategy to identify, monitor and support prisoners who are under the influence of substances. There was a monthly average of 148 SMORs opened between November 2024 and May 2025, although this average increased steeply to 259 between July and September 2025. As with incidents of DSH, this increase coincided with a period during which the prison was operating a restricted regime. This period also coincided with the beginning of the window-replacement programme. There was a substantial increase in drone activity during this time. It is anticipated that the window replacement programme, which G4S has committed to completing by October 2026, will see a significant reduction of drone activity.

Leadership has continued to prioritise tackling the entry of substances into the prison, with many finds throughout the reporting period reflecting the diligence of the security team and other staff demonstrating progress in restricting supply. There has also been good use of intelligence relating to illicit substances entering and being distributed around the prison, to counteract corruption and disrupt the activities of serious and organised crime nominals (SOC). Tackling the supply and impact of substances, remains a high priority, requiring constant vigilance to detect new and different types of substances entering the establishment. This includes increased searching of staff and visitors, as well as the use of innovative drug-detection technology. There is also evidence that drugs are being prepared for distribution within the prison. The proportion of prisoners testing positive for drug use remains too high, at 26.35% in September 2025, compared with 23.33% in September 2024.

The prison has continued to train staff in the administration and use of Nyxoid (a nasal spray of naloxone, to temporarily reverse the effects of opioid overdose).

It is positive that the entry of illegal substances into the YPU seems minimal. Generally, mandatory drug testing has not returned any positive results from young people throughout the reporting period, with the exception of one positive test in March 2025.

5. Fair and humane treatment

5.1 Accommodation and food

The adult estate is made up of six houseblocks, including the VPU. There are a care and separation unit (CSU), housing prisoners separated from their peers for disciplinary or self-protection reasons, and a safer custody unit (SCU), known as Codi (the Welsh word for rise), which houses prisoners in need of more intensive support.

The fabric of the buildings seem sound and cleanliness appear adequate. Most residential cells are double occupancy, with integral sanitation but not showering facilities. Problems with rubbish accumulating in yards and around the perimeter of buildings is often challenging.

The YPU consists of two units, both of which have been refurbished during the reporting period. Each room has integral sanitation and a call system linked to the wing office.

Catering at HMP/YOI Parc is commissioned by G4S from Aramark Catering. Food quality and quantity, across the main estate, has been an issue of contention during this and previous reporting periods, due to vast population expansion since the prison opened in 1997. The Board acknowledged that the kitchen, which was originally designed to cater for around half of the population it is currently responsible for, is in need of extensive refurbishment/modernisation. Also, the logistics of transporting food whilst keeping it hot to most areas of the prison are extremely challenging. Moreover, prisoners report that food choices are limited and that poor supervision at serveries frequently leads to inadequate portions for some. The Board has heard that, on many occasions, food has run low - or run out entirely - before men return from employment, education or the medication hatches, leading to these individuals receiving inadequate portions.

Some steps have been taken to address these issues. A new kitchen features prominently in expansion plans for the prison (due for completion in 2029). During April and May 2025, more suitable replacement kitchen electrical equipment was identified in order to improve service delivery, and funding was identified to enable the purchase of new Bratt pans (heavy duty industrial kitchen equipment used in largescale foodservice settings) and boiling kettles. These improvements make it possible to adjust the menu to offer healthier choices. The Board has observed some improvements to servery supervision and prisoners were beginning to report limited improvements to the quality of the food served.

The food for young people is cooked and delivered from the staff canteen. G1 wing has a dedicated teaching kitchen where, when not in use for lessons, young people's meals are set up and served. Young people on the cooking programme prepare food for local schools and homeless people in the local area. They have an extra incentive to learn and engage, especially where they can supplement their meals during teaching time. E1 wing does not have this facility, and hot food is served from a trolley. Food complaints are significantly lower, per population, than in the main estate.

5.2 Segregation

During the reporting period, there have been three changes of senior operational manager (SOM) within CSU. Naturally, these have brought some disruption but also some improvements. One such has been the reintroduction of the segregation monitoring and review group (SMARG), which will assist in more effectively managing

the work of the unit. Work is also underway to reduce delays within the adjudication system (disciplinary hearings when a prisoner is alleged to have broken prison rules).

Most prisoners are segregated for breaching good order or for cellular confinement following adjudication. The average length of stay between January and September 2025 ranged between seven and 40 days. A significant number of segregated prisoners refused to relocate to normal conditions, with the objective of achieving a transfer out of the establishment. This erroneous assumption has been robustly and consistently challenged by all staff and managers.

In undertaking welfare checks on new arrivals, prisoners have generally reported to the Board that they understand the reason for relocation, that necessary health checks have been undertaken, and that their documentation is in order. The most common complaint has been that their property has not followed them in a timely manner and/or that many items of their property have been lost or mislaid during transition. This appears to be more commonly an issue when relocation has taken place during a weekend. The Board has observed that some prisoners' property has not been properly logged and that cell clearance documentation has not always been completed.

Despite relocations often occurring under stressful circumstances, Board members generally found the CSU to be calm and businesslike during their visits. The requirement for UoF has remained low. There was one occasion when use of special accommodation (where items such as furniture, bedding and sanitation are removed in the interests of safety) was briefly required. Board members saw staff treat prisoners, clearly in an aroused mental state, with firmness tempered with great care and empathy. With the exception of the property store, the environment, including showers and exercise yard, was clean and tidy.

There were 108 'separations' (when a young person is removed from their peers and held apart from the main population) within the YPU between April and September 2025. The average rate of separations per 100 population per month was slightly higher than comparable establishments; however, the average number of days separated was the lowest of all comparable establishments. The most common reason for separation was pending adjudication (due to involvement in violent incidents). Most young people remained in normal conditions during separation. During the Board's observations of separation reviews, we noted that young people who chose to attend were encouraged to engage with the professionals and contribute to their planned reintegration. Conflict resolution (CR) frequently formed part of a plan to reintegrate young people.

5.3 Staff and prisoner relationships, key workers

Throughout the reporting period, the prison has operated with insufficient staff capacity, both in terms of attendance and experience. Although at times recruitment was buoyant, attrition rates for new staff were high within their first year in post. Some months saw a higher number of leavers than new starters.

Between July and September 2025, staffing levels were particularly challenging, causing the prison to run a restricted regime (a scaled back daily timetable where prisoners have reduced time out of their cells and limited access to activities such as work, education, exercise, association, the library and the gym) on most days. This situation was exacerbated by continuing delays (more than four months) with the SSCL (the company contracted to carry out vetting) vetting process. At one point, there were more than 20 PCOs who were trained but could not be deployed because SSCL had

not been able to process their vetting. This problem also impacted on appointments to partner agencies, including health, education and catering across the estate. Staff shortages were exacerbated by an exceptionally high number of bed-watches, averaging seven per month between April and September 2025, which required 20 or more officers to be taken out of the prison every 24 hours. Although leaders were proactive in taking steps to alleviate these pressures, using overtime (at enhanced rates) and deployment of staff from other G4S establishments, the impact of regime restrictions on prisoners and staff was significant. Most men were not unlocked for work or education, and, due to the unavailability of escorts, numerous healthcare appointments were missed (see 6.5). Prisoners frequently reported that limited time out of their cells, boredom, and the stress caused by unpredictable regime changes contributed to increased substance misuse, deliberate self-harm and violent incidents.

Data provided by the prison shows that 100% of the offender management in custody (OMiC) key worker sessions took place during the reporting period. However, the Board is aware that majority of prisoners are not allocated a named key worker. Most sessions have been undertaken by a cohort of staff carrying out overtime shifts. The impact of this inconsistent approach is that prisoners are unable to form meaningful relationships with key workers to promote rehabilitation. At the time of reporting, the Board is aware that the leadership team is taking steps to implement a more consistent qualitative approach to OMiC key working. It is too soon to comment on the impact of these potential changes for prisoners, but the Board intends to monitor this more closely over the next reporting period.

From the Board's observations, leadership within the YPU was visible and effective. Staff-to-young person ratio is higher compared with the main estate and staffing levels have been adequately sustained throughout the reporting period. The Board has observed that daily briefing was consistently very well attended by staff and managers, as well as support agencies, health and education. This ensured good awareness of risks and issues and a multi-disciplinary approach to planning actions needed. The Board has directly observed staff showing a high level of professionalism and actively engaging with young people, taking time to explore their needs and how to best to support them.

Prison councils for prisoners in the main estate and the VPU are each held monthly. These forums give prisoners the opportunity to raise issues with senior staff and partnership agencies, share their views on equality and diversity, and offer ideas for addressing some of the challenges faced by the prison. Young people also attend a regular council meeting, where they can present their views on the unit as a whole, and ask for items that might improve their quality of life.

5.4 Equality and diversity

HMP/YOI Parc's EDI strategy sets out its external partnerships and planned projects, aligned with the published HMPPS and G4S annual cultural calendars. This ensures the delivery of relevant events that reflect and support the prisoner demographic across the estate, such as the celebration of Black History Month and Transgender Awareness Week.

Whilst fewer than 3% of the population were first language Welsh speakers, there was a proactive approach to developing Welsh culture and language amongst staff. In May 2025, HMP/YOI Parc achieved first and third place across all Wales in the Crafts 3D additional learning needs (ALN) category at the Urdd Eisteddfod. The T-block Welsh

language community also undertook a cycle challenge by virtually cycling 77 miles towards the Welsh language community at HMP Berwyn.

The EDI strategy also includes an annual staff training calendar to increase awareness of equality issues. A new EDI coordinator role was appointed to the equality team in April 2025. The postholder has developed and launched several new initiatives, including an annual schedule of prisoner council forums for each protected characteristic (that is, aspects of identity legally protected from discrimination under the Equality Act 2010, such as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation). These developments also include an equality shop, offering a wider range of products for the transgender community; and revised EDI training for the initial training course, for all newly appointed G4S operational staff, which now incorporates contributions from minority ethnic prisoners to raise awareness of cultural and religious considerations.

The EDI team provides leaders with monthly and quarterly reports of equality data analysis. In September 2025, the findings showed a significant negative imbalance affecting ethnic minority prisoners across a range of measures. For example, ethnic minority prisoners were 74% more likely to be placed on the basic (lowest) level of the incentives scheme, whilst they were only 37% more likely to be employed compared with white prisoners.

There was an average of 29 discrimination reporting forms (DIRF) submitted per month between January and September 2025. The majority of these related to ethnicity and the most prevalent reasons were cited as bullying or staff issues. Just under a quarter of DIRFs were upheld.

5.5 Faith and pastoral support

The chaplaincy team provides opportunities for group and individual worship for prisoners across a wide range of religious beliefs. They contribute extensively to the prison's preparation for, and celebration of, religious festivals such as Eid al-Fitr and Christmas.

The Board's contact with the chaplaincy team has not been extensive during the reporting period. However, based on the concerns they have raised with us about individual prisoners, and from their responses when we have alerted them to compassionate issues raised in applications (prisoners' written representations to the Board), we have gained the impression that the team works effectively and collaboratively to support prisoners. The Board has also received very positive comments from prisoners who have benefitted from the team's work.

5.6 Complaints

There have been ongoing reports from prisoners to the Board about the lack of availability of complaints forms on the wings. Prisoners also reported a lack of trust in the complaints process, specifically that complaints submitted do not reach the prison's business hub [the department that manages the complaints process] and/or there are significant delays between complaints being submitted and reaching the business hub. In following up applications to the IMB concerning these issues, the Board has learned there is no established process for tracking complaints from submission (date on the form) to entry on the business hub tracker (the complaints database).

The prison dealt with 3858 complaints during the reporting period, of which 72% were dealt with within timescale. However, an unknown number of Comp1s (ordinary complaints) were returned to prisoners without being logged, dated or signed, accompanied by a note stating that the issue did not meet the threshold for a complaint and directing them to wing staff or peer mentors for advice. Many prisoners told the Board of their frustration and anger that their complaints were not taken seriously by the prison.

The top five areas for complaints were: property (23%), canteen (4%), staff (3%), residential (3%) and work (2%). Just over 10% of complaints were upheld. From a random sample of complaint responses reviewed in connection with applications to the IMB, the Board has formed the impression that the quality of many responses was poor. Although a minority of the responses reviewed were thorough, many did not address the substance of the complaint. Some responses were evasive and wording around outcome decisions was frequently ambiguous.

5.7 Property

Property issues were the single largest cause of complaints in both the prison complaints system and in the applications received by the IMB.

The Board did not see any significant improvement in the handling or management of prisoners' property, either on transfer between establishments or within the prison. The paper-based process in place for recording and tracking prisoners' property is outdated and not fit for the purpose of efficiently handling the large volume of property received by the prison. There was no 'out of office' hours provision, leading to prisoners' property cards (which record prisoners' items) not being updated in a timely way for late arrivals and/or cell clearances at weekends, evenings and bank holidays.

The Board's experience of following up prisoner applications related to property was largely negative. Whilst some individual staff and managers were responsive, disagreements between departments over who was responsible for helping prisoners locate missing property frequently diverted attention from resolving the issue. As a result, many prisoners were left without their belongings for extended periods and, in some cases, were never reunited with them at all.

Towards the end of the reporting period, the prison set up a prisoner property review group, led by a senior manager, with the aim of improving the prison's handling of property. The Board will be monitoring the impact of this initiative over the next reporting period.

6. Health and wellbeing

6.1 Healthcare general

Previously provided by G4S medical services, healthcare services transferred to Cwm Taf Morgannwg University Health Board (CTMUHB) in December 2022. Healthcare services are delivered via a Memorandum of Understanding between the health board, the Welsh Ministers and HMPPS in Wales. General nursing, primary care, mental health nursing, pharmacy and the dementia liaison nurse are provided directly by CTMUHB. General Practitioner (GP), dental and optometry services are commissioned by CTMUHB from independent contractors. (See Annex A).

During the latter part of reporting period, the Board observed multi-disciplinary strategic and operational partnership meetings. An improvement in partnership work between CTMUHB, G4S and HMPPS was noted. Whilst the effectiveness of partnership working remains embryonic, the tone of meetings is positive, collaborative and focused on problem solving. There appears to be a consensus that current provision requires significant expansion and improvement to meet the healthcare and substance-misuse needs of an extremely diverse prisoner demographic.

From the Board's observations, environmental, practical and logistical issues have affected the delivery of healthcare provision in the adult estate. Care is delivered variously on houseblocks and in the healthcare department (a corridor on a residential block). Arrangements are in place to ensure prisoners housed on the VPU remain separated from other prisoners during healthcare appointments. Limitations on the availability of escorts, due to staff shortages, negatively impacts moving prisoners between locations to maximise consultations. The prison acknowledges the lack of clinical consultation space throughout the estate impairs the efficiency with which care can be provided. Plans are being made to create clinical consultation rooms in the main healthcare area and in the houseblocks, but progress is very slow.

There are often significant delays in getting prisoners to ED departments of local hospitals when necessary. There is no available data that confirms either the average length of delay or the causation (i.e. limitations on prison escorts and/or pressures within the NHS such as ambulances and ED waiting times). Between April and September 2025, there were 258 ED requirements, averaging 43 per month. Of these, 25% of men refused to leave the prison and 12% refused to wait in ED after arrival. Some discussions at a strategic partnership level have begun, relating to whether triage by nurse practitioners on site could help alleviate this problem.

Adult prisoners' frustration with healthcare provision has been identified as a significant factor in contributing to self-harm, as well as other violent incidents, in the prison. Concerns about healthcare feature as the fourth highest issue in applications (10%) from prisoners to the IMB.

Within the YPU, more effective partnership working and close managerial oversight appear to ensure that children's health needs are well met. A comprehensive health assessment tool (CHAT) is used to identify individual health needs on arrival, followed by a number of in-depth, focused assessments during the early days in custody. This enables the nursing team to help develop relationships with the children. Two nurses are located within the YPU, who also support children during the transition and release-planning stages of their custody. These professionals support decisions about separation and conflict resolution, as well as manage the young people's GP and dentist requirements. On-site additional support for young people's mental health

needs is available through partnership with YCS psychologists, and a Child and Adolescent Mental Health Service (CAMHS) is provided. A vacancy for a CAMHS nurse means there is a reduced service.

6.2 Physical healthcare

General healthcare (primary care) is delivered in the prison by a team of nurses, pharmacists and GPs.

Prisoners receive two health assessments when entering HMP/YOI Parc. The first, completed on the day of arrival, addresses any immediate health concerns. A second, more comprehensive assessment is carried out within 72 hours and includes areas such as sexual health. Some prisoners have reported lengthy delays in receiving these assessments, which can have a direct impact on the prescribing process.

The nursing team is the most visible healthcare presence in the prison, working across all areas and engaging face-to-face with prisoners. In October 2025, the team comprised 33 nurses, including five vacancies, two of which had remained unfilled for over six months. A significant proportion of nursing time is devoted to responding to new incidents such as acute illness, self-harm, use of force and supporting prisoners under the influence of substances. We have heard about - and observed - some good-quality nursing responses to emergencies.

Regular nursing duties also include managing clinics (an average of 438 clinics per month); monitoring unwell prisoners (with same-day reviews average 787 per month); and carrying out medication administration duties. The nursing team also leads on chronic disease monitoring through regular, planned appointments, although the unpredictable nature of acute work can affect delivery in any given month.

The IMB has received several applications in which prisoners returning from hospital (emergency and routine appointments) have not had a plan made in a timely way to ensure their safe care. There did not appear to be a protocol in place to safely manage these transitions, leaving prisoners and operational staff at risk of harm.

The GP team works from consulting rooms on the healthcare corridor and visits houseblocks infrequently. A GP visits the CSU once per week. The GP team is made up of locum GPs and prescribing pharmacists employed by the GP service commissioned by CTMUHB³. A considerable number of prisoners complain that they are not able to see a GP and/or prescribing pharmacist in a timely way. Around 32% of consultations between April and September 2025 were not conducted face-to-face. These took place either via in-cell telephony or as 'remote' consultations, where a prisoner submits a request and the clinician can resolve the issue without seeing or speaking to them directly. This issue features strongly amongst the health applications raised with the Board.

Moreover, 13% of all appointments arranged during the same period were cancelled. Over half the cancellations were due to prison-related issues (e.g. unavailability of escorts); around a quarter were cancelled by healthcare; and just over 15% were cancelled by prisoners themselves. Whilst such delays may broadly reflect those experienced in the community, it should be noted that prisoners have fewer alternatives for seeking advice, such as visiting a pharmacist. Prisoners can use the complaints

³ The two clinician types are aggregated together as 'GP appointments' in statistics counted.

procedure if they are dissatisfied with the GP service, but the timeliness and quality of responses is poor.

Concerns about changes, reductions and stopping medication feature prominently in applications to the Board. Whilst medication changes may legitimately arise for a number of reasons, prisoners often find these decisions difficult to understand or accept. Our impression is that a reduction in the dose before stopping medication is often very rapid and done without taking the prisoner's view into account. Too often the decision is not delivered in such a way that a prisoner can understand, leading to acts of self-harm or disruption. Prisoners report that they are not given the opportunity to discuss these decisions. They say that discussions are rarely conducted face-to-face and that they are sometimes warned the call will be terminated if they attempt to raise the issue.

Pharmacy facilities are clearly under resourced for a prison population that has grown, with insufficient storage space for stock medication. Progression for prisoners receiving opiate substitute treatment (OST) is hindered by the lack of methadone-dispensing machines on the residential units, where they could otherwise be located to support their rehabilitation. Issues have arisen at medication administration points (MAPs) on the wings when medication was not available; this was attributed, by pharmacy staff, to the occasions when administration was being carried out by agency nurses, who were not themselves familiar with prison systems, causing uncertainty about how to rectify problems in a timely manner. This can lead to delays in the provision of medication, causing distress to prisoners, and misunderstandings between healthcare staff, operational staff and prisoners. The overall effect is that prisoners experience a poorer service, in the Board's view.

Dentistry and ophthalmopathy

The dental service is limited because there is only one dental chair. Plans for a second room do not seem to be making discernible progress. Between May and October 2025, a monthly average of 267 appointments were offered, with an approximate 35% cancellation rate. Of these, 60% were prisoner initiated and 30% due to prison-related issues. Of the 775 appointments delivered during this period, only around 3% were routine check-ups; the dental service is, in effect, operating an emergency-only provision.

The optician sees patients in a consultation room in the healthcare department, on both the vulnerable prisoner unit and in the main estate. Between May and October 2025, the optician offered an average of 58 appointments per month. Of these, 40% were not attended (no available data to provide the reasons for this). During the reporting year, there was a change of provider, causing a gap in provision of around 2-3 weeks. The new provider inherited quite a backlog. To address this, additional clinics were provided during August and September 2025. In October 2025, there was a waiting list of 148 prisoners, with a 76-day wait to see the optician. However, once a prisoner has been seen, new glasses are received within a fortnight.

6.3 Mental health

Mental health services are delivered by a primary care team of nurses and an in-reach forensic psychiatry team. The team works closely with the prison safety team but has limited psychological services. Most prisoners experiencing severe mental health problems are cared for by non-medically trained prison operational staff, in the SCU supported by mental health services. Given limited space, clear criteria are in place to

assess suitability for a place in the SCU. There is often a waiting list for a place which is managed through the weekly multi-disciplinary Safety Interventions Meeting (SIM). It is noteworthy that the Board has directly observed prison staff treating some very poorly prisoners with great respect and empathy.

The primary care mental health team responds to all new applications to be seen by asking the prisoner to complete a questionnaire, which is used to decide whether or not to offer an appointment. On average, there are 176 applications per month for new and follow-up appointments. The team sees an average of 51 new patients per month, with virtually all new patients being seen within the target 28-day period. The team is also responsible for administering the health algorithm for all newly segregated prisoners and for contributing to decisions about prisoners' fitness for continued segregation.

Neurodiversity is common in the prison population: Cynwys wing specialises in caring for prisoners with neurodiversity requirements, but it has a waiting list.

Attention deficit hyperactivity disorder (ADHD) and its treatment with medication is a common concern raised with the IMB. There is a lack of diagnostic service in CTMHB, and prisoners cannot access private assessment (an option available in the community). Governance issues arise when a prisoner enters HMP/YOI Parc on ADHD medication that has either been privately prescribed or prescribed by a GP without a discernible specialist supervising. In these circumstances, the prison health team can be reluctant to continue medication. The impact on prisoners when medication is withdrawn can be severe. Prisoners describe that they may have been on medication since childhood or adolescence, or maybe a diagnosis has been made as an adult and medication has helped them. Many describe how difficult rehabilitation can be without the medication. Negative behaviours such as disruptive behaviour, self-harm and violence may be identified as being caused by the loss of medication. All of which also impacts other prisoners and staff. Prisoners have reported to the Board that they often feel decisions about the withdrawal of medication are not discussed in a meaningful way. As a result, many report that they do not fully understand the reasons for some changes to their treatment.

In the Board's view, transfer to secure psychiatric care does not take place in a timely way. Between January and October 2025, 10 transfers were undertaken. The time taken to identify a suitable placement may take many months. The length of delay, post identification of the need for a specialist bed, ranged from 4-6 weeks within Wales and seven months for a prisoner awaiting transfer to an English hospital. These delays are not only a significant drain on prison resources but are actively harmful to prisoners who are clearly very unwell. Moreover, whilst we have observed many examples of appropriate risk management, empathy and kindness by operational staff caring for these men, this is no substitute for the delivery of treatment by trained mental health professionals.

On arrival at HMP/YOI Parc, young people complete a programme called 'Do it Profiler', which is an education tool used to assess needs and identify specific vulnerabilities. The YPU has a dedicated mental health nurse who assesses needs and refers young people as necessary. In addition, partners Barnardo's and the needs engagement and wellbeing team (NEWT) caseworkers are available to support young people. It is noted that the proportion of young people identified as neurodiverse has increased within the estate, but this may be explained by improved protocols for identification on arrival at HMP/YOI Parc.

6.4 Social care

The social care team support men with complex social care needs, following assessments carried out on behalf of Bridgend County Borough Council (BCBC). Timeliness of assessments has become more challenging since April 2025, due to an occupational therapist ongoing vacancy. Most of the care packages agreed are for older prisoners, most of whom reside within the VPU. Packages tend to be of higher intensity than in the community. This is because, despite care being routinely carried out by prisoner peers and operational staff, this cannot be provided at an equivalent level as might be available from family members. A team of 10 carers (nine currently in post) provides 30-90 minute calls up to five times per day. For men whose care needs cannot be met within this timeframe, a care home placement is sought, although finding a suitable placement is extremely challenging.

During the reporting period, the head of safeguarding post was vacant for several weeks, during which a backlog of adult safeguarding referrals accrued; this backlog was not well-managed in respect of triage or prioritisation, in the Board's view. The potential impact of this was that not all adults in need of protection were safeguarded in a timely way during this period. However, once the post was filled, the backlog was quickly and efficiently managed jointly with the local authority.

All child safeguarding referrals, including professional concerns, are made to the BCBC multi-agency safeguarding hub (MASH).

6.5 Time out of cell/room, regime

Staff availability was the biggest factor that impacted regime (see 5.3). For much of the reporting period, the prison ran a reduced but sustainable delivery of activities and services (amber) regime across the estate six out of seven days per week, with a restricted (red regime) once per week. In practice, this meant that whilst off-wing employment and education were protected, association time and enrichment activities were more limited than they should have been. In terms of limiting time out of cell, these restrictions had a greater impact on those on the basic (lowest) level of the incentives scheme and on unemployed prisoners.

As the year progressed, staffing restraints became more acute and, between July and September, the number of 'red' regime days outweighed those rated as amber. Moreover, last-minute regime changes became more frequent. In practice during this period, it meant 22 hours in cell for those without education or work. All prisoners, including those without education or work, had a minimum of two hours out of their cells daily, including 30 minutes of outdoor exercise.

The leadership team regularly reviewed the regime. From the Board's observations, they made efforts to ensure fairness in terms of the impact of restricted regimes across the estate. To maximise time out of cell, within safe limits, for as much of the population as possible a 'red +' regime was introduced, which allowed greater flexibility for association for some men during either the morning or the afternoon.

Furthermore, to alleviate pressures (for staff and prisoners) brought about by regime restrictions, the planned roll-out of in-cell tablet computers to all prisoners was expedited rapidly and completed ahead of schedule in August 2025. Use of these devices not only relieved boredom for prisoners but also facilitated more frequent contact with friends and family. In terms of safety, the tablets provided a more efficient method for prisoners to access menus, make medical appointments and place canteen

orders (a facility where prisoners can buy snacks, toiletries, stationery and other essentials using their allocated funds). This helped reduce prisoners' frustrations related to accessing kiosks, as well as the requirement for staff supervision at kiosks on the wings.

From the Board's observations, young people had good access to varied activities and time out of their rooms, including education and job training. All young people have regular access to fresh air through exercise and recreational gym. Staff create enrichment activities timetables that incorporate young people's interests, including pool, table tennis, video games and music. All young people have access to social visits and social video calls daily. Young people have telephones in their rooms in order to maintain family contact. The average time out of room during the reporting period was 7.5 hrs per day.

6.6 Drug and alcohol rehabilitation

Psycho-social substance-misuse services are provided by Dyfodol, (commissioned by the Office of the Police and Crime Commissioner and G4S Care and Rehabilitation Services). Run as a consortium, substance-misuse specialists work in a range of criminal justice settings across south Wales. G4S Community Contracts is the lead agency, alongside third-sector partners. Since 2023, CTMUHB has commissioned G4S Community Contracts to provide substance-misuse services at HMP/YOI Parc.

A psychosocial model of support for prisoners with substance-misuse issues is provided. Early intervention practitioners aim to engage with every new prisoner. Assessment on arrival enables those with an acute need to receive an early intervention, with the objective of stabilisation. Work starts immediately to map out men's recovery journeys, matching them to the form of support. Those agreeing to intervention can access a range of programmes and group work. However, each caseworker has a caseload of more than 100 prisoners, which has led to a focus on those at the highest risk of harm, often at the expense of consistently delivering planned interventions for all. More positively, for those prisoners who do engage with Dyfodol and are released locally, ongoing community referrals are made, providing continuity of care through the prison gate.

Many prisoners working with Dyfodol to address their substance misuse are also in receipt of OST. In this instance, Dyfodol works collaboratively with the prison healthcare team to simultaneously offer the psychosocial and clinical support required to aid a person's recovery.

Drug and alcohol problems are less prevalent in the YPU than in the main estate. Whilst the ingress of substances to the YPU is low, staff are vigilant to nuances in young peoples' behaviours, which may indicate the presence of substances. This, combined with intelligence-led rigorous searching, results in a high proportion of successful finds. A specialist substance-misuse worker educates the young people about the effects of substance misuse.

7. Progression and resettlement/towards transfer or release

7.1 Education, library

Since December 2022, learning and skills services, previously provided by G4S, have been delivered by Novus Gower under contract to HMPPS in Wales. Novus Gower is a joint venture between Novus, Learning Training & Employment (LTE Group and Gower College, Swansea. The service provided ranges from entry level courses to degree studies in further education. Education and training for adults and young people are provided by 68 staff. Over the last financial year (April 2024 to March 2025), there has been a staff turnover rate of 17.6%. A relatively new group of leaders oversee provision. From the Board's observations, they are very committed to their roles. They have a clear understanding of the strengths and weaknesses of provision and have produced detailed plans for improvement.

A broad range of experiences were offered to prisoners, including basic skills in literacy and numeracy, wellbeing, ceramics, art, music, physical education and catering. Adults were able to access provision ranging from entry level to level 4 qualifications. Young people work between entry level and level 3. Entry level studies are followed by 48% of adults and 67% of young people.

Processes were in place to ensure that new arrivals completed an education induction test, resulting in an individual learning pathway being identified for each prisoner. However, prisoners told the Board that although the test itself was completed promptly, the transfer of data into the system that enables allocation to jobs and education was often delayed. There was a strong emphasis on developing basic skills. Essential Skills Wales (ESW) courses appeared to be taught well to both adults and young people in isolation, but there was insufficient development of these skills across the wider curriculum. Reading skills were generally developed well.

Novus Gower was contracted to run 33 daily classes in the adult estate, although up to 39 classes can be offered when staffing levels allow, to accommodate additional English, Welsh and maths provision. However, due to staffing shortages, of both teachers and the operational staff needed to escort prisoners, 44% of classes were closed between March and October 2025. This represents a significant loss of learning and skills development opportunities for prisoners in both HMP/YOI Parc.

Adult attendance stands at 68%, with only half of the absences authorised, further compounding the loss of learning. More positively, the proportion of adults who begin courses and complete them (not including those who are released from the prison) is 97%, with 90% attaining a qualification. There are, however, disparities in outcomes across ethnic groups: for example, the success rate for Black adults is 51.6%, compared with 74.2% for White British and 85.7% for Arab men.

The Shannon Trust programme was in place and volunteers were trained to support its implementation. A particularly strong element of provision was the manner in which peer mentors were used to support learning across the site. Prisoners told the Board that many opportunities for sessions to take place were lost when the prison regime prevented them from being unlocked to take part. The Board is concerned that some staff do not sufficiently prioritise 'unlock' for prisoners to undertake Shannon Trust sessions, which leads to missed opportunities for some prisoners to improve their literacy.

Young people can follow one of eight pathways provided, and a good range of provision is in place. Courses begin at entry level and rise to level 4 studies, covering subjects such as essential skills, citizenship, music and catering. Retention rates for young people are at 97%, with 93% attaining a qualification.

However, at times the learning experience can be challenging. It is evident that a minority of young people in some groups tend to dominate, influencing the agenda and controlling noise levels. As a result, teaching can shift towards watching videos and using distraction tactics. Despite this, opportunities for young people to develop maths and literacy skills remain, and the education facilities are well equipped. For learning to be effective, though, each young person must actively engage.

7.2 Library

A high-quality main library was provided by Greenwich Leisure. It was well stocked with a range of books, and it provided a very suitable space for prisoners to read and research. However, it was not used to its full potential, in the Board's view. There was a prolonged loss of access (September 2024 to June 2025) to the VPU library due to staffing difficulties. However, arrangements were in place for the distribution of books to the CSU and other areas of the prison from which prisoners are less able to visit the library. Prisoners were able to use either the case management system (CMS) from either the kiosk or personal tablets to order and exchange books.

Young people benefited from a separate library within their unit, to which they have easy and regular access.

7.3 Vocational training, work

Industries could be a strength of provision, in the Board's view. Teachers are skilled, appropriately experienced and highly committed. Courses offered include carpentry, bricklaying, painting and decorating, graphic design and fork-lift truck driving. An innovative approach allows learners to have the opportunity to complete a multi-skills course before deciding which area they would like to study in detail. Only 1% of prisoners decide to leave courses before completion. This area was, however, significantly affected by regime restrictions. Nearly 40% of industry sessions were cancelled between June and August 2025, significantly impacting prisoners' opportunities to develop work-related skills to enhance their employment prospects on release.

A good range of vocational provision is in place for young people, including courses in employability, citizenship and wellbeing. In addition, plans are in place to provide a course in barbering. Young people also have access to enrichment opportunities, such as The Duke of Edinburgh Award training and outreach activities such as cooking sessions, where meals are prepared and donated to local schools and care facilities. Trade training is also available to support employment opportunities beyond the estate, with options such as roofing, train track maintenance and warehouse-related qualifications among the programmes on offer.

7.4 Offender management, progression & resettlement planning

Offender management and resettlement is not an area that has been closely monitored by the Board during the reporting period. However, we are aware from observing meetings with the Director and the Controller of significant under-resourcing of the OMU. This is at least in part due to population pressures across the prison estate nationally. But other factors, such as high levels of staff vacancies and sickness, have

contributed. It is positive to note that, despite these pressures, prisoner attendance at accredited programmes is prioritised, with 100% completion rates demonstrating this. POMs have very high caseloads. Even though cases are prioritised according to risk, given that two-thirds of HMP/YOI Parc's prisoner population is classified as high or very high risk means that POMs have limited capacity to keep prisoners adequately informed about categorisation decisions and pre-release planning in a timely manner. Many prisoners have told the Board that they have never had a sentence plan discussed with them.

National population pressures - which limit transfers to establishments closer to home before release - along with delays in the parole system and legislative changes to release and recall during the reporting period, have added to these pressures. Applications to the Board reflect the frustration prisoners experience as a result.

7.5 Family contact

The visitors' centre is staffed by the Invisible Walls Community Interest Company, which is part of the prison's family support strategy. Their aim is to provide a welcoming environment for visitors and to strengthen family connections by helping prisoners stay in touch with their families and friends. The team also works with external agencies, such as social services and solicitors, to support prisoners and their families.

Invisible Walls supports the uniformed staff in the main visits hall and lead a range of interventions. These include Man Shed, a prisoner only forum where men can openly discuss issues such as children entering care or difficulties with family separation; Baby's First Visit, which allows fathers to meet their baby in a more private, relaxed setting and includes keepsake photographs; and Farewell Visits, which give a father and child the opportunity for a high-quality final visit before adoption, supported by skilled family support workers.

YPU staff regularly facilitate virtual family forums for parents and corporate parents (local councils and other public organisations that share responsibility for making sure that care-experienced young people have their rights protected, and get the same chances in life as other children to ask questions, identify concerns and offer feedback). A designated family worker provides family information packs to the families of all newly admitted young people. For young people who have become parents, interventions are offered such as bathing and nappy changing. All young people have access to social visits and social video calls. Young people phones in their rooms to help maintain family contact and there is a designated phone line with an answerphone service for families to contact the YPU if and when required.

8. The work of the IMB

Board statistics

Recommended complement of Board members	17
Number of Board members at the start of the reporting period	1
Number of Board members at the end of the reporting period	5
Total number of visits to the establishment ⁴	309

⁴ November 2024 data missing and July 2025 data over counted in error.

Applications to the IMB

Code	Subject	April 2023 – March 2024 ⁵	April 2024 – Sept 2024	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	31	14	12
B	Discipline, including adjudications, incentives schemes, sanctions	10	4	2
C	Equality	3	3	4
D	Purposeful activity, including education, work, training, time out of cell	44	10	14
E1	Letters, visits, phones, public protection, restrictions	62	16	29
E2	Finance, including pay, private monies, spends	49	6	10
F	Food and kitchens	52	11	7
G	Health, including physical, mental, social care	117	38	39
H1	Property within the establishment	41	36	49
H2	Property during transfer or in another facility	142	15	29
H3	Canteen, facility list, catalogues	10	2	15
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	111	18	34
J	Staff/prisoner concerns, including bullying	73	26	59
K	Transfers	13	11	16
L	Miscellaneous	78	24	75
	Total number of applications (excluding duplicates)	836	234	394

⁵ Please note that the annual reporting period has changed since our last report was published: our previous annual report covered 1 April 2023 to 30 September 2024.

Annex A

Service providers

- Physical health provider: Cwm Taf Morgannwg University Health Board
- Mental health provider: Cwm Taf Morgannwg University Health Board
- Psycho-social substance-misuse treatment service: Dyfodol
- GP and prescribing pharmacy services: Marnell Medical Services
- Dental services: Time for Teeth
- Optometry: Prison Optician Trust
- Education: Novus Gower
- Literacy support: Shannon Trust
- Casework support YPU: Barnardo's
- Family services: Invisible Walls
- Catering services: Aramark



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