

Report on an announced inspection of

HMYOI Feltham

11–22 January 2010

by HM Chief Inspector of Prisons

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Introduction

Feltham is a high-profile establishment with a chequered history. It holds a challenging and complex mix of remanded and sentenced young people, both children and young people (15-18) and young adults (18-21). The establishment has a single management team but the two age ranges are held separately. Accordingly, inspectors from both our juvenile and young adult teams conducted this full announced inspection simultaneously, and our findings are recorded in a single report drawing distinctions where necessary. Commendably, we found that both parts of Feltham were continuing the slow but consistent progress that we have recorded in recent inspections. This is no mean achievement, although we point to a number of areas where further progress is required.

Feltham remained a volatile and difficult environment in which to ensure safety. Fights between young people were frequent, and vestiges of youth gang culture were inevitably imported into the establishment. Nevertheless, young people generally reported feeling safe. Safety procedures were robust and staff worked hard to maintain an ordered and civilised atmosphere. However, in seeking to maintain order and control, staff placed heavy reliance on use of force, segregation and special accommodation. The appropriateness of these responses must be kept under continuous review and, wherever possible, replaced with less confrontational strategies.

Early days in custody were generally well managed. Suicide and self-harm arrangements were effective, but would benefit from more trained Listeners. Similarly, while child protection arrangements were sound, they would benefit from greater involvement from the local authority.

Accommodation remained of a reasonable standard. Relationships between staff and young people were generally good and were supported by an improving personal officer scheme. Appropriately, diversity was a key focus for managers, both because of Feltham's difficult history and because two-thirds of young people were from black and minority ethnic backgrounds, and over a third were foreign nationals.

It was of concern that young people had little confidence in the applications and complaints processes, which required much more robust quality assurance. More positively, the work of the chaplaincy was greatly appreciated by young people, and health services were generally very good.

Despite most young people staying only a relatively short time, Feltham managed to provide an impressive amount of purposeful activity. The quality of education and training for young adults was good, and very good indeed for children and young people. The amount of time out of cell was reasonable, as was the quality and consistency of association. The library provided a very good service, and PE arrangements were impressive.

There was an up-to-date reducing reoffending strategy, but it was not based on an overarching needs analysis, and there were no separate action plans for each resettlement pathway. The day-to-day management of resettlement was generally sound, and offender management arrangements were well established, but there was scope to improve sentence planning for young adults and to make training planning for children and young people more multidisciplinary. Young people on indeterminate sentences were well managed. There was a reasonable amount of effective work taking place along all the pathways.

The scale of the challenge of managing the volatile population of young people held at Feltham should not be underestimated. The establishment has worked hard to ensure a safe and ordered environment in which young people generally feel safe. This is a daily balancing act in which managers must ensure that strategies are reviewed to balance care and control properly. Overall, we found that this balance had been achieved, supported by good relations between staff and young people and an impressive range of activities and resettlement arrangements. This is commendable and, while we inevitably suggest areas for further improvement, staff and managers should be congratulated for what has so far been achieved.

Anne Owers
HM Chief Inspector of Prisons

April 2010

Fact page

Task of the establishment

To keep in custody young people from the age of 15 to 18 deemed as unsuitable or not warranting secure local authority accommodation, and young adults from the age of 18 to 21 placed in custody by the courts.

Area organisation

London

Number held

18 January 2010: 644

Certified normal accommodation

762

Last inspection

4-8 June 2007

Brief history

Built in 1854 as an industrial school, Feltham was taken over in 1910 by the Prison Commissioners as their second Borstal institution. The existing building opened as a remand centre in March 1988.

Description of residential units

Juveniles

Eight separate residential units, each holding 30 young people. Bittern is a first night induction unit.

Young adults

Ten units – seven hold 56 young adults, one holds 54, one holds 44 and one enhanced unit of 16. Kingfisher and Mallard are the induction units.

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is Everyone's Concern*, published in 1999. The criteria are:

Safety	prisoners, even the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- outcomes for prisoners are reasonably good against this healthy prison test.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- outcomes for prisoners are not sufficiently good against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- outcomes for prisoners are poor against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 The separate reception, first night and induction procedures for juveniles and young adults were reasonably thorough, with an appropriate focus on risk. Safeguarding and

child protection procedures were sound, but there was insufficient independent scrutiny. Violence reduction and anti-bullying arrangements were comprehensive and well managed. Managers had a good understanding of the nature and extent of violence in the establishment, but the number of incidents remained high. Self-harm prevention measures were generally satisfactory, with very good attention to high risk cases. Young people said they felt relatively safe at Feltham. Use of segregation was high, although stays in the unit were usually brief and there was a reasonable regime. Use of force was high across the establishment, and disproportionately so for juveniles. The special cell was used too often and paperwork was inadequate. Clinical interventions for young people abusing drugs were good and illicit drug use was relatively low. On both the juvenile and young adult sides of Feltham, we assessed outcomes for young people as reasonably good against this healthy prison test.

- HP4 There were a significant number of daily movements through reception, especially on the young adult side. Late arrivals from court after 7.30pm were not uncommon for young adults. Our survey findings for both juveniles and young adults on treatment by escort staff and treatment in reception were significantly worse than the comparators,¹ but we observed efficient and respectful treatment by staff. Young adults reported some delays in disembarking from escort vehicles. Time spent waiting outside reception was not excessive for juveniles, but we were not assured this was the case for young adults. Managers were concerned about the lengthy waits for young adults in court cells before returning to Feltham, and a complaints procedure had been introduced to forward examples to escort contract managers. A feedback form to record young people's experience under escort was a positive initiative.
- HP5 There were separate receptions for juveniles and young adults, with respectful procedures in both and only limited delays. Initial interviews with young adults new to custody took place at the front desk with no privacy. All young people were routinely strip searched in reception, which was particularly inappropriate for children. Survey findings on searching were significantly more negative than the comparators. There were no Listeners or peer supporters in either reception.
- HP6 Young adults spent their first night on Kingfisher unit and juveniles were taken to Bittern. All young adults had a comprehensive individual first night interview to identify potential risk factors. Some completed documents were less detailed than others, and follow-up post-interview assessments were not consistently completed. The quality of the vulnerability assessments completed on Bittern also varied and many had insufficient detail. There were good arrangements to improve the standard of cell sharing risk assessments. Trained peer supporters welcomed new arrivals on Bittern, although in our survey only a quarter of juveniles said they had seen a peer supporter. Young adults did not routinely have access to peer support on Kingfisher. We were not assured that all young people could shower on their first night in custody, although they had access to telephones. There were hourly observations of all young people on their first night, although many records were observational and did not reflect constructive engagement.
- HP7 A comprehensive induction passport document was used to track young people's progress through induction programmes. They had to complete all parts before they moved to a residential unit. Young adults moved to Mallard unit to complete the final

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

induction modules. This unit had only a limited regime and young adults spent long periods in their cells with little to occupy them. Induction involved relevant departments and multimedia presentations, but in our surveys, the number of young people who said it covered everything they needed to know was significantly worse than the comparators. There were focus groups with juveniles that explored perceptions of the programme, but feedback was less well developed for young adults.

- HP8 Quarterly safeguarding meetings, chaired by the governor, involved relevant departments in detailed discussions informed by good quality data analysis. Lack of attendance by external agencies, particularly the local authority, was a concern. There was a comprehensive vulnerability policy. We found no informal places of safety for vulnerable young people on either side of the establishment. The weekly vulnerability meetings were usually well attended and identified key action points, although these were not always well communicated to staff. The loss of social work support and the resulting loss of attention to looked-after children was concerning. Offender supervisors and the safeguarding department did what they could to meet individual needs, but there was little monitoring or oversight of this particularly vulnerable group.
- HP9 Child protection referrals were received from a wide range of sources, including effective screening of complaints. There were sound internal procedures to ensure that all referrals were forwarded without delay to the local authority children's services and the police child protection team. Outstanding referrals were monitored regularly through an internal process involving the governor, but there was no independent oversight from the local authority. Engagement by the local authority was limited.
- HP10 Bullying was managed by the violence reduction team, with a more focused approach than under the previous safeguarding remit. Clear records were maintained about all aspects of violence and examined in detail at the monthly violence reduction meeting. The quality of analysis was good and the extent of violence well understood. All young people were given a clear message when they arrived about how acts of violence would be dealt with. Collaborative work with the local police and the Crown Prosecution Service had enabled managers to deal effectively with some serious offences committed in the establishment, resulting in convictions – which we were told had improved feelings of safety among young people and staff. In 2009, there had been 18 recorded serious assaults, although there were upwards of 70 more minor incidents recorded each month. The level of bullying was judged to be persistent but not rampant. Interventions for bullies and victims were underused. Despite the appreciable level of violence, in our survey, young people indicated that generally they felt safe.
- HP11 Assessment, care in custody and teamwork (ACCT) self-harm monitoring work was now led by wing senior officers. There were about 20 open ACCTs at a time – approximately a third of these juveniles, and two-thirds young adults. High risk cases received close of attention with good multidisciplinary input. However, the quality of documentation was mixed, despite quality assurance arrangements. Attendance at most ACCT reviews was too limited. All young people had access to a free Samaritans telephone, and juveniles also received support from Samaritans volunteers on the wing. There were few Listeners, and access to them could be delayed. Peer support for juveniles was also limited, but there was prompt, good quality support for all vulnerable young people through Hounslow Youth Counselling Service.

- HP12 Security was intelligence driven with effective systems to process and analyse information. The flow of information into the department was good, and the number of security information reports exceeded 4,000 a year. The security committee was properly constructed, with appropriate internal and external representation. Meetings were well attended, given a high profile and there were effective links to the violence reduction and drug strategy committees. There were also good links with the local police, particularly to deal with gang-related issues and violent crime in the establishment.
- HP13 The segregation unit, Ibis, held both juveniles and young adults. The number of young people segregated was high, and disproportionately so for juveniles. The average length of stay was, however, short at about five days, and there was no evidence that young people used the unit as a place of sanctuary from the wings. Many cells on the unit were dirty, and the safer cells and special accommodation were particularly poor. There was a reasonable regime, with purposeful activity offered to nearly all young people every day. Relationships between staff and young people were very good, and entries in personal files were better than we usually see and showed high and caring staff engagement with young people. Planning to return longer stay young people to normal location was well developed.
- HP14 The number of formal adjudications was high at about 200 a month, which was slightly higher than at our last inspection. Too high a proportion of proven charges resulted in removal from unit, particularly for juveniles. However, young people could earn remission in these cases. Cases were conducted fairly and fully investigated, but many were for minor infringements of rules or childish behaviour that could have been dealt with less formally. Juveniles had good access to help from advocacy services.
- HP15 The use of force was very high with 1,292 incidents in 2009 and 93 in the first three weeks of 2010, although more than half did not involve the full use of control and restraint. Most documentation gave assurance that force was used as a last resort, but de-escalation was not always prioritised. The use of force on juveniles was disproportionate compared with young adults, and overused to secure compliance from both groups. Use of special accommodation was too high, and paperwork did not always show that authorisation was properly given – or that use of special accommodation was justified at all.
- HP16 Substance dependent young adults and juveniles were managed safely on a designated unit – Albatross – where they benefited from a therapeutic regime and a high level of support. This included 24-hour care and flexible prescribing regimes. Demand for the service was low, with 109 admissions in 12 months. Just over half were for alcohol detoxification. Juveniles made up one-third of this population. The year-to-date random mandatory drug testing rate was 6.1% against a target of 4.5%, suggesting illicit drug use was relatively low.

Respect

- HP17 Environmental standards were generally satisfactory, and marginally better on the juvenile side. Despite some negative findings in our juvenile survey and some complaints from young adults, the quality of staff-prisoner relationships appeared reasonable and staff had a good knowledge of young people. There had been some progress in the development of personal officer work. The provision of food was

adequate, although juveniles had better access to fresh fruit and some could dine in association. Work to promote diversity was reasonably good for disability, race and foreign nationals, and survey results from minority groups were encouraging. Young people had little confidence in the application and complaints procedures. The high profile and active chaplaincy was appreciated by young people. Health services were very good, although young people had some negative perceptions. We concluded that outcomes for young people at Feltham were good against this healthy prison test.

- HP18 Communal areas were generally clean and well maintained. The cleanliness of cells varied but they were better maintained on the juvenile units. Some cells used for double accommodation for young adults had insufficient screening of toilets and some furniture was damaged. Electric sockets were turned off during the daytime in the cells of unemployed young people, which was a disproportionate response. The shower areas on the young adult side were dirty, although standards were better for juveniles. Some young adults could wear their own clothes but the rules were not well understood and applied inconsistently. We received complaints from young adults about their access to stored property, but a new database that monitored timeliness for this was improving procedures. Staff and young people on the juvenile units had a better understanding of the standards required than those on the young adult side.
- HP19 The incentives and earned privileges (IEP) policy document had been reviewed and published, and its content was well known to staff and young people. The regime for young people on basic did not include any association or allow evening telephone calls. Review boards to consider downgrades were not robust. Incentive levels were reasonable and young people could gain enhanced level status within 28 days of arrival.
- HP20 In our survey, young people were negative about their relationships with staff, and over a third of young adults said they felt victimised by them. Our own observations were that relationships between staff and young people were generally good. The atmosphere on the wings was relaxed and young people did not hesitate to approach staff with queries. We saw some staff exercise patience in responding to young people's queries and requests. Staff seemed to know the young people well, and this was reflected in wing file entries. First names were used consistently with juveniles but not always with young adults. Officers on juvenile units engaged better with young people during evening association than on the young adult units.
- HP21 There was an ambitious personal officer policy and an impressive level of engagement between personal officers and young people. Young people were able to identify their personal officer, and in our survey three-quarters of juveniles said they met them weekly, which was significantly better than the comparator. Files showed that personal officers contacted young people promptly after reception and most made weekly entries, although many were limited to the observational. Personal officers usually made a written contribution to sentence planning boards and were involved in safer custody processes.
- HP22 The food we sampled was of an adequate standard and sufficient in quantity, but unappetising. Fruit was freely provided for juveniles, which was an effective way of introducing healthy items into the diet. Response to a food survey in 2009 was very limited, although focus groups were also used to elicit views about food. Dining out had been stopped for young adults, but sometimes took place on the juvenile side.

- HP23 New shop arrangements had been introduced, with a wider selection of goods and reasonable prices. However, the new arrangements meant that new arrivals could wait for up to seven days before they could use the shop. Orders were issued to young people individually on the wing, but canteen remained one of the major sources of bullying.
- HP24 There were appropriate policies on race, disability and foreign nationals. The use of wing diversity officers and prisoner representatives to promote diversity generally worked well, and ensured concerns were raised through the monthly race equality action team (REAT). The monthly diversity focus groups on some wings were also a good initiative, although not always held consistently. Over 70% of staff across Feltham were up to date with diversity training, but there needed to be greater priority given to the completion of the new equality impact assessments. Responses to our surveys of minority groups were generally better than the comparators.
- HP25 Although there were few young people with disabilities, there were appropriate systems to identify need and ensure support. The involvement of healthcare and the quality of individual care plans were less well developed. There needed to be appropriately adapted cells for juveniles to match those available for young adults. In addition to race and foreign young people, there had been some work on other strands of diversity, and there was ongoing work to resurrect support for gay and bisexual young people. There was no monitoring to evaluate the impact of Feltham's regime on different religious groups.
- HP26 Black and minority ethnic young people made up approximately 65% of the young adult and 70% of the juvenile population. The race equality policy was detailed and covered all key areas. REAT meetings were informative and analysis was generally of sufficient depth. However, ethnic monitoring indicated that black young people were consistently over-represented in key areas, such as use of force, proven adjudications and basic IEP levels. There had been some work to understand these patterns but more was needed to address the issue. The number of racist incident report forms had reduced over the last three years, but around 20 were still received each month. The quality of responses and investigations were variable, and better quality assurance was required.
- HP27 Just under a third of the population were foreign nationals, and provision for this group was generally reasonable. All foreign nationals were identified at reception and induction information was available in a range of languages. However, more comprehensive and individual needs assessments were needed. Professional telephone interpreting was used extensively, particularly for key activities such as ACCT reviews and adjudications. Although there was no specific foreign national forum, the chaplaincy organised well-attended support groups. There were good links with the UK Border Agency.
- HP28 Responses to our surveys on both sides of Feltham about the fairness and speed of replies to applications and complaints were significantly worse than the comparators. The recent introduction of a triplicate application system appeared to have improved matters, although the number of applications through this system remained low, and the process needed to be reviewed regularly. The complaints system followed standard procedures but the quality of responses was often poor, and better quality assurance was needed. Many were curt, some did not address the issues, and investigations were not always thorough. There was no full-time legal services officer

and no dedicated bail information service, although youth offending team (YOT) input ensured some support for juveniles.

- HP29 The facilities for faith services were excellent and an impressive number of young people attended weekly worship or faith-based classes. The chaplaincy team provided a good level of pastoral support, particularly to the most vulnerable young people and to minority groups. The Feltham Community Chaplaincy Trust, which linked young people with mentors in active community faith groups, was an excellent initiative.
- HP30 Health services were good. There was no collegiate record of staff training and we found some gaps in child protection and resuscitation training. There were no nurses with paediatric experience or qualifications. Although the primary care area was an excellent environment, parts of Lapwing, the inpatient unit, were poor. In our survey, young people's views of health services were poor – not helped by the fact that no staff wore easy-to-read name badges, and primary care staff did not wear their uniforms correctly. There was a good range of age-appropriate services, including health promotion information. Waiting lists were short and applications were tracked. The dental service was efficient and well equipped. Comprehensive mental health services included child and adolescent mental health service (CAMHS) consultants, a primary mental healthcare worker for juveniles, a range of therapists and an excellent clinical psychology team. However, there were unacceptably long delays for the transfer of young adults to NHS mental health beds.

Purposeful activity

- HP31 The provision of education and vocational training for both juveniles and young adults was good. The breadth of curriculum and access to practical learning was varied and met the needs of both populations, although attendance was better for juveniles. The quality of teaching varied but standards of learning and achievements were good, particularly for juveniles. All juveniles and most young adults were engaged in some form of activity. The library was well promoted but access was limited. PE was well planned and inclusive, with a range of recreational and accredited work. Facilities were excellent and access, in particular for juveniles, was good. Access to time out of cell was good for juveniles and reasonably predictable for young adults. Most young adults were able to associate at some stage each day. We found relatively few young people locked in cell during the core day. We concluded that on the young adult side of Feltham, outcomes for young adults were reasonably good against this healthy prison test, and on the juvenile side they were good,
- HP32 Learning and skills provision was very good for juveniles and good for young adults. There was a broad and relevant education programme for both populations. There was a good range of vocational training programmes for juveniles and young adults in mixed sessions. Achievements and standards were good for young adults but very good for juveniles, with high achievements in GCSEs. Success in vocational courses was good for both groups with achievement of full qualifications. Individual units of qualifications were available for short-stay young people. Most vocational programmes were full time and the standard of practical training was high and well managed. Attendance in classes was very good for juveniles, but less so for young adults. Teaching and learning on the juvenile side was satisfactory or better, with some very good teaching, and classes were rarely cancelled. On the young adult side

too much teaching was just satisfactory, and in a few cases inadequate. Literacy and numeracy classes were often cancelled. Behaviour in juvenile classes was very good. Strategic management of learning and skills across the two sites was strong.

- HP33 There were sufficient purposeful activities for all juveniles and a large proportion of young adults. Typically, 85% of young adults were engaged in some form of activity, but about 60 were recorded as unemployed. Work allocation procedures seemed fair and pay rates incentivised education and learning. Rewards were earned for achievements of qualifications.
- HP34 The library had a good selection of books and other publications and was well used, particularly by juveniles. The library held a range of activities, such as diversity group meetings, Big Boyz Talk (equivalent of Storybook Dads), visiting authors, and book clubs, but opening hours were limited and it was not open evenings and weekends.
- HP35 PE provision was excellent and well managed. There was good access to recreational PE, as well as accredited courses for both juveniles and young adults. PE staff worked well with both groups and supported a range of additional activities, for example, family days, special needs groups and 'tackling drugs through sport'.
- HP36 The core days suggested a maximum time out of cell of up to 10.75 hours a day for juveniles or nine hours for young adults, although typically 8.7 and 7.04 hours were reported. However, juveniles and young adults on basic level could get as little as one hour out of cell a day, which was insufficient. All young people, except those on basic level, had daily association, but some in part-time activities did not get evening association. Exercise areas attached to juvenile units were adequate, but most of those on the young adult side were sparsely equipped, unattractive and dirty.

Resettlement

HP37 There was an up-to-date reducing reoffending strategy but it lacked an overarching needs analysis and separate action plans for each resettlement pathway. Sentence planning for young adults required better engagement from service providers. The offender management unit provided a service to all young people, who were all allocated an offender supervisor, and remand management plans were in place. Only a few young adults were in scope for formal offender management and their cases were managed well. Training planning processes for juveniles were reasonably good but needed to be more multidisciplinary. Public protection procedures were better for juveniles than for young adults. Indeterminate-sentenced young people were well managed. Sentenced young people were allocated and transferred expeditiously. There was a reasonable amount of activity under each pathway, with good outcomes for young people across a number. We concluded that outcomes for young people were reasonably good against this healthy prison test.

HP38 A single reducing reoffending strategy covered the whole establishment. However, it was not based on an overarching needs analysis and there were no measurable action plans for individual pathways. A reducing reoffending committee met regularly. There had been an assessment of need across some pathways. The introduction of the specialist resettlement unit for juveniles, Heron, which accommodated 30 juveniles assessed as motivated to engage in an enhanced resettlement programme,

was a promising initiative. There was good engagement with the voluntary and community sector.

- HP39 All young people were allocated to an offender supervisor, regardless of whether they were on remand or sentenced, and were supported effectively. Training planning meetings for juveniles were prioritised but lacked a sufficiently multidisciplinary approach. Targets reflected individual needs and were reviewed well. Transition arrangements for 18 year olds were good. All young adults had their needs assessed through the London initial screening and referral (LISAR) assessment tool, which formed the basis of a custody plan. The quality of offender management work was generally satisfactory, although there were concerns about the profile and priority given to sentence planning meetings and the limited involvement of some agencies. Offender supervisors were proactive in attempting to engage other agencies. Offender assessment system (OASys) assessments were well managed and largely completed within required timescales.
- HP40 Public protection identification processes were effective, but public protection meetings had a low profile and attendance from the security department required improvement. Staff said that they lacked training and support in supervising more complex cases, including high risk cases, and those charged or convicted of sex offences. There was no probation contract and internal staff quality assured their own work with high risk offenders without an external perspective. Staff engaged with multi-agency public protection arrangements (MAPPA) effectively.
- HP41 There were 55 sentenced or potential lifers across the whole establishment, and a further 10 young adults serving indeterminate sentences for public protection. All were managed through the offender management unit (OMU) and had at least monthly contact with a supervisor. Arrangements for indeterminate-sentenced young people, including lifers, were generally good, with young people moved to appropriate establishments at the earliest opportunity.
- HP42 St Mungo's provided a comprehensive accommodation service for young adults. Around 10% of released young adults did not have a permanent address, but in the previous six months all but four had been given temporary accommodation and ongoing community support. The St Mungo's community project also helped some released young adults in finding permanent accommodation and with ongoing support in sustaining tenancies.
- HP43 A broad range of accredited employment related programmes was offered, based on a comprehensive needs analysis of the prison population and labour market needs. The vocational training programme was available to both juveniles and young adults. There was no pre-release course but an accredited employment skills course was being piloted and was due to be fully implemented. There were insufficient careers, information and advice resources to serve the population during sentence and before release. Release on temporary licence (ROTL) was used effectively.
- HP44 The resettlement lead for the mental and physical health pathway was a PE instructor rather than a healthcare representative. Primary care and mental health team members did not attend the reducing reoffending committee. Health discharge clinics were ad hoc and perfunctory. There were good links to community mental health services.

- HP45 The drug and alcohol strategy was informed by a needs analysis, but the document lacked detailed action plans. The counselling, assessment, referral, advice and throughcare (CARAT) team saw all new arrivals the day after reception. Interventions included one-to-one and group work modules, but the active caseload of 45 clients was low, and the profile of the service needed to be raised. The remit of the CARAT service now included work with primary alcohol users. The young people's substance misuse service team also saw all juveniles within 24 hours. A wide range of age-appropriate interventions were on offer, including substance misuse awareness sessions for non-English speakers, and dedicated input on Heron Unit.
- HP46 New arrivals identified as requiring financial advice could be quickly seen and interviewed by trained staff working in OMU, but the service seemed underused as very few young people were referred, despite apparent need. There was a good referral rate to Jobcentre Plus for young people who required benefits advice.
- HP47 Access to visits was good and several departments, including the OMU, chaplaincy and safeguarding team as well as residential units, assisted particularly vulnerable young people in maintaining contact with their families through additional family meetings and regular telephone contact. The visitors' centre was welcoming and the staff offered good practical advice and support to visitors, though visitors sometimes had to wait for a considerable period for their visit. Family days were appreciated by young people and their families but were restricted to those on enhanced regime. The official prison visitors scheme was well used and prioritised the needs of young foreign nationals. Parenting skills courses were run in education.
- HP48 The short-stay profile of the population meant there were no accredited interventions, but there had been attempts to provide short-term interventions to address specific issues. Three Sycamore Tree restorative justice programme was offered each year through the chaplaincy team and demand was high. Gym staff ran a behaviour challenge session to address anger management and offer alternative strategies. The Believe course for juveniles had increased self-awareness and self-confidence for many young men.

Main recommendations

- HP49 Young adults should have ready access to Listeners and/or peer supporters in reception or on the first night centre on their day of arrival.
- HP50 Force should only be used as a last resort where meaningful attempts at de-escalation have failed.
- HP51 Special accommodation should be used only in extreme circumstances, and its use should always be properly authorised and monitored.
- HP52 There should be a review of working arrangements between the establishment and the local authority to ensure that the role of the local authority designated officer is made explicit, and appropriate independent oversight of child protection policy and practice is properly established.
- HP53 There should be a robust quality assurance scheme for complaints, which ensures promised action is taken and patterns or trends identified for remedial action.

HP54 The reducing reoffending strategy should be based on a needs analysis of the population, and should have separate action plans for each resettlement pathway.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 Arrivals after 7pm were a regular occurrence. Young people could experience lengthy waits in court cells but prison managers had recognised this and a local complaints system had been introduced. There was a feedback form to explore young people's experience of escort, but results had not yet been analysed.
- 1.2 A significant number of young people were transferred and discharged to court each day. In the previous week, 160 young adults had been discharged to court and 39 transferred to other establishments. In the three months to December 2009, 788 juveniles attended court in person. Allocations staff gave young adults written confirmation of their transfer the day before their planned move.
- 1.3 Young adults going to court wore their own clothes, and the establishment provided suitable clothing for those who did not have their own. All property accompanied young adults to court. Juveniles needed to be up for 6am to have their breakfast and be ready to get on to vans for court appearances. As much of the prison escort record (PER) as possible was completed in advance by night staff and healthcare staff, but juveniles still had to check their property, which travelled with them, and have a strip search before they left.
- 1.4 Serco was the main escort provider, and escort and prison staff reported a positive working relationship. Collaborative working between the two was evident in morning court discharge processes, which were efficiently managed. Serco managers had recently begun to attend the establishment's security meeting and also met separately with reception managers. Young adults and juveniles were transported separately.
- 1.5 Feltham maintained a comprehensive database to record and monitor escort vehicle discharge and return times. These records showed that during the last months of 2009, fewer than 1% of escort vehicles were discharged late. However, vans regularly returned to the establishment after 7pm. The establishment deemed a van to have returned late if it arrived after 7.30pm. The database showed that in the last six months of 2009, just over 14% of young adults and 16% of juveniles returned to the establishment after this time. In November 2009, approximately 70 young adults and 25 juveniles arrived at 8pm or later.
- 1.6 The reasons for the late arrival of vehicles were also recorded. They included late sitting courts and vehicles being required to collect young people from more than one court. On some occasions, several vehicles arrived at the prison at the same time, which meant that they queued outside reception and there were delays in young people disembarking from vehicles. For example, on the last evening of the inspection we saw three vans waiting outside reception at approximately 8pm. Young people commented on the length of time they had been required to wait on escort vehicles once they had arrived. The two escort vehicles we examined were reasonably clean, although they had some graffiti. In our survey, 55% of juvenile respondents said that the escort vans were clean, which was better than the comparator of 46%.

- 1.7 The prison had concerns about the length of time young people could wait at court before returning to the prison and had recently introduced a complaints procedure to identify and forward examples to the escort contractor. We were shown an example from December 2009 where a young adult had been ready to depart a court less than two miles from the prison at 5pm but did not arrive at the prison until just after 7.30pm. In the sample of PERs we viewed we saw other examples of delays, such as a young adult who was remanded into custody at 10.35am but did not arrive back at Feltham until just before 4pm.
- 1.8 Some of the PERs we sampled had only limited handwritten information about how young people had been looked after at court, including whether they were provided with a meal and drink. Some PERs included a printout of court electronic records that showed that refreshments were provided. The PERs indicated that young people could experience relatively lengthy journeys to court, with some vans required to stop at several courts. For example, one young adult's PER showed he was accepted into escort staff's custody at 7.21am but did not arrive at court until 10.47am.
- 1.9 In our survey, 28% of young adult respondents, significantly better than the comparator of 23%, said they had received written information about what would happen to them before they arrived. The establishment had recently developed a brief information leaflet to be issued at court. It had also introduced a feedback survey to record young adults' experience of escort and reception, but had not yet analysed the findings. In our survey, only 57% of young adult respondents said they were treated well by escort staff, against the comparator of 65%.
- 1.10 The establishment had four court video-link booths. Staff had recognised there was scope to increase use of the facility. Managers had visited some London courts to promote them, and there had been some increase in the use of this facility. During our inspection, one juvenile was granted bail via video link.

Recommendations

- 1.11 Young people should be held in court cells for the minimum possible period.
- 1.12 Young people should arrive at the establishment before 7pm.
- 1.13 Young people should not experience lengthy waits on escort vehicles after arriving at the establishment.
- 1.14 The establishment should continue to promote the use of the video links with courts.

Housekeeping point

- 1.15 Printouts of court staff's electronic records should always be available in prisoner escort records.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During

a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.16 The reception for young adults was busy and functioned largely as a booking-in facility, with first night procedures taking place on Kingfisher unit, the first night centre. All young adults had a reasonably comprehensive initial interview on arrival, but the quality of documentation varied and some were too mechanistic. Young adults did not have ready access to a Listener in reception or on Kingfisher unit. Although there were hourly observations during the first night in custody, records were observational and did not show meaningful engagement. The modular induction programme incorporated relevant information, but there was too little to occupy young adults in the latter stages.
- 1.17 Juveniles did not spend undue time in reception. All juveniles were strip searched as part of the reception process, which was inappropriate. First night procedures took place on Bittern, the first night and induction unit. The quality of vulnerability assessments varied. Juveniles had access to peer supporters on Bittern, and staff shared information about juveniles on the unit. The induction programme incorporated relevant information, but had been referred to an educational psychologist following feedback from the juveniles.

Reception

- 1.18 An early days group provided management oversight and staffing of both young adult and juvenile receptions and first night centres.
- 1.19 The reception for young adults was busy, and young adults had lengthy waits there, although this depended on the number received from court and the time of arrival. In our survey, 44% of young adult respondents, significantly worse than the comparator of 63% and 58% finding at the previous inspection, said they were treated well in reception. However, we observed efficient and respectful treatment. The senior officer saw all young adults briefly as they entered reception. Those new to custody were interviewed in more detail, although at the front desk which had no privacy. A handover pro forma was completed to draw first night staff's attention to any immediate concerns or issues. There were no Listeners or peer supporters in reception.
- 1.20 Communal areas were clean. Holding rooms had fixed tables and chairs and a television, although they were not always switched on when the room was occupied. Holding rooms had a good level of supervision and were also fitted with closed circuit television. New arrivals were held separately from those returning from court. A range of relevant information was displayed on notice boards, but only in English.
- 1.21 A nurse saw new arrivals in a private room in reception or on Kingfisher unit, the first night centre for young adults. Other than collecting a meal and undergoing a full search, which was routine for every movement through reception, the area functioned largely as a booking-in and -out facility. Most first night procedures took place on Kingfisher unit, where almost all those new to custody spent their first night. The separate searching area had appropriate privacy, but was shabby and required redecoration. In our survey, significantly fewer young adults than the comparator said searching in reception was conducted respectfully, although the findings were significantly better than at the previous inspection.
- 1.22 Juvenile new arrivals were seen initially by a senior officer, who confirmed their identity and checked their documentation before accepting them from the escort. This took place in an

open plan area and might have discouraged them from raising any personal worries. A photo was taken for the juvenile's identity card and they were moved into a holding room where food was available. The juveniles we spoke to were not complimentary about the microwave meal offered.

- 1.23 The reception for juveniles was undergoing refurbishment. There were separate holding rooms for juveniles returning from court and new arrivals. Each holding room had tables with fixed seating and a TV. There were also smaller holding rooms (without TV) for juveniles who wanted to wait separately. The larger holding rooms had security cameras and large windows, which allowed staff observation. None of the holding rooms had any age-appropriate posters or displays.
- 1.24 There was a discrete confidential area for property checks and strip searching. Strip searching was routine for all juveniles entering or leaving the establishment, which was inappropriate. No body orifice security scanner (BOSS) chair was used, although one had been delivered for installation, and one was used for young adults. A nurse was available in reception but the healthcare interview currently took place on the induction unit. Juveniles were issued with a bed pack and any clothing they needed, and prayer mats were available.
- 1.25 After their search, juveniles moved to another holding room until they could go to their wings. We did not see any offered a shower in reception. New arrivals went to Bittern, the induction unit. Reception staff filled in an information sheet to make that unit's staff aware of anything they needed to know about them when they arrived. Our observations confirmed the survey finding that new arrivals spent less than two hours in reception.
- 1.26 There was a simple guide for juveniles on what would happen in the first few hours in reception. Intended as information for foreign nationals, this had been translated into 12 languages and included pictures to help those with reading difficulties.
- 1.27 All the senior officers we saw in the juvenile reception were friendly and welcoming, and staff helped to contribute to a relaxed atmosphere. The staff had expressed an interest in working in reception, and were aware of the anxieties facing new arrivals.

First night

- 1.28 First night procedures were described in an induction policy dated May 2009 and there were comprehensive job descriptions covering the work of first night staff. Only a very few young adults did not go to Kingfisher unit, the young adult first night centre, on the day of arrival. For example, in the year to November 2009, only four substance-dependent young adults went directly from reception to Albatross unit. We were told that the small number of juveniles who moved across from Feltham A to the young adult accommodation were located on Mallard unit not Kingfisher, because they had already completed the first night modules when they had been received into custody in Feltham A. However, this meant that these young people were not subject to the same level of first night observation as those new to custody.
- 1.29 Young adult new arrivals usually spent their first two nights on Kingfisher unit before transferring to Mallard unit to complete the remaining modules of the induction programme and before relocation to another unit. Staff on the unit worked late in the evening to facilitate first night procedures, and a dedicated night officer commenced duty at around 7pm to assist with receiving and interviewing new arrivals. Although we were assured that young adults received a free telephone call on the day of their arrival, not all seemed to have been offered the

opportunity to have a shower. In our survey, 18% of respondents, significantly worse than the comparator of 46% and 43% at the previous inspection, said they were offered a shower.

- 1.30 Cells on Kingfisher unit were superficially clean but some had graffiti. The unit had 14 safer cells, 22 single cells and 16 double cells. Subject to the outcome of the cell sharing risk assessment (CSRA) completed by first night staff, new arrivals could share a cell on their first night, although many we spoke had not been required to do so. Listeners were not readily available on the unit to meet and support new arrivals. In our survey, 71% of young adult respondents, significantly worse than the comparator of 79%, said they felt safe on their first night.
- 1.31 The unit had three interview rooms where staff completed CSRAs and a reasonably comprehensive initial custodial interview, which explored and identified potential risk factors. We observed a first night officer conduct a thorough interview during which he endeavoured to put the young adult at ease, and dealt with all questions patiently. We also observed staff conduct an interview using the telephone interpreting service. The quality and detail of completed first night documentation varied, and some were too mechanistic and did not reflect meaningful engagement. Following completion of the interview, an entry was always made in the wing history file, and these also varied in quality. While some recorded the young adult's demeanour during the interview, others simply indicated that the interview had taken place. It was not always apparent what, if any, follow-up action or referrals had been made as a result of the interview.
- 1.32 There were hourly observations of all young adults spending their first night in Feltham, but the records we sampled were observational and did not show any meaningful engagement. Most comments simply noted 'watching TV'. Televisions were left switched on throughout the first night in custody. Operational support grade staff on duty during our night visit had not received any mental health training.
- 1.33 Bittern unit, the first night centre for juveniles, had 29 cells, which were single occupancy bar one double that was rarely used. Six single cells were equipped as safer cells. During the inspection, numbers on the wing ranged from 11 to 13.
- 1.34 Vulnerability assessments (T1Vs) were completed on Bittern, and were less detailed than some seen at other establishments. Staff were hindered by a lack of IT on the unit and difficulty in accessing E-Asset (Youth Justice Board electronic assessment system). Work was under way to convert some space in reception for Bittern staff to conduct one-to-one interviews and complete paperwork with new arrivals, which would allow more preparatory work on the T1Vs, as well as more evening association on the unit.
- 1.35 First night actions included a telephone call, meeting with a nurse, completion of the T1V and risk assessments, and sending a letter to next of kin – which had useful information about how to contact Feltham and a list of items the young person was allowed to have in his possession. Although staff said arrivals were offered a shower on their first night, this was listed as an action for the following day. There were good governance arrangements for completion of CSRAs.
- 1.36 There was a peer supporter scheme to help juveniles in their first days, with peer supporters resident on Bittern and Heron Units. However, in our survey, the results for peer support were poor, which could have been because peer supporters only wore their identifying T-shirts when juveniles had been locked up for the night. First nighters were clearly identified to staff on the wing board. Night staff made frequent checks on first nighters, whose TVs were left on throughout their first night as a distraction. Records of overnight checks did not record much

interaction with the young person. Handovers between staff were good. We saw a handover between senior officers at a shift change and all the significant events about new arrivals were passed on. This included the opening of an assessment, care in custody and teamwork (ACCT) self-harm monitoring document on a juvenile following a telephone call from a relative, and his relocation to a safer cell.

- 1.37 New arrivals were given two reception packs and £2 telephone credit. Staff criticised the canteen pack for juveniles, as they had persuaded the previous supplier to replace chocolate and sweet snacks with healthy snacks, but the new contract holders issued a standard pack with sweets. All new arrivals received the *Rough Guide to Feltham*, translated into several languages, which provided an overview of the rules and regulations and the establishment regime, including sources of support and assistance. Various compacts were also signed, and new arrivals completed an application for a reception visit and an equalities questionnaire, which included information about language or immigration concerns.

Induction

- 1.38 In our survey, significantly fewer young adult respondents than at the previous inspection said they been on an induction course – 89% against 94%. The modular rolling induction programme began the day after arrival and was delivered over five days, although most modules were delivered during the first three days. All young adults had a comprehensive induction passport that recorded their progress through first night processes and the induction programme. Records we sampled showed that in most cases required modules were noted as being completed.
- 1.39 Young adults could be fast tracked through induction if they had been in custody and completed induction in Feltham in the preceding 12 weeks, although they still spent their first night on Kingfisher unit, usually moving to Mallard unit the day after arrival.
- 1.40 The first modules were delivered by staff on the Kingfisher unit in an appropriately equipped classroom. Although notice boards contained relevant information, this was only in English. Day one included a presentation by a Listener on the Listeners' role and how to access the service. There was also comprehensive input from a member of the healthcare team who explained the confidential application process and the range of primary care and health promotion clinics. Staff used multimedia to deliver modules on establishment life, which included applications, complaints, visits, unit rules, violence reduction and diversity.
- 1.41 A member of counselling, assessment, referral, advice and throughcare service (CARATs) staff also saw young adults. New arrivals completed electronic education assessments in a classroom on Kingfisher unit. Staff from the offender management unit saw all young adults within four days of arrival to complete a London initial screening and referral form (LISAR). This gathered relevant information, including accommodation needs, education, training and employment, benefits and money matters, drug misuse and mental and physical health. Depending on the needs identified, referrals were sent to relevant departments and an initial custody plan was opened. Bail information was also provided where appropriate.
- 1.42 Following completion of the first two days of the induction programme, young adults were usually moved to Mallard unit where they completed the remaining modules, such as gym induction. They no longer visited the education department and library during the final two days of the programme. The regime on Mallard unit was limited, and young adults said they spent long periods locked in their cells with little to occupy them.

- 1.43 Following completion of the induction programme, staff on Mallard unit carried out a post-induction board interview, a review of the initial first night in custody assessment, and a relocation checklist and risk minimisation plan before the young adult was relocated to a general unit. Although most wing files we sampled showed that post-induction boards, relocation checklists and risk minimisation plans were completed, in some cases the review of the initial custody assessment was not completed. This did not provide assurance that identified first night risks and referrals were followed up consistently. We spoke to one young adult on Mallard who had not completed induction but was due to be transferred to HMP Parc in Wales just six days after arriving in custody for the first time. He was anxious about maintaining contact with his partner and five-day-old child so far from home, and had not had a reception visit. We were told that due to population pressures it was not unusual for sentenced young adults to be transferred before they had completed the full induction programme and post-induction interview.
- 1.44 In our survey, 53% of young adult respondents, significantly worse than the comparator of 63%, said induction covered all they needed to know about the establishment. Although young adults were asked their views and understanding of the induction programme at the post-induction board, there was no evidence that the findings were analysed to inform development and reviews of the programme.
- 1.45 Each juvenile had an induction passport that detailed all the areas to be covered during his induction. The five-day programme consisted of a series of modules, tailored to fit in with the young person's court appearances. All parts of the induction had to be completed before they could move from Bittern to a residential unit. Staff from the chaplaincy, healthcare, young people's substance misuse service (YPSMS), offender management unit (OMU) and the Voice advocacy service were involved in the induction programme, which also included gym induction, a visit to the library and a Basic Skills Assessment in the education department. All new arrivals also completed a Heartstart course and a manual handling course. A DVD explained the role of the Independent Monitoring Board (IMB), although the survey results for access to the IMB were poor. Each young person's induction progress was recorded in the officers' work station and on their induction passport.
- 1.46 Staff on Bittern had held two induction focus groups with juveniles. Our survey results for induction were poor, and the focus groups backed this up. Juveniles said the induction was too slow and drawn out, although it did cover everything they needed to know. They also said that they were too tired on their first night and there was too much information to take in. The induction programme has been referred to an educational psychologist in the education department to assess whether juveniles were expected to take in too much information in one go.

Recommendations

- 1.47 All interviews with new arrivals should take place in private.
- 1.48 Young people transferring into Feltham B from Feltham A should spend their first night on Kingfisher and be subject to first night observations.
- 1.49 All new arrivals should be offered a shower on their first night whatever time they arrive.
- 1.50 Juveniles should not be routinely strip searched in reception.

- 1.51 Cells on Kingfisher unit should be clean and free from graffiti.
- 1.52 Managers should ensure records of initial custodial interviews always demonstrate engagement with the young adult, and clearly record any referrals made.
- 1.53 All first night staff should undergo mental health awareness training.
- 1.54 Young adults should be kept fully occupied during the induction programme, particularly on Mallard unit.
- 1.55 Post-induction interviews should always be completed before young adults move from Mallard unit.
- 1.56 Young adults should not be transferred until all aspects of the induction programme have been completed.
- 1.57 Evening association should be available on the juvenile induction unit.
- 1.58 Peer supporters should be easily identifiable and accessible during the day.

Housekeeping points

- 1.59 Information on reception and induction classroom notice boards should be displayed in a range of languages.
- 1.60 Televisions should always be switched on when reception holding rooms are occupied.
- 1.61 The young adult reception search area should be redecorated.
- 1.62 Post-induction board responses should be collated and analysed to inform future reviews of the induction programme.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 The standard of young adult residential units was mixed with some areas better maintained than others. Efforts had been made to make cells more welcoming. Cells for juveniles were adequately heated, kept reasonably clean and inspected daily. Shared cells were a good size, but there were no lockable cupboards. Communal areas in all units were well maintained and welcoming, apart from the poor showers on young adult units, although most young adults could have a daily shower. Juveniles had good access to telephones, showers and laundry facilities. Apart from the Heron Unit, residential focus groups for juveniles were run on an ad hoc basis.

Accommodation and facilities

- 2.2 The quality and cleanliness of the internal and external environments were good. There was little graffiti and the outside areas had minimal litter. The communal areas were generally well maintained, although the exercise yards were drab and unwelcoming and some areas were overgrown with weeds. Access to association facilities was good and the standard of games equipment was reasonable.
- 2.3 There were 10 units for young adults, which each had two separate sides with cells centred around a general association area. All units were generally light and lines of sight were good. Most young adults were relatively quiet at night, although noise could sometimes be disturbing. Unit notice boards had sparse information and took no account of young adults with literacy and language difficulties.
- 2.4 Young adult cells were generally clean and of an acceptable standard, although a few were dirty and in a poor condition. Cell furniture was adequate and fit for purpose, although some cells had broken furniture and several double cells had insufficient toilet privacy screening. All cells had kettles.
- 2.5 In-cell electricity was switched off during the day to prevent unemployed young adults watch the television and to encourage them to seek work. However, this also affected those who wanted to work but who had not been allocated a job, and also meant that young adults could not use their kettles or radios. This was disproportionate. Young adults who worked part-time said that officers carrying out the daily cell inspection used their discretion about whether to turn their electricity off or on.
- 2.6 Cells for juveniles were adequately heated and maintained, though conditions varied depending on the occupant. Cells were well equipped and all were issued with kettles, televisions, radios and curtains, and juveniles could buy small rugs to personalise their cells. They also had areas to display personal pictures, drawings, letters and notices. Each unit had one large double cell, with a toilet that was appropriately screened. There was adequate storage space, but cupboards could not be locked to secure personal items.

- 2.7 The central desks on the juvenile units were accessible to young people and gave officers good sightlines. Staff photographs and names were displayed outside all the units, and inside there were notice boards with much up-to-date and age-appropriate information.
- 2.8 There was a robust offensive display policy, which was enforced by staff and understood by young people.
- 2.9 In our survey, only 36% of young adult respondents, against the comparator of 43%, said that their cell bell was answered within five minutes. Although we observed that staff generally answered the cell bells promptly, on one occasion they took 20 minutes to respond. However, juveniles said that staff responded to cell bells quickly. In our survey, 45% of juvenile respondents said their cell bell was normally answered within five minutes, significantly better than the comparator of 29%.
- 2.10 Young people had access to free mail and were encouraged to use it. Only the mail of individuals identified as a potential risk to others by the safeguarding team and security department was opened by internal censors.
- 2.11 Each unit had two hooded telephone booths. This was an adequate number for the number of young adults on association, although the ratio was one telephone per 28 prisoners. Juveniles said that they could call home every day, and that residential staff allowed them to make calls at specific times if a family member was only available then. Staff sometimes allowed them to make telephone calls from the unit office, when it was agreed this would be helpful. In our survey, 75% of juvenile respondents said that they were able to make a telephone call every day, which was significantly better than the comparator of 55%. Arrangements could be made to make and receive inter-prison telephone calls.
- 2.12 There was a bimonthly young adult council meeting, chaired by an operational manager, and the standing agenda ensured that young adults' concerns were represented. However, issues were not always dealt with in a timely fashion. There were several focus groups for juveniles with representatives from some, but not all, juvenile units. The meetings had a standard agenda but attendance appeared to be ad hoc. The minutes showed that groups were attended by different individuals each time. Only Heron Unit had its own weekly meeting, which dealt with issues as they arose.

Clothing and possessions

- 2.13 Remand and sentenced enhanced young adults could wear their own clothes, and had good access to laundry facilities, which were well used. Those who wore establishment-issue clothes had access to suitable fresh clothing at least weekly.
- 2.14 Sentenced juveniles could wear their own clothes on the unit, but had to change when they went off the unit. Outdoor jackets were provided. Laundry facilities were shared between two units, and each had a specific day a week when they could wash their clothes. Heron and Jay units had their own laundry facilities, which gave their residents two days a week to do their washing.
- 2.15 Young people's property was stored in reception and they could access this informally. Unit staff liaised with reception staff to arrange this. Some young adults told us that they had to wait a long time to get their property. A new electronic database, which all staff could access, identified when young people had property in reception ready for collection, and indicated

when the target of seven days for collection had been exceeded. The revised system appeared to be improving the process.

Hygiene

- 2.16 The shower areas of the young adult units were dirty and needed maintenance to ensure they were fit for purpose. Some had flaking paint, and one shower area had unpainted walls. All the shower rooms on the juvenile units were in a reasonable state of decoration and were kept adequately clean. All showers had CCTV coverage, to deter violence, and individual cubicles to ensure privacy. In our survey, 88% of young adult respondents, against the comparator of 62%, and 82% of juvenile respondents, against 63%, said they were normally able to have a shower every day.
- 2.17 In our survey, only 63% of young adult respondents said they had access to clean sheets every week, against a comparator of 83%. Our observations were that access to fresh, clean bed sheets and towels was reasonable, and most young adults received new supplies at least weekly. All the cells we saw (including one for a basic-level prisoner) had a duvet, although the duvet covers were establishment issue. We were told that a few young adults had to wait up to three weeks to change their bedding. Bedding for juveniles was changed once a week. New mattresses were available and changed annually or when needed.
- 2.18 Cell cleaning took place once a week and there were adequate cleaning materials for young people. Staff undertook daily cell checks, for which young people received a score that could influence their incentives and earned privileges (IEP) level.

Recommendations

- 2.19 Cell furniture should be maintained to an acceptable standard, and broken items should be replaced.
- 2.20 All double cells should have adequate toilet privacy screens.
- 2.21 Double cells should have lockable cupboards.
- 2.22 Staff should answer cell call bells within five minutes.
- 2.23 Young adults should have access to tea/coffee making facilities and radios/music systems in their cells during the day.
- 2.24 There should be at least one telephone for every 20 prisoners.
- 2.25 Consultation arrangements with young people should ensure that there is representation from all wings, and that concerns raised are properly dealt with in a timely fashion at regular meetings.
- 2.26 The showers on the young adult units should be upgraded to ensure that they are fit for purpose.

Housekeeping point

- 2.27 Unit notice boards should be kept up to date with relevant information in a range of languages.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.28 Despite some negative perceptions from young adults, the staff-prisoner relationships we observed were reasonable. Engagement during association and use of preferred names was inconsistent, but staff appeared to know the personal circumstances of young adults. The perceptions of the juveniles relating to staff treatment were similarly poor, but we observed good interactions and staff challenged inappropriate behaviour. Staff entries in unit history sheet were up to date, generally detailed, and demonstrated their engagement with individuals rather than pure observation.
- 2.29 In our survey, young adults expressed some negative perceptions about their relationships with staff. However, foreign national respondents were more positive and 82%, significantly better than the 64% of British nationals, said staff treated them with respect. The proportion of young adults who said they had been victimised by a member of staff was significantly worse than the comparator, at 36% against 22%. The minutes of the young adult council meeting in June 2009 also indicated that representatives felt complaints against staff were not taken seriously.
- 2.30 Despite the survey findings, we found that staff-young adult relationships were generally reasonable. Although in our focus groups some young adults described staff as unhelpful and dismissive, others told us that the majority of staff were helpful. We observed young adults willingly approach staff on units with requests and queries, which were dealt with patiently and promptly. In our survey, the proportion of young adults who said there was a member of staff they could turn to for help with a problem was worse than the comparator, 66% against 73%, but significantly better than the 52% finding at the previous inspection.
- 2.31 Staff consistently used young adults' preferred names in written documentation, but not always in personal interactions. Wing file entries reflected some positive engagement and indicated that staff were usually familiar with young adults' personal circumstances. We did, however, observe the verbal and written use of the term 'bodies' to describe young adults. We noticed that staff interaction with young adults during association was not consistent, although we did see some staff engaging positively with them.
- 2.32 The interactions we observed between staff and juveniles were good. The atmosphere on the units was relaxed; staff seemed to know the young people well and consistently used their preferred names. Juveniles did not hesitate to approach staff, and generally made requests to staff politely. We saw many examples of staff talking informally to juveniles, as well as challenging inappropriate language and behaviour. We observed officers engaging well with juveniles during evening association, and saw no examples of poor engagement.
- 2.33 Unit history sheet entries were up to date and generally detailed, and demonstrated good engagement with individuals rather than pure observation. Offender supervisors contributed to wing history sheets, but we saw no contributions from healthcare or education staff.

- 2.34 In our focus groups, juveniles were generally positive about staff. However, despite this and our positive observations, in our survey only 60% of juvenile respondents said that staff treated them with respect, which was significantly worse than the comparator of 71%. The survey also had poor results on staff victimisation.

Recommendations

- 2.35 Managers should ensure that staff consistently engage positively with young adults during periods of association.
- 2.36 Managers should ensure that staff address young adults by their preferred names.
- 2.37 Managers should ensure that unit history sheets include entries from all departments that have contact with a young person.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.38 The personal officer scheme was comprehensive. Young people knew who their personal officers were and had been contacted by them promptly after arrival on their residential unit. Targets set by personal officers related mainly to behaviour, and entries in wing files were mainly observational, though many of those completed on juveniles showed a good understanding of their needs. The links between personal officers and other departments were underdeveloped, but they played a central role in the incentives and earned privileges scheme. Behavioural targets set for juveniles were often too simplistic, and attendance at care planning meetings was poor. Personal officer work on the Heron Unit was more developed than on the other juvenile units.
- 2.39 The establishment had published a comprehensive personal officer scheme but it had not been fully implemented. In our groups, all those attending knew who their personal officer was.
- 2.40 The unit files we examined showed that young adults were usually contacted by their personal officers within a day of their arrival. The names of personal officers were on cards outside each cell, and back-up staff were allocated for the times when they were not on duty. In most files examined, the personal officer had set targets for their young adult. Targets usually related to behaviour on the unit and in activities, but rarely addressed resettlement, health or family issues. Most files had weekly entries. Their quality varied – some consistently recorded meaningful interaction and consultation with the young adult, but most were mainly observational. Some young adults told us that they were rarely interviewed by their personal officer, but the files we examined had weekly entries based on the officer's observation of the young man.
- 2.41 The links between personal officers and other aspects of young adults' care and progress were not always well developed. They were seldom present at sentence planning, although they did make written contributions. Opportunities to encourage or monitor young adults' progress in areas such as mental health, education or family relationships were rarely developed.

- 2.42 Personal officers played a central role in the incentives and earned privileges scheme. There was evidence in files that officers encouraged young adults to aim for enhanced status and helped them to identify behaviour improvements that would secure progress.
- 2.43 Juvenile new arrivals were allocated a personal officer and shadow officer who remained on duty during their first few hours on the induction unit. Most files we examined showed that the personal officer had introduced themselves and had engaged the individual in conversation, although some files did not show the same level of early engagement. Juveniles were also allocated a personal officer and shadow officer when they moved on to their residential unit, and their names were displayed next to cells. Most personal officers made frequent entries in wing history sheets. Many entries demonstrated a good understanding of the juvenile and his needs, but some were purely observational. Many personal officers set behavioural targets, though most were too simplistic and just told the individual to behave himself, rather than show an understanding of what he needed to do to improve his behaviour.
- 2.44 The majority of juveniles we spoke to said that they found their personal officer helpful and saw them regularly. This was confirmed in our survey, in which 74% of juvenile respondents said they saw their personal officer at least once a week, which was significantly better than the comparator of 63%.
- 2.45 Personal officers for juveniles did not routinely attend ACCT reviews or training planning meetings. Personal officer work was more developed on the Heron Unit, where each had a maximum of two charges. They were more involved in all aspects of the individual's life and had the time to attend key meetings. Wing files on the unit reflected this greater involvement.

Recommendations

- 2.46 Managers should ensure that targets set by personal officers are specific to the needs of young adults, as well as their behaviour.
- 2.47 Managers should ensure that personal officer entries in files are made weekly and reflect some interaction with the young adult prisoner.
- 2.48 Managers should ensure that personal officers work with all departments involved with the young adults allocated to them.
- 2.49 Managers should ensure that all personal officers on the juvenile induction unit have at least one substantial interview with the new arrival allocated to them and record this in detail on wing files.
- 2.50 Managers should ensure that personal officers receive training in developing appropriate behaviour management targets for juveniles.
- 2.51 Managers should ensure that where necessary, personal officers for juveniles provide information on their charges to training planning meetings and ACCT reviews.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

3.1 There had been considerable efforts to deal effectively with violence. Managers had a clear view about the extent and nature of violence that took place and managed this well. Bullying was persistent but not rampant. There was good data on most aspects of violence, but more detailed information was needed on the nature of bullying. Programmes for bullies and victims were underused, and bullying coordinators needed more time for their work.

3.2 Bullying and violence reduction continued to be dealt with in a unified way across both parts of the establishment. Since the previous inspection, bullying had moved from a safeguarding function to become managed by the violence reduction team, which had led to greater emphasis on security. An example of this was the collaborative work with the local police and the Crown Prosecution Service, which had been introduced to enhance the feelings of safety among young people and staff. Managers had been able to deal effectively with serious offences committed in the establishment, and this had resulted in some convictions. Another significant development had been the removal of the 'keep apart' list in 2009. This had been done to manage conflict through engagement rather than separation. This was made explicit in the violence reduction strategy, published in November 2009.

3.3 New arrivals at Feltham were given a clear message about how violence would be dealt with, through information leaflets at courts, posters throughout the establishment and the induction process. The material used was age-appropriate and contained information about both punishment and support.

3.4 There were comprehensive and up-to-date records about most aspects of violence, which were examined in detail at the monthly violence reduction committee. This forum was chaired by the deputy governor and attended by representatives from all key areas. The meeting examined patterns and trends, including violence hotspots, and set action points where necessary. We noted that recent bullying investigation reports had not been dealt with promptly, and the committee addressed this immediately. We also observed a young adult being involved constructively in the discussion at this meeting.

3.5 Over the past 12 months, there had been an average of 50 fights and 20 assaults a month. Eighteen of these incidents had been recorded as serious assaults, with attacks resulting in cuts, bruising and fractures. Ten involved juveniles and eight young adults. The use of force had risen from 79 in July 2009 to 109 in December, and 50% of the recent instances had been attributed to fights and approximately 25%, to assaults. Senior staff told us there had been a downward trend in violence since the new strategy had been introduced early in 2009, but it was too early to confirm this.

- 3.6 The approach to bullying followed the standard three-stage model. Although interventions available included anger management and reflective learning, in practice most cases were dealt with by warnings or additional monitoring. We found little evidence of planned support for victims. The quality of investigations into allegations of bullying was adequate.
- 3.7 Anti-bullying coordinators were located across the establishment but not designated to each wing. We had difficulty tracing a coordinator to speak to, and coordinators complained that they did not have sufficient time to carry out their duties.
- 3.8 The chaplaincy team delivered a mediation service, which had involved 18 young people in December 2009. Until recently, mediation had been used as a stand-alone resource and was not linked to violence reduction or bullying. Its use was now better tracked, to integrate it with the violence reduction strategy and use it more often for bullying-related incidents. More staff had recently been trained to carry out mediation.
- 3.9 A bullying survey had been conducted in September 2009, but the results had still not yet been analysed, and it was difficult to know what form bullying took. Feedback from our discussion groups and our own conversations with young people indicated that bullying was fairly widespread but not out of control. It was often associated with shop goods and access to recreational equipment. During the inspection, four juveniles and three young adults were subject to bullying procedures, which seemed low for the size and nature of the population.
- 3.10 Windows across the establishment had been sealed two years previously and had helped to reduce opportunities for young people to shout out at each other. In our survey, only 31% of juvenile respondents said that shouting out of windows was a problem, which was significantly better than the comparator of 43%. The violence reduction team supported wing-based staff to keep this potentially serious problem under control by visiting residential areas one night a month

Recommendations

- 3.11 There should be greater use of formal interventions to deal with individuals who bully and to support victims.
- 3.12 Anti-bullying coordinators should have sufficient time to carry out their duties.
- 3.13 Regular bullying surveys should be conducted and the results should help inform policy development.

Good practice

- 3.14 *The violence reduction team made regular monthly visits to wings to assist night staff, which was an effective and thorough way of preventing young people shouting out of windows.*

Safeguarding children

Expected outcomes:

The establishment provides a safe and secure environment, which promotes the welfare of all children and young people, protects them from all kinds of harm or neglect, and provides services that seek to ensure safe and effective care. The establishment is open to external

agencies and independent scrutiny, including consultation with and involvement from children and young people and their families and the wider community.

- 3.15 The safeguarding committee was effective and informed by good quality data analysis. There was a broad interpretation of safeguarding concerns, but a lack of oversight of the use of the Ibis unit and poor attendance by the local safeguarding children board. Particularly vulnerable young people were well managed but they did not have care plans. The establishment had lost social work support, with effects on looked-after children, although staff did their best to meet their needs. The safeguarding department worked well to make up shortfalls in resources and external support.
- 3.16 There was a comprehensive safeguarding strategy, which had been agreed with Hounslow Safeguarding Children Board (HSCB). The policy was undergoing an annual review at the time of the inspection. The strategy covered the core components of safeguarding and had recently added ongoing monitoring of strip searching to its remit, which indicated an appropriately broad interpretation of safeguarding. However, the safeguarding remit did not extend to monitoring the considerable use of separation in the Ibis unit (see also discipline section).
- 3.17 The safeguarding strategy included a reference to the local professional standards policy as the means to report concerns about staff conduct, but this did not specifically address whistle-blowing procedures in relation to safeguarding concerns. The professional standards policy advised staff to contact their line manager or report wrongdoing through the reporting wrongdoing hotline for the Prison Service corruption prevention unit. This was confusing for staff and had the potential to circumvent the child protection referral system.
- 3.18 There was a quarterly safeguarding committee chaired by the governor. The internal membership was appropriate and all relevant departments were usually represented. However, representation from HSCB during the previous 12 months had been poor, and its level of engagement with safeguarding was inadequate.
- 3.19 There was cross-membership between the safeguarding and violence reduction committees, and minutes indicated that the links and coordination between the two committees were effective. The safeguarding committee had detailed discussions, informed by good quality data analysis covering the separate safeguarding strands.
- 3.20 Following the breakdown of negotiations to agree national funding arrangements for establishment-based social workers, previous social work support had been lost. The head of safeguards had produced a risk management plan to identify what needed to be done to cover the critical gaps in service provision with the loss of this specialist support. In practice, much of the social worker workload had transferred to the head of safeguards and the child protection coordinator, including day-to-day support of vulnerable young people.
- 3.21 There was a comprehensive vulnerability policy setting out how vulnerable young people would be identified and managed, and we found no informal places of safety for vulnerable young people on either side of the establishment. There were weekly meetings to discuss referrals of individual young people who were causing concerns. We observed a meeting, which was well attended, conducted well and agreed suitable action points to deal with the difficulties for the individuals discussed. However, there were no care plans, or updating of individual files, so it was unclear how residential staff and others who came into regular contact with the young people concerned would be made aware of the concerns discussed and actions agreed at the meetings.

- 3.22 Attention to the needs of looked-after children had declined since the loss of the social workers. The head of safeguards, the child protection coordinator and offender supervisors did what they could to meet individual needs, but there was no overall monitoring or oversight of the management of this particularly vulnerable group. The advocacy service for juveniles also offered support to vulnerable young people in a range of areas. However, in our survey only 20% of juveniles said that they could speak to an advocate when they wanted to, which was significantly worse than the comparator of 41%.

Recommendations

- 3.23 The safeguarding policy should provide clarity that concerns about staff misconduct that relate to young people should be reported through the agreed child protection procedures, and also describe how staff who report such professional misconduct will be supported.
- 3.24 The remit of the safeguarding committee should be extended to cover monitoring of use of the Ibis unit.
- 3.25 Long-term funding arrangements for social work support should be agreed.
- 3.26 Young people identified as particularly vulnerable should have an individual care plan to address their assessed needs.
- 3.27 The safeguarding committee should routinely monitor the attendance of its designated membership and take appropriate action for failures to attend.

Child protection

Expected outcomes:

The establishment protects children and young people from maltreatment by adults or others in a position of power or authority.

- 3.28 There was a child protection policy jointly published by the establishment and the local safeguarding children board, but there were omissions and it was being updated. Criminal Records Bureau checks were thorough. Staff training in child protection was limited and some had not undergone any training, although staff had a broad understanding of child protection responsibilities. Child protection referrals came from a wide range of sources, including effective screening of complaints. The internal referral processes were sound. The child protection log and related records were in good order. Outstanding referrals were monitored regularly through an internal process involving the governor, but there was no independent oversight from the local authority.
- 3.29 The child protection policy had been published in January 2009 in conjunction with the local safeguarding children's board. The annual review was under way in January 2010 but had yet to be completed. The policy was clear on the overarching statutory responsibilities of the establishment and the local authority, and described the key definitions and concepts that underpinned the work. The process for child protection referrals to the local authority's children services and the local police child protection team was clear, but there were no procedures indicating how ongoing child protection referrals would be monitored by the local authority or any reference to staff training. The policy referred to the role of independent social workers but

since central funding had ceased the posts had been lost (see also safeguarding section). All staff who had contact with children had been subjected to enhanced Criminal Records Bureau (CRB) checks.

- 3.30 Copies of relevant referral forms were available on residential units, and residential staff were aware of the establishment's child protection procedures. There had been changes to the previous arrangements for specialist child protection training from the local authority. Joint training was now only available to the safeguarding manager and his deputy. Child protection training for the majority of staff was limited to a short module covered in the juvenile awareness staff programme (JASP) training and a short briefing to new staff from the child protection coordinator outlining the principles of safeguarding. However, some staff who had direct contact with children had not received any child protection training, including the operations team supervising the visitors' area and members of the official prison visitors' scheme.
- 3.31 Comprehensive records of child protection referrals were maintained. In 2009, there had been 58 child protection referrals. Forty-one related to events that had occurred within the establishment, of which 28 were allegations made by a young person against staff during restraint. They included one individual who had suffered a fractured thumb, and another who had suffered a wrist fracture. Data collection and analysis was detailed, and the head of safeguards produced reports for the monthly safeguarding and senior managers' meetings and the quarterly safeguarding committee meetings.
- 3.32 The child protection log included the names of staff who had been involved in incidents that had resulted in a referral. The log was reviewed regularly by the head of safeguards to identify potential patterns or trends. The log was also checked by the local authority designated officer when she attended the establishment.
- 3.33 Child protection referrals came from a wide range of sources, including the head of safeguards' scrutiny of the formal complaints procedures and from staff following the debriefing with a young person after the use of restraint.
- 3.34 All child protection referrals were dealt with promptly by the establishment's child protection coordinator or the head of safeguards, and referrals were always sent to the local children services team and the police child protection team. There was a good level of engagement with families when appropriate.
- 3.35 Referrals sent to the local authority were usually responded to by telephone and followed up in writing. Those that had been investigated had been dealt with by the police child protection team. In cases where the local authority had made decisions not to proceed with further enquiries it had not directed the establishment to carry out any internal investigations. However, on the initiative of the head of safeguards, and in agreement with the deputy governor, there were two internal investigations under way at the time of the inspection.
- 3.36 Outstanding referrals were monitored regularly through a monthly internal process involving the governor, the child protection coordinator and the head of safeguards. There were no formal records of discussions or decisions taken at these meetings, and the local authority was not involved at this important monitoring stage. All closed cases were ratified by the governor and on occasions the area manager and YJB monitor.

Recommendation

- 3.37 All staff who come into contact with children should have suitable child protection training.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.38 The basic needs of young people identified as being at risk of suicide or self-harm were met, and individuals identified as high risk were well cared for. The standard of record keeping and attendance at reviews needed to improve. Young adults sometimes had difficulty getting access to Listeners.
- 3.39 Since the previous inspection, the outreach team – a group of specialist healthcare-based professionals who had managed all assessment, care in custody and teamwork (ACCT) self-harm monitoring cases – had been disbanded. All ACCT work now followed a more traditional model and was led by wing senior officers, who acted as case managers. This new approach was reflected in the suicide prevention and self-harm management policy, which had been updated in April 2009. The main difference under the new approach was that ACCT work was now carried out by a much larger group of staff with mixed experience. All the wing senior officers had undergone relevant training. Those we spoke to said that while they initially found the additional responsibility onerous, they were now growing confident in their role.
- 3.40 The suicide prevention committee met monthly and was chaired by the safeguarding manager. Attendance at this meeting was good, with Listeners and representatives from the Samaritans always present. The suicide prevention coordinator provided a monthly report that outlined relevant patterns and trends. Action points were made where necessary and followed up at subsequent meetings. In 2009, there had been 421 incidents of self-harm – approximately two-thirds related to young adults and one-third juveniles. Most incidents occurred in the first night areas, and the majority involved cuts and scratches, followed by wall punching.
- 3.41 The number of open ACCT documents at any one time was in the mid-20s, which seemed proportionate for the nature and size of the population.
- 3.42 High risk cases received close of attention with good multidisciplinary input. In several such cases, additional conferences had been convened, and minutes containing action points had been widely circulated. Two of the remaining outreach workers, who were due to be redeployed, continued to work with the high risk cases. Their experience and specialist knowledge was evident in their contributions, particularly to initial reviews.
- 3.43 The quality of documentation in most of the regular cases that we examined was mixed. Reviews were normally held within the correct timescales. Despite some rigorous quality

assurance, wing entries and the content of care maps continued to be standardised across both sides of the establishment.

- 3.44 Apart from the small number of high risk cases, attendance at ACCT reviews was too limited, and tended only to consist of wing staff and a representative from the offender management team. To improve this weakness, the safeguarding manager had recently started to monitor attendance at ACCT reviews weekly.
- 3.45 All young people had access to a free Samaritans telephone. Juveniles could also receive support directly from Samaritans volunteers on the wing. The number of Listeners to support young adults had reduced from 10 at the last inspection to four. We found some evidence of delays in young adult access to Listeners when they requested this. There was also no Listener based on the young adult first night unit. Use of a Listener suite had been reinstated in September 2009, after it had been refurbished. This facility was well used, at 17 occasions in the previous three months.
- 3.46 Peer support was limited to the meet and greet on the juvenile side and was normally provided by young people located on Heron. There was a prompt good quality service available on request to all vulnerable young people through Hounslow Youth Counselling Service.
- 3.47 There were safer cells on all the juvenile units, but young adults who needed to be placed in a safer cell still had to be located on Kingfisher, which was the only residential area on Feltham B that had them.
- 3.48 There was a log to record the use of anti-ligature clothing. Over the previous 11 months, anti-ligature clothing had been used on five occasions. Four of these involved overnight use, and in one case the anti-ligature clothing was used for 48 hours. In all cases a clear record was shown of the need for this measure to be taken.

Recommendations

- 3.49 Managers should ensure a consistently high standard of documentation for assessment, care in custody and teamwork (ACCT) reviews.
- 3.50 There should be multidisciplinary attendance at ACCT reviews.
- 3.51 Young adults should have easy access to Listeners.
- 3.52 An appropriate number of safer cells should be installed across the establishment.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.53 Young people on both sides of Feltham were negative about applications and complaints. The new application system appeared to be a positive initiative, but many applications continued to

be made informally. The quality of responses to complaints was generally poor, and quality assurance schemes were required for both schemes.

- 3.54 In our surveys, both young adults and juveniles were negative about their experiences of the application system. Only 35% of young adult respondents, against the comparator of 64%, and 36% of juveniles, against 69%, felt that applications were dealt with fairly, and only 26% of juveniles, against 58%, and 29% of young adults, against 50%, said they were handled promptly.
- 3.55 Until the beginning of December 2009, the application system was relatively informal with no effective system for recording requests or ensuring responses. A new system introducing the triplicate document system had been in place only a couple of weeks before our inspection. This appeared to be more efficient, but there was no quality assurance system to ensure that applications went to the right person or that responses were forthcoming.
- 3.56 Despite the new system, the number of applications remained relatively low on most wings. Most applications continued to be made informally to officers since most requests were for information or for another department to be contacted. They were rarely, if ever, recorded, and it appeared that some continued to get lost or forgotten.
- 3.57 There had been around 1,500 complaints across the establishment during 2009, which was similar to the previous year. Complaint forms were available on all wings with information about how to complete them.
- 3.58 All complaints were appropriately logged and an electronic database tracked responses. The system was managed reasonably well, and most responses were completed within the agreed timescale.
- 3.59 We reviewed a number of complaints. Although some had been appropriately investigated and responded to, we also found many which had not. Some responses were curt and did not always address the complainant in a respectful manner, and some did not address the issues raised. Some also referred to action that would be taken in the future, but there was no system to ensure that this had happened. Although staff had been issued guidance on how responses to complaints should be structured, many remained handwritten and were extremely difficult to read.
- 3.60 These concerns were reflected in the responses to our survey. Only 19% of young adult respondents, against the comparator of 40%, and 27% of juveniles, against 41%, said that complaints were dealt with fairly, and only 30% of young adults, against 43%, and 32% of juveniles, against 47%, said that complaints were handled promptly.
- 3.61 There was a basic quality assurance system and the governor reviewed some complaints each month, but there was no system to ensure feedback was received or that learning points were widely disseminated. (See main recommendation HP53.)
- 3.62 The complaints clerk made a monthly analysis of complaints across each unit but, while useful, this included little about the quality or effectiveness of responses, and there were no month-on-month comparisons to establish the main areas of concern or any significant patterns.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.63 There were no dedicated trained legal services or bail information staff. Bail and legal information could be accessed through the offender management unit. Young people could only contact their legal representative through the PIN telephone system, although access to legal visits was good. There was no post-release information or interview, although this was due to be implemented.
- 3.64 There was no full-time trained legal advice worker, and the offender management unit (OMU) dealt with all aspects of legal services and bail information. Some offender supervisors had been trained by a former legal advice worker. New arrivals had a one-to-one interview with OMU staff within four days, and staff gave them a basic legal and bail information advice pack. Young people could also request further bail and legal information from OMU staff while at Feltham. We observed a remand planning meeting where the offender supervisor and youth offending team worker gave good information to a young person and links were made with his solicitor, to ensure that he got proper advice.
- 3.65 In our survey, only 32% of young adult respondents, against the comparator of 51%, said that it was easy to contact their legal representative, and only 20% of juvenile respondents, against 41%, said they could speak to an advocate when they wanted to. Our observations did not support these findings, and young people and legal representatives told us they had not encountered any problems. However, we found that young people could only contact their legal representative through the PIN (personal identification number) telephone, which meant that they paid for the cost of the call.
- 3.66 There was currently no pre-release interview to give important information to young people, but we were told that this was being considered.
- 3.67 The facilities for legal visits were good, with six confidential rooms, and legal representatives told us they were content with the service.

Recommendations

- 3.68 Adequate staff should be trained in legal and bail information.
- 3.69 Young people should be able to make free telephone calls to their legal representatives.
- 3.70 A pre-release interview should be introduced.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

- 3.71** The chaplaincy team was committed and had a significant presence in the establishment. The facilities for services were very good and a large number of young people attended weekly worship and a variety of faith-based classes. The chaplaincy team provided pastoral support, particularly to the most vulnerable young people, as well as support groups to different ethnic minority groups and a regular formal victim awareness and restorative justice course. Young people were positive about their access to the chaplaincy team and religious services, and respect for their religious beliefs. The Feltham Community Chaplaincy Trust, which linked young people with community faith mentors, was an excellent initiative.
- 3.72** The chaplaincy team consisted of full-time Muslim, Catholic and Church of England chaplains and approximately 50 part-time chaplains and voluntary associates, covering a range of faiths. The Church of England chaplain was the chaplaincy coordinator. The facilities for faith services were excellent, with three separate areas for Muslim, Catholic, Church of England and Free Church worship. There were separate rooms for groups and adequate provision for the chaplaincy team. The team was a significant presence in the establishment and had representatives at the important multidisciplinary staff meetings.
- 3.73** There was an effective system enabling new arrivals to meet a chaplain of their faith within 24 hours. Those who declared they had no faith met the duty chaplain. All new arrivals were given written information about the work of the chaplaincy, how to access prayer and worship, and the range of faith classes and support groups. In our survey, 57% of both young adult and juvenile respondents said that they had been able to meet a chaplain within 24 hours of their arrival, which was significantly better than the comparators of 46% and 47% respectively.
- 3.74** There were weekly Muslim, Catholic, Church of England, Sikh and Hindu services. There were two Muslim services on Fridays attended by approximately 140 young people, and on Sundays two Catholic services attended by approximately 120 young people, and two Anglican services, also attended by approximately 120 young people. The Sikh and Hindu services were held during the week and could accommodate up to 10 young people. There were separate arrangements for young people of other faiths to access their faith leaders.
- 3.75** The Muslim prisoners we spoke to said that they had easy access to Friday prayers and that staff on the units made sure that they could attend. They were able to wash in their cells before prayers, and there were also washing facilities in the Muslim faith room. They told us that they could contact the Muslim chaplain easily and that they had religious instruction through weekly study groups.
- 3.76** The chaplaincy ran weekly classes where young people could learn more about their faith, and there were some occasional events, such as 'Tough Talk' and Christian hip hop concerts led by external groups. The main religious festivals were celebrated throughout the year and were well attended, with close involvement with external faith communities, some of whom brought in food. Young people could also access religious artefacts through the chaplaincy.
- 3.77** Young people had to apply each week to attend the service or faith class of their choice, and could make a late application if they had not made one at the right time. They told us that they had no problems in accessing faith services or individual chaplains. In our survey, responses about access to the chaplaincy team and religious services, and respect for their religious beliefs, were significantly better than the comparators.
- 3.78** The chaplaincy ran the Sycamore Tree National Open College Network-accredited victim awareness and restorative justice programme three times a year. The seven-session course

had places for 15 young people in each group. Referrals were made through the young person's offender supervisor and were part of the sentence planning arrangements.

- 3.79 The chaplaincy also ran several support groups, focusing on the needs of foreign national prisoners and those from minority groups, such as Travellers and young people from Somalia and Ireland. There was a particular emphasis on supporting vulnerable young people, and the team was informed of all ACCT reviews and had good attendance at them. The chaplaincy offered specific support for young people who were bereaved, and took the lead in speaking to those who had received difficult or potentially upsetting news from families or friends.
- 3.80 The Feltham Community Chaplaincy Trust, which linked young people with mentors from active community faith groups, was an excellent initiative that was well used. There were regularly 50 to 60 young people involved in the programme.

Good practice

- 3.81 *The Feltham Community Chaplaincy Trust, which linked young people with mentors from active community faith groups, was an excellent initiative that was well used.*

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.82 The establishment was due to implement the IDTS (integrated drug treatment system) in April 2010, but clinical management procedures were already in place. There was a dedicated substance misuse unit where a specialist team provided flexible treatment and a high level of support to young people, but further integration between CARAT (counselling, assessment, referral, advice and throughcare) and clinical services was required. Illegal drugs available consisted of small amounts of cannabis.

Clinical management

- 3.83 New arrivals were screened at reception, and substance misuse nurses had introduced the alcohol audit screening test (AUDIT) for young adults to improve the identification of alcohol dependence among this age group. We welcomed plans to extend this to juveniles also.
- 3.84 Those requiring immediate assessment were seen by a substance misuse nurse on the first night and admitted to Albatross, the stabilisation/detoxification unit. Appropriate patient group directions (PGDs) for symptom relief were in place, and treatment for alcohol dependence commenced immediately.
- 3.85 Following a comprehensive assessment by a substance misuse nurse and a GP the next day (including Saturdays), young people were prescribed treatment regimes based on individual need. Comprehensive clinical management protocols were in place.

- 3.86 Demand was fairly low with 109 admissions to Albatross recorded in a 12-month period. Eighty-one young people required clinical treatment (25 juveniles and 56 young adults). This consisted of 41 alcohol detoxifications, 30 opiate reduction regimes and 10 opiate maintenance programmes. The range of regimes included methadone (eight), buprenorphine (five), lofexidine (22) and symptom relief (five).
- 3.87 Clinical services and 24-hour cover were provided by a band 7 clinical lead, five substance misuse nurses (all registered mental nurses, RMNs) and one healthcare assistant from the Central and North West London NHS Foundation Trust; the team carried three vacancies and one member of staff was on maternity leave. The Trust's specialist consultant offered clinical management support on a weekly basis.
- 3.88 Albatross unit could accommodate 16 young people but was only half full. A relocation to the smaller Wren unit was planned once this was refurbished. Healthcare officers staffing Albatross had undertaken substance misuse awareness training and provided a supportive regime for young people. Nurses offered a two-week rolling programme of substance awareness and health promotion sessions, and this was supplemented by activities such as gym sessions, art classes, film discussion groups, community meetings and Alcoholics/Narcotics Anonymous (AA/NA) self-help groups. Young people spoke very highly of the support they received from officers and nurses.
- 3.89 Every young person had an individual care plan and a named nurse. Treatment reviews took place during weekly multi-agency meetings, which included the specialist consultant, the lead GP, substance misuse nurses, the counselling, assessment, referral, advice and throughcare (CARAT) manager, staff from the young people's substance misuse service (YPSMS), mental health team representatives and offender managers.
- 3.90 A dual-diagnosis screening tool had been implemented and there was good care coordination between the substance misuse and the mental health teams for young people with complex needs.
- 3.91 Clinical and CARAT service teams were not yet fully integrated for shared care planning, five-day reviews with the client and jointly facilitated group work. Joint working protocols between health and CARAT/YPSMS providers were very basic and needed to be reviewed in light of the integrated drug treatment system (IDTS), which was due to be implemented in April 2010.

Drug testing

- 3.92 Test results and drug finds pointed towards a minor use of cannabis in the establishment. The year-to-date random mandatory drug testing (MDT) positive rate was 6.1% against a target of 4.5%, with only one juvenile testing positive. We were told that the absence of passive drug dogs during the past year had affected the MDT rate.
- 3.93 Since April 2009, there had been 45 suspicion tests resulting in a 31.1% positive rate; the level of cannabis consumed was often too low to register. Risk assessment, reception and frequent testing schemes were also in operation.
- 3.94 The MDT programme was coordinated by a senior officer from the security department, and two designated officers completed the required level of testing. Strip searching was intelligence led and only undertaken on rare occasions. For juveniles, there were risk assessments that required information from the offender management unit before MDT, but officers had not undertaken child protection training.

- 3.95 In our survey, 15% of young adult respondents said it was easy to get illegal drugs in the establishment, against the comparator of 20%; for juveniles, this finding was only 8% against the comparator of 22%.
- 3.96 There were comprehensive measures to reduce the supply of drugs, including good perimeter security and strong police links. Two active drug dogs were available, but two passive dogs had yet to be trained. The drug strategy senior officer attended security meetings, and all young people testing positive were referred to either CARAT services or the YPSMS team.

Recommendations

- 3.97 Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should improve joint work and provide fully integrated care.
- 3.98 The establishment should ensure that mandatory drug testing (MDT) officers undertake child protection training.

Good practice

- 3.99 *Young people requiring clinical management were located on a dedicated unit and provided with a high level of care and support.*

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 There were policies on race, foreign nationals and disability, but not on other areas of diversity. The race equality action team and equal opportunities committee covered all aspects of diversity, and an overarching race equality action plan also covered other aspects of diversity. Prisoner and staff diversity representatives were identified on each unit, although monthly focus groups did not always take place. The monthly diversity newsletter was a positive initiative. Equality impact assessments had just been launched, but there was no monitoring of the impact of the establishment regime on all minority groups.
- 4.2 There was no overarching diversity policy, although there were separate documents on race equality, disability and the management of foreign nationals. Race and foreign national issues were strategically managed through the race equality action team (REAT), while disability was managed through the equal opportunities group, although this focused primarily on staff issues. Both groups met monthly. Other areas of diversity, such as sexual orientation and faith, were not specifically covered by policy but were managed through either the REAT or equal opportunities committee when issues arose.
- 4.3 The diversity team consisted of a manager with overall responsibility, a senior officer responsible for both race and foreign nationals, and a disability manager who also took the departmental lead for equal opportunities. At our last inspection in 2007, the roles of foreign national coordinator and race equality officer were undertaken by separate managers. Given the current size of the black and minority ethnic and foreign national populations, this combined role appeared excessively demanding for one postholder.
- 4.4 The race equality meeting was chaired by the governor and was well attended by appropriate departmental representatives. An external representative from the Hounslow Council for Race Equality was included and regularly attended. Action points from previous meeting were identified and consistently taken forward to subsequent meetings. The agenda included a standing item on the race equality action plan, which included objectives oriented to all aspects of diversity.
- 4.5 All units had identified prisoner diversity representatives, although arrangements for managing meetings and collating issues and concerns varied. On Feltham B (young adults), all units had at least two representatives along with two diversity officers. Staff diversity representatives held monthly focus groups for prisoner representatives and other invited or interested young people, and all aspects of diversity were covered. Concerns identified were passed to the diversity team who collated and managed any particular issues. Although a positive model, meetings did not always take place, and some units were better at organising groups than others. To supplement this work, the diversity team held weekly meetings for all diversity representatives on Feltham B to discuss specific topics. A 'diversity in action' workbook was used to structure these sessions, which helped young people make sense of a range of topics. Prisoner diversity representatives we spoke to were positive about the support from the diversity team, and said that the establishment took diversity seriously, although there was some confusion about their roles, despite having job descriptions.

- 4.6 On Feltham A (juveniles), a prisoner representative was identified from each pair of attached units and met an identified diversity champion (officer) monthly. Again, issues identified were passed on to the diversity team. Prisoner representatives from both the juvenile and young adult sides also attended the monthly REAT.
- 4.7 Information on diversity was included in the induction programme on both sides of the establishment, although it was not specifically delivered by diversity staff. On the juvenile side, the diversity team had started, in January 2010, to deliver booster/ recap diversity sessions twice a week as part of the education, training and personal development (ETPD) programme. The monthly *Mosaic* diversity newsletter, available to all young people at Feltham, included general information about diversity and key points covered at the REAT, which was a positive way of disseminating this information. Each wing also had a diversity pack with information and guidance for both staff and young people on diversity generally, and in particular the race and foreign nationals strands.
- 4.8 All new arrivals were asked to complete a basic equalities questionnaire covering their ethnicity, disabilities and nationality etc. This information was forwarded to the diversity department and used to trigger any further work, especially on disability.
- 4.9 There had been work on the development of race impact assessments across the establishment, although only two had been fully completed. In January 2010, the establishment launched new equality impact assessments with an identified process and action plan.
- 4.10 Although the establishment used SMART ethnic monitoring (see paragraph 4.19), there was no similar monitoring of the impact of the establishment's regime on other aspects of diversity, such as religion, disability or nationality.
- 4.11 Diversity training for staff was oriented to the delivery of the Prison Service's Challenge It Change It programme. All staff, including civilian staff, were expected to receive booster training at least every three years. At the time of the inspection, over 70% of all staff were up to date with this training.

Recommendations

- 4.12 Each strand of diversity should be covered by an up-to-date policy.
- 4.13 There should be a full-time race equality officer.
- 4.14 The role of prisoner representatives should be clearly defined, and their work monitored by the diversity team.
- 4.15 Equality impact assessments should be carried out for all areas of diversity.
- 4.16 There should be monitoring to assess the impact of young people' religion, disability and/or foreign national status on their participation in the regime.

Good practice

- 4.17 *The Mosaic monthly newsletter was an effective means of ensuring young people were kept up to date with diversity issues at Feltham.*

Race equality

- 4.18 There was a good range of information on race on all residential units. The REAT reviewed ethnic monitoring data monthly but did not cover information on patterns and trends, and over-representation of some minority groups needed further examination. Racist incident report forms were generally managed appropriately, but needed more rigorous and frequent quality assurance.
- 4.19 Approximately 65% of the young adult and 70% of the juvenile population were from a black and minority ethnic backgrounds. The largest group on the young adult side was African (20%) and on the juvenile side Caribbean (29%). Approximately 25% of all staff were also black and minority ethnic. A good range of information on race and race equality was publicised across the establishment and on all wings, including the names of staff and prisoner wing representatives.
- 4.20 The race equality officer was an experienced senior officer. Although full time in the diversity team she also had lead responsibility for foreign nationals. She had a reasonably high profile across the establishment and was well known to the diversity representatives.
- 4.21 The REAT monitored SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring data, including both mandatory and locally agreed fields. The latter included education, employment and unemployment, wing allocation and gym attendance. The SMART data evaluated at the REAT related primarily to the most recent month and did not cover longer-term patterns, even though the data was available. As a consequence, patterns were not easily identified. Nonetheless, in the seven months before the inspection, black young people had been above the anticipated range for the use of force on six occasions and on the margins the other month. This experience was also confirmed in our survey of black and minority ethnic and Muslim young people. Black young people were also consistently above the expected range for proven adjudications and the use of segregation, and in some months were also more likely to be on basic level.
- 4.22 It appeared that these patterns were quite consistent. An analysis commissioned by the REAT in early 2009 indicated that black young people were more likely to be involved in incidents requiring the use of force, leading to other areas of concern. There had been some further, but less detailed, work more recently. It remained unclear why black young people were more likely to be the subject of the use of force, and there were no identified objectives for further analysis in the race equality action plan. Equally, there was no formal system whereby out of range figures automatically triggered investigations.

Managing racist incidents

- 4.23 Racist incident report forms (RIRFs) were available on all wings as well as a separate collection box. In 2009, 225 RIRFs had been submitted, slightly lower than the 285 in 2008, which had been a significant reduction from 396 in 2007. Although it was not clear if this reduction indicated a lack of confidence in the system, our survey showed no significant difference in the proportion of black and minority ethnic or white young people submitting complaints.
- 4.24 Information on the number of RIRFs and range of complaints was submitted to the REAT each month. As with the SMART data, this did not include month-on-month data and so there was

no analysis of patterns. All RIRFs were investigated by the REO or, in her absence, the diversity manager. Responses were generally timely, respectful and clearly written. The quality of RIRFs was generally reasonable, although we found some cases where investigations had not been appropriately rigorous or the actual complaint properly addressed. Although a representative from the Hounslow Council for Race Equality did a quality assurance check, this had not been undertaken for over six months.

- 4.25 Disposals for young people found to have behaved in a racist way included management through the anti-bullying programme (see paragraph 3.6), the incentives and earned privileges (IEP) scheme or, in more extreme cases, the adjudication process. All such young people were also placed on a register of racist young people. However, there was no programme to challenge inappropriate behaviour of those identified through RIRFs or who had previous convictions for racially motivated offending.

Race equality duty

- 4.26 Across both sides of the establishment, responses in our surveys from black and minority ethnic young people were generally very similar to those from white young people. Although for young adults, 63% of black and minority ethnic respondents, against 74% of white, said that most staff treated them with respect, only 31%, significantly better than the 44% of white respondents, said that they had felt unsafe at some point at Feltham.
- 4.27 We reviewed wing-based focus groups and found that race and race equality was the primary topic of discussion. Young people generally told us that race was managed appropriately and was rarely the focus of conflict.
- 4.28 In the previous 12 months, Feltham had celebrated several cultural events, including various religious festivals and Black History Month. It was planning a Gypsy, Roma and Traveller celebration later in 2010.

Recommendations

- 4.29 **Feltham should ensure that any areas of disparity identified in ethnic monitoring are investigated, and that necessary remedial action taken is monitored through the race equality action team.**
- 4.30 **SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring data should include information over the previous 12 months to ensure that patterns can be easily identified.**
- 4.31 **The establishment should ensure a consistent model of quality assurance for racist incident report forms.**
- 4.32 **An analysis of patterns and trends in racist incident reports should be provided to the race equality action team.**
- 4.33 **The establishment should develop and implement a programme to challenge racist and discriminatory prisoner behaviour at Feltham as soon as possible.**

Religion

- 4.34 The diversity team covered issues regarding religion, and a chaplaincy representative attended the monthly REAT. Views expressed in our survey by Muslim young people were generally more positive than we often find.
- 4.35 A representative of the chaplaincy always attended the REAT, and broad issues regarding religion were covered during this meeting. Information about the range of religions followed by the prison population and access to religious services was also monitored and provided monthly to the REAT.
- 4.36 Following the previous inspection in 2007, the regular monthly programme of focus groups run on wings on Feltham B included discussions with and about Muslim young people. The diversity team and the chaplaincy had established good links, and areas of concern were fed back for resolution.
- 4.37 These developments were broadly reflected in our survey: 75% of Muslim young adult respondents, against 63% of non-Muslims, felt their religion was respected and 88%, against 75%, said they were able to speak to a religious leader of their faith. In addition, 40% of Muslim respondents, against 24% of non-Muslims, said they were on the enhanced level of IEP, 37%, against only 20%, said that staff normally spoke to them during association, and only 28%, against 39%, said that they had felt unsafe at some point at Feltham.
- 4.38 Despite these findings, it was not clear whether the establishment's regime impacted disproportionately on Muslims or any other religious group, as there was no monitoring to evaluate this (see recommendation 4.16).

Foreign nationals

- 4.39 Foreign national young people were generally positive about their experiences at Feltham. A reasonable range of information was available in foreign languages, and telephone interpreting was used widely, especially for key activities. Although the number of new foreign national arrivals was identified, there were no individual needs assessments. The chaplaincy provided a range of support groups, but there were no foreign national prisoner representatives forums. Links with the UK Border Agency were reasonable, but detainees continued to be held.
- 4.40 At the time of the inspection, there were around 203 foreign national young people, equating to 35% of the young adult population and 23% of juveniles. There was a comprehensive policy document, updated annually, which included information about foreign nationals generally and what was specifically available for those at Feltham. The document had been completed following consultation with a number of foreign national young people. In our survey of young adults, foreign national respondents were reasonably positive about their experiences at Feltham, and overall responses were generally better than we often find. In particular, 82% of foreign national respondents said that staff treated them with respect, which was significantly better than the 64% response from British nationals.
- 4.41 The strategic management of foreign nationals was undertaken through the diversity department, and the foreign national coordinator was an experienced senior officer who was

also the race equality officer. At our previous inspection in 2007, there had been a separate foreign nationals committee but this had now been merged with the race equality meeting and the monthly REAT now incorporated foreign national issues. The model worked reasonably well as many issues relating to race also affected foreign nationals. The development of the strategy was included in the race equality action plan.

- 4.42 A reasonable range of information at reception and during induction was in languages other than English. The *Rough guide to Feltham* booklet had been translated into eight languages, and there was generic information from the Prison Reform Trust on broad issues for foreign nationals. A telephone interpreting service was often used during induction, and several young people told us that they had been interviewed during induction using this service. A widely available document also outlined staff who spoke foreign languages and who were willing to offer translations. Although there were few documents on wings in languages other than English, canteen sheets and menus were widely translated. There were also electronic information machines in both reception areas and in the central library in several languages, although not all those spoken at the establishment.
- 4.43 The establishment used a professional interpreting service widely (724 occasions in 2009). The most frequent language requests were for Mandarin, Vietnamese and Romanian (415 occasions). The establishment had recently introduced different codes for specific departments to monitor use. It was expected that ACCT reviews and adjudications for young people with limited English would take place through interpreting services, and we saw examples where this was the case.
- 4.44 Although information on nationality and foreign national status was included in the equalities questionnaire completed at reception, at the time of the inspection this information was used primarily to build an overall picture of the population and to trigger referrals to the UK Border Agency (UKBA) adviser. There were, however, no further follow-ups of individuals to assess their specific needs.
- 4.45 Foreign nationals issues were covered generally by the monthly focus group meetings on wings, and any concerns or problems were taken forward by the wing diversity officers or prisoner representatives. There were no specific foreign national forums, although the chaplaincy did run two support sessions a week for specific groups. Regular groups included a Somali one and one for Irish Travellers, and other groups ran when numbers allowed. There had been recent groups for Vietnamese and Polish young people. The groups covered both sides of the establishment. While primarily oriented to social and cultural needs, specific issues or concerns raised were relayed to the diversity team. Young people we spoke to were very positive about these groups.
- 4.46 Foreign nationals who had no visits were entitled to free telephone calls each month, which were given out automatically, and they did not have to reapply each time. Free airmail letters were also available on the basis of one for every two standard free letters.
- 4.47 The establishment had developed a good relationship with UKBA and, although the establishment was neither a hub nor spoke for foreign national young people, there were weekly surgeries. All foreign national young people could apply for an appointment, and all new arrivals were automatically referred. Despite this, there were still several detainees at the establishment – five at the time of the inspection (although one had only just turned 18 and had been held on the juvenile side). The number of detainees held during 2009 had ranged from two in January and March to eight in May.

Recommendations

- 4.48 All foreign national new arrivals should have their specific needs identified, and there should be support systems to meet these needs. This information should be used to develop a needs analysis of foreign nationals and appropriate services to meet these.
- 4.49 Foreign national representatives should be identified, and there should be specific forums to ensure the needs of these young people are effectively represented and pursued by the establishment.
- 4.50 NOMS should work with the UK Border Agency to ensure that foreign national detainees are not held at Feltham.

Disability

- 4.51 There was reasonable support for the few individual young people with a disability, but there was little coordination of care across departments and no joint care plans. There was no specific forum for young people with disabilities, who were more negative than non-disabled young people in some key areas.
- 4.52 The disability policy was reasonably comprehensive, covered key issues of anti-discriminatory practice and legislation, and outlined service provision at Feltham. The disability liaison officer (DLO) was employed full time. Disability was managed primarily through the monthly equal opportunities committee, and although this was primarily oriented to staff issues, disability issues included young people. Strategic issues were taken forward through the race equality action plan and, while an unusual arrangement, appeared to work.
- 4.53 The equalities questionnaire for new arrivals, completed during induction, had a significant series of questions on disability. The broad definition used included physical and mental disabilities and, in some cases, aspects of learning disabilities. Across both sides of the establishment, 51 young people with disabilities had been identified – 30 young adults and 21 juveniles. In our young adult survey, 14% of respondents regarded themselves as having a disability, which equated to around twice the number identified by the establishment.
- 4.54 Once identified from the initial screening, the DLO interviewed all young people individually to identify specific needs and liaise with necessary departments. Follow-up work was also undertaken, and the wing files that we reviewed for some identified young people showed that contact was frequent. However, some of this work, while effective, was not closely linked to that of other departments, and we were told that information was rarely shared by healthcare. The DLO provided a range of information on specific disabilities for wing staff, and she recorded information about her work with individual young people in wing files. However, there were no specific care plans outlining how each department would be involved in individual cases and how progress would be reviewed. Personal emergency evacuation plans were drawn up appropriately and kept in wing files.
- 4.55 Given the population at Feltham, it was not surprising that there were relatively few young people with physical disabilities or significant long-term mobility problems. Two cells, one on Kingfisher and one on Lapwing, had been appropriately adapted to take a wheelchair, but there were no similar facilities on the juvenile side. One young adult at the time of the inspection had a significant physical disability and had a friend acting as an informal carer – they had known each other in the community and were co-defendants. The arrangement

worked well and both said that they had received considerable help and support from the establishment.

- 4.56 Despite these arrangements, in our survey, disabled young adults responses were, in many key areas, significantly worse than for those who did not regard themselves as having a disability. In particular, only 42% said that there was a member of staff they could turn to if they had a problem, compared with 70% of young people without a disability. Only 50% of respondents with a disability, against 70% of those without, felt that most staff treated them with respect and, most significantly, 75%, compared with 28%, said they had felt unsafe at some point in the establishment.
- 4.57 Although disability issues were covered in monthly focus groups and by prisoner and staff diversity representatives, there was no forum for young people with disabilities to discuss their specific concerns or problems.

Recommendations

- 4.58 All young people with disabilities should have care plans outlining their specific needs and how they will be met. Arrangements should be multidisciplinary and involve all departments engaged in work related to that person's disability.
- 4.59 Adapted cells should be provided on Feltham A (juveniles) to match the provision available for young adults.
- 4.60 The establishment should identify disabled prisoner representatives and develop a forum for young people with disabilities in which to raise their concerns.

Sexual orientation

- 4.61 There had been some recent work on this strand of diversity, although no specific lead officer had been identified. Support systems were being developed but the profile of the work remained low.
- 4.62 Although no lead officer had been identified for this aspect of diversity, there had been some work by the diversity manager and others in the team to develop support for gay and bisexual young people.
- 4.63 The equalities questionnaire completed at induction included a question on whether the individual wanted any support with regard to their sexuality. It was rare that such a need was identified. Nonetheless two young people had started to develop a support group some months previously and, although they had left by the time of the inspection, another young adult was looking to resurrect the group, called Pride.
- 4.64 The general profile of sexual orientation was low in the Feltham. While positive images of race and diversity generally were widely displayed across the establishment, this was not the case for images of homosexuality.

Recommendations

- 4.65 The establishment should identify a lead officer for work with gay and bisexual young people.
- 4.66 Positive gay and bisexual images should be displayed across the establishment, as well as information about sources of support and help.

Section 5: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

5.1 Health services were good. There was no comprehensive record of staff training and we found some gaps in child protection and resuscitation training. There were no nurses with paediatric experience or qualifications. The health services environment ranged from an excellent primary care area to poor aspects on the inpatient unit. Our survey showed poor views of health services, not helped by the fact that no staff wore easy-to-read name badges and primary care staff did not wear their uniforms correctly. There was a good range of age-appropriate services, including health promotion information, waiting lists were short and there was a good system to track applications. The dental service was efficient and well equipped. Mental health services were comprehensive and included child and adolescent mental health service consultants, a primary mental health care worker for juveniles, a range of therapists and an excellent clinical psychology team. There were unacceptably long delays for the transfer of young adults to NHS mental health beds.

General

- 5.2 Health services were commissioned by NHS Hounslow. At the time of the inspection they were provided by three separate organisations, but tendering to secure integrated provision had just been completed and was due to commence. There had been delays in obtaining a health needs assessment. A document had been drafted in late 2009, but, apart from mental health information, it did not distinguish between the needs of juveniles and young adults and made no specific recommendations related to juveniles.
- 5.3 There had been work with the King's Fund on primary care services, which had led to posters about primary care, with illustrations replicated on the health services application forms and room signs in the department. This was an excellent initiative that provided age-appropriate information about how to access health services.
- 5.4 The project had also funded a redecoration of the primary care suite. The waiting room had been transformed, using ideas from young people, and had leather sofas, a couch for young people to rest on if they felt unwell after a blood test or a visit to the dentist, and a large plasma screen set up to show health promotion DVDs (although we never saw it turned on). There was a counter between the waiting room and the adjoining office, so staff and young people could converse easily, which had a variety of health promotion material for young people to look at and ask staff questions if needed. The room had been in use for just over a year, but looked immaculate; young people said that they liked and respected the area and would not want to deface it. The toilet area had a large mirror, a height chart and sized footprints on the floor so that young people could measure their feet to get correct size footwear. A former derelict outside area was now a pleasant garden. However, in stark contrast to the main waiting room, a small holding room, not observed by staff, was poorly decorated, with graffiti carved on wooden benches. On one day we found juveniles in this room, as there were young adults in the main room.

- 5.5 There were offices off the main corridor and a GP consulting room, two further consulting rooms and a large clinical room. This latter room was multipurpose and was spacious, clean and tidy. The dental surgery was well equipped and spacious. The dental chair had been replaced within the last year, cross-infection controls appeared satisfactory, and the primary care trust (PCT) had carried out a dental surgery inspection during the previous year. All primary care areas were clean and tidy, medications were stored appropriately, heat-sensitive products were stored in appropriate conditions, and staff routinely recorded fridge temperatures in relevant treatment rooms.
- 5.6 By contrast, the inpatient unit (Lapwing) in Feltham B was in a poor decorative state and appeared grubby. Only 15 cells on the ground floor were commissioned. There were also two gated cells but these were poorly sited in the middle of the wing. There was a cell designated for patients with disabilities, although this was rarely used for that purpose as the unit only took patients with mental health problems. However, we were told that the room – which had a convex mirror on the ceiling providing a full view – was also used for de-escalation, which was not appropriate. All cells were single occupancy. The central staff office contained closed circuit television monitors that covered five cells and the gated cell and other parts of the wing, including the exercise yards, association and group rooms. There was a Listener suite on the first floor. Neither the dishwasher nor the waste disposal unit in the unit servery had worked for some time. The communal area, which had a dining table and chairs, was generally bare, unwelcoming and drab, with no carpet on the floor and few chairs other than those for dining. The main association area on the other side of the unit was slightly better furnished, with carpeting and soft chairs, and contained pool tables, a large television and some books and games. The small shower recess was reasonably clean. There was also a bath but there was no door on the bathroom and the water was turned off; staff could not recall when it had last been used. A dedicated room used for medicine and dressings storage was small but tidy.
- 5.7 There was a variety of group and consultation rooms used by occupational therapists with groups, as well as the inpatients.
- 5.8 Each reception had a small room used by healthcare staff. There were also two rooms on Bittern unit (Feltham A) with a small waiting room, decorated in a similar style to the primary care waiting area.

Clinical governance

- 5.9 Clinical governance arrangements were complex. Each provider had its own arrangements, which were reported to the integrated governance board, chaired by the associate clinical director employed by NHS Hounslow – at the time of the inspection, she was also the lead commissioner for offender health. The board met every two months and was attended by senior managers from each of the providers. There was also an infection prevention and control committee and a medicines management committee. Reports seemed to differ between providers and there was no standard format. Each provider also had separate operational meetings. The prison partnership board also met quarterly, attended by the chief executive of the PCT and the prison governor, and reviewed a variety of issues, including complaints, incidents and child protection. Relationships between the PCT and the establishment were described by all sides as excellent.
- 5.10 The associate clinical director had responsibility for, but did not manage, the clinical staff employed by the various providers. Each provider had the equivalent of a lead clinician and a variety of health professionals in place; each had its own arrangements for ensuring that its staff received ongoing training supervision and support to maintain their professional

registration and continuous professional development. We found that some of the training records were incomplete and there was no central record of child protection training. Clinical supervision was arranged by the individual providers.

- 5.11 There were no registered sick children's nurses employed by any of the providers, and most nursing staff had no experience of working with children before their employment at Feltham.
- 5.12 Resuscitation equipment, including defibrillators, was kept at strategic points around the establishment, including Albatross and Bittern. Rooms were clearly labelled to identify where the equipment was stored, and it was easily transported in easy-to-move trolleys. There was evidence that the equipment was checked daily. It included paediatric-sized masks and airways but only large defibrillator pads.
- 5.13 There were no formal arrangements for the loan of occupational therapy equipment, although staff believed that the associate clinical director had contacts in the community if required.
- 5.14 All clinical records were maintained on an electronic medical information system (EMIS), which had been in place for about a year and was used by all providers, except the dentist. The dental records were appropriately annotated and stored in the dental surgery. A discussion took place regarding the enhancement of the dental records with the use of a written, signed and dated medical history questionnaire for all patients. Hard copies of all other the records were stored appropriately in the clinical records room, to which access was limited. All paperwork, such as referral letters and test results, were scanned on to the system. When a young person was transferred his electronic records were printed off and sent to the receiving establishment as hard copies. If he was being released his records were printed off and filed in the healthcare department for a year, to allow for easy retrieval if required. There was also a comprehensive tracking system for records that were subsequently sent to the muniments (secure records) room.
- 5.15 We found National Institute for Health and Clinical Excellence (NICE) guidance and national service frameworks for relevant long-term conditions, and staff to whom we spoke were aware of the Fraser competencies (used to assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Policies were also available on the intranet, including management guidance for an outbreak of pandemic flu. Patient forums had been held in the past but were not regular, except on the inpatient unit where there was a weekly meeting, usually chaired by one of the patients.
- 5.16 Young people could complain through the prison complaints system, and complaint details were passed to the PCT. Responses that we saw were not age-appropriate and, in the case of responses from West London Mental Health Trust (WLMHT) staff were written in the third person rather than to the complainant personally.
- 5.17 Written consent was sought from all young people to share clinical information. Given the high throughput of young people, staff only contacted outside health professionals if there was deemed to be a need; parents or carers were also contacted if required.

Primary care

- 5.18 Primary care services were provided by Serco Health, who subcontracted GP services. Serco Health staff included a contract manager, a clinical nurse manager, an advanced nurse practitioner and a team leader as well as 10 registered general nurses, one healthcare assistant and a contract administrator. They provided 24-hour cover. Most nurses did not wear

their uniform correctly nor did they wear name badges; as a consequence they did not appear to be professional or take pride in their work. Nor did they meet infection control guidance. Many young people we spoke to did not realise that they had spoken to a nurse. In our survey of young adults, only 46% of respondents, against a comparator of 56%, said that it was easy to see a nurse. Comments in our survey were very negative about the attitudes of some nurses.

- 5.19 New arrivals were seen in a reception room by a nurse or, more often, in the treatment room on their induction unit. The initial health assessment that was carried out was not adapted for the needs of young people. The next day each new arrival was seen at the inappropriately named 'well man' clinic, where a secondary health screen was completed. Health staff attended the induction courses for both juveniles and young adults and provided age-appropriate and relevant information about health services and health promotion.
- 5.20 If a young person wished to see a member of the primary care team, he completed an application form that he either gave to a member of the nursing team or posted in the healthcare application box on the wing. Once the form was received it was reviewed and, if necessary, a nurse visited the patient on his unit to assess his needs before booking him an appointment with the relevant health professional. When we tested the system, on one occasion the application form was received promptly, but on another day there were no application forms available on any of the five units that we visited. There was also some confusion among young people as to where healthcare applications should be posted, although there were dedicated post boxes. There was a good system for tracking applications once they had been received in the health services department.
- 5.21 The advanced nurse practitioner carried out clinics each day she was on duty. She was able to see and suggest treatment, but, although she was an independent and supplementary prescriber, she was not allowed (by the PCT) to prescribe medications; this seemed to be a waste of her skills and resulted in unnecessary delays for patients.
- 5.22 During the inspection, there were no delays in appointments to see the GP or the advanced nurse practitioner, with slots available on the same or following day from the receipt of an application form. GP clinics were held at the establishment every day in either the morning or afternoon. Appointments for other clinics were delivered to the wings on the day before.
- 5.23 Young people were offered hepatitis B and MMR vaccinations, but meningitis C vaccination was not available. Young adults were apparently able to obtain barrier protection, but it was unclear how this information was given to them. There were two sexual health clinics a week, one run by a specialist nurse and one by a genitourinary medicine consultant. Chlamydia screening was offered as part of the secondary health screening.
- 5.24 Smoking cessation clinics were available to both juveniles and young adults. Young people were asked on reception whether they wished to be referred and could also apply themselves. As Feltham A was a non-smoking environment, nicotine replacement patches could be provided on reception if required, but only by contacting the on-call doctor for a prescription. Young people were seen on an individual basis and, once prescribed, nicotine replacement patches could be exchanged for a new one daily during the morning medication round.
- 5.25 The department also ran relevant health promotion themed days throughout the year.
- 5.26 Young people with lifelong conditions were cared for in line with evidence-based practice guidelines. The advanced nurse practitioner monitored the lists and saw young people as required.

- 5.27 Radiography was available when required on site. A radiologist at the local acute trust. Reported on X-rays.
- 5.28 Physiotherapy could be provided by a PE instructor who was a trained physiotherapist. He could provide individualised care for young people as required. His clinical notes did not form part of the prisoner's main clinical record, which was poor practice.

Pharmacy

- 5.29 Pharmacy services were provided by a local pharmacy supplier who visited the establishment every weekday morning and prescription items were supplied in a timely manner.
- 5.30 The pharmacist was available for consultation regularly. Although there were no pharmacy-led clinics, the pictorial leaflet explained that young people could speak to the pharmacist if they wished. In addition, to ensure patient compliance, the pharmacist sought out individuals to give them specific advice about their medication, where appropriate.
- 5.31 In our survey, only 18% of young adult respondents and 44% of juveniles were on medications. The majority of medication was supplied to young adults as in possession. The decision to allow a patient to have in-possession medication was made by the GP following a risk assessment.
- 5.32 Medication that was not in possession was administered by nursing staff at approximately 8am, 11.30am, 4pm and 8pm. Except for Lapwing and Albatross units, medications were taken from the treatment rooms in locked medication trolleys and administered to patients on the unit. There was no specific area on the units where medications could be administered. Although each nurse was supposed to be accompanied by an officer who took a trolley with all the drug charts, we observed that this did not always happen.
- 5.33 Young people going to court were given their medication before attending reception, and on their return if appropriate.
- 5.34 Only two items, paracetamol and an indigestion treatment, were available as special sick. Other basic remedies could be bought from the canteen. Although special sick items were recorded on the appropriate chart, this information was not transferred to the computerised patient medication records at the pharmacy.
- 5.35 Young people complained to us that nursing staff gave paracetamol for 'everything'. When questioned further, they said that they wanted basic remedies, such as simple linctuses and decongestants when they had a cough or cold and ibuprofen for toothache.
- 5.36 Prescriptions were handwritten on standard prescription and administration charts. For in-possession medication, the doctor indicated on the prescription the amount to be supplied to the patient at one time.
- 5.37 If medications were required out of hours, the on-call doctor was contacted. We were told that this service was subcontracted by Serco Health and the doctor was not available to attend the establishment, which was a concern. The doctor faxed a prescription for sufficient doses of the medication to be administered until the young person could be seen by a GP, and this was faxed on to the EMIS record. Although medication supplied out of hours was recorded on the chart, this information was not transferred to the computerised patient medication records at

the pharmacy. Similarly, items prescribed to patients on Lapwing and Albatross were supplied from stock rather than on a named-patient basis and were not added to their records.

- 5.38 There were good records of the use of stock from the out-of-hours cupboard, which the pharmacist audited regularly against the prescription issued. However, occasionally nursing staff omitted to inform the pharmacy when a patient had received medication from the out-of-hours cupboard, which resulted in a duplication of supply when the pharmacy received the faxed prescription the following day. This did not result in young people receiving more medication than required, but did result in some wastage.
- 5.39 A medicines management committee met quarterly and was attended by the pharmacist and representation from the PCT. Pharmacy data and prescribing were collated regularly and the information discussed at the meetings. There were written policies for in-possession medication, special sick and out-of-hours provision, which had been reviewed within the previous 12 months. There was a specific prescribing formulary, which was adhered to by most GPs.
- 5.40 Repeatable prescriptions for long-term conditions, such as asthma or hypothyroidism, were prescribed on an ongoing basis rather than for a finite period. This allowed nurses to request medication when it was getting low to ensure that patients did not run out of essential medication. However, we found evidence that prescriptions were faxed through twice by different nurses when medication for named patients needed reordering. This resulted in an oversupply and potential wastage.
- 5.41 Controlled drugs were obtained via signed order using a duplicate book. Records were maintained on a controlled drug record and administration book rather than the appropriate register.

Dentistry

- 5.42 The dental contract was for three sessions a week. The contract had been registered on the NHS Dental Services systems by the PCT and the relevant forms were submitted, allowing the PCT to monitor the contract.
- 5.43 The dentist saw approximately eight patients a session. Any young person who failed to attend was replaced by another patient from the waiting list.
- 5.44 All applications to see the dentist were placed on the waiting list by the nursing staff. On the day of the inspection, there were 53 names on the waiting list, the longest wait being six weeks. Under a new system, approximately every six weeks, the dentist visited the wings to triage the patients on the waiting list and prioritise their treatment needs. Urgent cases were normally seen on the next available session. We met one young person who had received this service; he was not aware that the person who had come to his cell was a dentist, so complained that he had not seen a dentist despite an application. In fact, the dentist had assessed that he only needed a scale and polish and had therefore prioritised him accordingly.
- 5.45 The dental service provided mainly emergency treatment, and few full courses of treatment were completed because of the turnover of the population. The dentist told us that no treatments that included laboratory work were provided. Orthodontic treatment had been arranged at the local hospital in the past. The dentist had recently started to provide an initial screening for juveniles, as part of their induction.

- 5.46 The dentist provided oral health information on a one-to-one basis. There had been an annual oral health promotion event for the past three years.
- 5.47 Staff did not know of any protocol for providing out-of-hours dental cover, although a second dentist was due to provide annual leave cover.

Inpatient care

- 5.48 The inpatient unit was for young people with mental health problems and was run by West London Mental Health Trust (WLMHT), which worked together with a team of discipline officers to provide care for the young people. NHS Hounslow commissioned 15 beds – at the time of the inspection, there were eight young adults and two juveniles. Three of the patients were on individualised regimes, while the others were allowed to mix. They had access to a range of therapeutic activities, both on the wing and in the adjacent group rooms. When necessary, staff facilitated family visits on the unit, and there were regular family days.
- 5.49 All patients had a primary nurse and individualised care plans, but not all had dated targets and, while entries in the clinical files were comprehensive, they did not always relate to the care plans. It seemed that staff did not always appreciate that some of the patients were children, and there was little obvious understanding of the need to ensure child protection. The focus of risk assessment was mental health issues.
- 5.50 There was a weekly multidisciplinary ward round at which patients were discussed. At other times they were seen by members of the multidisciplinary team of health professionals.
- 5.51 We were told of a recent instance when a young adult on the unit had been unable to access a Listener. Staff stayed with him all night to support him.
- 5.52 Young people with physical health problems were usually cared for in their own cells or, in exceptional circumstances, they were housed on Albatross wing (the substance use unit) and cared for by members of the primary care team.

Secondary care

- 5.53 The primary care administrator had good systems for ensuring that young people were able to attend outside hospital appointments, including the local acute trust and hospitals further afield, and appointments were rarely cancelled. In the previous three months, of 92 appointments booked, 53% had been attended – nearly one third of the appointments were for young people who had been released, bailed or transferred, two young people refused to attend, and the rest were rebooked, mainly due to bad weather.
- 5.54 Hospital staff completed a short pro forma, outlining changes in treatment, tests undertaken and any further appointments required, that escort staff gave to the health services department when the young person returned.

Mental health

- 5.55 Mental health services were provided by WLMHT. As well as the inpatient unit staff, the trust provided a part-time child and adolescent mental health service (CAMHS) psychiatrist, a full-time equivalent forensic child and adolescent psychiatrist, an associate specialist psychiatrist, two speciality trainees in psychiatry, one full-time clinical psychologist, and one part-time

consultant clinical psychologist, as well as sessions from a variety of therapists. It was difficult to identify staff as none wore easy-to-read name badges and all wore their own clothes.

- 5.56 The community mental health team (CMHT) of four community psychiatric nurses provided services from 8am until 7pm during the week and 9am until 5pm at weekends. There was also a primary mental health worker specifically for juveniles. All took referrals from outside agencies, all staff within the establishment and self-referrals. If urgent, referrals were seen on the same day. All referrals were discussed at the daily team meeting. Each young person who was referred was seen and assessed. The assessment included seeking collateral information, with the young person's consent; although we found some instances when consent was not documented. Following this, each referral was discussed at the weekly multidisciplinary team meeting where, if the young person was taken on to the CMHT caseload, a plan of care was determined.
- 5.57 The CMHT provided one-to-one support and joint groups with the psychologists and/or therapists, such as anger management, problem solving and relaxation. Staff also attended ACCT reviews if the young person was known to them (and they were informed about the review) and the monthly suicide and self-harm meetings. Counselling was available through the Hounslow Youth Counselling Service.
- 5.58 Most of the clinical records for young people known to the team that we reviewed were of a good standard, with individualised care plans and detailed information about past encounters with mental health services.
- 5.59 The total caseload of young people with mental health problems, excluding inpatients, was approximately 34, of which 15 were juveniles who were looked after by the sole primary mental health worker. A further 11 young people were known to the service but yet to be accepted on to the caseload.
- 5.60 The primary mental health worker with juveniles undertook a full mental health assessment on cases referred to him and provided brief solution-focused therapies over four to six weeks. He had a good working relationship with the educational psychologist in the juvenile education department, including a weekly meeting. They also jointly managed some cases. Together with the clinical psychologist, he attended the Ibis team and safeguarding meetings, which were routes for referrals. The clinical psychologists provided an excellent service to young people, as well as mental health awareness training for staff.
- 5.61 There was a range of day services for young people unable to cope with life on their units, including art, drama therapy, music therapy and a sandwich-making club. All were facilitated by a therapist and a member of the WLMHT team, some of whom also worked in the Wells Unit, a specialist unit for children and adolescents managed by WLMHT.
- 5.62 At the time of the inspection, five young adults and one juvenile were awaiting secure mental health beds; all were being cared for on Lapwing. One of the young adults had been waiting for over three months. Staff told us that young adults often waited over 12 weeks for a transfer, because this period was deemed the 'threshold'. There were also delays in the Ministry of Justice providing the relevant warrant for transfer. By contrast, there appeared to be few problems in transferring juveniles, who in the main went to the Wells Unit.

Recommendations

- 5.63 The partnership board should investigate the reasons for young people's poor perceptions of health services and take steps to address them.
- 5.64 The health needs assessment should distinguish between the needs of juveniles and young adults.
- 5.65 The inpatient association area should be cleaned, decorated and made more welcoming and age-appropriate.
- 5.66 The disabled-access facilities in the inpatient unit should not be used for de-escalation.
- 5.67 Clinical governance reporting arrangements should be consistent across providers.
- 5.68 There should be an overarching, collective record of health services staff training and continual professional development.
- 5.69 All staff should have child protection training.
- 5.70 All staff should have annual resuscitation training.
- 5.71 Young people should be cared for by nurses with the appropriate range of skills, including registered sick children's nurses.
- 5.72 There should be formal arrangements for the loan of occupational therapy equipment and specialist advice as required.
- 5.73 All complaints about health services should be answered in an age-appropriate and understandable manner, and addressed to the complainant.
- 5.74 All health services staff should be easily identifiable by an easy-to-read name badge.
- 5.75 Primary care nurses should wear their uniform correctly at all times.
- 5.76 Health services staff should provide a range of basic remedies.
- 5.77 Meningitis C vaccinations should be offered to all young people.
- 5.78 The medicines management committee should review the procedures for monitoring and recording the supply of prescribed medicines out of hours and for ordering repeatable medications to avoid a duplication of supply and wastage.
- 5.79 Records of medication supplied to patients from stock should be added to the patient medication records (PMR) at the pharmacy.
- 5.80 The skills of the nurse prescriber should be used to enhance the availability of prescription-only medicines to young people in the absence of a doctor.
- 5.81 An up-to-date controlled drugs register should be put in place, in accordance with current legislative requirements.

- 5.82 A written, signed and dated medical history questionnaire should be completed for all dental patients.
- 5.83 A protocol should be developed for dental out-of-hours cover.
- 5.84 The full range of NHS dental treatments should be available.
- 5.85 Young people requiring child and adolescent mental health service (CAMHS) tier four or secondary care services should be seen within in seven days and transferred without delay.
- 5.86 The Ministry of Justice should expedite all warrants for transfers to mental health secure beds to avoid unnecessary delays to patients.

Housekeeping points

- 5.87 The plasma screen in the primary care waiting room for showing health promotion DVDs should be switched on when young people are waiting.
- 5.88 The small holding room in the primary care are should be decommissioned.
- 5.89 The range of resuscitation equipment should be appropriate for juveniles and young adults.
- 5.90 The dishwasher and waste disposal unit on Lapwing should be repaired immediately.
- 5.91 All clinical records, including those made by the dentist and the physiotherapist, should be recorded on the electronic medical information system.
- 5.92 Application forms should be readily available on all units, and young people should know where they should be posted.

Good practice

- 5.93 *The primary care facilities, funded by the King's Fund project, were an excellent example of an age-appropriate and functional primary care area.*

Section 6: Activities

Learning and skills and work activities – young adults

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

6.1 The strategic management of learning and skills was good and senior prison staff were focused on meeting individual needs. The day-to-day management of learning and skills for young adults was satisfactory. Since September 2009, there had been significant changes to the education and vocational training programme for young adults. There were sufficient activities, including purposeful work opportunities. Allocation to work was fair, and few young adults were waiting for jobs or education and training places. The pay structure was equitable, and young adults received higher pay for education and training than for working as orderlies or wing cleaners. The education curriculum was broad and relevant, and vocational training focused on meeting employment needs and offered progression routes to further education and training on release. Achievement and standards for young adults were good, and most achieved their learning aims. Practical teaching was good, but teaching in education sessions was inconsistent, and literacy and numeracy classes were often cancelled. The library was good and well managed, with reasonable access during the core day, but it was closed in the evenings and at weekends.

Leadership and management

- 6.2 The strategic leadership and management of learning and skills were good, and the prison senior management team set a clear vision for its future development. An effective strategy had been developed since the last inspection, and senior managers had successfully changed the structure of learning and skills to focus on meeting the individual learning needs of young adults. There were effective strategies to improve the provision, but it was too early to judge their effect on learners. There had been action to improve purposeful activity for all young adults, but participation rates in education were still low.
- 6.3 Day-to-day management of most education and vocational training areas was satisfactory. Some aspects of management of the education contract were insufficiently rigorous. Management information data was not analysed sufficiently to help managers make informed decisions, and was not used to monitor participation and achievement by different groups of young people. The establishment did not have access to the contractor data on learners. A quality assurance system was in place, but lesson observations did not fully identify some areas of inadequate teaching and learning. Records of observations were mainly detailed and evaluative, but did not focus sufficiently on learning and outcomes for young adults and their progress. Many skills for life lessons were cancelled, although there had been appropriate action to cover absenteeism.

- 6.4 The self-assessment process was good, and senior managers had a self-critical approach to improve the quality of provision. Relationships between the establishment and agencies delivering learning and skills were good and had recently adopted a more formal setting to implement the establishment's learning and skills improvement plans.
- 6.5 Accommodation and resources were generally good, and particularly good for vocational training. There was no classroom for catering national vocational qualification (NVQs) and theory sessions were held in the back of the mess area, which was inappropriate. Most learning areas contained good displays of young adults' work.
- 6.6 Tutors, instructors and young adults showed respect for each other, and standards of behaviour in practical learning sessions were good. However, management of behaviour in some education classes was poor.

Induction

- 6.7 New arrivals were given an initial evaluation of possible language needs during risk assessment interviews on the first day of their induction programme. These could result in referral to tutors in English for speakers of other languages (ESOL) for further diagnostic assessment and support.
- 6.8 Advisers from Prospects attended half-day induction sessions on day two to raise awareness of the careers, information and advice support (CIAS) services. Induction tutors carried out routine testing of young adults' literacy and numeracy skills using on-screen programmes, and provided information on education and training courses. However, induction arrangements did not include visits to the education department or the workshops. Brief initial individual interviews were used to complete learning summary sheets as part of the young adult's individual learning plan (ILP) and record short- and long-term learning targets. However, targets were not personalised and were too general to guide ILP development. Induction tutors carried out initial screening for dyslexia and ESOL, where appropriate.

Work

- 6.9 Most young adults were engaged in some form of useful and purposeful activity. Around 15% (60) were registered as unemployed and received unemployment pay – most were awaiting security clearance. Education was available part-time in formal classes, but some literacy and numeracy support was provided in the work areas by volunteer supported education (VSE) tutors. Some areas, such as gardening, the laundry and kitchens, provided employment with accredited qualifications. The recycling area was being relocated and developed to provide appropriate recognised qualifications. Additional work was available as orderlies and wing cleaners.
- 6.10 Allocation to activities was satisfactory. Due to the rapid turnover of young adults, there was no formal labour allocation board. Applications were forwarded to security and then to the allocations department. Two officers employed full time decided on allocation to activity. Educational needs were considered first. Waiting lists for activities were rare, and all requests had to pass through security and the labour allocation department. For example, recruitment for wing cleaners was no longer done on the units.
- 6.11 Rates of pay were equitable. Young adults received £1 a session for the majority of education, training or work. They received a bonus for accredited qualifications achieved and for working extra sessions. Wing cleaners and orderlies were paid at a lower rate.

Vocational training

- 6.12 There was a good range of accredited vocational courses aimed at entry level three and level one, and level two qualifications were available in catering. They were provided by Kensington and Chelsea College and the establishment. The provision was well planned and effectively managed. There were courses in brickwork, painting and decorating, motor vehicle work, gardening, a computer workshop and catering, as well as performing arts. Young adults and juveniles could attend vocational training courses in mixed classes. In most cases, those who could not achieve a full award were able to gain single unit awards. Accredited courses in industrial cleaning were not currently offered due to staff absences.
- 6.13 Teaching and learning and standards of work were generally good, and very good in practical sessions. There were good opportunities for the more advanced learners to practise high level skills in brickwork and painting and decorating. Work produced in art, by young adults and juveniles, had been recognised nationally and had featured in a prestigious 'Inside art' project run in partnership with the National Gallery.
- 6.14 Attendance in practical classes was satisfactory at between 70% and 90%. Few lessons were cancelled. Punctuality at lessons was good, and movement between lessons was managed well by residential staff. Achievements and standards were generally good in the light of short sentences for the majority. Those who stayed usually achieved their qualification.
- 6.15 Guidance and support were good. Learning support assistants (LSAs) and VSE tutors provided very good support to help learners develop their skills in vocational training sessions. Accommodation and resources were generally good. Resources for practical courses in construction, motor vehicle and performing arts were particularly good.

Education and the library

- 6.16 Achievement data did not provide a clear evaluation of outcomes for learners. Overall, however, learners able to complete their programmes achieved well. For example, around 70% of young adults sitting literacy, numeracy tests were successful. Learners achieved well in ESOL, information and communications technology (ICT) and art. The curriculum incorporated short modular courses to enable short-stay learners to gain qualifications. However, many young adults remained for insufficient time to achieve the target qualification.
- 6.17 Many young adults enjoyed learning, behaved well in class and showed respect for teachers and fellow learners. In the better lessons, learners worked diligently and displayed newly acquired skills. However, a minority of learners showed reluctance to learn, and in some cases their behaviour disrupted class activities. Many learners displayed more self-assurance through the gaining of skills. Their inter-personal skills were improved and they gained more positive attitudes to learning and work. Tutors in practical skills sessions ensured learners were aware of, and practised, high standards of health and safety.
- 6.18 Attendance at education sessions was low, typically only around 50%. Tutors were not routinely informed of attendees or absentees, and learners in teaching groups changed daily. Some young adults were taken out of learning sessions to attend appointments. The uncertainty about class size and membership made planning difficult for tutors, and affected some planned group activities.
- 6.19 The quality of teaching and learning was inconsistent and quality assurance arrangements to ensure sharing of good practice were not effective. In the better sessions, lessons were well

planned with clear aims and objectives and included a variety of interesting activities to engage the learners. These sessions were well managed – relations between tutors and learners were mutually respectful, and learners worked diligently at set tasks and demonstrated good skills and a desire to progress. We saw particularly good teaching and learning in ESOL classes. Poorer sessions were frequently disrupted by a few learners who did not wish to be in class. Tutors spent too much time dealing with challenging behaviour, and supporting learning became a secondary role at times. These lessons lacked a clear purpose and failed to inspire young adults to learn.

- 6.20 Provision to support the development of literacy and numeracy skills was generally adequate. However, outreach work through the education contract did not provide one-to-one support for all who needed it. For example, some skills for life support was provided in workshops and the healthcare unit, but there was no support for learners in the residential units, and there were insufficient support tutors to meet demand. Generally there was limited provision for additional learning support. However, the VSE scheme was effective in supplementing one-to-one literacy and numeracy support provided by education staff. The scheme was well managed and involved nearly 40 volunteer educational professionals, who currently supported 26 young adults.
- 6.21 Accommodation, equipment and materials for education supported learning well. Classrooms were bright with displays of learners' work, and the establishment has invested in computers and information learning technology. There was good use of interactive boards in lessons.
- 6.22 Overall provision met the needs and interests of learners, including programmes in literacy numeracy, ESOL, creative studies, fine art, catering, business studies, ICT, drama, stage design and music technology. Social and life skills provision was not fully developed, although citizenship, preparation for work and parenting programmes helped improve young adults' personal and social skills. Performing arts programmes were innovative, with the potential to engage hard-to-reach young adults in learning.
- 6.23 Most programmes were modular and of short duration to meet the needs of the short-stay young adults. Although this improved their chances of completing their programmes and achieving the target qualification, many left the establishment before they could do so.
- 6.24 Prospects provided careers, information and advice support (CIAS) services, with current staffing of two full-time and one part-time adviser. However, CIAS resources were insufficient to support the completion of interviews and reviews and meet contractual targets, especially for exit interviews. Only an estimated 10% of young adults received CIAS interviews while at Feltham. Follow-up interviews were difficult to complete as many of the young adults had left the establishment. The advisers also had no up-to-date information on the intended release and transfer of young adults, and time was wasted by arranged interviews not taking place.
- 6.25 Although CIAS advisers had insufficient time to develop effective partnerships within the establishment and with outside organisations and agencies, working relations with establishment colleagues were mutually supportive. Partnership working with the education department was being strengthened by the training of a CIAS adviser to provide 'soft skills' workshops in education. However, the location of the CIAS office in the juvenile side of the establishment isolated the service from young adults. Advisers had to complete all interviews with young adults in the residential units without the back up of support materials and resources.

- 6.26 Library services were provided by John Laing Integrated Services. The library was well organised and staffed with an experienced manager, two library assistants and two full-time orderlies. Although small for the prison population, it was a welcoming and attractive facility.
- 6.27 Opening times during the weekday were extensive, although the library did not open in the evenings or at the weekends. Timetabled sessions for visits were reserved for residential units, healthcare and for education groups, such as ESOL learners. Young adults received adequate information on library services as part of induction, although an introductory visit to the library was not included. Routine monitoring indicated that there were around 600 visits to the library a month. Weekly reports highlighted poor attendance from residential units, although the data did not cover use of the library by individual young people. The establishment's surveys indicated that less than half the population visited the library more than once a week. In our survey, 40% of young adult respondents said that they visited the library once a week; although this was better than the comparator of 30%, it was a fall from the 47% finding in 2007.
- 6.28 The book stock was 10,000 and annual loss was high at around 10-12%, although book loans were electronically logged. Stock included a comprehensive range of fiction and non-fiction, provided in over 25 languages, including a Black and Asian author section. The stock generally met the needs of young people following ESOL courses, and library staff were responsive to the needs of the users. There were also newspapers and magazines, some in foreign languages, audio books and 'quick read' publications to support young adults with low reading skills. Stock to support vocational learning was limited, but six networked computers provided access to information from a range of CD-ROMs. The use of eight Polaris computers providing careers information from a secure internet link was due to be discontinued. The library had a full complement of up-to-date legal books and Prison Service orders.
- 6.29 Library staff had completed basic skills training and worked well in partnership with VSE staff to provide additional learning support to young adults with low reading skills. The Big Boyz Talk project (similar to Storybook Dads) was particularly popular and successful in helping young adults maintain close relationships with family members. Library staff worked in close partnership with Feltham's writer-in-residence to organise poetry and writing workshops and in the production of the establishment magazine.

Recommendations

- 6.30 All young adults requiring learning and skills support should attend education and training classes, and attendance and participation in education and training sessions should be improved.
- 6.31 The quality of teaching and learning should be improved, and the behaviour of young adults in learning sessions should be managed better.
- 6.32 The establishment should make better use of initial screening information to ensure learners are allocated to programmes meeting their needs.
- 6.33 Recording on young adults' individual learning plans should be improved to include individual learning targets to guide learning plans.
- 6.34 The establishment should improve the collection and use of achievement data in education as part of its quality improvement strategies.
- 6.35 The establishment should introduce procedures to improve the attendance of learners.

- 6.36 The establishment should continue to develop social and life skills programmes, especially those that help to improve young adults' personal effectiveness by addressing negative attitudes and self-control.
- 6.37 There should be more resources to enable careers information and advice support to be available to all young adults who need it.
- 6.38 Access to the library should be available in the evenings and at weekends.

Learning and skills - juveniles

Inspection of the provision of education and educational standards, as well as vocational training in YOIs for juveniles, is undertaken by the Office for Standards in Education (Ofsted) working under the general direction of HM Inspectorate of Prisons. For information on how Ofsted inspects education and training see the Ofsted framework and handbook for inspection.

Expected outcomes:

Learning and skills are central to the regime of the establishment and all children and young people are engaged in good quality provision that meets their individual needs and enables them to achieve their full potential. Children and young people of statutory school age receive full-time education.

- 6.39 The strategic management of learning and skills was good and senior prison staff were focused on meeting individual needs. The day-to-day management of learning and skills for juveniles was good. There were sufficient activities places for all young people. The curriculum was broad and relevant, and achievement and standards for juveniles were good, with most young people achieving their learning aims. Practical teaching was good for all young people, and education sessions for juveniles were generally well planned and classes were rarely cancelled. The library was good and was managed well, with reasonable access during the core day, but it was closed in the evenings and at weekends.

Leadership and management

- 6.40 Leadership and management were good, and leaders and managers had set a clear vision for the development of education for juveniles. Managers had an effective self-critical approach to improving the quality of provision and, as a result, they had a very good understanding of what worked well and what more was needed to make further improvements.
- 6.41 There was a cycle of lesson observations, although teachers were observed formally only once a year, so it was unclear how an accurate picture of the quality of teaching was formed. Records of observations were mainly detailed and evaluative but some did not focus sufficiently on learning, progress and outcomes for juveniles. While most staff were well qualified, some lacked subject qualifications at appropriate levels.
- 6.42 The department ran smoothly on a day-to-day basis and communications were good. Few lessons were cancelled. Staff were involved fully in the production of the self-assessment report, which was mainly evaluative and largely accurate in identifying strengths and areas for improvement. Relationships between the establishment and the contractor were very good.

- 6.43 Accommodation and resources were generally good. Staff and juveniles used the interactive whiteboards well. Classrooms contained impressive displays of juveniles' work. There was little graffiti and rooms were clean and tidy and treated with respect by juveniles. The music room was inappropriate and the noise from it was disruptive on occasions. Movements between lessons were managed well by most residential staff, a few of whom became involved in supporting juveniles in lessons.

Education, training and library

- 6.44 Given the short length of stay at Feltham, achievements and standards were good. Effort was made to ensure all juveniles had an opportunity to gain some form of nationally recognised qualification, and 96% had left with a recognised accreditation in the previous year. Qualifications gained in literacy, numeracy and ICT were mainly substantial and meaningful awards that would be of value in the community and for further training or employment. Achievements in vocational subjects, such as painting and decorating, catering and brickwork, were also good. Of particular note were the opportunities for those who were following GCSE courses before their arrival in custody. In 2008/9, juveniles achieved 91 GCSEs, including a number of higher grades.
- 6.45 In the vocational workshops, where juveniles worked alongside young adults, juveniles gained valuable experience of work-related environments. Workshops paid good attention to the development of work skills, such as team working and following instructions. Standards of work were generally good.
- 6.46 Attendance at education was good. Juveniles were returned to the residential units only if behaviour was potentially violent. Punctuality at lessons was good. Juveniles' behaviour during the inspection was generally good, and in some instances very good. We heard very little swearing or inappropriate language, and saw no confrontational behaviour. In some lessons, they spent too long chatting and not concentrating on their work, which was not always tackled effectively by teachers.
- 6.47 Teaching and learning were satisfactory with some good features. Lessons were generally planned well with the needs of individuals taken into account. Individual coaching in the vocational workshops was very effective in enabling juveniles to make good progress. The most successful lessons focused strongly on learning and progress, and activities were designed with this in mind. Juveniles responded well to challenging tasks that they enjoyed doing, and completed them to a high standard. In some lessons, more could have been achieved by juveniles who were not always challenged sufficiently. Often these lessons lacked sufficient pace and sometimes relied on a single teaching strategy, for example, the completion of printed worksheets.
- 6.48 The tracking of individual progress in education was adequate. Every learner had an overall individual learning plan (ILP) and one for each individual subject. The quality and use of these varied. In most ILPs, targets were not specific and the overview document was not used effectively. ILPs were used effectively in some areas, for example, in catering where targets related closely to the course of study, and the ILP was used effectively to help tutors and juveniles reflect on and plan learning.
- 6.49 The curriculum met the needs of most juveniles and focused appropriately on helping them to develop their skills in literacy and numeracy, as well as their personal development. The delivery of literacy was imaginative, with skills developed through the completion of a range of interesting tasks. There was scope to develop the curriculum further, for example, with the

inclusion of humanities subjects, particularly to meet the needs of those under school leaving age.

- 6.50 There was a good range of vocational and academic courses. Vocational courses included painting and decorating, brickwork, motor vehicle maintenance and a computer workshop, as well as performing arts. Juveniles could also access accredited training in the mess kitchen, the establishment gardens, the laundry, the library, and the gymnasium.
- 6.51 Guidance and support were good. Juveniles said that they felt well supported in education and found teachers approachable and caring. Juveniles had a good induction to education soon after their arrival, including an appropriate assessment of their abilities in literacy and numeracy. Screening for dyslexia and other learning disabilities was also included where necessary. Good quality additional learning support was provided when needed. Juveniles accessed education in a timely manner in groups based on their ability and previous experience. There were no waiting lists for courses.
- 6.52 The Phoenix Room gave good support to those not yet ready to access the main education provision, due mainly to vulnerability. This provision successfully supported juveniles in the transition into the main education programme. There were good partnerships with mental health and education psychologists. The reflective learning provision was also very successful in helping juveniles to reflect on their behaviour and emotions and to work towards improvements in behaviour. Both of these good innovations were designed to cater for the more long-term needs of juveniles.
- 6.53 There was no facility in education where juveniles could go for a short 'cooling off' period. As a result, although the number was not high, more learners than was necessary returned to the residential units.
- 6.54 Juveniles whose first language was not English received good quality ESOL support and made good progress in their reading, writing and listening skills. Others who were unable to attend education received the daily support of a teacher and a learning support assistant wherever they were based.
- 6.55 There was good support and guidance for individuals in vocational workshops. Juveniles were aware of the progress they were making and what they needed to do to achieve further. In brickwork and in the mess kitchen, in particular, juveniles had very good support to help them achieve their potential.
- 6.56 Library services were provided by John Laing Integrated Services (see also paragraphs 6.26-29). The library was used well by juveniles, but there was no access to the library in the evenings or at weekends (see recommendation 6.38). There was a good selection of books to meet a range of reading levels, interests, first languages and backgrounds. Magazines and daily newspapers were available, including minority ethnic publications. The library organised a range of activities, including Big Boyz Talk, visiting authors and book clubs.
- 6.57 The number of library visits was monitored but not the individuals who did or did not attend. Although library staff were proactive and books were available on the residential wings and in education, there were no attempts to engage non-readers as library staff did not record this information.

Recommendations

- 6.58 The quality of teaching and learning should be raised to that of the best.
- 6.59 Attendance by education staff at training planning meetings should be improved.
- 6.60 The quality of individual learning plans should be improved to reflect the needs of individual young people.
- 6.61 The education curriculum should be improved to meet the needs of young people under school-leaving age.
- 6.62 There should be an area in education where juveniles can 'cool off' before returning to lessons.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.63 The physical education department provided resources for juveniles and young adults. It was very well managed and provision was excellent, with good access and appropriate recreational and accredited programmes. The gym had good links with a local special needs school. The PE department was involved in many establishment activities, such as family days and 'tackling drugs through sport'.
- 6.64 PE resources were very good and well promoted, and included two good-sized sports halls, fitness suites, outside football and rugby pitches, and a well-used climbing wall. The cardiovascular area was well resourced and maintained, with good access. The department focused on appropriate and inclusive activities. It was clean and tidy and managed well. The department sought and acted on young people's views.
- 6.65 Juveniles had a minimum of three hours PE a week, and recreational PE was available in the evenings and at weekends. Changes to voluntary participation in PE for those under school-leaving age meant that some of this group received less than the required three hours a week. Many young adults accessed only 1.5 hours a week. In our survey, only 41% of young adult respondents said that they went to the gym at least twice a week, which was below the comparator of 49% and a fall from the 59% recorded in 2007. The monitoring of the proportion of the population who accessed PE required further development.
- 6.66 There was a well-planned and inclusive programme of indoor and outdoor activities, which included team and individual sports and minor games. The establishment's teams competed in a local football league, and there were fixtures with visiting teams in rugby league, rugby union and cricket, which enabled young people to develop their competitive match skills as well as maintaining contact with the outside world.

- 6.67 Juveniles could work alongside young adults on the accredited PE course, which was popular and successful, and young people could gain valuable experience as gym orderlies. Young people eligible for release on temporary licence (ROTL) could work in a local sports centre. Children with learning disabilities from a local special school visited the gymnasium weekly for recreation and worked alongside young people. The department ran a range of other activities, such as family days and wellbeing days, as well as the 'Tackling drugs through sport' programme and a behaviour management through sport course. Links with healthcare were good and there was provision for young people with additional needs, such as mental health difficulties, as well as remedial PE.
- 6.68 Young people received clean gym kit and towel on each visit to the gym. Showers were of good quality and available to all, and separate shower cubicles offered appropriate privacy. Records of incidents were maintained.

Recommendations

- 6.69 The proportion of the population who access the gymnasium should be monitored more effectively.
- 6.70 All young adults should be able to access a minimum of two PE sessions a week.
- 6.71 Juveniles under school-leaving age should receive their entitlement to PE.

Time out of cell – young adults

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.72 Time out of cell was recorded accurately but was too restricted for unemployed young people. Access to association was reasonable, but evening association was not routinely available to all, and there were limited association activities. Opportunities for exercise were limited, and the condition of most yards was not acceptable.
- 6.73 The establishment recorded an average weekday time unlocked of 7.04 hours in the previous six months, which was an accurate reflection of the experience of young adults. In our survey, only 6% of young adult respondents said that they spent more than 10 hours out of their cell on a weekday, which was significantly worse than the comparator of 9%.
- 6.74 The core day was published on each unit and provided a maximum of nine hours out of cell for those employed or in education full time. Those working or in education part time typically had 5.5 hours unlocked, but this could rise to seven hours on some days for enhanced status young adults. Unemployed young adults (around 12% of the population) got as little as two hours, and the small number of unemployed young people on basic regime got just one hour. The average recorded time unlocked at weekends was 4.43 hours a day.
- 6.75 Association was available three times a day so that all young adults, except those on basic regime, got at least one session. A local agreement limited numbers on association to 28. As far as this limit permitted, enhanced status young adults were allowed out to more than one association session a day, but priority was given to ensuring that every eligible young adult got

at least one session of association daily. In our survey, 65% of young adult respondents said that they went on association more than five times a week, which was significantly better than the comparator of 44%.

- 6.76 There were 90-minute association periods in the morning, afternoon and evening, and association was rarely cancelled. However, unemployed young adults or those in part-time employment or education were not guaranteed any evening association. Staff and young adults told us that discretion was sometimes used if an individual requested association at a particular time to allow a telephone call.
- 6.77 Association areas on all residential units were spacious, and games available included pool, table tennis and table football. Most units also had a few books, but there were no cards or board games. We were told that officer-led focus groups had been developed to be held during association, but did not observe any taking place during the inspection.
- 6.78 Association areas were adequately supervised by two officers, but they had little interaction with young adults, other than responding to direct requests.
- 6.79 Exercise outside was offered every morning for 30 minutes but few went out on this. At the time of the inspection, the bad weather might have contributed to this, but some young adults told us it was too early and those at work or education in the morning could not participate. Exercise was cancelled during wet weather and there was no waterproof clothing on units to allow young adults to take exercise. If the weather improved during the day, exercise was offered in the afternoon.
- 6.80 Each unit had its own exercise yard, which was uninviting. The worst was on Swallow unit, which was small and barren but reasonably clean. There were tables with benches on some other yards, but the flower beds were untended and we saw uncollected rubbish on Nightingale and Raven units.

Recommendations

- 6.81 The daily time out of cell for unemployed young adults should be increased.
- 6.82 Young adults should be guaranteed a period of evening association at least twice a week.
- 6.83 Officer-led focus groups should be built into the regime to provide consistency.
- 6.84 There should be more than one exercise period a day so that it is available to all young adults.
- 6.85 Exercise yards in the young adult units should be large enough for the number of people using them and be furnished with adequate seating.
- 6.86 Waterproof clothing should be available on all units for young adults who wish to go out on exercise during bad weather.

Housekeeping point

- 6.87 Cards and board games should be available to young adults during association.

Time out of cell – juveniles

Expected outcomes:

All children and young people are actively enabled and encouraged to engage in out of cell activities, and they are offered a timetable of regular and varied events.

- 6.88 The average time out of cell for juveniles was recorded as 8.5 hours a day, but varied from unlock for most of the day for those on the Heron Unit to just one hour for those on basic status. Most juveniles had daily association, but few took exercise in the open air.
- 6.89 The juvenile core day allowed for a maximum of 10.75 hours a day out of cell. The time out of cell recorded was 8.5 hours a day, a reduction from the 10.5 hours reported at the last inspection. The current figure was more accurate and corresponded closely to what we estimated the average to be for most juveniles. The best provision was on Heron Unit, where juveniles were unlocked for most of the day. The worst experience was for juveniles on the basic level of the incentives and earned privileges scheme. They received only one hour out of their cell each day, and this was their only opportunity to take a shower or make a telephone call. Roll checks carried out at 11am and 3pm on a weekday during our inspection showed that approximately 10% of juveniles were locked up.
- 6.90 Association for juveniles was predictable and lasted between an hour and an hour and a half. Most were offered it every day. In our survey, 87% of juvenile respondents said they received association every day, which was significantly better than the comparator of 51%.
- 6.91 The atmosphere on the juvenile wings during association was lively and friendly. Staff were often actively involved with juveniles in recreational activities, and juveniles had orderly and controlled access to showers and telephones.
- 6.92 Exercise yards on Feltham A had been renovated since the previous inspection. Exercise in the fresh air was scheduled daily and normally lasted half an hour. However, in our survey only 17% of juvenile respondents said they took exercise daily, against the comparator of 32%. Outdoor clothing to enable juveniles to take exercise in bad weather was not available.
- 6.93 Part of the juvenile core day consisted of a 10-hour generic life skills programme spread out over five days. This course had been developed by one of the officers and had been accredited by the National Open College Network. Up to six juveniles at a time on each wing participated in these groups, and we observed several purposeful groups taking place in the evening, with the participants actively engaged.

Recommendations

- 6.94 Juveniles on the basic level of the incentives and earned privileges scheme should receive adequate time out of their cell.
- 6.95 The opportunity to take outside exercise should be promoted more actively and where appropriate, juveniles should be given the option of using outdoor clothing.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 The security department was intelligence driven, with effective systems to process and analyse information. The flow of information into the department was good, and the large number of security information reports was processed efficiently and promptly by trained analysts. The security committee was properly constructed, with appropriate internal and external representation. Meetings were well attended, given a high profile and had particularly effective links to the violence reduction committee. There were also good links with the local police, particularly on operations to deal with gang-related issues and violent incidents.

Security

- 7.2 The security committee was properly constructed and attended by representatives from appropriate departments and external agencies. These included the police intelligence officers, prison managers and staff from all areas in the establishment. Meetings were held monthly and were chaired by the deputy governor, and were generally well attended. The standing agenda was comprehensive and included security reports from all residential areas. An analysis of security information reports (SIRs) was presented by the security manager. The committee was particularly focused on safer custody issues. Representatives from the violence reduction and drug strategy committee attended all meetings. Security objectives were agreed through the appropriate consideration of intelligence, and progress was monitored and recorded. There was a quarterly meeting with local police to identify and plan appropriate cooperative action.
- 7.3 The security department was effectively managed by a principal officer responsible to an operational governor and, overall, to the head of safety. There were effective systems to process information and use intelligence to inform risk assessments. The large number of SIRs (over 200 a month) were processed and categorised by two nominated security collators. Information was communicated to all staff through monthly bulletins and published security assessments.
- 7.4 Feltham had built good links with the local police, particularly on operations to deal with gang-related issues and violent crime within the establishment. Three police intelligence officers had been appointed to collate intelligence on violence, gangs and radicalisation. They provided good information about incoming young people to help inform and develop strategies.
- 7.5 Routine cell searches were conducted by staff on the residential units. The establishment reached its targets for searching all cells every quarter and all areas monthly. A list of cells for searching was sent out to residential managers, and progress against targets monitored by the security department and reported to the security committee.

- 7.6 The establishment operated a modified free-flow system to allow supervised movement during the beginning and end of planned regime activities. Young people's movement was effectively controlled by officers at strategic points along the route to work and education classes. Supervision was unobtrusive and allowed young people to walk freely within limited areas.

Rules

- 7.7 Prison service and local rules were published and displayed on notice boards on all residential units. Young people were required to sign compacts that acknowledged their receipt and understanding of the published rules.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 7.8 The number of formal adjudications was relatively high, and too many proven charges resulted in removal from unit, particularly for juveniles. Hearings were conducted fairly and charges were fully investigated, but some minor infringements of rules or childish behaviour could have been dealt with less formally. The use of force was high, although more than half of incidents did not involve full control and restraint, and we were not assured that de-escalation was always prioritised, particularly for non-compliance. The use of force on juveniles was disproportionate compared with young adults, and overused to secure compliance from both groups. Use of special accommodation was high and documents often did not show that authorisation was properly given or that use was justified. The number of young people segregated was too high, although their average length of stay was short. Many cells on the unit were dirty, and the safer cells were particularly poor. The unit had a reasonable regime, and relationships between staff and young people were good.

Disciplinary procedures

- 7.9 The number of formal governor's adjudications was high at about 200 a month. This was marginally higher than at our last inspection, with an even representation of young adults and juveniles.
- 7.10 The adjudication room was in the segregation unit. It was a good size, had adequate natural light, and was furnished with a desk for the adjudicating governor and comfortable chairs for staff and the young person. The governor's adjudication hearings we observed were well conducted. Young people were put at ease and referred to by their first name. The adjudicator also took time to ensure that the individual understood the process at each stage, and all were offered the opportunity to seek legal advice. Juveniles were given the opportunity to seek help from an advocacy service (Voice).
- 7.11 The records of adjudications we examined showed that hearings were generally conducted fairly and charges were fully investigated. However, some charges were due to minor infringements of rules or childish behaviour that could have been dealt with through less formal procedures.

- 7.12 A high proportion of proven offences resulted in removal from unit or cellular confinement as punishment. In the previous six months, 276 young people had been segregated following adjudication. A disproportionate number of juveniles had been segregated solely for punishment (150 compared to 126 young adults), and the time awarded averaged about seven days. Most of these were due to proven charges of fights or assaults of minor severity. The relatively few more serious cases were referred to an independent adjudicator or to the police.
- 7.13 Monthly statistics on the number and nature of adjudications were presented to the senior management team. Results of proven offences were noted, categorised and communicated to adjudicators to identify trends and deal with particular problem areas as they arose.
- 7.14 Adjudication standardisation meetings, chaired by the governor, took place quarterly and were well attended by adjudicating governors. The minutes showed good standards of discussion. Punishment tariffs had been published and were used consistently at formal hearings.

The use of force

- 7.15 The number of incidents necessitating the use of force was high. In 2009, force had been used on 1,292 occasions, and there had been 93 incidents in January 2010 to the time of inspection. About 60% of incidents did not involve the use of full control and restraint techniques. Although this number was comparable to that recorded in 2008, it was a dramatic increase – by over 30 incidents a month – from the rate we found at our inspection in 2007.
- 7.16 Although force was predominately used to deal with fights and assaults (about 70% of all incidents), the number of occasions when force was used to gain compliance to prison rules or staff orders was too high, at 253 in 2009. Incidents involving the use of force on juveniles, at 724, were disproportionate to those involving young adults, at 568 during the same period.
- 7.17 There were rigorous monitoring arrangements with strong links to violence reduction, the security committee and the senior management team. Incidents were discussed at the monthly security committee and violence reduction committee meetings. Information, including the nature of the incident, its location, the ethnicity and age of the young person, was collated each month and presented for analysis. The minutes we examined showed good standards of debate on relevant issues. Trends were identified and appropriate action was taken. The high rate of incidents had been noted, particularly those to do with fights assaults and non-compliance. We were told that this information was being used to inform the establishment's overarching violence reduction strategy (see paragraph 3.2).
- 7.18 Despite these good governance and monitoring arrangements, the standard of use of force paperwork was mixed and did not give assurance that force was always used as an appropriate response. Planned interventions were well organised, documentation was completed correctly, proper authority was recorded and all incidents were appropriately supervised by senior staff. However, some accounts from officers relating to spontaneous incidents did not show that de-escalation was used as a first response, particularly where young people had failed to comply with staff orders.
- 7.19 The use of special accommodation was too high at 51 times in 2009. It had been used twice already in the first half of January 2010. The average time that young people had spent there was about 45 minutes.

- 7.20 The authorisation forms we examined did not give assurance that authorisation was properly given in most cases, and some written accounts from officers did not verify that use of special accommodation was justified at all

Segregation unit

- 7.21 The segregation unit (Ibis) was on the young adult side of the establishment (Feltham B). Accommodation consisted of 18 ordinary cells, two safer cells and two special cells. There was also a shower, staff office, adjudication room and a kitchen servery. The unit was used for both young adults and juveniles.
- 7.22 The environment was reasonably maintained and, on the whole, communal corridors were clean and adequately decorated. Up-to-date information was displayed on notice boards and showers were working. Although we found cells that were clean and adequately furnished, too many were dirty with broken flooring, filthy toilets and graffiti on walls, which had recently been painted. Conditions in the safer cells were particularly poor. They were generally dirty, poorly ventilated and had offensive graffiti scratched into the plastic windows.
- 7.23 A published policy document set out the rules, purpose and managerial arrangements of the unit alongside the general principles and protocols for segregation. There were copies in the unit office – staff we spoke with were clearly aware of their content.
- 7.24 As at the last inspection, separate documents were issued to young people as they were admitted on to the unit, explaining procedures, protocols and rules, including removal from unit as punishment, segregation for good order or discipline, and segregation awaiting adjudication.
- 7.25 A published regime programme included daily showers, exercise and access to telephones. Young people could continue to attend communal education activities following assessments of risk. Education staff visited every day to ensure that all young people on the unit were occupied with in-cell education work.
- 7.26 The use of segregation was high – 142 young adults and 186 juveniles had been segregated in the previous six months. About 70% of these were cellular confinement (for young adults) or removal from unit (for juveniles) as punishment following formal adjudications (also see paragraph 7.12). The remaining 30% were segregated for good order or discipline. The number of young people using the segregation as a place of safety was very low – only four young people had requested segregation for their own protection in 2009, three of whom were the subject of a high profile sex offence case.
- 7.27 Governance and management arrangements for segregation were reasonable. The unit was administered on a day-to-day basis by one of two nominated senior officers supported by trained officers, who reported to the head of juveniles and his deputy. There were daily visits by the head and deputy head of juveniles, who ensured that the segregation of young people was properly monitored through regular case conferences and reviews.
- 7.28 Staff interviewed all newly arriving young people in private to identify any immediate needs. They were searched thoroughly and respectfully and only strip searched following an assessment of risk, authorised by the senior officer in charge. The strip searching of juveniles had to be authorised by a governor grade.
- 7.29 Relationships between staff and young people were very good. Officers dealt with young people respectfully, using high levels of age-specific care, and were clearly comfortable when

dealing with them. Entries in unit files were better than we usually see and showed that levels of engagement were of a high quality and that officers had an in-depth knowledge of individuals' personal circumstances. There was extensive use of preferred names and titles, and all residents we spoke to said that staff were kind to them.

- 7.30 Planning systems to return segregated young people to normal location had continued to develop since the last inspection. Weekly reviews of all cases were completed on time, and there was evidence that changes to behaviour and circumstances, due to the achievement of targets in individual plans, were monitored and acted upon. Over 70% of young people (juveniles and young adults) segregated as punishment had earned remission of at least two days. Over 95% of juveniles had their initial period of segregation remitted by at least a day. Overall, the average time that young people remained in segregation was about four days.

Recommendations

- 7.31 **Minor infringements of prison rules and childish behaviour should be dealt with using less formal procedures.**
- 7.32 Segregation should not be used solely for punishment for juveniles.
- 7.33 There should be a strategy to reduce incidents where use of force is required.
- 7.34 The number of young people segregated should be reduced.
- 7.35 All segregation cells should be clean, well ventilated, and free from graffiti.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.36 The incentives and earned privileges scheme was well managed and fair, and staff and young people were generally clear about the criteria. A facilities list showed an adequate difference between levels to encourage responsible behaviour. Level reviews generally took place but there was some inconsistency in practice. The basic regime enabled full access to purposeful activity and weekly visits, but access to telephones was restricted to the daytime.

- 7.37 An incentives and earned privileges (IEP) policy document had been reviewed and published in 2009. It was written in simple language and clearly set out the aims and purpose of the strategy, its operational focus, and the key privileges that young people could earn. The scheme was fully explained to young people and was well publicised on the residential units. Copies of the document were available to young people during their induction and were found in all the residential units. All young people had signed compacts.

- 7.38 The scheme was based on three levels, standard, enhanced and basic, which corresponded with a published set of privileges. New arrivals were generally placed on the standard level. A list of items (facilities list) determining the privileges available at each level was published and

staff and young people knew its content. The list was inclusive and offered a range of items that showed sufficient difference between the levels to encourage positive behaviour.

- 7.39 At the time of inspection, 3% of young people were on basic level, 82% on standard and 15% on enhanced. Movement through the levels was determined at reviews based on patterns of behaviour reported in wing files. Reviews were held regularly, usually following an application from the young person requesting promotion or triggered by three behavioural warnings. They were conducted by the residential senior officer and attended by wing staff. The young person rarely attended.
- 7.40 The basic regime provided some support to young people, who had full access to purposeful activity and weekly visits. However, they could not attend association, and access to telephones was restricted to the afternoon. There were weekly reviews for those on basic regime, which were conducted reasonably, but young people could not always attend.
- 7.41 There were no links between the IEP scheme and sentence planning processes, and there was little involvement from offender supervisors or personal officers.

Recommendations

- 7.42 Young people on basic regime should be allowed periods of association and access to telephones in the evening.
- 7.43 All young people should be able to attend their incentives and earned privileges (IEP) level reviews.
- 7.44 There should be formal links between IEP processes and sentence planning.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 The food was of an adequate standard and sufficient quantity, but unappetising. Juveniles were offered a slightly wider range of meals than young adults. Juveniles could still dine out, on a limited basis, but young adults could not.
- 8.2 One kitchen, which was clean and adequately equipped, served both parts of the establishment and provided the same meals for juveniles and young adults. The kitchen was run by two prison managers and there were eight catering assistants. A few young adults and juveniles worked together helping to prepare meals, and two young adults were undertaking national vocational qualifications in catering. Everyone working in the kitchen had received basic food hygiene training. Some staff had also taken specialist courses in nutrition, which helped them to plan balanced healthy meals.
- 8.3 Staff worked hard to ensure that all young people were given the opportunity to eat five items of fruit and vegetables every day. Salt was not added, and no food was fried. Staff from the local PCT had recently examined the nutritional content of meals and their findings compared well with provision in community-based settings. Posters promoting healthy eating were displayed throughout the establishment.
- 8.4 Young people who required special diets were assessed by the doctor. During the inspection, two individuals were on gluten-free diets, and two young people with mental health difficulties and suffering from anxiety were being given sealed meals. Kitchen staff had close links with the PE department, and some young people with special health needs took part in particular PE sessions combined with a special diet.
- 8.5 There was a four-week menu cycle with a reasonable selection of ethnic, vegetarian and cultural dishes. Breakfast packs were issued on the morning when they were consumed, with a cooked breakfast served at the weekend. Lunch consisted of a baguette, fruit juice and crisps, and there was a substantial hot meal for dinner. The Youth Justice Board provided additional funding for juveniles' food, which enabled staff to provide them with a drink and a snack in the evening. Juveniles could also help themselves to fruit from bowls on the wings.
- 8.6 Meals were transported to the wings on heated trolleys. Lunch was normally served around midday and the evening meal at around 5pm, although on some wings the meals were served too early. There were 22 serveries across the establishment. Most of those on the juvenile units were clean and tidy, but the standard of cleanliness was mixed on the young adult units. While some were immaculate, others were untidy, with dirty utensils and unused food left uncovered. Staff were always present when food was served, and they supervised these areas adequately. Halal products were stored and served separately, both in the kitchen and on the serveries.

- 8.7 Dining out had ceased on the young adult units. It still took place on the juvenile units, but not consistently – we estimated that it occurred once a day on 50% of the wings.
- 8.8 During the inspection, we received relatively few comments from young people about the food. However, in our survey, only 14% of young adult respondents, against the comparator of 27%, said that the food was good – falling to only 11% of black and minority ethnic respondents against 19% of white respondents – and the proportion of juveniles who said that the food was good had fallen to 18% from 27% in 2008.
- 8.9 The quality of consultation with young people was mixed, and more work was needed to take account of their views. There were no food comment books on the wings, but there were regular focus groups to discuss catering. An internal food survey in 2009 had brought returns of less than 10%. It found that young people wanted larger portions and more choice. In response, staff had weighed standard meal portions to demonstrate that the servings provided sufficient calorific content.

Recommendations

- 8.10 Lunch should not be served before noon and dinner not before 5pm.
- 8.11 All wing serveries should be kept clean.
- 8.12 All young people should have the opportunity to dine out.
- 8.13 The food consultation arrangements should be strengthened.

Good practice

- 8.14 *The provision of fresh fruit in bowls on the juvenile units was an effective way of introducing healthy items into their diet.*

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 8.15 New shop/canteen arrangements had been introduced since the previous inspection and applied to both juveniles and young adults. A wider selection of goods was available and prices were reasonable, but some new arrivals now had to wait longer to receive their first order. Consultation about the shop needed improvement.
- 8.16 In line with changes across the estate, the shop service, which had previously been run internally, was now provided by an external supplier. This had resulted in a wider range of goods being available, including fresh fruit and healthy snacks. There were sufficient toiletries for young people from different ethnic backgrounds, and religious artefacts were available. There was a wide range of greetings, cards and newspapers and magazines, and young people could order items from a catalogue. Most goods were fairly priced and were in line with

charges in small supermarkets. Items in glass jars and tins were prohibited on security grounds.

- 8.17 Young people were given order forms and a shop list during the week, to be collected on a Wednesdays. Orders were delivered to Feltham on Saturdays and distributed the same day by officers. Officers took care to ensure that bullying was kept to a minimum during this process, and delivered orders individually to young people at their cell door. All young people received a receipt as well as a running total of the money in their account. We were told that mistakes were seldom made because the contents of all orders were double checked before they left the contractor's store.
- 8.18 Some new arrivals were disadvantaged by the new system. Depending on when they arrived, they could wait up to eight days to receive their first order. The old internally managed system had been more responsive as orders could be made up more quickly.
- 8.19 The new centralised arrangements were generally efficient. We received few complaints from young people about the way the new system worked – and, unusually, a few positive comments about it. In our survey, juveniles and young adults both responded positively on the range of products available.
- 8.20 The shop consultation arrangements were not clear. There had been some focus groups and a survey, but there were no records to demonstrate how feedback had been used. We were told that the product list was due to be reviewed quarterly, but this had not taken place so far.

Recommendations

- 8.21 All new arrivals should be able to buy items from the establishment shop within their first 24 hours.
- 8.22 Young people should be formally consulted on the items available on the shop list and their views should be taken into account.
- 8.23 The method of reviewing the range of shop items available should be made explicit and the procedure followed.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 A reducing reoffending strategy had been developed but was limited, as it was not based on information about young people's needs. A committee had been established and met regularly. The Heron Unit for juveniles was a promising initiative, which had recently opened. Links with the local probation area were underdeveloped in terms of joint training and development for staff. There were links with the voluntary and community sector, and representatives regularly met the interventions and services manager.
- 9.2 A reducing reoffending strategy covering both sites had recently been published. This document was based on the seven reducing reoffending pathways but did not include any needs or trend analysis. There were no separate action plans for each of the pathways, although priority areas had been identified that were largely based on key performance targets rather than targeted improvements. The strategy did not reflect the developmental work with external agencies to set up the Heron Unit (see paragraph 9. 4).
- 9.3 The reducing reoffending committee was meant to meet bimonthly, but had only met in May, September and November 2009. Meetings were well attended by designated pathway leads, but discussions tended to report on progress rather than provide a strategic overview. There had been some needs analysis work on substance misuse and education.
- 9.4 The Heron Unit, which accommodated up to 30 juveniles assessed as motivated to engage in an enhanced resettlement programme, had been established with funding from the Youth Justice Board (YJB), London Criminal Justice Board, London Development Agency and the Greater London Authority and was in its early stages. The unit intended to enhance the resettlement opportunities for juveniles from designated London boroughs. It had only been operating for a short term so it was too early to assess its effectiveness. The unit had good engagement with the voluntary and community sector, and some innovative projects were due.
- 9.5 There was no probation contract in place and links with the London Probation area were underdeveloped, especially in generating opportunities for joint training and development of offender supervisors.
- 9.6 Feltham had several contracted services with the voluntary and community sector, including St Mungo's (providing services for the homeless) and the counselling, assessment, referral, advice and throughcare service (CARATs) provision. Representatives from the voluntary and community sector had started meeting with the interventions and services manager regularly after a significant gap, and meetings had taken place in July, September and December 2009. Attendance levels were high and the voluntary and community sector group contributed effectively within this forum. However, many voluntary organisations' work had been discontinued since the previous inspection, such as the highly rated Trailblazers mentoring service.

Recommendations

- 9.7 The reducing reoffending strategy should reflect the evidenced needs of the population, and make reference to the aims of the Heron Unit.
- 9.8 There should be individual action plans for each resettlement pathway.
- 9.9 The reducing reoffending committee should meet as described in the terms of reference.
- 9.10 The offender management unit should establish stronger working links with the London Probation Area to facilitate routine offender management processes and support the professional development of offender supervisors.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 9.11 The offender management unit (OMU) provided a service to all sentenced and remand young people. It was well resourced and caseloads were reasonable. Only a few young adults were in scope for offender management and these cases were generally managed well. Offender supervisors completed London initial screening and referral assessments for all cases, which formed the basis of custody plans for those on remand, but there was no integration of assessments for those who required OASys assessments. All juveniles had training or remand plans, reviews were timely and targets individualised and updated, but planning meetings were not sufficiently multidisciplinary and there was little attendance by families. Governance arrangements for public protection lay outside the OMU, and the fortnightly public protection meetings had a low profile and were not well attended. Offender supervisors required more training and support in the management of high risk cases. Arrangements for indeterminate-sentenced young people were appropriate, and they were usually moved on quickly after sentence, but there was no specific support for those sentenced to life sentences.

Sentence planning and offender management

- 9.12 An offender management policy had been published in 2009 and covered all key areas.
- 9.13 There was one offender management unit (OMU) covering the whole establishment. Offender supervisors were divided into teams who worked with juveniles or young adults, and all were employed directly by the establishment. There were 12 designated posts for offender supervisors to manage the young adult population although there were several vacancies. Caseloads averaged 45-50 cases.
- 9.14 All young adults were allocated an offender supervisor on arrival, regardless of whether they were sentenced or on remand. Custody plans were drawn up after completion of the London initial screening and referral (LISAR) assessment tool. This provided a brief assessment of

need across the seven pathways and prompted referrals to other functions after completion. Although many young adults did not remain at Feltham for a long period, plans were reviewed after four months when required. All juveniles had training or remand plans (see paragraphs 9.22-23).

- 9.15 Few young adults were in scope for offender management – currently, three were in scope for phase 2 and 10 for phase 3. We jointly inspected the arrangements for offender management with the probation inspectorate. We inspected 15 cases, including some in and some out of scope for offender management. We found that all in-scope cases had been allocated within required timescales. There was no discernable difference in the quality of offender assessment system (OASys) assessments or of sentence planning between in and out-of-scope cases, except that there was a greater degree of analysis in the in-scope cases. Case files were tidy and well organised. OMU files also contained a handwritten log of all OMU activity relating to the case, including correspondence and telephone calls as well as meetings with the offender. However, pending the arrival of P-NOMIS (the Prison Service IT system), there was no electronic contact log to record work with cases to which all staff had access.
- 9.16 We had some concerns that prolific or priority offender (PPO) cases were not being identified appropriately, and those that were known were not receiving higher levels of contact or being relocated close to home in the last three months of their sentence. Staff told us that sentence planning processes were not given a sufficiently high profile, and meetings were poorly attended and often took place in workshops or in corridors. We noted a lack of participation from education and healthcare staff. Additionally, young adults did not contribute effectively to the development of sentence plans, and there had been insufficient attention to the methods most likely to be effective with them. Offender supervisors were active in engaging offender managers in the community and often directed the work undertaken with young adults in the absence of offender manager engagement.
- 9.17 The majority of sentence plans completed were appropriate and informed by relevant assessments. They included objectives to address the likelihood of reoffending and were shared with other workers. However, seven cases did not contain specific and measurable outcome-focused objectives within a specific timescale, and three did not set out a logical sequencing of objectives and activities. In nine cases, the plans did not describe the planned levels of contact, and seven did not define the roles and responsibilities for all those involved with the case.
- 9.18 In the OMI prisoner survey (see Appendix), 89% of sentenced respondents said that they had no sentence plan, but most who did have a plan said they had felt involved in the process and were aware of plans to achieve targets through moving to another prison. However, fewer than half of the sentenced respondents considered that any staff at Feltham had helped them to address their offending behaviour.
- 9.19 There was evidence in the wing files of individual learning plans and some assessment of learning needs and diversity issues. However, in nine of the cases inspected, there was no evidence recorded on the OMU file or in OASys of any structured assessment of potential diversity issues, such as learning needs, learning styles, or of discriminatory and disadvantaging factors or any other individual needs. There was no evidence that all cases had received a basic skills screening (and assessment if needed) or were known to have had one in the past. This reflected generally poor links between the OMU and education and health work in the establishment. Only one case inspected had a copy of the individual learning plan in the OMU file. In two cases, a risk of suicide or other vulnerability had been identified, and in both of them actions to address these were included in the sentence plan.

- 9.20 Most of the young adults whose cases we inspected had only been at Feltham for a few months, and there had been no time for longer planned interventions to have been delivered in two-thirds of them. In a similar proportion, the interventions planned included an accredited programme, which in most cases had yet to be delivered. The majority were likely to be transferred elsewhere for this to happen, but this was not used as a reason to do nothing. In some cases, short-term non-accredited interventions and employment, training and education work were delivered at Feltham before transfer out. However, a consequence of this was that, in most cases, only some or no progress had been made in achieving sentence plan objectives.
- 9.21 The level of contact between offender managers and young adults met the national standard in six of the seven in-scope cases, but in only four in-scope cases did the offender manager facilitate or promote the achievement of sentence plan objectives. There was little evidence from the case records that offender managers had taken an active lead in the management of cases. Many in-scope cases were not managed according to the offender management model, insofar as there was no evidence of initial communication from the offender manager to the young adult to introduce themselves or to seek to engage them in the sentence planning process, or to support any contact from the offender supervisor.
- 9.22 Training planning meetings took place on the juvenile units and we observed two very effective meetings chaired by offender supervisors. Meetings took place within agreed timescales. Training plan targets generally reflected individual needs, and we saw some good examples that were followed up in review meetings. Targets were set by different disciplines, such as personal officers, mental health team, YPSMS and offender supervisors, and were not always conducted properly. Juveniles were not always clear that the offender supervisor was responsible for developing and supervising their training plan. This could have accounted for the low rate of juvenile respondents to our survey – only 18% against the comparator of 47% – who understood that they had a training or remand plan.
- 9.23 The training planning system was weak in multidisciplinary work. Not many review meetings had sufficiently broad representation, and personal officer attendance was rare. Teachers no longer attended planning meetings and did not offer reports, and family attendance was also poor, though we saw evidence in some training planning documentation that families were engaged in the overall care of the juvenile.
- 9.24 The OMU managed home detention curfew (HDC), release on temporary licence (ROTL) and end of custody licence (ECL). In the previous six months, there had been 29 applications for ROTL, of which 20 had been granted. Most of the requests were from juveniles on the Heron Unit, but some young adults had been granted ROTL for college and work interviews. This reflected a more positive approach than was evident at the previous inspection. There had been 54 applications for ECL in the previous six months, and 12 applications had been approved, and most of these in a timely way. Only two young adults had been released on HDC in 2009.
- 9.25 Few young people were directly discharged from Feltham. Where there were planned discharges, offender supervisors saw young people the week before release to confirm discharge arrangements, such as accommodation and referral to other agencies for assistance. Offender supervisors also attended post-release meetings in the community. Attendance at these meetings was a priority for juveniles on Heron Unit.

Categorisation

- 9.26 Responsibility for observation, classification and allocation (OCA) had recently transferred from the OMU to the custody administration department, where four posts were allocated to OCA. There had been 2,182 transfers in 2009, averaging 40 moves a week. Although sentenced young adults were the prime targets for transfer, there had been many examples where those awaiting trial had also been transferred to fulfil population management unit requirements. Those who refused to transfer were subject to a refuser's protocol, which attempted to elicit the reasons behind the refusal, including contacting the prison in question. The ultimate sanction included removal to the segregation unit and being managed through the adjudication procedure. The main prisons to which young adults were transferred were Glen Parva, Rochester, Highdown, Portland, Aylesbury and Swinfen Hall. Most transfers were driven by population pressures, and offender supervisors negotiated directly with other establishments to effect moves to fulfil sentence planning targets.
- 9.27 In the previous year, six young adults had been transferred to open conditions and a further three cases were being assessed. Offender supervisors triggered the review for consideration to a move to open conditions.
- 9.28 Juveniles on detention and training orders (DTOs) who turned 18 stayed on in the juvenile side of Feltham, unless there were behaviour problems, in which case they were transferred to the adult site.
- 9.29 An informal holds arrangement was in place and included two Listeners and six young people on medical hold. Allocation to other establishments took no consideration of the young person's proximity to home.

Public protection

- 9.30 A public protection policy had been published in 2009 and was reasonably comprehensive about staff roles and responsibilities. A multi-agency public protection arrangements (MAPPA) protocol and a child protection policy had also been published in 2009. Some elements of public protection were managed by the safeguarding manager, including identification and telephone and mail monitoring, while others were managed within the OMU. A public protection strategy group met quarterly and there was a fortnightly operational public protection meeting. The latter appeared to have a low profile and meetings were poorly attended, especially by the security department. Notes of the meetings were not thorough, and it was not clear to whom actions were ascribed and if they were completed. Offender supervisors were not invited to the fortnightly meetings, even if their cases were being discussed. Notes of public protection meetings were not made available to community-based offender managers when their cases were reviewed.
- 9.31 Not all offender supervisors said that they received training in risk of harm or working with those convicted of sexual offending, and there did not appear to be a training plan for the OMU. Arrangements for telephone and mail monitoring were good, and there were facilities to ensure that calls in foreign languages could be monitored effectively.
- 9.32 Young adults who posed a risk of harm to others were clearly identified in OASys, and in our sample, four were recorded as being at high risk of serious harm to others, while a further eight were medium risk. There was no record on contact logs or in the case files to indicate the

active involvement of a manager in cases that were high risk if self-harm (RoSH) or where there were child safeguarding concerns.

- 9.33 A RoSH screening had not been completed in three cases, but all except one of the 12 that had been completed had been done on time and were accurate. A full RoSH analysis was required in all cases inspected, and had been completed in 12 of them. Eleven had been completed on time but only eight were of sufficient quality. There was no difference between in- and out-of-scope cases in this regard. Many lacked sufficient analysis of the factors that contributed to any continuing risks.
- 9.34 While the classification of risk presented in custody and in the community were indicated, many assessments did not provide a detailed analysis of the differential level of risk presented according to the young person's location. However, the specific risks posed by some cases to other young people while in custody were considered. At least two-thirds of cases drew sufficiently on available sources of information and took previous relevant behaviour into account.
- 9.35 In all cases the risk of harm issues had been communicated to all staff involved in the case, and drew on all available sources of information. A risk management plan was completed in 12 cases. While all but one was completed on time and used the correct format, only six were sufficiently comprehensive, and only seven described how the objectives in the sentence plan would address risk of harm issues. The risk management plans in out-of-scope cases (prepared by offender supervisors) did not sufficiently link and prioritise the risk factors identified in the assessment to the activities to manage them. However, the quality of risk management plans was generally better in the in-scope cases.
- 9.36 Because most of the cases inspected had only been at the establishment a few months, we were unlikely to have seen contributions to MAPPA meetings or copies of MAPPA minutes on file, and these were not evident in any cases seen. However, in all relevant cases, copies of the MAPPA referral/notification paperwork were on file. Minutes from the establishment's public protection meetings were held electronically by the security department. They were available to the OMU but not copied to them, and offender supervisors said they would not be personally alerted to any relevant actions arising from them. There was no evidence on the case files of any ongoing management involvement in risk of harm assessments and planning.

Indeterminate-sentenced prisoners

- 9.37 A lifer committee met monthly and discussed the life-sentenced population, relevant security information and transfers. There were seven young adults sentenced to mandatory life sentences at the time of the inspection, a further 23 on trial or remand, and eight remanded for offences that could attract a discretionary life sentence. There were only four juvenile lifer cases and 13 juveniles on trial for alleged murder, which was a significant reduction.
- 9.38 Potential young adult lifers were interviewed separately to explain the implications of a life sentence, and were seen monthly by an offender supervisor. They were given an explanatory leaflet outlining the key elements of a life sentence. It was not uncommon for potential lifers to remain at Feltham for up to two years before sentence, and offender supervisors had regular contact with these young people. Lifers were dispersed throughout the population and were supervised by offender supervisors who had received lifer training. Ten staff had attended the managing indeterminate sentences and risk (MISAR) training and a further two were due to attend this.

- 9.39 A lifer manager coordinated all relevant activities, including onward transfers. It was reportedly difficult to get key individuals to attend multi-agency lifer risk assessment panel (MALRAP) meetings, and probation representatives had attended only three of the last 34 meetings. Following MALRAP meetings, young adult lifers were usually moved on to appropriate establishments within eight weeks. Offender supervisors took the lead in organising transfers and liaised effectively with OCA. Out of seven young adults awaiting moves, only one had been waiting for more than four months.
- 9.40 There was a dedicated lifer offender supervisor and life sentence planning for juveniles. There were good links with HMPs Aylesbury and Swinfen Hall for moving on lifers when they turned 18, and younger lifers were referred to the specialist Carlford Unit. One juvenile on a life sentence told us that while he felt supported by his personal officer, he was keen to move to another establishment to undertake specific offence-related work that was not available at Feltham.
- 9.41 Ten young adults were sentenced to indeterminate sentences for public protection (IPP) and none were beyond their tariff date. Multi-agency risk action plan (MARAP) meetings took place within a fast timescale after sentence, and young adults on IPPs were moved on to appropriate establishments. There were currently no juveniles detained for public protection.
- 9.42 There were no specific groups or events or interventions for lifers or indeterminate-sentenced young people, as they were rarely at Feltham long enough.

Recommendations

- 9.43 Details of all contact and communication relating to an individual case should be recorded in a single contact log.
- 9.44 Prolific or priority offender (PPO) cases should be identified on arrival, and consideration should be given to relocating them close to home before release.
- 9.45 Sentence planning processes should be improved. Relevant departments should contribute to the process and meetings should take place in appropriate settings.
- 9.46 Sentence plans should contain outcome-focused objectives that are measurable, with a specific timescale for their achievement.
- 9.47 Young adults should be encouraged to play an active role in sentence planning.
- 9.48 Personal targets for juveniles set by staff from different disciplines should be agreed with the offender supervisor and amalgamated into one training plan.
- 9.49 Personal officers and teachers should attend training planning meetings and make a written contribution if they can not.
- 9.50 The offender management unit (OMU) should develop an action plan to encourage families and carers to attend training planning meetings.
- 9.51 Staff from the security department should routinely attend public protection meetings.
- 9.52 Offender supervisors should be invited to attend public protection meetings.

- 9.53 Offender managers should receive notes of public protection meetings when their cases are reviewed.
- 9.54 Offender management unit staff should receive training in the supervision and management of high risk offenders, including those convicted of sexual offences.
- 9.55 Offender supervisors should receive appropriate training to enable them to carry out their roles effectively.
- 9.56 Risk management plans should accurately describe how the objectives of the sentence plan and other activities address the risk of harm and protect actual and potential victims.
- 9.57 Offender assessment system (OASys) assessments, including sentence plans, should be completed for all young adults, to a sufficient quality and in line with the national standards timescale.
- 9.58 The National Offender Management Service should ensure that all offender managers are involved in all applicable custodial cases, in line with the offender management model.
- 9.59 There should be greater efforts to secure probation input into multi-agency lifer risk assessment panel (MALRAP) meetings.

Housekeeping points

- 9.60 There should be greater use of the offender assessment system (OASys) to record diversity factors, learning needs and learning styles.
- 9.61 Full case files should contain copies of all other assessments (relating to risk of harm and employment, training and education) and should be kept in the OMU.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

- 9.62 St Mungo's provided a comprehensive accommodation service for young adults, including a post-custody service that helped those released without accommodation. Most juveniles left with pre-arranged accommodation. There was little healthcare involvement in preparation for release, apart from the community mental health team. There was poor take-up of the financial advice service, despite apparent need.

Accommodation

- 9.63 St Mungo's provided the accommodation service for young adults, with a manager and two project workers based in the establishment. They received referrals through offender supervisors, who assessed new arrivals' accommodation needs, from personal officers and from young people themselves. It was a busy service, receiving an average of 55 referrals from young adults in each of the previous six months.
- 9.64 Initial work with young adults focused on sustaining tenancies, and in the previous six months, 49 accommodation places held before custody had been saved. The service ensured housing benefit continued to be paid, contacted landlords, arranged for transfer of benefits and organised physical security of properties. All remand young adults were interviewed before their next court date to see if they required assistance in finding accommodation if they were released and their solicitors were contacted.
- 9.65 Young adults who lost their accommodation were supported in making a case for priority status to local authorities and in engaging social services where appropriate. Referrals were also made to hostels, supported accommodation and private landlords. In the previous six months, eight hostel places and seven supported accommodation places had been secured. Seven places had been secured with private landlords.
- 9.66 In our survey, only 30% of young adult respondents, against the comparator of 43%, said that they knew who to contact for help in finding accommodation, but young adults we spoke to who had been referred were positive about the service.
- 9.67 In our survey, 34% of juveniles thought that finding accommodation on release would be a problem, which was significantly worse than the comparator of 24%. Resettling juveniles into suitable accommodation was a priority for offender supervisors, and the training planning documentation we examined showed that accommodation needs were identified from the start of the sentence. Offender supervisors liaised effectively with local YOTs where finding suitable accommodation was a problem for individuals, and final review meetings covered accommodation issues.
- 9.68 There was a comprehensive database detailing the number of young people housed in suitable accommodation on release. OMU managers monitored the information to ensure that offender supervisors and local YOTS were finding suitable accommodation for juveniles on release.
- 9.69 The establishment reported that 10% of young adults were released without permanent accommodation. In all but two cases, the young person was provided with temporary accommodation and continuing support in the community from St. Mungo's. The community project worker visited the establishment weekly and was working with 18 released young adults from Feltham. He provided a service for them for up to six months to find permanent accommodation and support in sustaining tenancies.
- 9.70 Of 29 juveniles released in the three months to December 2009, only one had no accommodation to go to. One juvenile was released on ROTL so that he could meet a housing provider to resolve an accommodation problem.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.71 The establishment offered a broad range of accredited employment-related programmes, based on a comprehensive needs analysis. Vocational courses included painting and decorating, brickwork, motor vehicle maintenance and a computer workshop, as well as performing arts. Juveniles could also access accredited training in the mess kitchen, the establishment gardens, the laundry, library and gymnasium. The vocational training programme was offered to both juveniles and young adults. Vocational training offered progression routes to further education and training on release.
- 9.72 Given the short length of stay at Feltham, every effort was made to ensure all young people had an opportunity to gain some form of nationally recognised qualification. Qualifications gained in literacy, numeracy and ICT were mainly meaningful awards that would be of value in the community and for further training or employment.
- 9.73 The Trail Blazers pre-release programme was no longer offered to young adults, but an accredited employment skills course was being piloted. There were insufficient careers information and advice resources for the young adult population.
- 9.74 Information, advice and guidance for juveniles was provided through two Connexions personal advisers and was satisfactory overall, although the work did not make the best use of its limited resources. In the last quarter of 2009, 62% of juveniles released had education or training places confirmed and a further 23% had employment or interviews arranged.

Mental and physical health

- 9.75 The resettlement lead for this pathway was the PE manager and no one from health services attended the reducing reoffending committee. Gym staff held wellbeing days to encourage young people to take an active interest in their health once they were released. Health services staff did not routinely attend juvenile training planning meetings.
- 9.76 Primary healthcare staff discharge clinics were ad hoc and perfunctory, and staff did not take the opportunity to advise young people about health services in the community or how to access them. Young people were weighed and given a letter to take to their GP, but were not asked if they had a GP. However, we saw some examples where individuals with complex physical health cases were discharged with appropriate support.
- 9.77 By contrast, the community mental health team had good links with outside mental health services and referred young people appropriately. The clinical psychologist also attended the pan-London YOT health workers' forum to encourage good links.

Finance, benefit and debt

- 9.78 Three trained financial advisers in the OMU provided financial advice. All new arrivals should have been asked about their financial concerns during their initial interview with their offender supervisors. However, in our survey only 9% of juvenile respondents said that they were asked if they had any money worries during their first few days in custody, which was significantly worse than the comparator of 17%.

- 9.79 In our survey, 25% of young adult respondents said that they had money worries when they arrived, which was significantly worse than the comparator of 19%, but in 2009, only four young adults were referred to a financial adviser. However, there had been five referrals from young adults in the first few weeks of January 2010, and referrals were seen quickly. The financial advice service for individuals was not advertised on the residential units, although notices about 'managing money and dealing with debt' courses, which no longer ran, still were. In our survey, only 16% of young adult respondents said that they knew where to get financial advice, which was significantly worse than the comparator of 28%.
- 9.80 Financial advisers could help young people with opening a bank account. However, in our survey, the percentages of both young adults and juveniles who said that they did not know where in the establishment they could get help opening a bank account were significantly below the comparators.
- 9.81 There was adequate referral to the establishment's full-time adviser from Jobcentre Plus, who provided benefits advice. However, in our survey, only 21% of young adult respondents, against the comparator of 37%, said that they knew who to get benefits advice from in the establishment.

Recommendations

- 9.82 The profile of the accommodation service should be raised so that it is better known among young people.
- 9.83 The information, advice and guidance work for juveniles should be managed appropriately so that more can benefit from the Connexions service.
- 9.84 Health services staff should be represented at the reducing reoffending committee.
- 9.85 Primary health services staff should attend juvenile training planning meetings and have direct contact with YOT health workers.
- 9.86 All young people should be given advice and support on how to access community health services on release.
- 9.87 The establishment should develop an action plan to ensure that all young people's financial needs are properly assessed and those who need advice are referred to the appropriate advisers.
- 9.88 Up-to-date information on the financial and benefits advice services should be displayed in residential units.

Good practice

- 9.89 *The ongoing support from St Mungo's for young adults released from Feltham provided the opportunity for those released into temporary accommodation to progress to appropriate permanent housing and receive a long-term service.*

Drugs and alcohol

- 9.90 An integrated drug and alcohol strategy had been developed and a needs analysis was underway. The remit of the counselling, assessment, referral, advice and throughcare (CARAT) service now included work with primary alcohol users, but the overall number of young adults who engaged with the service was low. The better resourced young people's substance misuse service (YPSMS) had a high profile and offered a wide range of materials and interventions.
- 9.91 The head of reducing reoffending was the drug and alcohol strategy's functional head, and the head of interventions had recently taken on the role of establishment drug coordinator (EDC). Bimonthly strategy meetings were attended by representatives from relevant departments.
- 9.92 The drug and alcohol policy covered both populations, but the document did not contain detailed action plans and performance measures. The 2009 needs analysis drew no distinction between young adults and juveniles, although both populations had recently been surveyed separately to inform a revised strategy. There was a YPSMS delivery plan with performance targets.
- 9.93 CARAT services were provided by Crime Reduction Initiative (CRI) who had taken over the contract 18 months previously. The remit now covered work with primary alcohol users. The team included a manager and seven workers, including a team leader.
- 9.94 The team offered daily induction input and initial screening to young adults on the day after their arrival. It was on target to meet the annual key performance target of 1,000 substance misuse triage assessments, but timescales for triage and comprehensive assessments were not always met. The active caseload stood at only 45 clients. File checks showed that care plans were not always completed on time, care plan reviews were few, and one-to-one sessions very limited.
- 9.95 In our survey, 56% of young adult respondents said they knew who to contact for help with their drug/alcohol problem against a comparator of 82%, and only 67%, against 81%, said the help/intervention they received was useful.
- 9.96 The service delivered a range of validated group work modules, including drug and alcohol awareness, harm reduction, healthy living and relapse prevention. These had been adapted to meet the needs of young adults, with one topic stretching over three sessions. Under the integrated drug treatment system (IDTS), groups would be co-facilitated by substance misuse nurses and remain open to all clients.
- 9.97 Young adults could also access weekly Alcoholics and Narcotics Anonymous (AA and NA) self-help groups and have one-to-one contact with the outside facilitators. CARAT clients with complex needs were referred to a youth counselling service or to the community mental health team.
- 9.98 The team was represented at appropriate multi-agency meetings and linked in with offender managers. There was joint work with the prison link worker from the local drug intervention programme (DIP), but most areas prioritised class A drug users and did not accept referrals of young adults with problematic alcohol or cannabis use. The CARAT service had identified other community resources to provide post-release support.
- 9.99 As elsewhere, services for juveniles were much better resourced than CARATs. The YPSMS consisted of a manager and 7.5 workers based in spacious accommodation on Albatross unit, which had group work and interview rooms, and the service had a high profile. All juveniles

were seen on the induction unit, Bittern, within 24 hours of arrival and immediately allocated a worker. They participated in the substance misuse awareness programme, which ran twice a week during induction.

- 9.100 The recent needs analysis pointed to tobacco, cannabis and alcohol as the main substances of use for juveniles. In January 2010, 47 problem juvenile drug/alcohol users had required targeted interventions, and three received specialist care on Albatross.
- 9.101 One-to-one and group work modules were supplemented with a wide range of age-appropriate materials, such as interactive software, board games, work books, artwork, DVDs, and a film and media group. There were four group work sessions a week, including smoking cessation support, substance-specific modules and relapse prevention. The YPSMS had developed a visual drug and alcohol awareness session for foreign nationals, which was presented together with the ESOL teacher. Juveniles could also access weekly AA and NA groups.
- 9.102 The YPSMS was well integrated into the establishment. E-Asset was used to communicate care plan objectives, and workers prioritised attendance at initial and final remand and training planning meetings. During the weekly multi-agency meeting on Albatross, juveniles with clinical needs were reviewed, but case discussion did not extend to problem users requiring targeted interventions and multidisciplinary care coordination.
- 9.103 Due to the high number of remands, the YPSMS contacted all YOTs following initial contact with juveniles, and gave all new arrivals harm reduction information and a pre-release pack. Specific pre-release input for juveniles based on Heron, the resettlement unit, consisted of one-to-one and group work input, and links with the six YOTs involved in this project were improving. All YOTs received release plans, and there was a draft protocol with the new integrated resettlement service, which was replacing the previous resettlement and aftercare provision.
- 9.104 One hundred and fifty young adults and 90 juveniles had signed drug testing compacts in line with the target of 240. Voluntary drug testing (VDT) was available independent of location, and there was a separate compact for incentive based testing; 50 young adults and 23 juveniles had been tested as part of the enhanced scheme. The drug strategy senior officer coordinated the scheme, and two designated VDT officers conducted 360 tests a month. There were dedicated testing facilities on Albatross and appropriate procedures.

Recommendations

- 9.105 The drug and alcohol strategy document should contain detailed action plans and performance measures.
- 9.106 The counselling, assessment, referral, advice and throughcare (CARAT) service should raise its profile and improve service uptake. Young adults should be consulted as part of this process.
- 9.107 The young people's substance misuse service (YPSMS) and the CARAT service should ensure that joint care planning and care coordination focus on young people receiving specialist care and are also extended to service users requiring targeted interventions.

Good practice

- 9.108 *The CARAT service remit now included work with primary alcohol users.*

- 9.109 *The YPSMS worked jointly with the ESOL teacher to offer drug and alcohol awareness sessions to foreign national juveniles.*

Children and families of offenders

- 9.110 The establishment had good arrangements allowing young people to keep in contact with family and friends. There was a well-resourced and sensitively staffed visitors' centre and visits hall, and young people had adequate time with their visitors, but visitors often had to wait a long time for their visit and toilets in the visitors' waiting room needed improvement. The family support assistants offered an important service, but needed to be appropriately trained. The management of closed visits was sound and the provision for legal visits was good. There were regular family days for enhanced status young people, although visitors were not always given enough notice of these.
- 9.111 The time available for visits for both juveniles and young adults was adequate. In our survey, 59% of juvenile respondents said they had two or more visits in the past month and 54% of young adults said that they had received a visit in the last week, which were significantly higher than the comparators. Young people could have at least an hour's visit, and often longer if there was sufficient space. However, there were no evening visits.
- 9.112 There was a well-resourced visitors' centre, opened from 10am to 5pm every day. It was staffed by three family support assistants, who played an important role in advising visitors on the visits system and the assisted prisons visits scheme, and also made links with staff when visitors raised concerns about individual young people. However, the assistants had not been not trained in child protection or other skills to carry out this vital role.
- 9.113 The visitors' centre was well stocked with information about the establishment and support groups to help young people and their families, and a DVD about the establishment was on constant play. Important information about what visitors could do if they had concerns about the safety of a child was available in a pamphlet, but not on a display board.
- 9.114 We observed visitors, including young children, being searched before a visit. Searches were sensitive and staff understood the cultural sensitivities of different ethnic and religious groups. After they were searched, visitors waited in a waiting room while the young person was collected. Many visitors told us that they sometimes waited between 30 and 45 minutes before the young person arrived for the visit, and staff did not advise them why they had to wait, which created anxiety for some. This wait was confirmed in our survey, in which 26% of juvenile respondents, against the comparator of 49%, said that their visits did not start on time.
- 9.115 Visitors complained about the cleanliness of the toilets in the visitors' waiting room and that they often did not have soap or towels. At the time of the inspection, the male facility was out of order and men had to use the toilet for people with disabilities.
- 9.116 Juveniles and young adults had separate visiting times. Both sessions were good ordered and relaxed. The visits hall had 37 places for young people, each of whom could have three visitors. The hall was clean and tidy and there was room for confidential conversations. There were enough staff in attendance, but they were not obtrusive. Young people could play with visiting children in a designated play area, equipped with toys and books. However, a trained nursery worker was only available to supervise child visitors during weekend visits.

- 9.117 There were six cubicles for closed visits, which were used appropriately. For much of 2009, there had been 36 young people on closed visits, due to excessive disruption during visiting times. However, this had reduced to nine closed visits, of which only three were juveniles. Visitors who had to have closed visits were given the reasons in writing and told when the situation would be reviewed.
- 9.118 Young people said that they were given good opportunities to contact their family shortly after their arrival. In our survey, 66% of young adult respondents said that staff asked them if they needed help to contact their family, against the comparator of 59%. However, 29% said they had problems in contacting a family member, which was significantly worse than the comparator of 21%.
- 9.119 Additional visits for young people to improve family relationships could be arranged through the chaplaincy, where one of team had been trained to deliver family mediation. Families who contacted the establishment with significant or sensitive news could talk immediately to a chaplain, who ensured the young person received the news in the most appropriate manner.
- 9.120 There was no trained family worker, though one was planned for Heron Unit. However, families spoke very highly of the responses from staff in the offender management unit, chaplaincy and the safeguarding team.
- 9.121 There were 10 family days a year, including four for juveniles on Heron Unit. A family day took place during the inspection and we observed families meeting young people in a relaxed environment, with opportunities for fathers to play with their young children. Family visitors could talk to staff from residential units and the specialist services. Visitors appreciated the day, but some said that they had had little notice of it and little time to make arrangements to attend. Family days were only for young people on enhanced status, and spaces were not allocated on the basis of individual need.
- 9.122 The education department delivered a parenting course for all young people, with referrals through the chaplaincy, offender management unit and personal officers. The seven-module course ran separately for juveniles and young adults, and could take eight to 10 people at a session. The 'Big Boyz Talk' run by library staff gave young people the opportunity to read and record a story for a child at home.
- 9.123 Staff on residential units, particularly personal officers on the juvenile units, monitored the number of visits young people had and noted those who did not have many. Young people who did not have family contact could be referred to one of the 15 official prison visitors. The prison visitors prioritised young foreign nationals who were isolated, and during 10 months in 2009 had made 1,172 visits, spending an average of approximately 40 minutes on each.

Recommendations

- 9.124 The visitors' centre should display easy-to-read information about who visitors should contact if they have concerns about a young person's safety.
- 9.125 Family support assistants should receive child protection training as part of a structured personal development plan to equip them for the role.
- 9.126 The time visitors have to wait for a young person to arrive for their visit should be reduced, and visitors should be kept informed of the reasons why young people do not attend promptly for visits.

- 9.127 The toilets in the visitors' waiting room should always be available, clean and properly equipped.
- 9.128 Children's activity areas should be supervised by trained staff during all visits.
- 9.129 Places on family days should be allocated according to need and be part of a young person's sentence/training plan.
- 9.130 Families should be given sufficient notice of when family days are due to take place, and there should be written information about what happens at them.

Attitudes, thinking and behaviour

- 9.131 An interventions and services manager had been appointed and led this pathway. There were no accredited interventions at Feltham due to the high remand population and the short time that young people spent there once they were sentenced. However, there had been no needs analysis to assess requirements for interventions.
- 9.132 The Sycamore Tree restorative justice programme ran three times a year from the chaplaincy with places for 15 young adults. Juveniles could be considered for the programme if they were considered sufficiently mature. The programme was led by two facilitators and supported by volunteers. The team offered one-to-one support after the programme had been completed, and had facilitated letters of apology to victims and indirect reparative activities.
- 9.133 Juveniles could take the Believe course, an NOCN (National Open College Network) accredited programme. The course, which was led by a mixture of staff and external agencies and organisations, offered the opportunity to develop practical life skills and increase personal confidence. Participants could complete the week-long intensive programme or take individual modules. Since the course had commenced in January 2007, approximately 700 juveniles have received an accreditation. The programme had been independently evaluated and there was evidence that many participants' self-confidence and self-awareness had improved. Anecdotally, staff reported marked improvement in the behaviour of juveniles who had attended the programme. Feedback from participants had been very positive.
- 9.134 Gym staff offered a weekly behaviour challenge session, which focused on understanding the triggers behind anger and exploring constructive methods of dealing with it. This was a popular activity and referrals were received from a range of departments, but there was no evaluation or follow-up work.
- 9.135 There were developed plans for an interventions centre to be developed in the old juvenile visits hall, which were due to come on stream by April 2010.

Recommendation

- 9.136 The establishment should conduct a regular needs analysis of the of the population and commission appropriate interventions.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

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- 10.1 Young adults should have ready access to Listeners and/or peer supporters in reception or on the first night centre on their day of arrival. (HP49)
 - 10.2 Force should only be used as a last resort where meaningful attempts at de-escalation have failed. (HP50)
 - 10.3 Special accommodation should be used only in extreme circumstances, and its use should always be properly authorised and monitored. (HP51)
 - 10.4 There should be a review of working arrangements between the establishment and the local authority to ensure that the role of the local authority designated officer is made explicit, and appropriate independent oversight of child protection policy and practice is properly established. (HP52)
 - 10.5 There should be a robust quality assurance scheme for complaints, which ensures promised action is taken and patterns or trends identified for remedial action. (HP53)
 - 10.6 The reducing reoffending strategy should be based on a needs analysis of the population, and should have separate action plans for each resettlement pathway. (HP54)

Recommendation

To the Ministry of Justice

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- 10.7 The Ministry of Justice should expedite all warrants for transfers to mental health secure beds to avoid unnecessary delays to patients. (5.86)

Recommendations

To NOMS

-
- 10.8 NOMS should work with the UK Border Agency to ensure that foreign national detainees are not held at Feltham. (4.50)
 - 10.9 The National Offender Management Service should ensure that all offender managers are involved in all applicable custodial cases, in line with the offender management model. (9.57)

Recommendations

To the governor

Courts, escorts and transfers

-
- 10.10 Young people should be held in court cells for the minimum possible period. (1.11)

- 10.11 Young people should arrive at the establishment before 7pm. (1.12)
- 10.12 Young people should not experience lengthy waits on escort vehicles after arriving at the establishment. (1.13)
- 10.13 The establishment should continue to promote the use of the video links with courts. (1.14)

First days in custody

- 10.14 All interviews with new arrivals should take place in private. (1.47)
- 10.15 Young people transferring into Feltham B from Feltham A should spend their first night on Kingfisher and be subject to first night observations. (1.48)
- 10.16 All new arrivals should be offered a shower on their first night whatever time they arrive. (1.49)
- 10.17 Juveniles should not be routinely strip searched in reception. (1.50)
- 10.18 Cells on Kingfisher unit should be clean and free from graffiti. (1.51)
- 10.19 Managers should ensure records of initial custodial interviews always demonstrate engagement with the young adult, and clearly record any referrals made. (1.52)
- 10.20 All first night staff should undergo mental health awareness training. (1.53)
- 10.21 Young adults should be kept fully occupied during the induction programme, particularly on Mallard unit. (1.54)
- 10.22 Post-induction interviews should always be completed before young adults move from Mallard unit. (1.55)
- 10.23 Young adults should not be transferred until all aspects of the induction programme have been completed. (1.56)
- 10.24 Evening association should be available on the juvenile induction unit. (1.57)
- 10.25 Peer supporters should be easily identifiable and accessible during the day. (1.58)

Residential units

- 10.26 Cell furniture should be maintained to an acceptable standard, and broken items should be replaced. (2.19)
- 10.27 All double cells should have adequate toilet privacy screens. (2.20)
- 10.28 Double cells should have lockable cupboards. (2.21)
- 10.29 Staff should answer cell call bells within five minutes. (2.22)
- 10.30 Young adults should have access to tea/coffee making facilities and radios/music systems in their cells during the day. (2.23)

- 10.31 There should be at least one telephone for every 20 prisoners. (2.24)
- 10.32 Consultation arrangements with young people should ensure that there is representation from all wings, and that concerns raised are properly dealt with in a timely fashion at regular meetings. (2.25)
- 10.33 The showers on the young adult units should be upgraded to ensure that they are fit for purpose. (2.26)

Staff-prisoner relationships

- 10.34 Managers should ensure that staff consistently engage positively with young adults during periods of association. (2.35)
- 10.35 Managers should ensure that staff address young adults by their preferred names. (2.36)
- 10.36 Managers should ensure that unit history sheets include entries from all departments that have contact with a young person. (2.37)

Personal officers

- 10.37 Managers should ensure that targets set by personal officers are specific to the needs of young adults, as well as their behaviour. (2.46)
- 10.38 Managers should ensure that personal officer entries in files are made weekly and reflect some interaction with the young adult prisoner. (2.47)
- 10.39 Managers should ensure that personal officers work with all departments involved with the young adults allocated to them. (2.48)
- 10.40 Managers should ensure that all personal officers on the juvenile induction unit have at least one substantial interview with the new arrival allocated to them and record this in detail on wing files. (2.49)
- 10.41 Managers should ensure that personal officers receive training in developing appropriate behaviour management targets for juveniles. (2.50)
- 10.42 Managers should ensure that where necessary, personal officers for juveniles provide information on their charges to training planning meetings and ACCT reviews. (2.51)

Bullying and violence reduction

- 10.43 There should be greater use of formal interventions to deal with individuals who bully and to support victims. (3.11)
- 10.44 Anti-bullying coordinators should have sufficient time to carry out their duties. (3.12)
- 10.45 Regular bullying surveys should be conducted and the results should help inform policy development. (3.13)

Safeguarding children

- 10.46 The safeguarding policy should provide clarity that concerns about staff misconduct that relate to young people should be reported through the agreed child protection procedures, and also describe how staff who report such professional misconduct will be supported. (3.23)
- 10.47 The remit of the safeguarding committee should be extended to cover monitoring of use of the Ibis unit. (3.24)
- 10.48 Long-term funding arrangements for social work support should be agreed. (3.25)
- 10.49 Young people identified as particularly vulnerable should have an individual care plan to address their assessed needs. (3.26)
- 10.50 The safeguarding committee should routinely monitor the attendance of its designated membership and take appropriate action for failures to attend. (3.27)

Child protection

- 10.51 All staff who come into contact with children should have suitable child protection training. (3.37)

Self-harm and suicide

- 10.52 Managers should ensure a consistently high standard of documentation for assessment, care in custody and teamwork (ACCT) reviews. (3.49)
- 10.53 There should be multidisciplinary attendance at ACCT reviews. (3.50)
- 10.54 Young adults should have easy access to Listeners. (3.51)
- 10.55 An appropriate number of safer cells should be installed across the establishment. (3.52)

Legal rights

- 10.56 Adequate staff should be trained in legal and bail information. (3.68)
- 10.57 Young people should be able to make free telephone calls to their legal representatives. (3.69)
- 10.58 A pre-release interview should be introduced. (3.70)

Substance use

- 10.59 Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should improve joint work and provide fully integrated care. (3.97)
- 10.60 The establishment should ensure that mandatory drug testing (MDT) officers undertake child protection training. (3.98)

Diversity

- 10.61 Each strand of diversity should be covered by an up-to-date policy. (4.12)
- 10.62 There should be a full-time race equality officer. (4.13)
- 10.63 The role of prisoner representatives should be clearly defined, and their work monitored by the diversity team. (4.14)
- 10.64 Equality impact assessments should be carried out for all areas of diversity. (4.15)
- 10.65 There should be monitoring to assess the impact of young people' religion, disability and/or foreign national status on their participation in the regime. (4.16)

Diversity: race equality

- 10.66 Feltham should ensure that any areas of disparity identified in ethnic monitoring are investigated, and that necessary remedial action taken is monitored through the race equality action team. (4.29)
- 10.67 SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring data should include information over the previous 12 months to ensure that patterns can be easily identified. (4.30)
- 10.68 The establishment should ensure a consistent model of quality assurance for racist incident report forms. (4.31)
- 10.69 An analysis of patterns and trends in racist incident reports should be provided to the race equality action team. (4.32)
- 10.70 The establishment should develop and implement a programme to challenge racist and discriminatory prisoner behaviour at Feltham as soon as possible. (4.33)

Diversity: foreign nationals

- 10.71 All foreign national new arrivals should have their specific needs identified, and there should be support systems to meet these needs. This information should be used to develop a needs analysis of foreign nationals and appropriate services to meet these. (4.48)
- 10.72 Foreign national representatives should be identified, and there should be specific forums to ensure the needs of these young people are effectively represented and pursued by the establishment. (4.49)

Diversity: disability

- 10.73 All young people with disabilities should have care plans outlining their specific needs and how they will be met. Arrangements should be multidisciplinary and involve all departments engaged in work related to that person's disability. (4.58)

- 10.74 Adapted cells should be provided on Feltham A (juveniles) to match the provision available for young adults. (4.59)
- 10.75 The establishment should identify disabled prisoner representatives and develop a forum for young people with disabilities in which to raise their concerns. (4.60)

Diversity: sexual orientation

- 10.76 The establishment should identify a lead officer for work with gay and bisexual young people. (4.65)
- 10.77 Positive gay and bisexual images should be displayed across the establishment, as well as information about sources of support and help. (4.66)

Health services

- 10.78 The partnership board should investigate the reasons for young people's poor perceptions of health services and take steps to address them. (5.63)
- 10.79 The health needs assessment should distinguish between the needs of juveniles and young adults. (5.64)
- 10.80 The inpatient association area should be cleaned, decorated and made more welcoming and age-appropriate. (5.65)
- 10.81 The disabled-access facilities in the inpatient unit should not be used for de-escalation. (5.66)
- 10.82 Clinical governance reporting arrangements should be consistent across providers. (5.67)
- 10.83 There should be an overarching, collective record of health services staff training and continual professional development. (5.68)
- 10.84 All staff should have child protection training. (5.69)
- 10.85 All staff should have annual resuscitation training. (5.70)
- 10.86 Young people should be cared for by nurses with the appropriate range of skills, including registered sick children's nurses. (5.71)
- 10.87 There should be formal arrangements for the loan of occupational therapy equipment and specialist advice as required. (5.72)
- 10.88 All complaints about health services should be answered in an age-appropriate and understandable manner, and addressed to the complainant. (5.73)
- 10.89 All health services staff should be easily identifiable by an easy-to-read name badge. (5.74)
- 10.90 Primary care nurses should wear their uniform correctly at all times. (5.75)
- 10.91 Health services staff should provide a range of basic remedies. (5.76)
- 10.92 Meningitis C vaccinations should be offered to all young people. (5.77)

- 10.93 The medicines management committee should review the procedures for monitoring and recording the supply of prescribed medicines out of hours and for ordering repeatable medications to avoid a duplication of supply and wastage. (5.78)
- 10.94 Records of medication supplied to patients from stock should be added to the patient medication records (PMR) at the pharmacy. (5.79)
- 10.95 The skills of the nurse prescriber should be used to enhance the availability of prescription-only medicines to young people in the absence of a doctor. (5.80)
- 10.96 An up-to-date controlled drugs register should be put in place, in accordance with current legislative requirements. (5.81)
- 10.97 A written, signed and dated medical history questionnaire should be completed for all dental patients. (5.82)
- 10.98 A protocol should be developed for dental out-of-hours cover. (5.83)
- 10.99 The full range of NHS dental treatments should be available. (5.84)
- 10.100 Young people requiring child and adolescent mental health service (CAMHS) tier four or secondary care services should be seen within in seven days and transferred without delay. (5.85)

Learning and skills and work activities – young adults

- 10.101 All young adults requiring learning and skills support should attend education and training classes, and attendance and participation in education and training sessions should be improved. (6.30)
- 10.102 The quality of teaching and learning should be improved, and the behaviour of young adults in learning sessions should be managed better. (6.31)
- 10.103 The establishment should make better use of initial screening information to ensure learners are allocated to programmes meeting their needs. (6.32)
- 10.104 Recording on young adults' individual learning plans should be improved to include individual learning targets to guide learning plans. (6.33)
- 10.105 The establishment should improve the collection and use of achievement data in education as part of its quality improvement strategies. (6.34)
- 10.106 The establishment should introduce procedures to improve the attendance of learners. (6.35)
- 10.107 The establishment should continue to develop social and life skills programmes, especially those that help to improve young adults' personal effectiveness by addressing negative attitudes and self-control. (6.36)
- 10.108 There should be more resources to enable careers information and advice support to be available to all young adults who need it. (6.37)
- 10.109 Access to the library should be available in the evenings and at weekends. (6.38)

Learning and skills – juveniles

- 10.110 The quality of teaching and learning should be raised to that of the best. (6.58)
- 10.111 Attendance by education staff at training planning meetings should be improved. (6.59)
- 10.112 The quality of individual learning plans should be improved to reflect the needs of individual young people. (6.60)
- 10.113 The education curriculum should be improved to meet the needs of young people under school-leaving age. (6.61)
- 10.114 There should be an area in education where juveniles can 'cool off' before returning to lessons. (6.62)

Physical education and health promotion

- 10.115 The proportion of the population who access the gymnasium should be monitored more effectively. (6.69)
- 10.116 All young adults should be able to access a minimum of two PE sessions a week. (6.70)
- 10.117 Juveniles under school-leaving age should receive their entitlement to PE. (6.71)

Time out of cell

- 10.118 The daily time out of cell for unemployed young adults should be increased. (6.81)
- 10.119 Young adults should be guaranteed a period of evening association at least twice a week. (6.82)
- 10.120 Officer-led groups should be built into the regime to provide consistency. (6.83)
- 10.121 There should be more than one exercise period a day so that it is available to all young adults. (6.84)
- 10.122 Exercise yards in the young adult units should be large enough for the number of people using them and be furnished with adequate seating. (6.85)
- 10.123 Waterproof clothing should be available on all units for young adults who wish to go out on exercise during bad weather. (6.86)
- 10.124 Juveniles on the basic level of the incentives and earned privileges scheme should receive adequate time out of their cell. (6.94)
- 10.125 The opportunity to take outside exercise should be promoted more actively and where appropriate, juveniles should be given the option of using outdoor clothing. (6.95)

Discipline

- 10.126 Minor infringements of prison rules and childish behaviour should be dealt with using less formal procedures. (7.31)
- 10.127 Segregation should not be used solely for punishment for juveniles. (7.32)
- 10.128 There should be a strategy to reduce incidents where use of force is required. (7.33)
- 10.129 The number of young people segregated should be reduced. (7.34)
- 10.130 All segregation cells should be clean, well ventilated, and free from graffiti. (7.35)

Incentives and earned privileges

- 10.131 Young people on basic regime should be allowed periods of association and access to telephones in the evening. (7.42)
- 10.132 All young people should be able to attend their incentives and earned privileges (IEP) level reviews. (7.43)
- 10.133 There should be formal links between IEP processes and sentence planning. (7.44)

Catering

- 10.134 Lunch should not be served before noon and dinner not before 5pm. (8.10)
- 10.135 All wing serveries should be kept clean. (8.11)
- 10.136 All young people should have the opportunity to dine out. (8.12)
- 10.137 The food consultation arrangements should be strengthened. (8.13)

Prison shop

- 10.138 All new arrivals should be able to buy items from the establishment shop within their first 24 hours. (8.21)
- 10.139 Young people should be formally consulted on the items available on the shop list and their views should be taken into account. (8.22)
- 10.140 The method of reviewing the range of shop items available should be made explicit and the procedure followed. (8.23)

Strategic management of resettlement

- 10.141 The reducing reoffending strategy should reflect the evidenced needs of the population, and make reference to the aims of the Heron Unit. (9.7)
- 10.142 There should be individual action plans for each resettlement pathway. (9.8)

- 10.143 The reducing reoffending committee should meet as described in the terms of reference. (9.9)
- 10.144 The offender management unit should establish stronger working links with the London Probation Area to facilitate routine offender management processes and support the professional development of offender supervisors. (9.10)

Offender management and planning

- 10.145 Details of all contact and communication relating to an individual case should be recorded in a single contact log. (9.43)
- 10.146 Prolific or priority offender (PPO) cases should be identified on arrival, and consideration should be given to relocating them close to home before release. (9.44)
- 10.147 Sentence planning processes should be improved. Relevant departments should contribute to the process and meetings should take place in appropriate settings. (9.45)
- 10.148 Sentence plans should contain outcome-focused objectives that are measurable, with a specific timescale for their achievement. (9.46)
- 10.149 Young adults should be encouraged to play an active role in sentence planning. (9.47)
- 10.150 Personal targets for juveniles set by staff from different disciplines should be agreed with the offender supervisor and amalgamated into one training plan. (9.48)
- 10.151 Personal officers and teachers should attend training planning meetings and make a written contribution if they can not. (9.49)
- 10.152 The offender management unit (OMU) should develop an action plan to encourage families and carers to attend training planning meetings. (9.50)
- 10.153 Staff from the security department should routinely attend public protection meetings. (9.51)
- 10.154 Offender supervisors should be invited to attend public protection meetings. (9.52)
- 10.155 Offender managers should receive notes of public protection meetings when their cases are reviewed. (9.53)
- 10.156 Offender management unit staff should receive training in the supervision and management of high risk offenders, including those convicted of sexual offences. (9.54)
- 10.157 Offender supervisors should receive appropriate training to enable them to carry out their roles effectively. (9.55)
- 10.158 Risk management plans should accurately describe how the objectives of the sentence plan and other activities address the risk of harm and protect actual and potential victims. (9.56)
- 10.159 Offender assessment system (OASys) assessments, including sentence plans, should be completed for all young adults, to a sufficient quality and in line with the national standards timescale. (9.57)
- 10.160 There should be greater efforts to secure probation input into multi-agency lifer risk assessment panel (MALRAP) meetings. (9.59)

Resettlement pathways

- 10.161 The profile of the accommodation service should be raised so that it is better known among young people. (9.82)
- 10.162 The information, advice and guidance work for juveniles should be managed appropriately so that more can benefit from the Connexions service. (9.83)
- 10.163 Health services staff should be represented at the reducing reoffending committee. (9.84)
- 10.164 Primary health services staff should attend juvenile training planning meetings and have direct contact with YOT health workers. (9.85)
- 10.165 All young people should be given advice and support on how to access community health services on release. (9.86)
- 10.166 The establishment should develop an action plan to ensure that all young people's financial needs are properly assessed and those who need advice are referred to the appropriate advisers. (9.87)
- 10.167 Up-to-date information on the financial and benefits advice services should be displayed in residential units. (9.88)
- 10.168 The drug and alcohol strategy document should contain detailed action plans and performance measures. (9.105)
- 10.169 The counselling, assessment, referral, advice and throughcare (CARAT) service should raise its profile and improve service uptake. Young adults should be consulted as part of this process. (9.106)
- 10.170 The young people's substance misuse service (YPSMS) and the CARAT service should ensure that joint care planning and care coordination focus on young people receiving specialist care and are also extended to service users requiring targeted interventions. (9.107)
- 10.171 The visitors' centre should display easy-to-read information about who visitors should contact if they have concerns about a young person's safety. (9.124)
- 10.172 Family support assistants should receive child protection training as part of a structured personal development plan to equip them for the role. (9.125)
- 10.173 The time visitors have to wait for a young person to arrive for their visit should be reduced, and visitors should be kept informed of the reasons why young people do not attend promptly for visits. (9.126)
- 10.174 The toilets in the visitors' waiting room should always be available, clean and properly equipped. (9.127)
- 10.175 Children's activity areas should be supervised by trained staff during all visits. (9.128)
- 10.176 Places on family days should be allocated according to need and be part of a young person's sentence/training plan. (9.129)

- 10.177 Families should be given sufficient notice of when family days are due to take place, and there should be written information about what happens at them. (9.130)
- 10.178 The establishment should conduct a regular needs analysis of the of the population and commission appropriate interventions. (9.136)

Housekeeping points

Courts, escorts and transfers

- 10.179 Printouts of court staff's electronic records should always be available in prisoner escort records. (1.15)

First days in custody

- 10.180 Information on reception and induction classroom notice boards should be displayed in a range of languages. (1.59)
- 10.181 Televisions should always be switched on when reception holding rooms are occupied. (1.60)
- 10.182 The young adult reception search area should be redecorated. (1.61)
- 10.183 Post-induction board responses should be collated and analysed to inform future reviews of the induction programme. (1.62)

Residential units

- 10.184 Unit notice boards should be kept up to date with relevant information in a range of languages. (2.27)

Health services

- 10.185 The plasma screen in the primary care waiting room for showing health promotion DVDs should be switched on when young people are waiting. (5.87)
- 10.186 The small holding room in the primary care are should be decommissioned. (5.88)
- 10.187 The range of resuscitation equipment should be appropriate for juveniles and young adults. (5.89)
- 10.188 The dishwasher and waste disposal unit on Lapwing should be repaired immediately. (5.90)
- 10.189 All clinical records, including those made by the dentist and the physiotherapist, should be recorded on the electronic medical information system. (5.91)
- 10.190 Application forms should be readily available on all units, and young people should know where they should be posted. (5.92)

Time out of cell

10.191 Cards and board games should be available to young people during association. (6.87)

Offender management and planning

10.192 There should be greater use of the offender assessment system (OASys) to record diversity factors, learning needs and learning styles. (9.60)

10.193 Full case files should contain copies of all other assessments (relating to risk of harm and employment, training and education) and should be kept in the OMU. (9.61)

Examples of good practice

10.194 The violence reduction team made regular monthly visits to wings to assist night staff, which was an effective and thorough way of preventing young people shouting out of windows. (3.14)

10.195 The Feltham Community Chaplaincy Trust, which linked young people with mentors from active community faith groups, was an excellent initiative that was well used. (3.81)

10.196 Young people requiring clinical management were located on a dedicated unit and provided with a high level of care and support. (3.99)

10.197 The *Mosaic* monthly newsletter was an effective means of ensuring young people were kept up to date with diversity issues at Feltham. (4.17)

10.198 The primary care facilities, funded by the King's Fund project, were an excellent example of an age-appropriate and functional primary care area. (5.93)

10.199 The provision of fresh fruit in bowls on the juvenile units was an effective way of introducing healthy items into their diet. (8.14)

10.200 The ongoing support from St Mungo's for young adults released from Feltham provided the opportunity for those released into temporary accommodation to progress to appropriate permanent housing and receive a long-term service. (9.89)

10.201 The CARAT service remit now included work with primary alcohol users. (9.108)

10.202 The YPSMS worked jointly with the ESOL teacher to offer drug and alcohol awareness sessions to foreign national juveniles. (9.109)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Marie Orrell	Inspector
Kevin Parkinson	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Fay Deadman	Team leader
Angela Johnson	Inspector
Ian Mcfadyen	Inspector
Andy Rooke	Inspector
Ian Thomson	Inspector
Adam Altoft	Researcher
Sherelle Parke	Researcher
Michael Skidmore	Researcher
Specialist inspectors	
Sigrid Engelen	Substance use inspector
Bridget McEvilly	Healthcare inspector
Eilean Robson	Pharmacy inspector
Martin Wall	Dental inspector
Steve Woodgate	HMI Probation
Martyn Rhowbotham	Ofsted inspector
John Bowman	Ofsted inspector
Bob Cowdrey	Ofsted inspector
Jen Walters	Ofsted inspector
Andrew Boughton	Ofsted inspector

Appendix IIa: Prison population profile – young adults

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

Status	18–20 yr olds	21 and over	%
Sentenced	116	2	25.99
Recall	17	0	3.74
Convicted unsentenced	96	0	21.15
Remand	215	1	47.58
Detainees	7	0	1.54
Total			

Sentence	18–20 yr olds	21 and over	%
Unsentenced	318	1	70.26
Less than 6 months	22	0	4.85
6 months to less than 12 months	11	0	2.42
12 months to less than 2 years	36	1	8.15
2 years to less than 4 years	34	0	7.49
4 years to less than 10 years	13	0	2.86
10 years and over (not life)	1	0	0.22
ISPP	10	0	2.20
Life	6	1	1.54
Total	451	3	

Age	Number of prisoners	%
Under 21 years	451	99.34
21 years to 29 years	3	0.66
Total	451	

Nationality	18–20 yr olds	21 and over	%
British	296	1	65.42
Foreign nationals	155	2	34.58
Total			

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	376	2	83.26
Uncategorised sentenced	75	1	16.74
Total	451	3	

Ethnicity	18–20 yr olds	21 and over	%
<i>White:</i>			
British	122	1	27.21
Irish	12	0	2.65
Other white	28	0	6.19
<i>Mixed:</i>			
White and black Caribbean	30	0	6.64
White and black African	7	0	1.55
White and Asian	2	0	0.44
Other mixed	8	0	1.77
<i>Asian or Asian British:</i>			
Indian	6	0	1.33
Pakistani	3	0	0.66
Bangladeshi	13	1	2.88
Other Asian	24	0	5.31
<i>Black or black British:</i>			
Caribbean	66	0	14.60
African	93	1	20.58
Other black	21	0	4.65
<i>Chinese or other ethnic group:</i>			
Other ethnic group	13	0	2.18
<i>Not stated</i>	3	0	0.66
Total	451	3	

Religion	18–20 yr olds	21 and over	%
Baptist	2	0	0.44
Church of England	109	1	24.23
Roman Catholic	107	0	23.57
Other Christian denominations	17	0	3.74
Muslim	138	1	30.62
Sikh	4	0	0.88
Hindu	1	0	0.22
Buddhist	1	0	0.22
Other	2	0	0.44
No religion	70	1	15.64
Total	451	3	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	91	20.31	1	0.22
1 month to 3 months	133	29.69	0	0
3 months to 6 months	67	14.69	0	0
6 months to 1 year	25	5.58	0	0
1 year to 2 years	2	0.45	0	0
Total	318		1	

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	44	21.67	0	0
1 month to 3 months	41	20.20	1	0.49
3 months to 6 months	23	11.33	0	0
6 months to 1 year	21	10.34	0	0
1 year to 2 years	3	1.48	1	0.49
2 years to 4 years	1	0.49	0	0
Total	133		2	

Main offence	18-20 yr olds	21 and over	%
Violence against the person	144	1	31.94
Sexual offences	19	0	4.19
Burglary	47	0	10.35
Robbery	92	0	20.26
Theft and handling	20	0	4.41
Fraud and forgery	7	0	1.54
Drugs offences	37	1	8.37
Other offences	65	0	14.32
Offence not recorded/holding warrant	20	1	4.63
Total	451	3	

Appendix IIb: Prison population profile – juveniles

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

(i) Status	Number of juveniles	%
Sentenced	68	34.52
Remand	35	17.77
Detainees (single power status)	94	47.72
Total	197	100

(ii) Number of DTOs by age & sentence (full sentence length inc. the time in the community)

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Total
Age								
15 years	0	1	1	0	4	4	0	10
16 years	3	3	1	1	2	4	1	15
17 years	8	3	5	0	4	3	2	25
18 years								
Total	11	7	7	1	10	11	3	50

(iii) Number of SECTION 53 (2)//91s (determinate sentences only) by age & sentence

Sentence	Under 2 yrs	2-3 yrs	3-4 yrs	4-5 yrs	5 yrs +	Total
Age						
15 years	0	0	1	0	0	1
16 years	0	0	1	0	3	4
17 years	0	2	0	3	1	6
18 years						
Total	0	2	2	3	4	11

(iv) Number OF INDETERMINATE SENTENCES by age

Sentence	Section 90 (HMP)	Life sentence under section 91	Section 53 (1)	Section 226 (DPP)	Total
Age					
15 years	0	0	0	0	0
16 years	1	1	0	0	2
17 years	0	1	0	0	1

18 years					
Total	1	2	0	0	3

(v) LENGTH OF STAY for UNSENTENCED by age

Length of stay	<1 mth	1-3 mths	3-6 mths	6-12 mths	1-2 yrs	2 yrs +	Total
Age							
15 years	4	6	3	1	0	0	14
16 years	10	13	13	0	0	0	36
17 years	23	30	18	6	0	0	77
18 years							
Total	37	49	34	7	0	0	127

(vi) Main offence	Number of juveniles	%
Violence against the person	65	33.33
Sexual offences	4	2.05
Burglary	20	10.26
Robbery	54	27.69
Theft and handling	12	6.15
Drugs offences	12	6.15
Other offences	22	11.28
Offence not recorded/holding warrant	6	3.08
Total	195	100

(vii) Age	Number of juveniles	%
15 years	25	12.69
16 years	57	28.93
17 years	115	58.38
18 years		
Total	197	100

(viii) Home address	Number of juveniles	%
Within 50 miles of the prison	182	92.39
Between 50 and 100 miles of the prison	8	4.06
Over 100 miles from the prison	3	1.52
No fixed address	4	2.03
Total	197	100

(ix) Nationality	Number of juveniles	%
British	151	76.65
Foreign nationals	46	23.35
Total	197	100

(x) Ethnicity	Number of juveniles	%
<i>White:</i>		
British	46	23.35
Irish	6	3.05
Other white	7	3.55
<i>Mixed:</i>		
White and black Caribbean	12	6.09
White and black African	4	2.03
White and Asian	1	0.51
Other mixed	5	2.54
<i>Asian or Asian British:</i>		
Indian	2	1.02
Pakistani	4	2.03
Bangladeshi	3	1.52
Other Asian	7	3.55
<i>Black or black British:</i>		
Caribbean	57	28.93
African	31	15.74
Other black	8	4.06
<i>Not stated:</i>	3	1.52
<i>Chinese or other ethnic group</i>		
Chinese	1	0.51
Total	197	100

(xi) Religion	Number of juveniles	%
Church of England	65	32.99
Roman Catholic	47	23.86
Other Christian denominations	7	3.55
Muslim	49	24.87
Sikh	1	0.51
Hindu	1	0.51
No religion	27	13.71
Total	197	100

Appendix IIIa: Summary of young adult questionnaires and interviews

Young adult survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the young adult population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 14 December 2009, the young adult population at HMYOI Feltham was 428. The sample size was 115. Overall, this represented 27% of the young adult population.

Selecting the sample

Respondents were randomly selected from a LIDS young adult population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire.

Interviews were offered for any respondents with literacy difficulties. No respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable, or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 99 respondents completed and returned their questionnaires. This represented 23% of the young adult population. The response rate was 86%. In addition to the three respondents who refused to complete a questionnaire, 12 questionnaires were not returned and one was returned blank.

Comparisons

The following documents detail the results from the survey. Data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 21 young offender institutions since April 2005.
- The current survey responses in 2009 against the responses of young adults surveyed at HMYOI Feltham in 2007.
- A comparison within the 2009 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2009 survey between the responses of young adults who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between the responses of Muslim young adults and non-Muslim young adults.
- A comparison within the 2009 survey between the responses of young adults who consider themselves to have a disability and those who do not consider themselves to have a disability.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in young adults' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1%-2 % from that shown in the comparison data, as the comparator data has been weighted for comparison purposes.

Appendix IIIb: Summary of juvenile questionnaires and interviews

Survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the population of children and young people (15–18 years) was carried out by HM Inspectorate of Prisons as part of an annual report on the young people's estate.

Choosing the sample size

At the time of the survey on 14 December 2009, the population of juveniles at HMYOI Feltham was 216. Questionnaires were offered to 100 young people.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them.

Interviews are carried out with those who may have literacy difficulties, but in this case, none of those in the sample required one.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable, or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire, although their responses could be identified back to them in line with child protection requirements.

Response rates

In total, 90 respondents completed and returned their questionnaires. This represented 42% of juveniles in the establishment at the time. The response rate from the sample was 90%.

One respondent refused to complete a questionnaire, six questionnaires were not returned and three were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all juveniles surveyed in young offender institutions. This comparator is based on all responses from surveys carried out in all 12 male establishments since 2008.

An additional document shows; significant differences between the responses of young people from black and minority ethnic backgrounds and those from white backgrounds; and significant differences between young Muslims and young non-Muslims.

Also included are statistically significant differences between the responses of juveniles surveyed at HMYOI Feltham in 2008 and the responses of this 2009 survey. It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower as some of our survey questions have changed. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

In all the above documents, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures; that is the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading, and where there is no significant difference there is no shading. Orange shading has been used to show a significant difference in demographic background details.

Summary

In addition, a summary of the survey results has been included, which shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from that shown in the comparison data as the comparator data has been weighted for comparison purposes.

YOUNG ADULTS SECTION 1: ABOUT YOU

Q1.2	How old are you?	
	<i>Under 21</i>	98%
	<i>21 - 29</i>	2%
	<i>30 - 39</i>	0%
	<i>40 - 49</i>	0%
	<i>50 - 59</i>	0%
	<i>60 - 69</i>	0%
	<i>70 and over</i>	0%
Q1.3	Are you sentenced?	
	<i>Yes</i>	31%
	<i>Yes - on recall</i>	2%
	<i>No - awaiting trial</i>	41%
	<i>No - awaiting sentence</i>	24%
	<i>No - awaiting deportation</i>	2%
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	67%
	<i>Less than 6 months</i>	6%
	<i>6 months to less than 1 year</i>	6%
	<i>1 year to less than 2 years</i>	3%
	<i>2 years to less than 4 years</i>	6%
	<i>4 years to less than 10 years</i>	3%
	<i>10 years or more</i>	2%
	<i>IPP (indeterminate sentence for public protection)</i>	4%
	<i>Life</i>	2%
Q1.5	Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)	
	<i>Not sentenced</i>	72%
	<i>6 months or less</i>	10%
	<i>More than 6 months</i>	18%
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	26%
	<i>1 to less than 3 months</i>	22%
	<i>3 to less than 6 months</i>	24%
	<i>6 to less than 12 months</i>	19%
	<i>12 months to less than 2 years</i>	7%
	<i>2 to less than 4 years</i>	1%
	<i>4 years or more</i>	0%
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	22%
	<i>No</i>	78%
Q1.8	Is English your first language?	
	<i>Yes</i>	78%
	<i>No</i>	22%

Q1.9	What is your ethnic origin?			
	<i>White - British</i>	25%	<i>Asian or Asian British - Bangladeshi</i>	3%
	<i>White - Irish</i>	4%	<i>Asian or Asian British - other</i>	3%
	<i>White - other</i>	5%	<i>Mixed race - white and black Caribbean</i>	10%
	<i>Black or black British - Caribbean</i>	21%	<i>Mixed race - white and black African</i>	4%
	<i>Black or black British - African</i>	20%	<i>Mixed race - white and Asian</i>	0%
	<i>Black or black British - other</i>	0%	<i>Mixed race - other</i>	0%
	<i>Asian or Asian British - Indian</i>	1%	<i>Chinese</i>	1%
	<i>Asian or Asian British - Pakistani</i>	1%	<i>Other ethnic group</i>	1%
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	<i>Yes</i>			8%
	<i>No</i>			92%
Q1.11	What is your religion?			
	<i>None</i>	9%	<i>Hindu</i>	0%
	<i>Church of England</i>	25%	<i>Jewish</i>	0%
	<i>Catholic</i>	25%	<i>Muslim</i>	32%
	<i>Protestant</i>	1%	<i>Sikh</i>	0%
	<i>Other Christian denomination</i>	5%	<i>Other</i>	2%
	<i>Buddhist</i>	0%		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/straight</i>			100%
	<i>Homosexual/gay</i>			0%
	<i>Bisexual</i>			0%
	<i>Other</i>			0%
Q1.13	Do you consider yourself to have a disability?			
	<i>Yes</i>			14%
	<i>No</i>			86%
Q1.14	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	35%	16%	41%	7%
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	57%	39%	3%	
Q1.16	Do you have any children under the age of 18?			
	<i>Yes</i>			21%
	<i>No</i>			79%

SECTION 2: COURTS, TRANSFERS AND ESCORTS

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	3%	36%	25%	19%	15%	1%	1%
Your personal safety during the journey?	10%	49%	14%	14%	12%	1%	0%
The comfort of the van?	0%	4%	6%	19%	66%	2%	2%
The attention paid to your health needs?	3%	29%	25%	12%	20%	4%	7%
The frequency of toilet breaks?	2%	13%	27%	7%	30%	5%	16%

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
17%	55%	22%	5%	1%

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
13%	45%	24%	13%	4%	2%

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	78%	21%	1%
Before you arrived here did you receive any written information about what would happen to you?	28%	67%	5%
When you first arrived here did your property arrive at the same time as you?	55%	33%	12%

SECTION 3: RECEPTION, FIRST NIGHT AND INDUCTION

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)

<i>Didn't ask about any of these</i>	10%	<i>Money worries</i>	15%
<i>Loss of property</i>	16%	<i>Feeling depressed or suicidal</i>	50%
<i>Housing problems</i>	34%	<i>Health problems</i>	68%
<i>Contacting employers</i>	12%	<i>Needing protection from other prisoners</i>	30%
<i>Contacting family</i>	66%	<i>Accessing phone numbers</i>	51%
<i>Ensuring dependants were being looked after</i> 13%		<i>Other</i>	7%

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply)

<i>Didn't have any problems</i>	24%	<i>Money worries</i>	25%
<i>Loss of property</i>	21%	<i>Feeling depressed or suicidal</i>	14%
<i>Housing problems</i>	31%	<i>Health problems</i>	18%
<i>Contacting employers</i>	8%	<i>Needing protection from other prisoners</i>	10%
<i>Contacting family</i>	29%	<i>Accessing phone numbers</i>	23%
<i>Ensuring dependants were looked after</i>	5%	<i>Other</i>	2%

Q3.3 Please answer the following questions about reception:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Were you seen by a member of health services?	87%	10%	3%
When you were searched, was this carried out in a respectful way?	63%	27%	10%

Q3.4	Overall, how well did you feel you were treated in reception?	<i>Very well</i> 5%	<i>Well</i> 39%	<i>Neither</i> 33%	<i>Badly</i> 9%	<i>Very badly</i> 10%	<i>Don't remember</i> 3%
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)						
	<i>Information about what was going to happen to you</i>	45%					
	<i>Information about what support was available for people feeling depressed or suicidal</i>	52%					
	<i>Information about how to make routine requests</i>	38%					
	<i>Information about your entitlement to visits</i>	56%					
	<i>Information about health services</i>	59%					
	<i>Information about the chaplaincy</i>	60%					
	<i>Not offered anything</i>	19%					
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)						
	<i>A smokers/non-smokers pack</i>	83%					
	<i>The opportunity to have a shower</i>	18%					
	<i>The opportunity to make a free telephone call</i>	79%					
	<i>Something to eat</i>	84%					
	<i>Did not receive anything</i>	1%					
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)						
	<i>Chaplain or religious leader</i>	57%					
	<i>Someone from health services</i>	72%					
	<i>A Listener/Samaritans</i>	22%					
	<i>Did not meet any of these people</i>	15%					
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?						
	<i>Yes</i>	8%					
	<i>No</i>	92%					
Q3.9	Did you feel safe on your first night here?						
	<i>Yes</i>	71%					
	<i>No</i>	19%					
	<i>Don't remember</i>	10%					
Q3.10	How soon after your arrival did you go on an induction course?						
	<i>Have not been on an induction course</i>	11%					
	<i>Within the first week</i>	70%					
	<i>More than a week</i>	11%					
	<i>Don't remember</i>	9%					
Q3.11	Did the induction course cover everything you needed to know about the prison?						
	<i>Have not been on an induction course</i>	11%					
	<i>Yes</i>	47%					
	<i>No</i>	32%					
	<i>Don't remember</i>	11%					

SECTION 4: LEGAL RIGHTS AND RESPECTFUL CUSTODY

Q4.1	How easy is it to:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	10%	22%	22%	32%	12%	3%
	Attend legal visits?	21%	38%	21%	9%	3%	8%
	Obtain bail information?	7%	14%	29%	24%	13%	13%
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						11%
	<i>Yes</i>						40%
	<i>No</i>						49%
Q4.3	Please answer the following questions about the wing/unit you are currently living on:				<i>Yes</i>	<i>No</i>	<i>Don't know</i>
							<i>N/A</i>
	Are you normally offered enough clean, suitable clothes for the week?				56%	38%	2%
	Are you normally able to have a shower every day?				89%	10%	0%
	Do you normally receive clean sheets every week?				63%	32%	4%
	Do you normally get cell cleaning materials every week?				57%	41%	1%
	Is your cell call bell normally answered within five minutes?				36%	49%	11%
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?				53%	45%	1%
	Can you normally get your stored property if you need to?				33%	48%	13%
							6%
Q4.4	What is the food like here?						
	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>		
	0%	14%	34%	25%	27%		
Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet</i>						7%
	<i>Yes</i>						36%
	<i>No</i>						56%
Q4.6	Is it easy or difficult to get:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	A complaint form	40%	31%	13%	5%	2%	9%
	An application form	38%	35%	13%	7%	1%	7%
Q4.7	Have you made an application?						
	<i>Yes</i>						72%
	<i>No</i>						28%
Q4.8	Please answer the following questions concerning applications: <i>(If you have not made an application please tick the 'not made one' option.)</i>						
					<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Do you feel <i>applications</i> are dealt with fairly?				30%	25%	45%
	Do you feel <i>applications</i> are dealt with promptly? (within seven days)				29%	20%	51%

Q4.9	Have you made a complaint?					
	Yes.....				49%	
	No.....				51%	
Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)					
		Not made one	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	52%	9%	39%		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	51%	14%	34%		
	Were you given information about how to make an appeal?	51%	14%	34%		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	Not made a complaint				51%	
	Yes.....				14%	
	No.....				35%	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	Don't know who they are	Very easy	Easy	Neither	Difficult	Very difficult
	33%	5%	17%	26%	8%	10%
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is				4%	
	Enhanced				28%	
	Standard				61%	
	Basic				3%	
	Don't know				3%	
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is				4%	
	Yes.....				43%	
	No.....				40%	
	Don't know				13%	
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	Don't know what the IEP scheme is				4%	
	Yes.....				62%	
	No.....				24%	
	Don't know				9%	
Q4.16	Please answer the following questions about this prison?					
		Yes	No			
	In the last six months have any members of staff physically restrained you (C&R)?	18%	82%			
	In the last six months have you spent a night in the segregation/care and separation unit?	19%	81%			
Q4.17	Please answer the following questions about your religious beliefs?					
		Yes	No	<i>Don't know/N/A</i>		
	Do you feel your religious beliefs are respected?	66%	16%	18%		
	Are you able to speak to a religious leader of your faith in private if you want to?	77%	7%	16%		

Q4.18 Can you speak to a Listener at any time if you want to?
 Yes 42% No 23% Don't know 35%

Q4.19 Please answer the following questions about staff in this prison?
 Is there a member of staff you can turn to for help if you have a problem? Yes 66% No 34%
 Do most staff treat you with respect? 67% 33%

SECTION 5: SAFETY

Q5.1 Have you ever felt unsafe in this prison?
 Yes 35%
 No 65%

Q5.2 Do you feel unsafe in this prison at the moment?
 Yes 13%
 No 87%

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	67%	<i>At mealtimes</i>	3%
<i>Everywhere</i>	11%	<i>At health services</i>	3%
<i>Segregation unit</i>	4%	<i>Visits area</i>	8%
<i>Association areas</i>	8%	<i>In wing showers</i>	11%
<i>Reception area</i>	3%	<i>In gym showers</i>	4%
<i>At the gym</i>	4%	<i>In corridors/stairwells</i>	8%
<i>In an exercise yard</i>	3%	<i>On your landing/wing</i>	4%
<i>At work</i>	3%	<i>In your cell</i>	2%
<i>During movement</i>	10%	<i>At religious services</i>	4%
<i>At education</i>	8%		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?
 Yes 24%
 No 76% If No, go to question 5.6

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	13%	<i>Because of your sexuality</i>	0%
<i>Physical abuse (being hit, kicked or assaulted)</i>	12%	<i>Because you have a disability</i>	4%
<i>Sexual abuse</i>	1%	<i>Because of your religion/religious beliefs</i>	4%
<i>Because of your race or ethnic origin</i>	4%	<i>Because of your age</i>	4%
<i>Because of drugs</i>	2%	<i>Being from a different part of the country than others</i>	5%
<i>Having your canteen/property taken</i>	5%	<i>Because of your offence/crime</i>	2%
<i>Because you were new here</i>	7%	<i>Because of gang related issues</i>	9%

Q5.6 Have you been victimised by a member of staff or group of staff here?
 Yes 36%
 No 64% If No, go to question 5.8

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	19%	<i>Because you have a disability</i>	2%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	8%	<i>Because of your religion/religious beliefs</i>	2%
<i>Sexual abuse.....</i>	2%	<i>Because of your age.....</i>	3%
<i>Because of your race or ethnic origin.....</i>	9%	<i>Being from a different part of the country than others.....</i>	1%
<i>Because of drugs</i>	0%	<i>Because of your offence/crime.....</i>	7%
<i>Because you were new here.....</i>	7%	<i>Because of gang related issues.....</i>	4%
<i>Because of your sexuality.....</i>	0%		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

<i>Not been victimised</i>	57%
<i>Yes.....</i>	13%
<i>No.....</i>	30%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

<i>Yes.....</i>	32%
<i>No.....</i>	68%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

<i>Yes.....</i>	18%
<i>No.....</i>	82%

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
6%	8%	9%	3%	17%	56%

SECTION 6: HEALTH SERVICES

Q6.1 How easy or difficult is it to see the following people?

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	11%	7%	23%	18%	22%	20%
The nurse	11%	16%	30%	17%	15%	11%
The dentist	22%	3%	6%	10%	30%	30%
The optician	33%	5%	6%	12%	22%	23%

Q6.2 Are you able to see a pharmacist?

<i>Yes.....</i>	32%
<i>No.....</i>	68%

Q6.3 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	25%	10%	33%	17%	8%	8%
The nurse	19%	9%	23%	13%	13%	24%
The dentist	43%	1%	12%	15%	13%	15%
The optician	52%	5%	12%	13%	7%	12%

Q6.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
16%	3%	28%	19%	19%	15%

Q6.5	Are you currently taking medication?			
	Yes.....			18%
	No.....			82%
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?			
	<i>Not taking medication</i>			82%
	Yes.....			11%
	No.....			8%
Q6.7	Do you feel you have any emotional well-being/mental health issues?			
	Yes.....			19%
	No.....			81%
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	<i>Do not have any issues/not receiving any help</i>			95%
	Doctor.....			2%
	Nurse.....			1%
	Psychiatrist.....			1%
	Mental health in-reach team.....			3%
	Counsellor.....			0%
	Other.....			0%
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		<i>Yes</i>	<i>No</i>	
	Drugs	22%	78%	
	Alcohol	18%	82%	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes.....			3%
	No.....			97%
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes.....			15%
	No.....			12%
	<i>Did not/do not have a drug or alcohol problem</i>			73%
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?			
	Yes.....			19%
	No.....			8%
	<i>Did not/do not have a drug or alcohol problem</i>			73%
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes.....			13%
	No.....			7%
	<i>Did not have a problem/have not received help</i>			80%
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Drugs	9%	77%	14%
	Alcohol	8%	80%	12%

Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	Yes.....	10%
	No.....	16%
	N/A.....	74%

SECTION 7: PURPOSEFUL ACTIVITY

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)						
	Prison job	36%					
	Vocational or skills training.....	14%					
	Education (including basic skills).....	26%					
	Offending behaviour programmes.....	5%					
	Not involved in any of these	36%					
Q7.2	If you have been involved in any of the following, while in this prison, do you think it will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	37%	29%	25%	8%		
	Vocational or skills training	42%	41%	10%	7%		
	Education (including basic skills)	29%	34%	21%	16%		
	Offending behaviour programmes	45%	21%	10%	24%		
Q7.3	How often do you go to the library?						
	Don't want to go		1%				
	Never.....		25%				
	Less than once a week.....		24%				
	About once a week.....		39%				
	More than once a week.....		1%				
	Don't know.....		11%				
Q7.4	On average how many times do you go to the gym each week?						
	Don't want to go	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	1%	15%	35%	30%	10%	0%	9%
Q7.5	On average how many times do you go outside for exercise each week?						
	Don't want to go	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>	
	9%	9%	37%	30%	8%	8%	
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)						
	Less than 2 hours.....		34%				
	2 to less than 4 hours.....		21%				
	4 to less than 6 hours.....		15%				
	6 to less than 8 hours.....		16%				
	8 to less than 10 hours.....		3%				
	10 hours or more.....		5%				
	Don't know.....		4%				
Q7.7	On average, how many times do you have association each week?						
	Don't want to go	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>	
	1%	7%	9%	11%	65%	7%	

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	5%
	<i>Never</i>	15%
	<i>Rarely</i>	22%
	<i>Some of the time</i>	34%
	<i>Most of the time</i>	17%
	<i>All of the time</i>	8%

SECTION 8: RESETTLEMENT

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	34%
	<i>In the first week</i>	38%
	<i>More than a week</i>	21%
	<i>Don't remember</i>	7%
Q8.2	How helpful do you think your personal officer is?	
	<i>Do not have a personal officer/ still have not met him/ her</i>	
	<i>Very helpful</i>	
	<i>Helpful</i>	
	<i>Neither</i>	
	<i>Not very helpful</i>	
	<i>Not at all helpful</i>	
	35%	11%
	26%	13%
	10%	5%
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	70%
	<i>Yes</i>	6%
	<i>No</i>	23%
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	94%
	<i>Very involved</i>	0%
	<i>Involved</i>	5%
	<i>Neither</i>	0%
	<i>Not very involved</i>	1%
	<i>Not at all involved</i>	0%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	93%
	<i>Yes</i>	4%
	<i>No</i>	3%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	93%
	<i>Yes</i>	6%
	<i>No</i>	1%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?	
	<i>Not sentenced</i>	70%
	<i>Yes</i>	12%
	<i>No</i>	18%

Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes.....				20%
	No.....				80%
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....				42%
	No.....				47%
	Don't know.....				11%
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....				30%
	No.....				67%
	Don't know.....				3%
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				5%
	Yes.....				39%
	No.....				53%
	Don't remember.....				3%
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	5%	41%	52%	2%	0%
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>				27%
	<i>Very well</i>				13%
	<i>Well</i>				26%
	<i>Neither</i>				20%
	<i>Badly</i>				3%
	<i>Very badly</i>				6%
	<i>Don't know</i>				6%
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	Yes.....				41%
	No.....				59%
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)				
	<i>Don't know who to contact</i>	50%	<i>Help with your finances in preparation for release</i>	16%	
	<i>Maintaining good relationships</i>	13%	<i>Claiming benefits on release</i>	21%	
	<i>Avoiding bad relationships</i>	6%	<i>Arranging a place at college/continuing education on release</i>	21%	
	<i>Finding a job on release</i>	26%	<i>Continuity of health services on release</i>	14%	
	<i>Finding accommodation on release</i>	30%	<i>Opening a bank account</i>	13%	

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

<i>No problems</i>	29%	<i>Help with your finances in preparation for release</i>	31%
<i>Maintaining good relationships</i>	11%	<i>Claiming benefits on release</i>	29%
<i>Avoiding bad relationships</i>	12%	<i>Arranging a place at college/continuing education on release</i>	34%
<i>Finding a job on release</i>	60%	<i>Continuity of health services on release</i>	13%
<i>Finding accommodation on release</i>	35%	<i>Opening a bank account</i>	24%

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	70%
<i>Yes</i>	16%
<i>No</i>	14%

JUVENILES SECTION 1: ABOUT YOU

Q1	How old are you?	
	15	14 (16%)
	16	22 (24%)
	17	49 (54%)
	18	5 (6%)
Q2	Are you a British citizen?	
	Yes	84 (94%)
	No	5 (6%)
Q3	Is English your first language?	
	Yes	71 (84%)
	No	14 (16%)
Q4	What is your ethnic origin?	
	<i>White - British</i>	22 (24%)
	<i>White - Irish</i>	3 (3%)
	<i>White - other</i>	5 (6%)
	<i>Black or black British - Caribbean</i>	30 (33%)
	<i>Black or black British - African</i>	12 (13%)
	<i>Black or black British - other</i>	0 (0%)
	<i>Asian or Asian British - Indian</i>	1 (1%)
	<i>Asian or Asian British - Pakistani</i>	1 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	3 (3%)
	<i>Asian or Asian British - other</i>	3 (3%)
	<i>Mixed race - white and black Caribbean</i>	5 (6%)
	<i>Mixed race - white and black African</i>	1 (1%)
	<i>Mixed race - white and Asian</i>	1 (1%)
	<i>Mixed race - other</i>	1 (1%)
	<i>Chinese</i>	0 (0%)
	<i>Other ethnic group</i>	2 (2%)
Q5	Do you consider yourself to be Gypsy/Romany/Traveller?	
	Yes	5 (7%)
	No	68 (93%)
Q6	What is your religion?	
	<i>None</i>	13 (15%)
	<i>Church of England</i>	27 (31%)
	<i>Catholic</i>	24 (27%)
	<i>Protestant</i>	0 (0%)
	<i>Other Christian denomination</i>	4 (5%)
	<i>Buddhist</i>	0 (0%)
	<i>Hindu</i>	1 (1%)
	<i>Jewish</i>	0 (0%)
	<i>Muslim</i>	19 (22%)
	<i>Sikh</i>	0 (0%)

Q7	Do you have any children?	
	Yes.....	6 (7%)
	No.....	84 (93%)

SECTION 2: ABOUT YOUR SENTENCE

Q2	Are you sentenced?	
	Yes.....	34 (38%)
	No – unsentenced/on remand.....	56 (62%)
Q3	What is the length of your sentence?	
	<i>Not sentenced</i>	56 (63%)
	<i>Four months</i>	7 (8%)
	<i>Six months</i>	5 (6%)
	<i>Eight months</i>	3 (3%)
	<i>Twelve months</i>	5 (6%)
	<i>Eighteen months</i>	4 (4%)
	<i>Two years</i>	2 (2%)
	<i>Two to four years</i>	2 (2%)
	<i>Four years or more</i>	4 (4%)
	<i>Indeterminate sentence for public protection (ISSP/DPP)</i>	1 (1%)
Q4	Approximately, how long do you have left to serve? (If you are serving life, please use the date of your next parole board.)	
	<i>Not sentenced</i>	56 (66%)
	<i>Less than two months</i>	13 (15%)
	<i>Two to six months</i>	8 (9%)
	<i>Six months to one year</i>	4 (5%)
	<i>One year or more</i>	4 (5%)
Q5	How long have you been in this establishment?	
	<i>Less than one month</i>	18 (21%)
	<i>One to six months</i>	56 (65%)
	<i>Six to 12 months</i>	11 (13%)
	<i>One to two years</i>	1 (1%)
	<i>Two years or more</i>	0 (0%)
Q6	How many times have you been in a YOI, secure children's home or secure training centre before?	
	<i>None</i>	37 (43%)
	<i>Once</i>	17 (20%)
	<i>Two to five</i>	28 (33%)
	<i>More than five</i>	4 (5%)
Q7	Have you been to any other YOI during this sentence?	
	<i>None</i>	78 (90%)
	<i>One</i>	7 (8%)
	<i>Two</i>	1 (1%)
	<i>Three</i>	0 (0%)
	<i>More than three</i>	1 (1%)

SECTION 3: COURTS, TRANSFERS AND ESCORTS

Q1	On your most recent journey, was the van clean?	
	<i>Yes</i>	49 (55%)
	<i>No</i>	28 (31%)
	<i>Don't remember</i>	11 (12%)
	<i>Not applicable</i>	1 (1%)
Q2	On your most recent journey, was the van comfortable?	
	<i>Yes</i>	3 (3%)
	<i>No</i>	87 (97%)
	<i>Don't remember</i>	0 (0%)
	<i>Not applicable</i>	0 (0%)
Q3	Did you feel safe on your most recent journey?	
	<i>Yes</i>	60 (67%)
	<i>No</i>	27 (30%)
	<i>Don't remember</i>	2 (2%)
Q4	On your most recent journey, were there any adults (over 18), or any young people of a different gender, travelling with you?	
	<i>Yes</i>	26 (30%)
	<i>No</i>	51 (59%)
	<i>Don't remember</i>	9 (10%)
Q5	On your most recent journey, how long did you spend in the van?	
	<i>Less than one hour</i>	18 (20%)
	<i>One to two hours</i>	54 (60%)
	<i>Two to four hours</i>	16 (18%)
	<i>More than four hours</i>	0 (0%)
	<i>Don't remember</i>	2 (2%)
Q6	On your most recent journey, were you offered a toilet break if you needed it?	
	<i>My journey was less than two hours</i>	72 (80%)
	<i>Yes</i>	2 (2%)
	<i>No</i>	16 (18%)
	<i>Don't remember</i>	0 (0%)
Q7	On your most recent journey, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	72 (80%)
	<i>Yes</i>	2 (2%)
	<i>No</i>	16 (18%)
	<i>Don't remember</i>	0 (0%)

Q8	On your most recent journey, how did you feel you were treated by the escort staff?	
	<i>Very well</i>	7 (8%)
	<i>Well</i>	37 (41%)
	<i>Neither</i>	31 (34%)
	<i>Badly</i>	9 (10%)
	<i>Very badly</i>	1 (1%)
	<i>Don't remember</i>	5 (6%)
Q9	When you left court or were transferred from another establishment were you told that you would be coming to this establishment? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	72 (81%)
	<i>Yes, I received written information</i>	3 (3%)
	<i>No, I was not told anything</i>	15 (17%)
	<i>Don't remember</i>	1 (1%)

SECTION 4: YOUR FIRST FEW DAYS HERE

Q1	How long were you in reception?	
	<i>Less than two hours</i>	83 (93%)
	<i>Two hours or longer</i>	2 (2%)
	<i>Don't remember</i>	4 (4%)
Q2	Were you seen by a member of healthcare staff in reception?	
	<i>Yes</i>	44 (49%)
	<i>No</i>	33 (37%)
	<i>Don't remember</i>	12 (13%)
Q3	When you were searched, was this carried out in an understanding way?	
	<i>Yes</i>	66 (75%)
	<i>No</i>	15 (17%)
	<i>Don't remember</i>	7 (8%)
Q4	Overall, how well did you feel you were treated in reception?	
	<i>Very well</i>	9 (10%)
	<i>Well</i>	49 (56%)
	<i>Neither</i>	18 (20%)
	<i>Badly</i>	10 (11%)
	<i>Very badly</i>	1 (1%)
	<i>Don't remember</i>	1 (1%)
Q5	When you first arrived here, did staff ask if you needed help or support with any of the following things? (Please tick all that apply to you.)	
	<i>Not being able to smoke</i>	46 (54%)
	<i>Loss of property</i>	13 (15%)
	<i>Housing problems</i>	15 (18%)
	<i>Needing protection from other young people</i>	30 (35%)
	<i>Letting family know where you are</i>	48 (56%)
	<i>Money worries</i>	8 (9%)
	<i>Feeling low/upset/needing someone to talk to</i>	33 (39%)
	<i>Health problems</i>	44 (52%)
	<i>Getting phone numbers</i>	26 (31%)
	Staff did not ask me about any of these	9 (11%)

Q6 When you first arrived here, did you have any of the following problems? (Please tick all that apply to you.)

<i>Not being able to smoke</i>	34 (40%)	<i>Money worries</i>	16 (19%)
<i>Loss of property</i>	15 (18%)	<i>Feeling low/upse/needng someone to talk to</i>	10 (12%)
<i>Housing problems</i>	13 (15%)	<i>Health problems</i>	11 (13%)
<i>Needing protection from other young people</i>	3 (4%)	<i>Getting phone numbers</i>	25 (30%)
<i>Letting family know where you are</i>	18 (21%)	<i>I did not have any problems</i>	21 (25%)

Q7 When you first arrived here, were you given any of the following? (Please tick all that apply to you.)

<i>A reception pack</i>	67 (75%)
<i>The opportunity to have a shower</i>	17 (19%)
<i>Something to eat</i>	76 (85%)
<i>A free phone call to friends/family</i>	73 (82%)
<i>Information about the PIN telephone system</i>	57 (64%)
<i>Information about feeling low/upset</i>	24 (27%)
<i>Don't remember</i>	0 (0%)
<i>I was not given any of these</i>	3 (3%)

Q8 Within your first 24 hours here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain or religious leader</i>	50 (57%)
<i>Someone from healthcare</i>	54 (62%)
<i>Peer support/peer mentor/Listener/Samaritans</i>	21 (24%)
<i>The prison shop/canteen</i>	9 (10%)
<i>Don't remember</i>	8 (9%)
<i>I did not have access to any of these</i>	16 (18%)

Q9 Did you feel safe on your first night at this establishment?

<i>Yes</i>	67 (79%)
<i>No</i>	11 (13%)
<i>Don't remember</i>	7 (8%)

Q10 How soon after your arrival did you go on an induction course?

<i>I have not been on an induction course</i>	8 (9%)
<i>Within the first week</i>	64 (72%)
<i>More than a week</i>	9 (10%)
<i>Don't remember</i>	8 (9%)

Q11 Did the induction course cover everything you needed to know about the establishment?

<i>I have not been on an induction course</i>	8 (9%)
<i>Yes</i>	42 (48%)
<i>No</i>	25 (29%)
<i>Don't remember</i>	12 (14%)

SECTION 5: DAILY LIFE AND RESPECT

Q1 Can you normally have a shower every day if you want to?

<i>Yes</i>	74 (82%)
<i>No</i>	12 (13%)
<i>Don't know</i>	4 (4%)

Q2	Is your cell call bell normally answered within five minutes?	
	Yes.....	39 (45%)
	No.....	38 (44%)
	Don't know.....	10 (11%)

Q3	What is the food like here?	
	Very good.....	0 (0%)
	Good.....	16 (18%)
	Neither.....	23 (26%)
	Bad.....	26 (30%)
	Very bad.....	23 (26%)

Q4	Does the shop/canteen sell a wide enough variety of products?	
	<i>I have not bought anything yet</i>	6 (7%)
	Yes.....	45 (50%)
	No.....	35 (39%)
	Don't know.....	4 (4%)

Q5	How easy is it for you to attend religious services?	
	<i>I don't want to attend religious services</i>	5 (6%)
	Very easy	37 (42%)
	Easy	30 (34%)
	Neither.....	8 (9%)
	Difficult.....	2 (2%)
	Very difficult.....	0 (0%)
	Don't know.....	6 (7%)

Q6	Please answer the following questions about religion:			
		Yes	No	Don't know/not applicable
	Do you feel your religious beliefs are respected?	67 (76%)	8 (9%)	13 (15%)
	Can you speak to a religious leader in private if you want to?	69 (82%)	1 (1%)	14 (17%)

Q7	Please answer the following about staff here:		
		Yes	No
	Is there a member of staff you feel you can turn to for help if you have a problem?	57 (66%)	30 (34%)
	Do most staff treat you with respect?	51 (60%)	34 (40%)

SECTION 6: HEALTH SERVICES

Q1	What do you think of the overall quality of the healthcare?	
	<i>I have not been to healthcare</i>	7 (8%)
	Very good.....	8 (9%)
	Good.....	25 (28%)
	Neither.....	20 (22%)
	Bad.....	15 (17%)
	Very bad.....	14 (16%)

Q2	Is it easy to see the following people if you need to?			
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	The doctor	22 (25%)	51 (59%)	14 (16%)
	The nurse	61 (71%)	18 (21%)	7 (8%)
	The dentist	13 (15%)	48 (57%)	23 (27%)
	The optician	7 (8%)	38 (46%)	38 (46%)
	The pharmacist.....	7 (8%)	32 (39%)	44 (53%)
Q3	Have you had any problems getting your medication?			
	<i>I am not taking any medication</i>			50 (56%)
	<i>Yes</i>			22 (25%)
	<i>No</i>			17 (19%)
Q4	Please answer the following about alcohol:			
		<i>Yes</i>	<i>No</i>	
	Did you have problems with alcohol when you first arrived here?	6 (7%)	83 (93%)	
	Do you have problems with alcohol now?	1 (1%)	88 (99%)	
	Have you received any help with alcohol problems in this prison?	6 (7%)	83 (93%)	
Q5	Please answer the following about drugs:			
		<i>Yes</i>	<i>No</i>	
	Did you have problems with drugs when you first arrived here?	22 (25%)	67 (75%)	
	Do you have problems with drugs now?	4 (4%)	85 (96%)	
	Have you received any help with drugs problems in this prison?	14 (16%)	75 (84%)	
Q6	How easy is it to get illegal drugs here?			
	<i>Very easy</i>			6 (7%)
	<i>Easy</i>			1 (1%)
	<i>Neither</i>			2 (2%)
	<i>Difficult</i>			3 (3%)
	<i>Very difficult</i>			8 (9%)
	<i>Don't know</i>			67 (77%)
Q7	Do you feel you have any emotional or mental health problems?			
	<i>Yes</i>			16 (18%)
	<i>No</i>			73 (82%)
Q8	If you have emotional or mental health problems, are you being helped by any of the following people?			
	<i>I do not have any/I am not getting any help</i>			80 (90%)
	<i>Doctor</i>			5 (6%)
	<i>Nurse</i>			4 (4%)
	<i>Psychiatrist/psychologist</i>			4 (4%)
	<i>Counsellor</i>			3 (3%)
	<i>Other</i>			1 (1%)

SECTION 7: APPLICATIONS AND COMPLAINTS

Q1	Do you know how to make an application?		
	<i>Yes</i>		71 (82%)
	<i>No</i>		16 (18%)

Q2	Is it easy to make an application?			
	Yes.....			61 (68%)
	No.....			8 (9%)
	Don't know.....			21 (23%)
Q3	Please answer the following about applications:			
		<i>I have not made an application</i>	Yes	No
	Do you feel applications are sorted out fairly?	36 (40%)	19 (21%)	34 (38%)
	Do you feel applications are sorted out promptly (within seven days)?	36 (42%)	13 (15%)	37 (43%)
Q4	Do you know how to make a complaint?			
	Yes.....			79 (89%)
	No.....			10 (11%)
Q5	Is it easy to make a complaint?			
	Yes.....			58 (67%)
	No.....			7 (8%)
	Don't know.....			22 (25%)
Q6	Please answer the following about complaints:			
		<i>I have not made a complaint</i>	Yes	No
	Do you feel complaints are sorted out fairly?	43 (49%)	12 (14%)	32 (37%)
	Do you feel complaints are sorted out promptly (within seven days)?	43 (49%)	14 (16%)	30 (34%)
	Have you ever been encouraged to withdraw a complaint?	43 (52%)	9 (11%)	31 (37%)
Q7	Can you speak to the following people when you need to?			
		Yes	No	Don't know
	A peer mentor/peer support/Listener	26 (30%)	13 (15%)	49 (56%)
	A member of the IMB (Independent Monitoring Board)	18 (20%)	10 (11%)	60 (68%)
	An advocate (an outside person to help you)	18 (20%)	11 (13%)	59 (67%)

SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE

Q1	What level of the rewards and sanctions scheme are you on?			
	<i>Don't know what the rewards and sanctions scheme is</i>			4 (4%)
	<i>Enhanced (top)</i>			19 (21%)
	<i>Standard (middle)</i>			54 (61%)
	<i>Basic (bottom)</i>			9 (10%)
	<i>Don't know</i>			3 (3%)
Q2	Do you feel you have been treated fairly in your experience of the rewards and sanctions scheme?			
	<i>Don't know what the rewards and sanctions scheme is</i>			4 (5%)
	Yes.....			37 (43%)
	No.....			34 (40%)
	Don't know.....			11 (13%)

Q3	Do the different levels of the rewards and sanctions scheme encourage you to change your behaviour? <i>Don't know what the rewards and sanctions scheme is</i> 4 (5%) Yes..... 48 (55%) No..... 26 (30%) <i>Don't know</i> 10 (11%)
Q4	Have you had a 'nicking' (adjudication) since you have been in this establishment? Yes..... 43 (49%) No..... 40 (46%) <i>Don't know</i> 4 (5%)
Q5	If you have had a 'nicking' (adjudication), was the process explained clearly to you? <i>I have not had an adjudication</i> 40 (48%) Yes..... 38 (46%) No..... 5 (6%)
Q6	If you have been physically restrained (C and R), how many times has this happened since you have been in this establishment? <i>I have not been restrained</i> 52 (60%) Once..... 18 (21%) Twice..... 7 (8%) Three times..... 2 (2%) More than three times..... 7 (8%)
Q7	If you have spent a night in the care and separation unit (CSU), how were you treated by staff? <i>I have not been to the care and separation unit</i> 70 (82%) Very well..... 0 (0%) Well..... 5 (6%) Neither..... 6 (7%) Badly..... 2 (2%) Very badly..... 2 (2%)

SECTION 9: SAFETY

Q1	Have you ever felt unsafe in this establishment? Yes..... 33 (37%) No..... 56 (63%)
Q2	If you have ever felt unsafe, in which areas of this establishment do you/have you ever felt unsafe? (Please tick all that apply to you.) <i>Never felt unsafe</i> 56 (64%) <i>At mealtimes</i> 1 (1%) <i>Everywhere</i> 11 (13%) <i>At healthcare</i> 1 (1%) <i>Care and separation unit</i> 2 (2%) <i>Visits area</i> 4 (5%) <i>Association areas</i> 9 (10%) <i>In wing showers</i> 7 (8%) <i>Reception area</i> 3 (3%) <i>In gym showers</i> 4 (5%) <i>At the gym</i> 2 (2%) <i>In corridors/stairwells</i> 9 (10%) <i>In an exercise yard</i> 2 (2%) <i>On your landing/wing</i> 3 (3%) <i>At work</i> 2 (2%) <i>In your cell</i> 2 (2%) <i>At education</i> 9 (10%)
Q3	Has another young person or group of young people victimised you in this establishment (e.g. insulted or assaulted you)? Yes..... 22 (25%) No..... 65 (75%) If No, go to question 6

Q4	If yes, what did the incident(s) involve /what were they about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you, your family or friends).....</i>	9 (10%) <i>Because of drugs.....</i> 3 (3%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	10 (11%) <i>Having your canteen/property taken.....</i> 3 (3%)
	<i>Sexual abuse.....</i>	1 (1%) <i>Because you were new here</i> 5 (6%)
	<i>Because of your race or ethnic origin.....</i>	3 (3%) <i>Because you are from a different part of the country.....</i> 4 (5%)
	<i>Because of your religious beliefs.....</i>	2 (2%) <i>Because of gang related issues.....</i> 5 (6%)
	<i>Because you have a disability.....</i>	2 (2%) <i>Because of my offence/crime</i> 2 (2%)
Q6	Has a member of staff or group of staff victimised you in this establishment (e.g. insulted or assaulted you)?	
	<i>Yes.....</i>	26 (30%)
	<i>No.....</i>	60 (70%)
	If No, go to question 9	
Q7	If yes, what did the incident(s) involve/what were they about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you, your family or friends).....</i>	14 (16%) <i>Because of drugs.....</i> 0 (0%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	7 (8%) <i>Having your canteen/property taken.....</i> 1 (1%)
	<i>Sexual abuse.....</i>	2 (2%) <i>Because you were new here</i> 4 (5%)
	<i>Because of your race or ethnic origin.....</i>	1 (1%) <i>Because you are from a different part of the country.....</i> 1 (1%)
	<i>Because of your religious beliefs.....</i>	2 (2%) <i>Because of gang related issues.....</i> 3 (3%)
	<i>Because you have a disability.....</i>	1 (1%) <i>Because of my offence/crime</i> 2 (2%)
Q9	If you were being victimised who would you tell?	
	<i>No one.....</i>	35 (44%) <i>Teacher/education staff</i> 2 (3%)
	<i>Personal officer</i>	18 (23%) <i>Gym staff</i> 2 (3%)
	<i>Wing officer</i>	13 (16%) <i>Listener/Samaritan/Buddy</i> 3 (4%)
	<i>Chaplain.....</i>	5 (6%) <i>Another young person here</i> 10 (13%)
	<i>Healthcare staff.....</i>	1 (1%) <i>Family/friends</i> 15 (19%)
	<i>Other please specify</i>	6 (100%)
Q10	Do you think staff would take it seriously if you told them you had been victimised?	
	<i>Yes.....</i>	30 (34%)
	<i>No.....</i>	28 (32%)
	<i>Don't know.....</i>	29 (33%)
Q11	Is shouting through the windows a problem here?	
	<i>Yes.....</i>	27 (31%)
	<i>No.....</i>	43 (50%)
	<i>Don't know.....</i>	16 (19%)
Q12	Have staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes.....</i>	37 (42%)
	<i>No.....</i>	51 (58%)

SECTION 10: ACTIVITIES

Q1	How old were you when you were last at school?	
	<i>14 or under.....</i>	29 (33%)
	<i>15 or over.....</i>	58 (67%)

Q2	Please answer the following questions about school:	<i>Yes</i>	<i>No</i>	<i>Not applicable</i>	
	Have you ever been excluded from school?	71 (83%)	12 (14%)	3 (3%)	
	Did you used to truant from school?	40 (53%)	30 (40%)	5 (7%)	
Q3	Do you currently take part in any of the following activities? (Please tick all that apply to you.)				
	<i>Education</i>			62 (73%)	
	<i>A job in this establishment</i>			24 (28%)	
	<i>Vocational or skills training</i>			8 (9%)	
	<i>Offending behaviour programmes</i>			7 (8%)	
	<i>I am not currently involved in any of these</i>			14 (16%)	
Q4	If you have been involved in ANY of the following activities in THIS establishment, do you think they will help you when you leave prison?	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Education	6 (7%)	45 (54%)	23 (27%)	10 (12%)
	A job in this establishment	15 (22%)	26 (38%)	12 (17%)	16 (23%)
	Vocational or skills training	16 (29%)	13 (23%)	10 (18%)	17 (30%)
	Offending behaviour programmes	15 (27%)	9 (16%)	12 (21%)	20 (36%)
Q5	Do you usually have association every day?				
	<i>Yes</i>				74 (87%)
	<i>No</i>				7 (8%)
	<i>Don't know</i>				4 (5%)
Q6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				8 (10%)
	<i>None</i>				8 (10%)
	<i>One to two times</i>				14 (17%)
	<i>Three to five times</i>				43 (51%)
	<i>More than five times</i>				6 (7%)
	<i>Don't know</i>				5 (6%)
Q7	Can you usually go outside for exercise every day?				
	<i>Don't want to go</i>				2 (2%)
	<i>Yes</i>				15 (17%)
	<i>No</i>				65 (75%)
	<i>Don't know</i>				5 (6%)

SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS

Q1	Are you able to use the telephone every day, if you want to?		
	<i>Yes</i>		66 (75%)
	<i>No</i>		20 (23%)
	<i>Don't know</i>		2 (2%)
Q2	Have you had any problems with sending or receiving mail (letters or parcels)?		
	<i>Yes</i>		35 (40%)
	<i>No</i>		46 (52%)
	<i>Don't know</i>		7 (8%)

Q3	How easy is it for your family and friends to visit you here?	
	<i>Very easy</i>	7 (8%)
	<i>Easy</i>	38 (43%)
	<i>Neither</i>	19 (22%)
	<i>Difficult</i>	12 (14%)
	<i>Very difficult</i>	5 (6%)
	<i>Don't know</i>	7 (8%)
Q4	How many visits have you had from family or friends in the last month?	
	<i>I don't get visits</i>	8 (9%)
	<i>None</i>	7 (8%)
	<i>One</i>	19 (22%)
	<i>Two</i>	20 (23%)
	<i>Three</i>	10 (11%)
	<i>More than three</i>	22 (25%)
	<i>Don't know</i>	2 (2%)
Q5	Do your visits usually start on time?	
	<i>I don't get visits</i>	8 (9%)
	<i>Yes</i>	22 (26%)
	<i>No</i>	50 (59%)
	<i>Don't know</i>	5 (6%)
Q6	How are you and your family/friends usually treated by visits staff?	
	<i>I don't get visits</i>	8 (9%)
	<i>Very well</i>	12 (14%)
	<i>Well</i>	32 (36%)
	<i>Neither</i>	14 (16%)
	<i>Badly</i>	7 (8%)
	<i>Very badly</i>	3 (3%)
	<i>Don't know</i>	12 (14%)

SECTION 12: PREPARATION FOR RELEASE

Q1	When did you first meet your personal officer?	
	<i>I still have not met him/her</i>	10 (11%)
	<i>In your first week</i>	32 (36%)
	<i>After your first week</i>	28 (32%)
	<i>Don't remember</i>	18 (20%)
Q2	How often do you see your personal officer?	
	<i>I still have not met him/her</i>	10 (12%)
	<i>At least once a week</i>	56 (66%)
	<i>Less than once a week</i>	19 (22%)
Q3	Do you feel your personal officer has helped you?	
	<i>I still have not met him/her</i>	10 (12%)
	<i>Yes</i>	43 (50%)
	<i>No</i>	33 (38%)

Q4	Do you have a training plan?				
	<i>Not sentenced</i>				56 (63%)
	<i>Yes</i>				16 (18%)
	<i>No</i>				12 (13%)
	<i>Don't know</i>				5 (6%)
Q5	Please answer the following about training plans:				
		<i>I don't have a training plan</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Were you involved in development of your training plan?	68 (77%)	12 (14%)	1 (1%)	7 (8%)
	Do you understand the targets that have been set in your training plan?	68 (77%)	14 (16%)	0 (0%)	6 (7%)
	Can you see your training plan when you want to?	68 (76%)	7 (8%)	3 (3%)	11 (12%)
Q6	Has your YOT worker been in touch since you arrived at this establishment?				
	<i>Yes</i>				67 (76%)
	<i>No</i>				21 (24%)
Q7	Do you know how to get in touch with your YOT worker?				
	<i>Yes</i>				41 (47%)
	<i>No</i>				46 (53%)
Q8	Please answer the following about your release:				
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	
	Have you had a say in what will happen to you when you are released?	27 (31%)	39 (45%)	21 (24%)	
	Are you planning on going to school or college after release?	66 (75%)	7 (8%)	15 (17%)	
	Do you have a job to go to on release?	16 (18%)	60 (69%)	11 (13%)	
Q9	Do you know who to contact to get help with any of the following for when you leave? (Please tick all that apply)				
	<i>Finding accommodation</i>				30 (38%)
	<i>Getting into school or college</i>				48 (60%)
	<i>Getting a job</i>				34 (43%)
	<i>Help with money/finances</i>				30 (38%)
	<i>Help with claiming benefits</i>				24 (30%)
	<i>Continuing health services</i>				16 (20%)
	<i>Opening a bank account</i>				24 (30%)
	<i>Avoiding bad relationships</i>				19 (24%)
	<i>I don't know who to contact</i>				23 (29%)
Q10	Do you think you will have a problem with any of the following when you leave? (Please tick all that apply to you.)				
	<i>Finding accommodation</i>				28 (34%)
	<i>Getting into school or college</i>				24 (29%)
	<i>Getting a job</i>				37 (45%)
	<i>Money/finances</i>				33 (40%)
	<i>Claiming benefits</i>				16 (19%)
	<i>Continuing health services</i>				10 (12%)
	<i>Opening a bank account</i>				11 (13%)
	<i>Avoiding bad relationships</i>				16 (19%)
	<i>I won't have any problems</i>				27 (33%)

Q11	Is there anything you would still like help with before you are released?	
	Yes.....	26 (31%)
	No.....	40 (47%)
	Don't know.....	19 (22%)
Q12	What is most likely to stop you offending in the future? (Please tick all that apply to you.)	
	<i>Not sentenced</i> 56 (64%)	<i>Having a mentor (someone you can ask for advice)</i> 3 (3%)
	<i>Nothing, it is up to me</i> 11 (13%)	<i>Having a YOT worker or social worker that I get on with</i> 6 (7%)
	<i>Making new friends outside</i> 7 (8%)	<i>Having children</i> 7 (8%)
	<i>Going back to live with my family</i> 9 (10%)	<i>Having something to do that isn't crime..</i> 9 (10%)
	<i>Getting a place of my own</i> 8 (9%)	<i>This sentence</i> 8 (9%)
	<i>Getting a job</i> 17 (20%)	<i>Getting into school/college</i> 10 (11%)
	<i>Having a partner (girlfriend or boyfriend).</i> 8 (9%)	<i>Talking about my offending behaviour with staff</i> 1 (1%)
	<i>Staying off alcohol/drugs</i> 6 (7%)	<i>Anything else</i> 1 (1%)
Q13	Do you want to stop offending?	
	<i>Not sentenced</i>	56 (63%)
	Yes.....	32 (36%)
	No.....	1 (1%)
	Don't know.....	0 (0%)
Q14	Have you done anything, or has anything happened to you in this establishment, that you think will make you less likely to offend in the future?	
	<i>Not sentenced</i>	56 (62%)
	Yes.....	16 (18%)
	No.....	18 (20%)



Young adult survey responses: HMYOI Feltham 2009

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMYOI Feltham 2009	YOI comparator	HMYOI Feltham 2009	HMYOI Feltham 2007
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	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		99	1919	99	97
SECTION 1: General information					
2	Are you under 21 years of age?	98%	88%	98%	96%
3a	Are you sentenced?	33%	87%	33%	35%
3b	Are you on recall?	2%	5%	2%	9%
4a	Is your sentence less than 12 months?	12%	18%	12%	4%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	3%	4%	0%
5	Do you have six months or less to serve?	10%	40%	10%	8%
6	Have you been in this prison less than a month?	26%	16%	26%	
7	Are you a foreign national?	22%	10%	22%	19%
8	Is English your first language?	78%	93%	78%	80%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	66%	29%	66%	72%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	3%	8%	
11	Are you Muslim?	32%	14%	32%	37%
12	Are you homosexual/gay or bisexual?	0%	2%	0%	2%
13	Do you consider yourself to have a disability?	14%	10%	14%	17%
14	Is this your first time in prison?	35%	44%	35%	49%
15	Have you been in more than five prisons this time?	3%	2%	3%	
16	Do you have any children under the age of 18?	21%	24%	21%	26%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	39%	39%	39%	39%
1b	Was your personal safety during the journey good/very good?	59%	60%	59%	46%
1c	Was the comfort of the van good/very good?	4%	12%	4%	7%
1d	Was the attention paid to your health needs good/very good?	32%	34%	32%	38%
1e	Was the frequency of toilet breaks good/very good?	15%	13%	15%	14%
2	Did you spend more than four hours in the van?	5%	6%	5%	6%
3	Were you treated well/very well by the escort staff?	57%	65%	57%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	78%	81%	78%	71%
4b	Before you arrived here did you receive any written information about what would happen to you?	28%	23%	28%	18%
4c	When you first arrived here did your property arrive at the same time as you?	55%	87%	55%	73%

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	16%	13%	16%	
1c	Housing problems?	34%	31%	34%	
1d	Problems contacting employers?	12%	12%	12%	
1e	Problems contacting family?	66%	59%	66%	
1f	Problems ensuring dependants were looked after?	13%	12%	13%	
1g	Money problems?	15%	15%	15%	
1h	Problems of feeling depressed/suicidal?	50%	49%	50%	
1i	Health problems?	69%	60%	69%	
1j	Problems in needing protection from other prisoners?	31%	16%	31%	
1k	Problems accessing phone numbers?	51%	44%	51%	
2	When you first arrived:				
2a	Did you have any problems?	76%	56%	76%	60%
2b	Did you have any problems with loss of property?	21%	11%	21%	12%
2c	Did you have any housing problems?	31%	15%	31%	27%
2d	Did you have any problems contacting employers?	8%	4%	8%	6%
2e	Did you have any problems contacting family?	29%	21%	29%	23%
2f	Did you have any problems ensuring dependants were being looked after?	5%	3%	5%	6%
2g	Did you have any money worries?	25%	19%	25%	23%
2h	Did you have any problems with feeling depressed or suicidal?	14%	13%	14%	21%
2i	Did you have any health problems?	18%	9%	18%	12%
2j	Did you have any problems with needing protection from other prisoners?	10%	6%	10%	6%
2k	Did you have problems accessing phone numbers?	23%	16%	23%	
3a	Were you seen by a member of health services in reception?	87%	92%	87%	72%
3b	When you were searched in reception, was this carried out in a respectful way?	63%	77%	63%	51%
4	Were you treated well/very well in reception?	44%	63%	44%	58%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	45%	56%	45%	50%
5b	Information about what support was available for people feeling depressed or suicidal?	52%	54%	52%	50%
5c	Information about how to make routine requests?	38%	46%	38%	33%
5d	Information about your entitlement to visits?	56%	57%	56%	46%
5e	Information about health services?	59%	63%	59%	
5f	Information about the chaplaincy?	60%	56%	60%	

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SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	83%	89%	83%	68%
6b	The opportunity to have a shower?	18%	46%	18%	43%
6c	The opportunity to make a free telephone call?	79%	71%	79%	79%
6d	Something to eat?	84%	82%	84%	86%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	57%	46%	57%	41%
7b	Someone from health services?	72%	74%	72%	55%
7c	A Listener/Samaritans?	21%	19%	21%	27%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	16%	8%	21%
9	Did you feel safe on your first night here?	71%	79%	71%	74%
10	Have you been on an induction course?	89%	88%	89%	94%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	53%	63%	53%	66%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	32%	51%	32%	41%
1b	Attend legal visits?	59%	59%	59%	65%
1c	Obtain bail information?	22%	34%	22%	31%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	37%	40%	42%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	56%	53%	56%	64%
3b	Are you normally able to have a shower every day?	88%	62%	88%	84%
3c	Do you normally receive clean sheets every week?	63%	83%	63%	84%
3d	Do you normally get cell cleaning materials every week?	57%	55%	57%	66%
3e	Is your cell call bell normally answered within five minutes?	36%	43%	36%	48%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	53%	57%	53%	63%
3g	Can you normally get your stored property if you need to?	33%	34%	33%	34%
4	Is the food in this prison good/very good?	14%	27%	14%	24%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	36%	46%	36%	40%
6a	Is it easy/very easy to get a complaints form?	71%	81%	71%	64%
6b	Is it easy/very easy to get an application form?	73%	84%	73%	79%
7	Have you made an application?	72%	81%	72%	69%

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	35%	64%	35%	52%
8b	Do you feel applications are dealt with promptly (within seven days)?	29%	50%	29%	29%
9	Have you made a complaint?	49%	42%	49%	48%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	19%	40%	19%	22%
10b	Do you feel complaints are dealt with promptly (within seven days)?	30%	43%	30%	25%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	29%	23%	29%	39%
10c	Were you given information about how to make an appeal?	14%	30%	14%	31%
12	Is it easy/very easy to see the Independent Monitoring Board?	22%	23%	22%	22%
13	Are you on the enhanced (top) level of the IEP scheme?	28%	30%	28%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	43%	48%	43%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	62%	55%	62%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	18%	14%	18%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	19%	9%	19%	
13a	Do you feel your religious beliefs are respected?	66%	48%	66%	66%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	77%	53%	77%	80%
14	Are you able to speak to a Listener at any time, if you want to?	42%	45%	42%	43%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	66%	73%	66%	52%
15b	Do most staff, in this prison, treat you with respect?	67%	68%	67%	63%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	35%	34%	35%	34%
2	Do you feel unsafe in this prison at the moment?	13%	14%	13%	15%
4	Have you been victimised by another prisoner?	24%	22%	24%	22%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	13%	12%	13%	11%
5b	Hit, kicked or assaulted you?	12%	10%	12%	9%
5c	Sexually abused you?	1%	1%	1%	2%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	1%
5e	Victimised you because of drugs?	3%	2%	3%	0%
5f	Taken your canteen/property?	5%	6%	5%	4%
5g	Victimised you because you were new here?	7%	7%	7%	2%
5h	Victimised you because of your sexuality?	0%	2%	0%	1%
5i	Victimised you because you have a disability?	4%	1%	4%	2%
5j	Victimised you because of your religion/religious beliefs?	4%	2%	4%	2%
5k	Victimised you because of your age?	4%	1%	4%	
5l	Victimised you because you were from a different part of the country?	5%	7%	5%	1%
5m	Victimised you because of your offence/crime?	2%	4%	2%	
5n	Victimised you because of gang related issues?	9%	7%	9%	

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	36%	22%	36%	35%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	19%	12%	19%	18%
7b	Hit, kicked or assaulted you?	8%	4%	8%	9%
7c	Sexually abused you?	2%	1%	2%	1%
7d	Victimised you because of your race or ethnic origin?	9%	4%	9%	12%
7e	Victimised you because of drugs?	0%	1%	0%	0%
7f	Victimised you because you were new here?	7%	6%	7%	8%
7g	Victimised you because of your sexuality?	0%	1%	0%	0%
7h	Victimised you because you have a disability?	2%	2%	2%	1%
7i	Victimised you because of your religion/religious beliefs?	2%	3%	2%	8%
7j	Victimised you because of your age?	1%	2%	1%	
7k	Victimised you because you were from a different part of the country?	3%	5%	3%	7%
7l	Victimised you because of your offence/crime?	7%	4%	7%	
7m	Victimised you because of gang related issues?	4%	4%	4%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	30%	31%	30%	34%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	32%	28%	32%	13%
10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	18%	18%	23%
11	Is it easy/very easy to get illegal drugs in this prison?	15%	20%	15%	16%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	29%	40%	29%	
1b	Is it easy/very easy to see the nurse?	46%	56%	46%	
1c	Is it easy/very easy to see the dentist?	9%	16%	9%	
1d	Is it easy/very easy to see the optician?	11%	15%	11%	
2	Are you able to see a pharmacist?	32%	54%	32%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	57%	60%	57%	54%
3b	The nurse?	39%	66%	39%	46%
3c	The dentist?	23%	45%	23%	47%
3d	The optician?	34%	44%	34%	47%
4	The overall quality of health services?	37%	54%	37%	36%

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Health services continued					
5	Are you currently taking medication?	18%	21%	18%	25%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	59%	67%	59%	29%
7	Do you feel you have any emotional well-being/mental health issues?	19%	24%	19%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	72%	37%	72%	
8b	A doctor?	15%	28%	15%	
8c	A nurse?	7%	24%	7%	
8d	A psychiatrist?	7%	25%	7%	
8e	The mental health in-reach team?	21%	37%	21%	
8f	A counsellor?	0%	12%	0%	
9a	Did you have a drug problem when you came into this prison?	22%	21%	22%	12%
9b	Did you have an alcohol problem when you came into this prison?	18%	19%	18%	7%
10a	Have you developed a drug problem since you have been in this prison?	3%	5%	3%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	56%	82%	56%	
12	Have you received any help or intervention while in this prison?	71%	74%	71%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	67%	81%	67%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	23%	25%	23%	22%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	20%	24%	20%	15%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	39%	50%	39%	20%

Key to tables

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		HMYOI Feltham 2009	YOI comparator	HMYOI Feltham 2009	HMYOI Feltham 2007
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	36%	37%	36%	
1b	Vocational or skills training?	14%	18%	14%	
1c	Education (including basic skills)?	27%	39%	27%	
1d	Offending behaviour programmes?	6%	11%	6%	
2ai	Have you had a job while in this prison?	63%	67%	63%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	47%	47%	47%	
2bi	Have you been involved in vocational or skills training while in this prison?	58%	57%	58%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	71%	49%	71%	
2ci	Have you been involved in education while in this prison?	71%	75%	71%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	48%	65%	48%	
2di	Have you been involved in offending behaviour programmes while in this prison?	55%	52%	55%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	38%	50%	38%	
3	Do you go to the library at least once a week?	40%	30%	40%	47%
4	On average, do you go to the gym at least twice a week?	41%	49%	41%	59%
5	On average, do you go outside for exercise three or more times a week?	37%	40%	37%	49%
6	On average, do you spend ten or more hours out of your cell on a weekday?	6%	9%	6%	6%
7	On average, do you go on association more than five times each week?	65%	44%	65%	56%
8	Do staff normally speak to you most of the time/all of the time during association?	25%	24%	25%	20%
SECTION 8: Resettlement					
1	Do you have a personal officer?	66%	70%	66%	75%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	58%	63%	58%	49%
For those who are sentenced:					
3	Do you have a sentence plan?	22%	56%	22%	47%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	85%	67%	85%	75%
5	Can you achieve some/all of your sentence plan targets in this prison?	57%	80%	57%	50%
6	Are there plans for you to achieve some/all your targets in another prison?	87%	48%	87%	72%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	40%	35%	40%	
8	Do you feel that any member of staff has helped you to prepare for release?	20%	18%	20%	
9	Have you had any problems with sending or receiving mail?	42%	42%	42%	30%
10	Have you had any problems getting access to the telephones?	30%	33%	30%	29%
11	Did you have a visit in the first week that you were here?	39%	36%	39%	42%
12	Did you receive one or more visits in the last week?	54%	43%	54%	46%

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		HMYOI Feltham 2009	YOI comparator	HMYOI Feltham 2009	HMYOI Feltham 2007
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	52%	50%	52%	
14	Have you been helped to maintain contact with family/friends while in this prison?	41%	45%	41%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	13%	16%	13%	
15c	Avoiding bad relationships?	6%	12%	6%	
15d	Finding a job on release?	26%	40%	26%	32%
15e	Finding accommodation on release?	30%	43%	30%	32%
15f	With money/finances on release?	16%	28%	16%	23%
15g	Claiming benefits on release?	21%	37%	21%	33%
15h	Arranging a place at college/continuing education on release?	21%	34%	21%	30%
15i	Accessing health services on release?	14%	29%	14%	31%
15j	Opening a bank account on release?	13%	23%	13%	33%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	11%	15%	11%	
16c	Avoiding bad relationships?	12%	16%	12%	
16d	Finding a job?	60%	48%	60%	68%
16e	Finding accommodation?	35%	31%	35%	56%
16f	Money/finances?	31%	33%	31%	58%
16g	Claiming benefits?	29%	26%	29%	49%
16h	Arranging a place at college/continuing education?	34%	29%	34%	56%
16i	Accessing health services?	13%	12%	13%	26%
16j	Opening a bank account?	24%	19%	24%	34%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	54%	63%	54%	60%



Survey responses from children and young people: HMYOI Feltham 2009

Survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance. NB: This document shows a comparison between the responses from all young people surveyed in this establishment with all young people surveyed for the comparator.

Key to tables

		HMYOI Feltham 2009	Young people's comparator	HMYOI Feltham 2009	HMYOI Feltham 2008
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Number of completed questionnaires returned		90	1008	90	92
SECTION 1: ABOUT YOU					
1.1	Are you 18 years of age?	6%	11%	6%	0%
1.2	Are you a foreign national?	6%	4%	6%	
1.3	Is English your first language?	83%	93%	83%	84%
1.4	Are you from a minority ethnic group? (including all those who did not tick white British, white Irish or white other category)	67%	28%	67%	68%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	7%	7%	
1.6	Are you Muslim?	22%	12%	22%	
1.7	Do you have any children?	7%	13%	7%	10%
SECTION 2: ABOUT YOUR SENTENCE					
2.2	Are you sentenced?	38%	84%	38%	6%
2.3	Is your sentence 12 months or less?	22%	40%	22%	3%
2.4	Do you have less than six months to serve?	25%	56%	25%	1%
2.5	Have you been in this prison less than a month?	21%	22%	21%	34%
2.6	Is this the first time that you have been in a YOI, secure children's home or secure training centre?	43%	40%	43%	58%
2.7	Have you been to any other YOI during this sentence?	11%	29%	11%	13%
SECTION 3: COURTS, TRANSFERS AND ESCORTS					
For your most recent journey, either to or from court, or between prisons, we want to know					
3.1	Was the van clean?	55%	46%	55%	52%
3.2	Was the van comfortable?	3%	12%	3%	5%
3.3	Did you feel safe?	67%	77%	67%	66%
3.4	Did you travel with any adults (over 18) or anyone of a different gender?	30%	32%	30%	
3.5	Did you spend more than four hours in the van?	0%	5%	0%	5%
For those who spent two or more hours in the escort van:					
3.6	Were you offered a toilet break if you needed it?	12%	15%	12%	
3.7	Were you offered anything to eat or drink?	12%	34%	12%	
3.8	Were you treated well/very well by the escort staff?	49%	58%	49%	66%
3.9	Did someone tell you where you were going when you left court?	81%	78%	81%	
3.10	Did you receive written information about where you were going when you left court?	3%	5%	3%	
SECTION 4: YOUR FIRST FEW DAYS HERE					
4.1	Were you in reception for less than 2 hours?	93%	73%	93%	91%
4.2	Were you seen by a member of healthcare staff in reception?	50%	88%	50%	71%
4.3	When you were searched was this carried out in an understanding way?	75%	83%	75%	77%
4.4	Were you treated well/very well in reception?	66%	71%	66%	66%

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SECTION 4: YOUR FIRST FEW DAYS HERE cont.					
When you first arrived, did staff ask if you needed help or support with any of the following:					
4.5a	Not being able to smoke?	54%	59%	54%	
4.5b	Loss of property?	15%	21%	15%	
4.5c	Housing problems?	18%	19%	18%	
4.5d	Needing protection from other young people?	35%	22%	35%	
4.5e	Letting family know where you are?	56%	62%	56%	
4.5f	Money worries?	9%	17%	9%	
4.5g	Feeling low/upset/needing someone to talk to?	39%	42%	39%	
4.5h	Health problems?	52%	55%	52%	
4.5i	Getting phone numbers?	30%	43%	30%	
4.6	Did you have any problems when you first arrived?	75%	75%	75%	72%
When you first arrived, did you have problems with any of the following:					
4.6a	Not being able to smoke?	41%	52%	41%	29%
4.6b	Loss of property?	18%	11%	18%	3%
4.6c	Housing problems?	15%	12%	15%	14%
4.6d	Needing protection from other young people?	4%	5%	4%	5%
4.6e	Letting family know where you are?	21%	24%	21%	13%
4.6f	Money worries?	19%	14%	19%	16%
4.6g	Feeling low/upset/needing someone to talk to?	12%	17%	12%	22%
4.6h	Health problems?	13%	11%	13%	13%
4.6i	Getting phone numbers?	30%	26%	30%	
When you first arrived, were you given any of the following:					
4.7a	A reception pack?	75%	77%	75%	
4.7b	The opportunity to have a shower?	19%	36%	19%	
4.7c	Something to eat?	85%	84%	85%	
4.7d	A free phone call to friends/family?	82%	83%	82%	91%
4.7e	Information about the PIN telephone system?	64%	64%	64%	
4.7f	Information about feeling low/upset?	27%	39%	27%	
Within your first 24 hours, did you have access to the following people or services:					
4.8a	The chaplain or religious leader?	57%	47%	57%	37%
4.8b	Someone from healthcare?	62%	65%	62%	52%
4.8c	A peer mentor, Listener or the Samaritans?	24%	22%	24%	8%
4.8d	Did you have access to the prison shop/canteen?	11%	15%	11%	11%
4.9	Did you feel safe on your first night here?	79%	82%	79%	85%
For those who had an induction:					
4.10	Did you go on an induction course within your first week?	79%	78%	79%	73%
4.11	Did the induction course cover everything you needed to know about the establishment?	53%	69%	53%	60%

Key to tables

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SECTION 5: DAILY LIFE HERE					
5.1	Can you normally have a shower every day if you want to?	82%	63%	82%	62%
5.2	Is your cell call bell normally answered within five minutes?	45%	29%	45%	43%
5.3	Do you find the food here good/very good?	18%	21%	18%	27%
5.4	Does the shop/canteen sell a wide enough variety of products?	50%	43%	50%	45%
5.5	Is it easy/very easy for you to attend religious services?	76%	57%	76%	69%
5.6a	Do you feel your religious beliefs are respected?	76%	50%	76%	
5.6b	Can you speak to a religious leader in private if you want to?	82%	65%	82%	
5.7a	Is there a member of staff you can turn to with a problem?	66%	71%	66%	
5.7b	Do most staff treat you with respect?	60%	71%	60%	69%
SECTION 6: HEALTHCARE					
6.1	Do you think the overall quality of the healthcare is good/very good?	37%	61%	37%	51%
6.2a	Is it easy for you to see the doctor?	25%	55%	25%	39%
6.2b	Is it easy for you to see the nurse?	71%	74%	71%	70%
6.2c	Is it easy for you to see the dentist?	15%	31%	15%	15%
6.2d	Is it easy for you to see the optician?	9%	27%	9%	14%
6.2e	Is it easy for you to see the pharmacist?	9%	30%	9%	
6.3	For those on medication: Have you had any problems getting your medication?	56%	33%	56%	45%
6.4a	Did you have any problems with alcohol when you first arrived?	7%	16%	7%	9%
6.4b	Do you have any problems with alcohol now?	1%	4%	1%	
6.4c	Have you received any help with any alcohol problems here?	7%	15%	7%	10%
6.5a	Did you have any problems with drugs when you first arrived?	25%	33%	25%	8%
6.5b	Do you have any problems with drugs now?	5%	8%	5%	
6.5c	Have you received any help with any drug problems here?	16%	29%	16%	17%
6.6	Is it easy/very easy to get illegal drugs here?	8%	22%	8%	
6.7	Do you feel you have any emotional or mental health problems?	18%	24%	18%	
If you feel you have emotional or mental health problems, are you being helped by any of the following:					
6.8a	Not getting any help	44%	43%	44%	
6.8b	Doctor?	18%	19%	18%	
6.8c	Nurse?	26%	20%	26%	
6.8d	Psychiatrist/psychologist?	26%	28%	26%	
6.8e	Counsellor?	18%	15%	18%	
6.8f	Other?	5%	11%	5%	
SECTION 7: APPLICATIONS AND COMPLAINTS					
7.1	Do you know how to make an application?	82%	90%	82%	
7.2	Is it easy to make an application?	68%	83%	68%	
For those who have made an application:					
7.3a	Do you feel applications are sorted out fairly?	36%	69%	36%	
7.3b	Do you feel applications are sorted out promptly? (within 7 days)	26%	58%	26%	
7.4	Do you know how to make a complaint?	89%	81%	89%	83%
7.5	Is it easy to make a complaint?	67%	70%	67%	

Key to tables

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Number of completed questionnaires returned		90	1008	90	92
SECTION 7: APPLICATIONS AND COMPLAINTS cont.					
For those who have made a complaint:					
7.6a	Do you feel complaints are sorted out fairly?	27%	41%	27%	23%
7.6b	Do you feel complaints are sorted out promptly (within 7 days)?	32%	47%	32%	
7.6c	Have you ever been encouraged to withdraw a complaint?	23%	26%	23%	28%
Can you speak to the following people when you need to:					
7.7a	A peer mentor or Listener?	29%	37%	29%	
7.7b	A member of the IMB (Independent Monitoring Board)	20%	35%	20%	
7.7c	An advocate (an outside person to help you)	20%	41%	20%	32%
SECTION 8: REWARDS, SANCTIONS, AND DISCIPLINE					
8.1	Are you on the enhanced (Top) level of the reward scheme?	22%	26%	22%	11%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	43%	55%	43%	51%
8.3	Do the different levels make you change your behaviour?	55%	59%	55%	57%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	49%	59%	49%	47%
8.5	Of those who have had an adjudication: Was the 'nicking' (adjudication) process explained clearly to you?	88%	88%	88%	
8.6	Have you been physically restrained (Cand R) since you have been here?	40%	30%	40%	26%
8.7	Of those who had spent a night in the segregation/CSU: Did the staff treat you well/very well?	33%	42%	33%	36%
SECTION 9: SAFETY					
9.1	Have you ever felt unsafe in this prison?	37%	31%	37%	32%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	25%	25%	25%	17%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4a	Insulting remarks?	11%	15%	11%	6%
9.4b	Physical abuse?	12%	11%	12%	7%
9.4c	Sexual abuse?	1%	1%	1%	0%
9.4d	Racial or ethnic abuse?	3%	2%	3%	1%
9.4e	Your religious beliefs?	2%	2%	2%	
9.4f	Your disability?	2%	2%	2%	
9.4g	Drugs?	3%	2%	3%	0%
9.4h	Having your canteen/property taken?	3%	4%	3%	1%
9.4i	Because you were new here?	6%	10%	6%	1%
9.4j	Being from a different part of the country than others?	5%	6%	5%	0%
9.4k	Gang related issues?	6%	6%	6%	
9.4l	Your offence/crime?	2%	3%	2%	

Key to tables

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SECTION 9: SAFETY cont.					
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	30%	21%	30%	22%
If you have felt victimised by a member of staff/group of staff members, did the incident involve:					
9.7a	Insulting remarks?	16%	13%	16%	7%
9.7b	Physical abuse?	8%	4%	8%	2%
9.7c	Sexual abuse?	2%	1%	2%	0%
9.7d	Racial or ethnic abuse?	1%	3%	1%	5%
9.7e	Your religious beliefs?	2%	1%	2%	
9.7f	Your disability?	1%	1%	1%	
9.7g	Drugs?	0%	1%	0%	0%
9.7h	Having your canteen/property taken?	1%	2%	1%	3%
9.7i	Because you were new here?	5%	3%	5%	7%
9.7j	Being from a different part of the country than others?	1%	1%	1%	2%
9.7k	Gang related issues?	3%	3%	3%	
9.7l	Your offence/crime?	2%	3%	2%	
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it?	56%	62%	56%	65%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	34%	41%	34%	25%
9.11	Is shouting through the windows a problem here?	31%	43%	31%	
9.12	Have staff checked on you personally in the last week to see how you are getting on?	42%	38%	42%	36%
SECTION 10: ACTIVITIES					
10.1	Were you 14 or younger when you were last at school?	34%	41%	34%	24%
10.2a	Have you ever been excluded from school?	83%	90%	83%	77%
10.2b	Have you ever truanted from school?	53%	75%	53%	46%
Do you currently take part in any of the following:					
10.3a	Education?	73%	75%	73%	57%
10.3b	A job in this establishment?	28%	32%	28%	13%
10.3c	Vocational or skills training?	9%	29%	9%	32%
10.3d	Offending behaviour programmes?	8%	20%	8%	
For those who have taken part in the following activities, whilst in this prison: Do you think that they will help you when you leave prison?					
10.4a	Education?	58%	69%	58%	
10.4b	A job in this establishment?	48%	61%	48%	
10.4c	Vocational or skills training?	32%	61%	32%	
10.4d	Offending behaviour programmes?	22%	51%	22%	
10.5	Do you usually have association every day?	87%	51%	87%	
10.6	Do you go to the gym more than 5 times each week?	7%	11%	7%	1%
10.7	Can you usually go outside for exercise every day?	17%	32%	17%	5%

Key to tables

Young people's main comparator




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SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Are you able to use the telephone every day?	75%	55%	75%	59%
11.2	Have you had any problems with sending or receiving letters or parcels?	40%	39%	40%	30%
11.3	Is it easy/very easy for your family and friends to visit you here?	51%	47%	51%	28%
11.4	Have you had two or more visits in the last month?	59%	45%	59%	49%
11.5	Do your visits start on time?	26%	49%	26%	
11.6	Are you and your visitors treated well/very well by visits staff?	50%	52%	50%	53%
SECTION 12: PREPARATION FOR RELEASE					
For those who have met their personal officer:					
12.1	Did you meet your personal officer within the first week?	41%	46%	41%	56%
12.2	Do you see your personal officer at least once a week?	74%	63%	74%	
12.3	Do you feel your personal officer has helped you?	57%	61%	57%	57%
12.4	Do you have a training plan?	18%	47%	18%	
For those with a training plan:					
12.5a	Were you involved in the development of your training plan?	60%	54%	60%	
12.5b	Do you understand the targets set in your training plan?	71%	69%	71%	
12.5c	Can you see your training plan when you want to?	33%	38%	33%	29%
12.6	Has your YOT worker been in touch since you arrived here?	76%	83%	76%	
12.7	Do you know how to get in touch with your YOT worker?	47%	58%	47%	
Please answer the following questions about your preparation for release:					
12.8a	Have you had a say in what will happen to you when you are released?	31%	43%	31%	20%
12.8b	Are you going to school or college on release?	75%	59%	75%	54%
12.8c	Do you have a job to go to on release?	18%	24%	18%	26%
Do you know who to contact for help with the following, in preparation for your release:					
12.9a	Finding accommodation	38%	43%	38%	
12.9b	Getting into school or college	60%	56%	60%	
12.9c	Getting a job	43%	53%	43%	
12.9d	Help with money/finances	38%	39%	38%	
12.9e	Help with claiming benefits	30%	35%	30%	
12.9f	Continuing health services	20%	28%	20%	
12.9g	Opening a bank account	30%	39%	30%	
12.9h	Avoiding bad relationships	24%	29%	24%	
Do you think you will have a problem with the following, when you are released:					
12.10a	Finding accommodation?	34%	24%	34%	
12.10b	Getting into school or college?	29%	26%	29%	
12.10c	Getting a job?	45%	47%	45%	
12.10d	Help with money/finances?	40%	36%	40%	
12.10e	Help with claiming benefits?	19%	26%	19%	
12.10f	Continuing health services?	12%	11%	12%	
12.10g	Opening a bank account?	13%	13%	13%	
12.10h	Avoiding bad relationships?	19%	20%	19%	
12.11	Is there anything you would still like help with before you are released?	30%	36%	30%	40%
For those who were sentenced:					
12.13	Do you want to stop offending?	98%	91%	98%	100%
12.14	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future?	47%	49%	47%	17%



Diversity comparator: ethnicity and religion HMYOI Feltham 2009

Survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.)

Key to tables

		Black and minority ethnic young people	White young people	Muslim young people	Non-Muslim young people
	Any percentage highlighted in green is significantly better than the comparator.				
	Any percentage highlighted in blue is significantly worse than the comparator.				
	Any percentage highlighted in orange shows a significant difference in demographic details.				
	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		60	30	19	69
1.2	Are you a foreign national?	5%	7%	4%	6%
1.3	Is English your first language?	82%	86%	54%	91%
1.4	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White Other category)?			84%	61%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	16%	0%	9%
1.6	Are you Muslim?	27%	10%		
2.2	Are you sentenced?	42%	31%	37%	38%
2.6	Is this the first time that you have been in a YOI, secure children's home or secure training centre before?	39%	51%	61%	38%
3.4	Did you travel with any adults (over 18) or anyone of a different gender?	23%	43%	23%	33%
3.8	Were you treated well/very well by the escort staff?	45%	57%	42%	52%
3.9	Did someone tell you where you were going when you left court?	78%	86%	67%	84%
4.3	When you were searched was this carried out in an understanding way?	68%	90%	58%	81%
4.4	Were you treated well/very well in reception?	60%	76%	69%	66%
4.9	Did you feel safe on your first night here?	77%	82%	74%	83%
4.11	Did the induction course cover everything you needed to know about the establishment?	51%	58%	46%	55%
5.1	Can you normally have a shower everyday if you want to?	80%	86%	78%	84%
5.2	Is your cell call bell normally answered within five minutes?	36%	64%	26%	50%
5.3	Do you find the food here good/very good?	18%	18%	16%	19%
5.4	Does the shop/canteen sell a wide enough variety of products?	47%	57%	31%	57%
5.6a	Do you feel your religious beliefs are respected?	76%	76%	84%	75%
5.7a	Is there a member of staff you can turn to with a problem?	61%	74%	52%	70%
5.7b	Do most staff treat you with respect?	55%	69%	58%	61%
6.2a	Is it easy for you to see the doctor?	24%	28%	33%	24%
6.2b	Is it easy for you to see the nurse?	70%	74%	71%	71%
6.6	Is it easy/very easy to get illegal drugs here?	7%	10%	0%	11%
6.7	Do you feel you have any emotional or mental health problems?	14%	26%	11%	21%
7.2	Is it easy to make an application?	65%	74%	52%	72%
7.5	Is it easy to make a complaint?	65%	69%	67%	67%

Children and Young People: Diversity Analysis

Key to tables

		Black and minority ethnic young people	White young people	Muslim young people	Non-Muslim young people
 	Any percentage highlighted in green is significantly better than the comparator.				
 	Any percentage highlighted in blue is significantly worse than the comparator.				
 	Any percentage highlighted in orange shows a significant difference in demographic details.				
	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		60	30	19	69
8.1	Are you on the enhanced (top) level of the reward scheme?	14%	36%	5%	25%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	41%	46%	29%	46%
8.3	Do the different levels make you change your behaviour?	52%	60%	29%	62%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	46%	57%	40%	54%
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	85%	94%	74%	92%
8.6	Have you been physically restrained (C&R) since you have been here?	46%	28%	44%	38%
9.1	Have you ever felt unsafe in this prison?	34%	43%	40%	35%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	23%	31%	35%	22%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4d	Racial or ethnic abuse?	4%	3%	5%	3%
9.4e	Your religious beliefs?	2%	3%	0%	3%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	28%	34%	18%	33%
If you have felt victimised by a member of staff/group of staff, did the incident involve:					
9.5d	Racial or ethnic abuse?	2%	0%	5%	0%
9.5e	Your religious beliefs?	2%	3%	5%	1%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it?	56%	55%	53%	56%
Do you take part in any of the following:					
10.3a	Education?	75%	68%	77%	72%
10.3b	A job in this establishment?	26%	32%	28%	30%
10.3c	Vocational or skills training?	9%	10%	5%	9%
10.3d	Offending behaviour programmes?	7%	10%	5%	9%
10.5	Do you usually have association everyday?	86%	89%	83%	88%
10.6	Do you go to the gym more than five times each week?	9%	3%	5%	8%
10.7	Can you usually go outside for exercise every day?	19%	14%	5%	21%
11.1	Are you able to use the telephone every day?	71%	83%	72%	77%
11.2	Have you had any problems with sending or receiving letters or parcels?	45%	31%	50%	38%
11.3	Is it easy/very easy for your family and friends to visit you here?	52%	50%	50%	53%
12.3	Do you feel helped by your personal officer?	52%	64%	53%	58%
12.4	Do you have a training plan?	18%	17%	22%	16%
12.5b	Do you understand the targets set in your training plan?	67%	83%	78%	67%
12.14	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future?	43%	55%	29%	50%



Key questions (disability analysis) HMYOI Feltham - young adults 2009

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse.		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		13	83
1.3	Are you sentenced?	50%	30%
1.7	Are you a foreign national?	21%	21%
1.8	Is English your first language?	100%	76%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	33%	70%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	9%
1.11	Are you Muslim?	19%	34%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	8%	37%
2.1d	Was the attention paid to your health needs good/very good?	9%	36%
2.3	Were you treated well/very well by the escort staff?	42%	61%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	46%	83%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	63%	66%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	50%	51%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	63%	70%
3.2a	Did you have any problems when you first arrived?	91%	74%
3.3a	Were you seen by a member of healthcare staff in reception?	61%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	23%	69%
3.4	Were you treated well/very well in reception?	19%	49%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	54%	74%
3.9	Did you feel safe on your first night here?	61%	74%
3.10	Have you been on an induction course?	100%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	9%	35%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better.		
	Any percentage highlighted in blue is significantly worse.		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	64%	56%
4.3b	Are you normally able to have a shower every day?	73%	92%
4.3e	Is your cell call bell normally answered within five minutes?	27%	37%
4.4	Is the food in this prison good/very good?	9%	15%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	33%	37%
4.6a	Is it easy/very easy to get a complaints form?	73%	73%
4.6b	Is it easy/very easy to get an application form?	73%	73%
4.9	Have you made a complaint?	67%	48%
4.13	Are you on the enhanced (top) level of the IEP scheme?	36%	28%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	50%	42%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	70%	60%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	25%	16%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	27%	17%
4.17a	Do you feel your religious beliefs are respected?	33%	69%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	37%	81%
4.18	Are you able to speak to a Listener at any time if you want to?	27%	46%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	42%	70%
4.19b	Do most staff, in this prison, treat you with respect?	50%	70%
5.1	Have you ever felt unsafe in this prison?	75%	28%
5.2	Do you feel unsafe in this prison at the moment?	19%	11%
5.4	Have you been victimised by another prisoner?	33%	23%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	4%
5.5i	Victimised you because you have a disability?	25%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	4%
5.6	Have you been victimised by a member of staff?	36%	35%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	9%
5.7h	Victimised you because you have a disability?	19%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%

Key to tables

	Any percentage highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse.		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	36%	30%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	15%
5.11	Is it easy/very easy to get illegal drugs in this prison?	36%	12%
6.1a	Is it easy/very easy to see the doctor?	19%	30%
6.1b	Is it easy/ very easy to see the nurse?	36%	47%
6.2	Are you able to see a pharmacist?	10%	36%
6.5	Are you currently taking medication?	27%	18%
6.7	Do you feel you have any emotional well-being/mental health issues?	46%	15%
7.1a	Are you currently working in the prison?	19%	40%
7.1b	Are you currently undertaking vocational or skills training?	19%	13%
7.1c	Are you currently in education (including basic skills)?	19%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	7%
7.3	Do you go to the library at least once a week?	42%	41%
7.4	On average, do you go to the gym at least twice a week?	33%	42%
7.5	On average, do you go outside for exercise three or more times a week?	33%	38%
7.6	On average, do you spend 10 or more hours out of your cell on a weekday (this includes hours at education, at work etc)?	8%	5%
7.7	On average, do you go on association more than five times each week?	58%	68%
7.8	Do staff normally speak to you at least most of the time during association time (most/all of the time)?	23%	26%
8.1	Do you have a personal officer?	33%	69%
8.9	Have you had any problems sending or receiving mail?	54%	40%
8.10	Have you had any problems getting access to the telephones?	61%	25%


Key question responses (ethnicity, nationality and religion) HMYOI Feltham - Young adults 2009

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

Any percentage highlighted in green is significantly better.		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse.							
Any percentage highlighted in orange shows a significant difference in prisoners' background details.							
Percentages which are not highlighted show there is no significant difference.							
Number of completed questionnaires returned		63	33	20	72	30	65
1.3	Are you sentenced?	35%	28%	37%	32%	40%	29%
1.7	Are you a foreign national?	21%	20%			30%	15%
1.8	Is English your first language?	74%	88%	58%	83%	66%	85%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?			68%	67%	90%	56%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	19%	17%	3%	0%	12%
1.11	Are you Muslim?	43%	9%	50%	29%		
1.12	Do you consider yourself to have a disability?	7%	25%	11%	11%	7%	14%
1.13	Is this your first time in prison?	37%	31%	48%	32%	33%	36%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	35%	29%	55%	28%	34%	32%
2.3	Were you treated well/very well by the escort staff?	55%	61%	58%	56%	40%	65%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	84%	68%	80%	77%	80%	79%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	67%	63%	83%	64%	69%	65%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	46%	60%	67%	49%	55%	49%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	66%	73%	78%	68%	69%	68%
3.2a	Did you have any problems when you first arrived?	74%	80%	87%	72%	75%	76%
3.3a	Were you seen by a member of healthcare staff in reception?	87%	90%	80%	90%	83%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	64%	65%	73%	63%	63%	64%
3.4	Were you treated well/very well in reception?	49%	32%	50%	44%	40%	46%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	74%	67%	77%	70%	70%	73%
3.9	Did you feel safe on your first night here?	71%	72%	73%	69%	73%	71%
3.10	Have you been on an induction course?	90%	86%	95%	90%	90%	88%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	30%	34%	27%	32%	18%	38%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better.						
	Any percentage highlighted in blue is significantly worse.						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details.						
	Percentages which are not highlighted show there is no significant difference.						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	49%	69%	58%	55%	48%	59%
4.3b	Are you normally able to have a shower every day?	87%	94%	89%	90%	90%	89%
4.3e	Is your cell call bell normally answered within five minutes?	36%	39%	28%	38%	32%	39%
4.4	Is the food in this prison good/very good?	11%	19%	21%	13%	13%	14%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	33%	42%	50%	32%	24%	42%
4.6a	Is it easy/very easy to get a complaints form?	68%	78%	62%	73%	57%	79%
4.6b	Is it easy/very easy to get an application form?	72%	75%	55%	77%	60%	79%
4.9	Have you made a complaint?	50%	50%	45%	50%	46%	53%
4.13	Are you on the enhanced (top) level of the IEP scheme?	28%	29%	25%	30%	40%	24%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	40%	50%	47%	41%	43%	44%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	62%	64%	75%	60%	70%	60%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	21%	12%	22%	17%	28%	14%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	22%	16%	23%	20%	24%	18%
4.17a	Do you feel your religious beliefs are respected?	66%	66%	68%	64%	75%	63%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	81%	73%	72%	80%	86%	75%
4.18	Are you able to speak to a Listener at any time if you want to?	44%	39%	50%	39%	50%	39%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	66%	67%	64%	66%	66%
4.19b	Do most staff, in this prison, treat you with respect?	63%	74%	82%	64%	65%	68%
5.1	Have you ever felt unsafe in this prison?	31%	44%	32%	37%	28%	39%
5.2	Do you feel unsafe in this prison at the moment?	14%	13%	17%	13%	15%	13%
5.4	Have you been victimised by another prisoner?	23%	28%	32%	25%	24%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	7%	5%	4%	7%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	7%	5%	4%	7%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	9%	5%	4%	3%	5%
5.6	Have you been victimised by a member of staff?	39%	30%	37%	35%	32%	38%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	10%	5%	9%	11%	9%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better.						
	Any percentage highlighted in blue is significantly worse.						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details.						
	Percentages which are not highlighted show there is no significant difference.						
5.7h	Have you been victimised because you have a disability? (By staff)	2%	3%	0%	3%	3%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	7%	0%	3%	0%	4%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	29%	38%	48%	30%	30%	34%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	19%	18%	11%	21%	26%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	10%	25%	11%	17%	10%	17%
6.1a	Is it easy/very easy to see the doctor?	26%	36%	22%	29%	22%	32%
6.1b	Is it easy/ very easy to see the nurse?	47%	42%	38%	46%	46%	45%
6.2	Are you able to see a pharmacist?	27%	43%	28%	30%	25%	36%
6.5	Are you currently taking medication?	13%	30%	16%	21%	18%	19%
6.7	Do you feel you have any emotional well-being/mental health issues?	12%	34%	11%	21%	7%	25%
7.1a	Are you currently working in the prison?	37%	37%	45%	36%	43%	34%
7.1b	Are you currently undertaking vocational or skills training?	15%	13%	5%	17%	11%	16%
7.1c	Are you currently in education (including basic skills)?	28%	23%	28%	28%	18%	31%
7.1d	Are you currently taking part in an offending behaviour programme?	5%	7%	0%	8%	3%	6%
7.3	Do you go to the library at least once a week?	35%	52%	55%	34%	36%	42%
7.4	On average, do you go to the gym at least twice a week?	41%	42%	27%	45%	38%	43%
7.5	On average, do you go outside for exercise three or more times a week?	41%	30%	25%	39%	36%	38%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	7%	5%	6%	3%	5%
7.7	On average, do you go on association more than five times each week?	63%	73%	45%	72%	68%	67%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	28%	21%	35%	24%	37%	20%
8.1	Do you have a personal officer?	66%	63%	67%	67%	70%	63%
8.9	Have you had any problems sending or receiving mail?	45%	34%	25%	47%	36%	45%
8.10	Have you had any problems getting access to the telephones?	30%	28%	21%	32%	30%	30%