Report on an announced inspection of

HMYOI Hindley

19 – 23 October 2009

by HM Chief Inspector of Prisons

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1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

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Introduction

In April 2009, Hindley young offender institution was re-roled to a 440 bed children's establishment, making it the largest such facility in Western Europe. The Youth Justice Board, which commissioned the re-role, asked this Inspectorate to undertake an early independent inspection at the six-month point to assess progress. Commendably, we found that a considerable distance had been travelled towards establishing Hindley as a safe, decent and child-centred establishment, but more remained to be done and we identify a number of areas for further development.

Considerable effort had been expended to seek to ensure the safety of Hindley's challenging and volatile population. Reception, first night and induction were all sound. However, it was disappointing that all new arrivals were still routinely strip-searched, despite the fact that the practice had been replaced by a risk-assessed approach elsewhere in the establishment and less intrusive options were available. Nevertheless, safeguarding arrangements were among the best and most innovative we have seen, with strong support from Wigan Social Services and sound child protection procedures. It was, therefore, a pity that this progress was being put at risk by uncertainty over the future funding of the in-house social work team.

Support for young people at risk of suicide or self-harm was caring, but processes and paperwork required improvement. There was a comprehensive violence reduction policy to address the significant problem of bullying, although implementation remained inconsistent. The approach to behaviour management also required further development, but there were some good initiatives to deal with gang issues and the small living units aided supervision. Fights were still common and use of force by staff was high as a result, but it was rigorously monitored to learn lessons. The segregation unit was dilapidated, but was due to be closed and replaced by an intensive support unit for young people with complex needs. Detoxification was well managed.

The environment was adequate and staff interacted well with young people. The personal officer scheme was effective, with a particularly impressive model adopted for work with the youngest boys. A more consistent approach was needed for the rewards and sanctions scheme. Race issues were well managed and work on learning disabilities was outstanding, but other aspects of diversity required development. The chaplaincy offered a good service and healthcare was excellent.

Most young people spent plenty of time out of cell and had good access to a range of education and vocational training opportunities. Standards of teaching and achievements by young people were good, although too many were returned to their wings for poor behaviour and this needed to be better managed. The library was popular and PE provision was well balanced.

The strategic management of resettlement was good, supported by effective multidisciplinary resettlement teams. Training planning was generally sound and there were well advanced plans to introduce appropriate interventions informed by a comprehensive needs analysis. Public protection arrangements were thorough. Resettlement services were good, particularly work to maintain family ties, although there had been some reduction in substance misuse services.

It is a dubious achievement to have created Western Europe's largest children's prison. Nevertheless, Hindley is to be commended for having progressed so rapidly towards becoming an effective and appropriately child-centred establishment. Good, often innovative and multidisciplinary, efforts had been made to ensure the safety of these volatile young people.

Relationships between staff and young people were generally positive and some very good educational, vocational and resettlement provision had been put in place. There is much still be done to embed and build on these early achievements, but progress has been impressive.

Anne Owers January 2010
HM Chief Inspector of Prisons

Fact page

Task of the establishment
HMYOI Hindley is a closed fully juvenile site holding young males between the ages of 15 and 18 serving the North West area.

Prison Service operational area
North West

Number held
327 (5/9/09)

Certified normal accommodation
440

Operational capacity
440

Date of last full inspection
August 2006 (unannounced)

Brief history
Hindley opened as a Borstal in 1961 and, following the opening of the young people's estate in July 2001, became a combined site establishment, with up to 192 young people and 324 young adults.

Hindley was awarded a service level agreement, which started in April 2005, to ensure that the regime became focussed on the individual young person, delivering skills and offending behaviour programmes to ensure a reduction in re-offending.

In July 2008, a scoping exercise was commissioned to determine whether Hindley could change function and become a single site for all young people in the North West, with all young adults transferring to HMP/YOI Lancaster Farms. Ministerial approval was gained and on 1 April 2009 Hindley re-roled to become a fully juvenile site.

Short description of residential units
Hindley has nine residential units as follows:

A wing: built in 1961 and fully refurbished in 2005, it re-opened in December 2005. The wing is a standard wing holding up to 66 sentenced young people aged 16-18 on all incentives and earned privileges (IEP) levels

B wing: built in 1961 and fully refurbished in 2008, it re-opened in May 2008.The wing holds up to 44 15 year olds on the B2 and B3 landings. B4 landing is temporarily being used as the complex needs unit (while Willow unit is closed for refurbishment) and holds up to eight young people who meet specific criteria

C wing: built in 1961 and fully refurbished in 2008/09, it re-opened in June 2009. The wing is a standard wing holding up to 66 sentenced young people aged 16-18 on all I.E.P levels

D wing: built in 1961, this wing is currently closed for refurbishment with a planned completion date of 15 January 2010

E wing: built in 1989, this wing is primarily a remand wing holding up to 96 young people aged 16-18 on all IEP levels. In May 2009 work was completed to create two separate association areas on the 2's landing and upgrade the shower facilities on the 1's landings to provide a total of 15 lockable shower cubicles

F wing: built in 1989, this wing is a standard wing holding up to 96 young people aged 16-18 on all IEP levels. In May 2009, work was completed to create two separate association areas on the 2's landing and upgrade the shower facilities on the 1's landings to provide a total of 15 lockable shower cubicles

J wing: a temporary custodial module built in 2008, this wing is the first night centre and holds a few young people on enhanced regime who act as mentors to new arrivals. It can hold up to 40 young people, including two in designated healthcare beds.

H wing: currently closed for refurbishment, this wing will hold up to 13 young people in two distinct areas. The intensive support unit will hold up to five young people with complex needs, and two designated healthcare beds and the complex needs unit will hold up to six young people. This unit is scheduled for completion in November 2009.

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.

- performing well against this healthy prison test.
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- performing reasonably well 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.

- not performing sufficiently well 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.

- performing poorly 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 Young people usually arrived after short journeys and were treated well by reception staff. They passed through reception and on to the first night centre without delay. Strip-searching was carried out without risk assessment. The first night centre was a

good facility with a dedicated staff group and peer mentors. Induction was thorough. Safeguarding arrangements were excellent, supported by a high level of engagement with Wigan Safeguarding Children Board. Child protection arrangements were sound. Despite procedural frailties, young people at risk of self-harm were well cared for. There was a comprehensive violence reduction policy to combat the serious issue of bullying, although implementation was inconsistent. Adjudications and the use of force were high, largely in response to fighting. Monitoring of the use of force was very good. The care and separation unit was a poor environment mitigated by caring staff. Detoxification and mandatory drug testing were carried out safely. The establishment was performing reasonably well against this healthy prison test.

HP4 New arrivals were encouraged to complete a survey about their journey and concerns were reported to the escort providers. Young people did not report many problems, other than long waits in court. Journeys were usually short and few young people arrived late. In our survey, over a third of young people reported that they had travelled with adult prisoners. Young people going to court were properly prepared and good use was made of the video facility.

HP5 The reception area was well designed and new arrivals were dealt with sensitively. An otherwise age-appropriate reception experience was marred by routine strip-searching, despite the availability of a BOSS (body orifice security scanner) chair. New arrivals moved quickly to the first night centre where their immediate needs were met. First night procedures were efficient following good staff handovers and night cover was consistent. Specialist first night staff carried out initial vulnerability assessments which were quality checked by the safeguards team. A small number of young people on the enhanced level of the rewards and sanctions scheme were located on the first night centre. We had some concerns about the lack of assessment for their suitability to be co-located with potentially vulnerable new arrivals. Trained peer supporters performed a useful function and they were supported by the chaplaincy team. New arrivals were subject to enhanced supervision while they remained on the first night centre.

HP6 New arrivals started their induction promptly. The programme was delivered in a purpose-built facility and staff from all relevant departments contributed. The safeguarding department provided significant input. Individual interviews and assessments also took place and the Big Word was used where necessary, but some useful written information was available only in English.

HP7 The strategic management of safeguarding was effectively governed by a multi-agency committee which included representatives from Wigan Safeguarding Children Board (WSCB) and various voluntary and statutory agencies. WSCB were involved in a wide range of safeguarding measures and various WSCB representatives attended the establishment regularly to provide independent oversight. The senior management team efficiently monitored internal safeguarding procedures. A well resourced social work team managed a number of additional safeguarding initiatives, such as a dedicated telephone helpline, and ensured that the needs of looked-after children were met. The continuing uncertainty regarding future funding of these posts was concerning. Staff engaged very well with the referral system designed to highlight safeguarding concerns about individual young people. The most challenging and/or vulnerable young people were referred to support services through weekly multidisciplinary meetings which functioned very effectively. However, individual care plans were generally of poor quality.

HP8 The child protection committee monitored child protection referrals well, but attendance at the meetings was not always adequate. Referral systems were robust and there was a good level of external scrutiny which included the local authority independent reviewing officer and appropriate involvement with the local authority designated officer (LADO) to address allegations involving staff. Internal investigations were carried out when recommended by the LADO who was appraised of the outcome. Disclosures of historical abuse were dealt with efficiently and relevant specialist counselling services were available. All staff had been Criminal Records Bureau checked and suitably trained in child protection and other safeguarding procedures.

HP9 Good efforts were made to consult with young people about the nature and extent of bullying, which appeared a significant problem. There was a comprehensive violence reduction policy, but staff remained unclear about the establishment's approach and the procedures were being applied inconsistently. Too many different types of care and management plans were used to manage young people with challenging behaviour. However, staff provided a reasonable level of supervision and day-to-day support to both perpetrators and victims of bullying.

HP10 Detailed reports were produced for the suicide and self-harm prevention committee which carried out a useful strategic function despite variable attendance. ACCT (assessment, care in custody and teamwork) assessments and care plans were not completed to a good standard, but staff observations were detailed. Reviews were generally well attended and parents or carers were appropriately involved.

HP11 Security was managed efficiently with detailed data collection and analysis and good links with other departments. Work related to the anti-social group and gang management strategy was developing well. The level of adjudications, reported incidents and the use of force was high. The majority resulted from fights and assaults, mostly not serious. Adjudications were conducted well, but the quality of the documentation was generally poor. Monitoring and analysis of the use of force was very comprehensive and involved WSCB. Restraint was sometimes used to gain compliance, which was inappropriate. All planned removals were recorded and there was excellent CCTV coverage in most communal areas.

HP12 The care and separation unit was in a poor state and due to close shortly, but the poor environment was mitigated by skilled and motivated staff who cared well for the young people located there. Record keeping and governance were good and all young people located on the unit had a care and management plan which was regularly reviewed by a multidisciplinary group.

HP13 Young people requiring detoxification were safely accommodated and clinical management protocols, needs-based prescribing and care coordination were all in place. Mandatory drug testing was carried out without routine strip-searching, which was proportionate to the low risk.

Respect

HP14 The small living groups enabled better management of the population than large groups. Some aspects of the environment showed signs of inevitable wear and tear. Catering arrangements were good. Staff interacted well with young people and

personal officer work was sound, particularly on B wing which held younger boys. The system of imposing instant sanctions needed better governance. Diversity needed development, although race was well managed and the learning disabilities team was an excellent resource. Young people were dissatisfied with some aspects of the complaints procedure. Consultation with young people was wide ranging. The chaplaincy offered good pastoral care and healthcare was excellent. The establishment was performing reasonably well against this healthy prison test.

HP15 The large residential units had been divided into smaller units with more manageable numbers which enabled daily association and dining out. A zoning arrangement had also been introduced to keep some young people apart from others following some altercations experienced shortly after the re-role. Many areas of the prison had been refurbished, but some showed signs of wear and tear despite an ongoing redecoration programme. Not all cells were adequately furnished, toilets were not properly screened and young people did not have access to hot water after they were locked up for the evening. Association areas had a reasonable amount of recreational equipment and young people could make daily telephone calls, although those subject to loss of evening association found this more difficult. Communal areas were kept clean and tidy and young people were encouraged to keep their cells clean, although not all did so. Young people had daily access to showers. All were required to wear prison clothing, some of which was in short supply, in poor condition and ill-fitting.

HP16 Young people we interviewed reported very favourably about relationships with staff, although, in our survey, just over a quarter reported that they had been victimised by staff. We observed a good level of engagement between staff and young people and our survey confirmed that the majority of young people thought that staff treated them with respect and were helpful. Wing records did not reflect the good levels of contact and knowledge of the young person which were otherwise evident. Consultation arrangements with young people were wide ranging and effective.

HP17 The personal officer scheme provided effective day-to-day support for young people. Wing files demonstrated a good level of personal officer contact and in some cases individual targets were set and reviewed monthly, but this practice was not embedded. Personal officers did not routinely attend reviews involving the care and planning arrangements of the young people they were responsible for and links with key workers needed to be strengthened in relation to resettlement work. The helpers scheme, which operated on B wing for the younger age group, was sensitive to their particular needs and encouraged the involvement of families through regular reports.

HP18 The incentives and earned privileges (IEP) scheme worked well, but an instant rewards and sanctions system which formed part of the IEP scheme lacked governance to ensure that it was applied consistently.

HP19 Young people did not receive adequate legal rights support. There were no trained officers, although some input was provided by key workers.

HP20 Applications were dealt with efficiently. The complaints procedure was well publicised and complaint forms were freely available. Complaint boxes were emptied daily by the night orderly officer who left them in the office for collection by the complaints clerk, which compromised confidentiality. A complaints database was maintained and showed that responses were timely, but the data were not used to identify patterns or

trends. Our survey indicated that young people did not find it easy to make a complaint and over a third said they had been encouraged to withdraw a complaint. However, they thought complaints were sorted out fairly. The responses to complaints we examined were courteous and there was an efficient quality assurance system in place, including checks by the safeguarding team.

HP21 The services of the chaplaincy were explained on induction and well publicised. Arrangements for young people to attend religious services were flexible, but they coincided with other activities at the weekend and young people reported negatively in our survey about access to services. Muslims reported easy access to Friday prayers. The chapel was a pleasant environment, but the multi-faith room was poorly decorated. Faith-based and non-faith-based courses were delivered and an initiative to link young people with their local church on release worked well. The chaplaincy was well integrated in the establishment and attended committee meetings and meetings involving individual young people. Some chaplains had completed appropriate training and provided a counselling service to young people.

HP22 The main kitchen was well managed and young people who served food in wing serveries were properly supervised. Catering training opportunities for young people had been successfully introduced. The catering manager actively sought young people's views about the catering arrangements. The menus took due account of the dietary needs of the population and a nutritionist had been consulted. Young people were encouraged to make healthy choices. They ate out for breakfast and the evening meal, but ate their lunch in their cells. Staff supervised young people at meal times, but did not eat with them.

HP23 The diversity policy did not address the needs of young people and was focussed in the main on staff. There was no attention to sexuality or religion in the diversity policy. A diversity and race equality team (DREAT) had recently been established and included young people representatives. There was insufficient promotion of diversity across the establishment, although celebrations for black history month had been well planned.

HP24 The race equality action team (REAT) meetings were well attended. Impact assessments had been completed and were reflected in the race equality action plan. A full-time race equality officer supported young people race equality representatives well. Mandatory SMART data were monitored routinely by the REAT, but there was no additional local monitoring and no data analysis to identify patterns or trends. In our survey, young people from black and minority ethnic groups reported more favourably than their white counterparts in relation to some aspects of staff treatment. Racist incident reports, which related mainly to allegations of racist insults by young people, were dealt with well. There were no targeted interventions to address racist behaviour. Information about racially aggravated offences was used efficiently.

HP25 The foreign nationals coordinator maintained regular contact with foreign nationals. The DREAT routinely covered foreign national issues and young people representatives attended the meetings, but the policy was insufficiently focussed on the specific needs of young foreign nationals. Translation services were used appropriately, but there was a lack of written information for young people in languages other than English.

HP26 There were effective links with the UK Border Agency and the Refugee Council and Immigration Advisory Service.

HP27 No data were collected on young people with disabilities. All young people were assessed for disability on arrival, but information was not always provided in wing files to help residential staff care appropriately for young people with disabilities. Significant resources had been put into a learning disabilities team which was undertaking impressive work.

HP28 There was strong support from the governor and commissioners regarding the development and delivery of health services and young people had good access to an excellent range of child-focussed health services based on an up-to-date needs analysis. The high rate of failed appointments was concerning. The healthcare team offered a range of highly skilled specialists, including learning disability and speech and language therapists. One of the nurses also had a special remit to provide a health focus for looked-after children. High priority was given to health promotion. Healthcare staff worked collaboratively with all other departments, were integral to the safer regimes meetings and attended reviews of individual young people as appropriate. Mental health services were excellent. Mental health awareness training had been delivered to residential staff and the healthcare team provided considerable support and professional advice to them. Dental services were excellent and pharmacy services were good.

Purposeful activity

HP29 The majority of young people spent a good deal of time out of their cell. They had access to a wide range of education and vocational training, and generally produced good standards of work and gained worthwhile qualifications. The library was well used. PE was no longer part of the core timetable following changes to the education contract, but the PE programme was well balanced, linked with establishment-wide healthy living work, and access to recreational PE was good. The establishment was performing well against this healthy prison test.

HP30 The majority of young people spent a good deal of time out of their cells. They ate breakfast and their evening meal communally and had the opportunity to spend time in the open air each day, although the scheduled time clashed with other morning tasks. Association was facilitated each evening for periods in excess of two hours and there was no evidence of cancellations. Association took place in small association pods in manageable groups of about 20 young people and staff were able to engage more effectively with these smaller groups. Association areas were reasonably well equipped and young people on the gold level of the IEP scheme were able to attend a youth club with enhanced facilities.

HP31 Young people received a comprehensive education induction, including initial and diagnostic assessments which ensured that they were directed to the right courses with appropriate support to meet their needs. Those with specific learning needs or disabilities were well supported by the special educational needs coordinator and the learning support practitioners, who worked well with the learning disabilities team.

HP32 Allocation meetings were managed well and young people were allocated to their activity without delay. There were sufficient places to allocate a daily activity to an education course or vocational training for all young people, who had spent approximately three hours a day in a class or workshop since the changes to the education contract.

HP33 The range of education courses and training opportunities met the needs of most young people. The core curriculum focussed appropriately on key skills, information and communication technology and social and life skills. Personal development and independent living courses were also delivered. There was a good range of vocational training subjects. Residential zoning arrangements restricted choices of vocational training workshops slightly, but this was not a significant problem since the range of options was broad. There was separate provision to meet the educational needs of young people under school-leaving age who would return to mainstream school on release. Young people had very good opportunities to gain valuable employment skills and qualifications.

HP34 Teaching and learning were satisfactory. The recently introduced work-based learning provision provided an innovative alternative to class-based education. Literacy and numeracy were well integrated into vocational subjects. Young people generally behaved well in classroom lessons and in training workshops. However, the number of young people being returned to the wings for poor behaviour remained high. Punctuality was good and attendance was satisfactory at approximately 80%. Classes were rarely cancelled. Few young people refused to attend education and attendance was properly monitored. Young people who did not attend education were provided with support and encouragement with a view to reintegration at the earliest opportunity.

HP35 The standard of work produced by young people was generally good and particularly impressive in the kitchen of the prison mess and the plastering course. Young people gained a range of worthwhile qualifications, including City and Guilds qualifications, and most young people made significant personal progress. Young people on remand and young people who were sentenced achieved equally well.

HP36 Young people had good access to the library, including evenings and weekends. The loan stock had recently been changed to suit the interests of a younger population.

HP37 The PE programme was planned well and contained a balanced range of indoor and outdoor activities and team and individual sports. Young people were consulted about the PE programme and their comments acted upon. Only about 50% of the population had three hours of timetabled PE each week. However, our survey indicated that access to recreational PE was significantly better than in comparator establishments. A small number of young people took part in the Prince's Trust and Duke of Edinburgh Award courses, but accreditation of achievements was at an early stage of development. There were effective links with healthcare and the young people's substance misuse service for reluctant participants and young people who required rehabilitative PE. With the exception of showering facilities, PE resources were adequate.

Resettlement

HP38 There was a clear vision and strategic direction for resettlement work. The establishment of multidisciplinary resettlement teams was proving effective. Pathway work was well directed. Training planning was sound, but more needed to be done to make it multidisciplinary. There were well advanced plans to introduce offending behaviour programmes based on a comprehensive needs analysis and young people who had committed sex offences had specialist input. Public protection arrangements

were thorough. Resettlement services were generally good, although substance misuse services had decreased. Support for maintaining contact with families and friends was good. The establishment was performing well against this healthy prison test.

HP39 A review of the resettlement policy and related activities had been undertaken prior to the re-role. A needs analysis had been carried out, which had included appropriate consultation with young people, and a comprehensive reducing re-offending strategy had been produced, with an accompanying action plan focussing directly on each resettlement pathway. The reducing re-offending committee had become increasingly effective and had made some impressive links with local authorities and youth offending teams, although there were no community representatives on the committee. Multidisciplinary resettlement teams had been established, with a key worker allocated to all young people, and the model was working well.

HP40 A considerable number of training planning meetings took place and these were efficiently organised and managed by key workers, but contributions to the review process by other departments and personal officers were inadequate. Release on temporary licence as part of preparation for release was underdeveloped. The remand population was increasing. There was a dedicated team for remand planning, who were working well with local YOTs, but they still struggled to complete initial reviews within the first five days.

HP41 Public protection arrangements were thorough. One-to-one sex offender treatment work was delivered by specialist workers, but there were no other offending behaviour programmes. A comprehensive needs analysis had been undertaken for young people serving indeterminate sentences and there were well advanced plans to introduce a range of offending behaviour programmes for all young people, but work had not yet started to fill the identified gaps.

HP42 There was a full-time accommodation officer and key workers liaised with community YOT workers to ensure that most young people had accommodation to go to on release. Some good links had been developed with employers, colleges and training providers. Good workshop facilities helped young people to develop relevant work skills. Information and guidance workers offered surgeries to advise young people about employment opportunities and Connexions support was reasonable. There were good arrangements to plan for young people's health and substance use needs prior to release. Some good work was being done to help young people with debt and money management. Young people who needed extra support in maintaining contact with their family and friends had been identified and a family liaison officer had recently been appointed. Young people who were fathers were offered assistance to develop their parenting skills through courses.

HP43 Young people and their families reported favourably on the visiting arrangements. Staff in the visitors' centre provided a range of useful information. The recently refurbished visits hall was an excellent environment, with refreshments and a supervised crèche. The requirement for young people to wear a bib during their visit was undignified and unnecessary. Recent complaints about the visits booking line had been taken seriously and improvements made. Visits took place every day, although there was sometimes insufficient capacity at the weekend. Additional visits were arranged for young people who had a particular need. Quarterly family days were arranged, but they were only available to young people on the enhanced level of

the IEP scheme. Staff maintained good contact with families. Access to telephones was good, but young people on the basic level of the IEP scheme had more restrictions.

HP44 A specialist substance misuse lead nurse offered good support to young people requiring specialist interventions. The amalgamation of the young people's substance misuse service with the key work teams had improved service integration. Provision for young people requiring universal interventions was appropriate, but young people no longer received targeted interventions and one-to-one support.

Main recommendations

HP45 Long-term funding arrangements for social workers should be agreed.

HP46 The procedures for the care and management of young people who are perpetrators or victims of bullying should be reviewed and revised so that they are clear to staff.

HP47 Effective governance arrangements for the rewards and sanctions scheme should be introduced to ensure that sanctions are not being overused and that implementation is consistent across the establishment.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:
Children and young people travel in safe, decent conditions and in a timely way to and from court and between establishments. During travel the individual needs of young people are recognised and given proper attention. Children and young people travel separately from adults.

1.1 Young people said that they were treated well while being transported to the establishment. Journeys were short and late arrivals were unusual, although some young people reported travelling with adult prisoners. Young people were consulted about how they were treated prior to and during their journey and if problems emerged, they were identified and dealt with appropriately. Reception staff dealt efficiently with young people going to court. Good use was made of the video link facilities.

1.2 Most of the young people whom we spoke to in our groups said that when they first arrived at Hindley, their journeys to the establishment had been short. In our survey, 1% of young people said that they had spent more than four hours in the van, which was significantly better than the comparator of 6%. Young people we spoke to said escort staff treated them well and they were offered drinks, but no food or comfort breaks. This did not seem to be a problem, since the journeys were short. None of the young people we spoke to reported sharing transport with adults or females. However, in our survey, 38% of young people said they had travelled with adults or someone of a different gender, which was significantly worse than the comparator of 31%. Young people were not provided with information about where they were going when they left court.

1.3 The day after they arrived, young people were asked to complete a survey about their treatment before arriving at the establishment. They were assisted by peer mentors on the first night centre and most young people co-operated. Completed surveys were collated by a principal officer who presented the findings at quarterly meetings with the escort contractors. Staff said that the only thing young people complained about occasionally was the length of time they had to spend in court after their case had been completed.

1.4 Young people leaving for court were woken at 6am. They were given the opportunity to wear their own clothes, but, if they did not own suitable clothing, they could borrow clothes from a small supply in the reception area. They waited to be taken to court in one of the holding rooms in reception and they were offered breakfast by the reception orderly. Care was taken to ensure that young people from conflicting gangs did not come into contact with each other in reception. Staff were alert to the fact that some young people were nervous about appearing at court and provided reassurance when necessary.

1.5 Most of the courts which young people attended were local and there were seldom difficulties in arriving at court on time. We found no evidence of young people undergoing circuitous trips on their return to the establishment.

1.6 The video facility was used effectively for a range of functions. The suite comprised three separate areas. The larger area served as a court and the two smaller rooms contained booths which were used for individual interviews. During the previous six months, the suite had been

used on 120 occasions for court business and on 44 occasions for contact with YOTs, solicitors or for inter-prison visits.

1.7 In most cases, if a young person was being transferred to another establishment, the parents, carers and YOT workers were informed in advance. If a transfer was carried out for disciplinary reasons, there was no prior notification.

Recommendations

1.8 Young people should not be transported with adult prisoners.

1.9 Age-appropriate written information about Hindley should be developed by the establishment and provided to young people at court by youth offending team court officers.

1.10 Young people should not have lengthy waits in court after their case has been dealt with.

1.11 Young people who are transferred for discipline reasons should be given adequate notice to prepare for their departure, including the opportunity to make a telephone call to their family and check their property for onward transfer.

First days in custody

Expected outcomes:
Children and young people feel and are safe on their reception and introduction to the establishment. Their individual needs, both during and on release from custody, are identified and effective plans developed to meet those needs. During induction into the establishment young people are helped to understand establishment routines, are told how to access available services, are given a clear idea of what is expected of them and are helped to cope with imprisonment.

1.12 Young people said that they were treated well in reception. The facilities were good and young people moved through reception promptly. All young people were routinely strip-searched on admission and discharge, which was inappropriate. The first night centre was comfortable and well equipped and young people's immediate needs were met on arrival. Vulnerability assessments were completed efficiently and there were quality checks in place. Staff took time to ensure that young people were helped to settle in, assisted by an effective peer mentor scheme. A number of improvements had been made to the induction programme and young people were content with the information they received about the establishment. There was a good level of multidisciplinary input to the induction programme, but more needed to be done to involve young people actively in the process.

Reception

1.13 In most cases, the establishment received background information about new arrivals, some of which was sent electronically in advance. Background information usually included the Asset,

the post-court report, placement details and any available court reports or relevant vulnerability alerts. Background information was occasionally not supplied for weekend admissions when there was no YOT worker in court. In these cases, the missing information was usually obtained within a few working days. The background information sent electronically was printed out in reception, so that staff on the first night centre could use it when completing the initial vulnerability risk assessments (T1V forms).

1.14 In our survey, 77% of young people said they were treated well or very well in reception, which was significantly better than the comparator of 69%. Young people expressed similar views in our groups. Officers working in reception were sensitive to the needs of young people and recognised that young people who were in custody for the first time or had just received long sentences might require additional support, which they provided. In our survey, 71% of young people said that staff asked them if they needed help letting family know where they were when they first arrived, which was significantly better than the comparator of 59%. This was particularly helpful since survey results also showed that letting family know where they were was a significantly worse problem for young people at Hindley than in comparator establishments. A reception orderly spoke to all newly admitted young people to provide reassurance and answer practical questions as a peer.

1.15 The initial reception interview with the young person was carried out at an open desk. Interview rooms were available if more privacy was required.

1.16 The reception area had been fully refurbished since the previous inspection and was brightly lit and clean. The space had been well designed. Sight lines were good and staff could observe the holding rooms through large windows. The two main holding rooms were equipped with CCTV and contained reading material. There was some graffiti on the holding room windows and walls. A wide range of informative posters were displayed throughout the reception area.

1.17 All young people were routinely strip-searched on arrival and departure without any risk assessment to justify this intrusive measure. This was inappropriate. Young people we spoke to said this was carried out in as reasonable a way as possible.

1.18 Property was held in a store room in the reception area. A volumetric control system operated and young people were entitled to keep one large box. They could retrieve items from their property by making an application. We observed staff dealing promptly with requests for property.

1.19 Young people did not usually remain in reception for more than an hour before moving to the first night centre.

First night

1.20 The first night centre on J wing provided the best accommodation in the establishment and offered 42 places. All the cells had en-suite facilities and solid wood furniture and were clean and tidy. J wing also provided permanent accommodation for the peer supporters and the wing provided a calm and relaxed environment for new arrivals. It was also used to provide accommodation for some young people on the enhanced level of the incentives and earned privileges scheme. As soon as they arrived on the first night centre, young people were offered something to eat and drink and were given the opportunity to make a free telephone call. They were then interviewed by staff who carried out the initial vulnerability assessments and completed the cell-share risk assessments.

1.21 Cell-sharing risk assessments tended to err on the side of caution and the majority of young people were assessed as unsuitable for sharing. No-one shared on their first night in custody. The standard of the initial vulnerability assessments was reasonable. Most contained sufficient detail, but it was not always evident that information in the Asset document had been used. These omissions had been identified by the very thorough quality assurance checks on all vulnerability assessments which had recently been introduced by the safeguards team. There were always at least two specialist first night staff on duty which allowed them to carry out procedures thoroughly, without rushing. If there were late arrivals, there was no curtailment of the process.

1.22 Young people were given a well-designed booklet containing information about the regime in an age-appropriate format. This booklet was only available in English. At the time of the inspection, there were two Vietnamese young people on J wing, neither of whom spoke very good English. We were told that the Big Word interpretation service had been used frequently for these two young people.

1.23 At the time of the inspection, there were six peer supporters on J wing. They had been through a selection process to ensure their suitability for the role. They had all completed a short training programme and received support as a group once a month from a member of the chaplaincy team to assist them to carry out their role. The peer supporters assisted first night staff by talking to new arrivals and serving their meals. They told new arrivals about the range of support services, including Childline, the chaplaincy, the Independent Monitoring Board, the safeguarding team and the advocates.

1.24 The staff team which covered the first night centre, reception and induction had all completed JASP (juvenile awareness staff programme) training and were experienced and familiar with all the core procedures and confident about using e-Asset.

1.25 Night cover on J wing was provided by day staff on a rota basis. This provided continuity between the day and night shifts and staff on duty always knew the young people on the wing. We observed a staff handover between shifts, which was thorough. Each new arrival on the first night centre was subject to enhanced supervision, which meant they were routinely checked three times during the day and approximately every hour during the night, for the first 48 hours. The hourly checks were made irregularly so that they were not predictable. If a young person arrived without documentation, the supervision continued for 72 hours or until the information was received.

1.26 The quality of the records in wing files of initial work with young people on J wing was generally good. Staff assessed how new arrivals were coping with their first day in custody and reviewed the initial vulnerability assessments at that point. There was no evidence of any further reviews taking place.

Induction

1.27 The induction programme had been reviewed twice since its development six months previously. It had been reduced in length and young people spent less time locked up than they had. The programme lasted five days and most young people started the course promptly. In our survey, 84% of young people said they started induction during their first week, which was significantly better than the comparator of 75%. Young people said in our groups that they found the content of the programme reasonably informative.

1.28 The induction programme contained a full timetable of presentations, interviews or assessments each morning and afternoon. The first phase of the programme took two days and was carried out on J wing. This phase was designed to provide young people with sufficient information about the regime to help them get through their first 48 hours, but without giving too much information to confuse them.

1.29 The remainder of the induction programme was delivered in a well-equipped dedicated building, which contained two large classrooms and three interview rooms. The Big Word translation service was used to help young people who had difficulty communicating in English, but there was no written reference information in languages other than English (see also diversity section).

1.30 Staff from all relevant departments contributed to the programme. A significant part of the programme covered the work of the safeguarding department and was presented by one of the establishment-based social workers. Young people were told how they could protect themselves from being threatened or harmed and this material was replicated in a guide which was sent to all families or carers. The advocates, who acted as an independent source of support, had a designated slot in the induction timetable.

1.31 Young people had opportunities to talk to staff on a one-to-one basis during induction. Staff gave young people information about available services and took information from young people to help with the assessment process.

1.32 We observed young people spending the majority of time on induction listening to staff talking. The programme was not sufficiently varied and young people's involvement was limited. Information conveyed during the induction programme was recorded in an immediate needs initial assessment booklet, which remained in the young person's wing file throughout his stay.

1.33 A survey was carried out of young people's views of the induction programme when they had completed it. It was intended that this information would form the basis of a further review of the programme in three months' time.

1.34 Any young person who had been in Hindley during the previous three months completed a suitably modified induction programme.

Recommendations

1.35 Young people should not be routinely strip-searched. Strip-searching should only be carried out after a thorough risk assessment has identified serious risk of harm to the young person or others, and on the authorisation of a duty governor.

1.36 Initial vulnerability assessments should be reviewed after new arrivals transfer from the first night centre and thereafter at training planning meetings.

Housekeeping points

1.37 The reception area should be kept free of graffiti.

1.38 The review of the induction programme should include the introduction of more interactive sessions.

Section 2: Environment and relationships

Residential units

Expected outcomes:
Children and young people live in a safe, clean, decent and stimulating environment within which they are encouraged to develop independent living skills and learn to live in, and participate positively to, the community.

2.1 Two distinct residential zones had been introduced to reduce the number of altercations that had taken place since the re-role during movements. The large residential wings had been divided into smaller, more manageable groups which enabled young people to eat communally and have association daily. Some areas had been refurbished and efforts were made to maintain to a reasonable standard other areas which were in less good condition. Cells were equipped with duvets and curtains, but some did not have a table or a chair and toilets were not properly screened. All young people were required to wear prison-issue clothing, some of which was in poor condition. There was good access to showers and, for most young people, to telephones. Good attention was paid to cell bells. Arrangements for consultation with young people were good.

Accommodation and facilities

2.2 The residential accommodation was arranged across seven wings, including J wing, which was the first night unit. D wing was being refurbished at the time of the inspection and was not in use. Wings A to D each had accommodation for up to 66 young people and wings E and F each had accommodation for 96 young people. B wing accommodated children under the age of 16 and the top landing was also a temporary location for the Willow unit (see healthcare section). E wing was a location mainly for young people on remand. The large wings had been divided into smaller units and the maximum number of young people within each unit, assuming all the doubles were used as doubles, was 33. A zoning arrangement had been introduced since the re-role following some altercations between young people during movements. This effectively divided the establishment into two distinct areas and meant that young people located on E and F wings did not come into contact with young people on A, B, C and J wings during movements.

2.3 The establishment had undergone considerable refurbishment in some areas, but others showed some signs of wear and tear. There was an ongoing programme of repainting and graffiti in cells was tackled routinely. Cells were reasonably furnished with duvets and curtains, but did not all contain a table and chair. Cell observation panels were free from obstruction. Communal areas were kept clean and tidy as young people cleaned the communal areas each morning and afternoon, but no young people were employed as full-time cleaners.

2.4 Few of the cells designated for double occupancy were being used to accommodate two young people, with the exception of J wing where the facilities were of a much higher standard and included en-suite showers. Suitably adapted showers were available for wheelchair users and access to all communal areas was possible, but cell doors were not wide enough to accommodate a wheelchair (see diversity section). All cells had toilets and wash basins.

Toilets were not adequately screened. There was drinking water in the cells, but young people had no access to hot water after evening lock up.

2.5 Young people could display posters, photographs and certificates in their cells. There was a clear policy on offensive displays, but this was not applied consistently.

2.6 Cell bells were checked by staff each day to make sure they were working. During evening association we saw officers responding promptly when a young person rang his bell. Records provided during the inspection showed that management checks of response times were being carried out.

2.7 The establishment had taken an innovative approach to managing the living space. Each landing on the wings had its own dining and association area to accommodate a discrete and manageable size group of young people. If difficulties or disputes arose between young people, they could be moved to another landing rather than move wings, which could have affected their education and vocational training options (see learning and skills section).

2.8 All young people ate out for breakfast and the evening meal and had association every day. Each association area was reasonably equipped with recreational activities and was large enough to accommodate the number of young people resident on the landing.

2.9 There was a telephone with a hood in each association area and calls could be made in reasonable privacy. Young people could use the telephone each day, although those on the basic level of the incentives and earned privileges (IEP) scheme or those who had lost association through the rewards and sanctions scheme could only do so before work or education in the morning (see behaviour management section).

2.10 Notices displayed were informative and age appropriate. The facilities list included photographs of the different items permitted and a happy or sad face to indicate which could be held in possession. Menu choices were aided by a photo book of the different dishes.

2.11 Young people elected representatives to attend establishment-wide consultative meetings which covered a wide range of topics. Young people were encouraged to present their views and give feedback. It was clear from the meeting observed during the inspection that action points raised by young people were taken seriously and followed through.

Hygiene

2.12 The period between breakfast and exercise was set aside for general domestic tasks and cell cleaning and the necessary equipment was readily available. Some cells were untidy with dirty toilets, but others were well looked after. Weekly inspections took place and prizes were awarded for the best cells.

2.13 Mattresses were in reasonable condition and there was a supply of new mattresses available in the central stores.

2.14 All wing showers were in cubicles. Young people had good access to showers and were encouraged to use them. In our survey, 90% of young people said they were usually able to shower every day, which was significantly better than the comparator of 55%. Basic hygiene items were freely available on the wings, although young people generally preferred to purchase their own through the prison shop and kept them in their cells in large quantities.

Clothing and possessions

2.15 All young people were required to wear prison clothing, although some concessions were made for young people on the enhanced level of the IEP scheme. The condition of some of the clothing issued to young people was poor. Some of the t-shirts were shabby and, although young people were required to wear green-issue trousers when they left their wings, a few had to wear grey tracksuit bottoms because there were no green trousers of the right size. Young people could wear their own underwear, socks and trainers. Young people were issued with a sweatshirt and, although we were told that outdoor jackets were available, there were none in the wing store rooms that we checked and we observed many young people outside in cold weather without a jacket. There were adequate laundry facilities and there was a weekly kit and bedding exchange, but there was no guarantee that the same kit sent to the laundry would come back to young people.

Recommendations

2.16 All cells should be suitably furnished and include a table and chair.

2.17 Toilets should be properly screened.

2.18 Flasks or kettles should be provided for young people overnight.

2.19 The policy on offensive displays should be applied consistently.

2.20 Young people should be permitted to wear their own clothes.

2.21 Kit issued to young people should be of good quality and in a sufficient range of sizes to meet the needs of the population.

2.22 Young people should be issued with outdoor jackets.

Relationships between staff and children and young people

Expected outcomes:
Children and young people are treated with care and fairness by all staff, and are expected, encouraged and enabled to take responsibility for their own actions and decisions. Staff have high expectations of all children and young people and have a role in setting appropriate boundaries. They listen, give time and are genuine in their approach.

2.23 Staff interacted well with young people and the majority said that staff were helpful and treated them fairly and with respect. In our survey, just over a quarter of young people reported that they had been victimised by staff, but young people we interviewed individually spoke particularly favourably about relationships with staff. Not all staff wore name badges, which had safety implications. Wing records did not reflect the good level of engagement and knowledge of individual young people that was otherwise evident and management checks

were infrequent. There was evidence of good family contact. The care and treatment of the youngest age group located on Beech unit was sensitive to their particular needs.

2.24 We observed relaxed and appropriate relationships between staff and young people in a range of settings and staff almost always addressed young people by their first or preferred name. During association periods, the number of young people in the association pods was small enough for a reasonable level of individual conversations to take place. Young people had no reservations in approaching staff on the residential units to ask them for help and were confident in expressing their views in more formal settings such as the Voices in Prison (VIP) consultation meetings.

2.25 In our survey, 78% of young people said that staff treated them with respect, which was significantly better than the comparator of 71%. However, 27% of young people reported that they had been victimised by a member of staff, which was significantly worse than the comparator of 19%. Young people did not complain of staff victimisation during the inspection, but the finding was worthy of further investigation by the establishment. Not all staff displayed their names as well as their numbers on their uniforms, which we were told was a matter of choice. This needed to be remedied so that young people could easily identify and properly address staff when they needed help.

2.26 We carried out an analysis of a sample of 40 individual files across all wings. Overall, staff made frequent entries and there were comments in the files from a range of staff, including wing officers, personal officers and teachers. There were some exceptions and personal officers' entries were useful, but the majority of the comments made in wing files did not reflect the good level of engagement that we observed and the detailed knowledge of young people that staff demonstrated when we spoke to them. Recorded comments were mainly observational or functional in nature and often related to the distribution of red or green tickets (see section on incentives and earned privileges/rewards and sanctions). Management checks were infrequent.

2.27 Twenty-seven per cent of comments in wing files that we inspected were assessed as demonstrating constructive and positive interaction with the young person and we found no inappropriate comments. However, wing files did not provide a comprehensive picture of the young person. Staff whom we spoke to on the residential units were not confident about using the e-Asset system to access information about young people. In contrast, staff on the first night unit and key workers had good knowledge of the system and used it well. Half the files that we examined demonstrated evidence of family contact, often shortly after the young person had arrived.

2.28 We conducted individual safety and relationship interviews with 21 young people. The majority spoke favourably about the way that staff treated them and none reported disrespectful treatment. Only one young person said that staff were unfair in their treatment and this was specifically in relation to the distribution of red tickets (see behaviour management section). The majority of young people interviewed said that staff were generally helpful with questions and day-to-day issues. This was confirmed in our survey, in which 78% of young people said there was a member of staff they could turn to with a problem, which was significantly better than the comparator of 72%, and 43% of young people said that staff had checked on them personally in the last week to see how they were getting on, which was significantly better than the comparator of 36%. Young people who were interviewed were asked to give an overall rating for relationships between staff and young people, with 1 being excellent and 4 being poor. The average rating was 1.85.

2.29 We noted particularly sensitive and age-appropriate treatment of the young people located on Beech unit who were mostly 15 year olds. Bi-weekly reports were sent to parents or carers to ensure their continued interest and involvement in their child's care and this was an excellent initiative.

Recommendations

2.30 Staff should display their name as well as their staff number on their uniform.

2.31 Entries in individual wing files should demonstrate good interaction between staff and young people and contain clear individual assessments to build up a comprehensive picture of the young person.

2.32 Residential staff should be trained to use the e-Asset system.

2.33 The establishment should conduct a series of focus groups with young people to discuss how staff-young people relationships might be improved.

Housekeeping point

2.34 Management checks on the quality of wing file entries should be carried out at frequent intervals to ensure consistently high standards of recording.

Good practice

2.35 *Bi-weekly reports on the young people located on Beech unit were sent to parents or carers to ensure their continued interest and involvement in their child's care.*

Personal officers

Expected outcomes:
A designated officer is the central point of contact and support for each child and young person. This officer takes responsibility for their care and wellbeing by engaging with the child or young person and their network regularly.

2.36 The personal officer scheme operated well across the establishment and provided young people with suitable day-to-day support. Personal officers made useful contributions to wing files which indicated that they had good knowledge of the young people they were responsible for. In some cases, entries on history sheets were supplemented by monthly contact forms which encouraged more purposeful work involving target setting for young people, but this practice was not embedded. Links with key workers needed to be strengthened with regard to resettlement work. An innovative 'helpers scheme' on B wing provided 15 year olds with intensive support. Personal officers did not attend some key meetings and their potential contribution was not fully realised.

2.37 Thirty-four per cent of young people responding to our survey said that they met their personal officer within the first week, which was significantly worse than the comparator of 50%. Young people were given information about the personal officer scheme in the guide which was issued on induction. This explained that the personal officer was the first point of contact for

any questions or concerns and described how personal officers helped young people to set targets and review their progress during their time at the establishment. The names of the allocated personal officer and a substitute member of staff were displayed outside each cell.

2.38 Young people that we spoke to in groups were aware of who their personal officers were and had a good understanding of how the personal officer scheme worked. In practice, young people's experience varied, with some negative accounts and some positive.

2.39 Our analysis of wing records demonstrated positive personal officer work. In almost all cases, it was clear who the personal officer was from the written comments in the files. Written comments were detailed, although of variable quality. Personal officers generally showed a good knowledge of the young people they were working with. In some cases, the wing history sheets were supplemented with monthly contact forms which enabled a structured review of the young person's behaviour against the monthly targets which the personal officer had set, but this good practice was not consistent.

2.40 The majority of personal officers' work focussed on providing young people with practical help on a day-to-day basis, including contributing to behaviour reviews related to the operation of the instant rewards and sanctions scheme and the IEP scheme (see behaviour management section). However, personal officers did not regularly attend training planning reviews or other meetings, such as ACCT (assessment, care in custody and teamwork) reviews. This was an omission because it was clear that many personal officers had good working relationships and knowledge of the young people and could have made valuable contributions to these meetings. There was no formal link between key workers, who worked closely with young people (see resettlement section), and personal officers, although informal working relationships were good.

2.41 On B wing, an innovative 'helpers scheme' had been developed to support the 15 year old young people located there. This resembled the personal officer scheme, but officers provided more frequent intensive support. It was clear from the wing records that designated staff had several planned contacts each week with the young people they were responsible for and encouraged the involvement of parents. .

Recommendations

2.42 All young people should meet their personal officer and designated substitute within 24 hours of their arrival on their allocated residential unit.

2.43 Monthly contact forms should be used consistently and managers should ensure that all personal officers conduct a monthly review with the young people they are responsible for.

2.44 Personal officers should attend all relevant meetings and reviews relating to the care and management of the young people for whom they are responsible.

2.45 There should be a process for formal information exchange between key workers and personal officers concerning the young people they have joint responsibility for, particularly prior to and after their reviews.

Section 3: Duty of care

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.

3.1 There was a very high level of involvement with Wigan Safeguarding Children Board (WSCB) in a wide range of safeguarding initiatives. Detailed reports and data analysis in relation to all safeguarding areas were presented to the senior management team, who effectively carried out the role of the safeguarding committee. A sub-group of WSCB, chaired by the establishment head of safeguarding, had oversight of the establishment's performance in relation to statutory safeguarding responsibilities and national directives. The social work team ensured that the needs of looked-after children were met and carried out a wide range of safeguarding functions effectively. Young people could make direct contact with the local authority child care duty team through a helpline telephone number. All staff had been Criminal Records Bureau (CRB) checked and trained in safeguarding procedures. Staff engaged fully with the system which ensured that the most challenging and/or vulnerable young people were referred for specialist services through the safer regimes meetings, which functioned very effectively. Young people with complex needs were well cared for in the Willow unit.

3.2 A comprehensive safeguarding policy had been agreed with Wigan Safeguarding Children Board (WSCB) in January 2008 and it had been revised to take account of changes relating to the re-role. At the time of the inspection, the revised policy was out for consultation with key stakeholders. The existing policy covered all core elements of safeguarding and described how they linked together. The policy reflected the good consultation arrangements with young people organised by the establishment. The policy set out the importance of the involvement of families and carers and described arrangements to facilitate effective family contact.

3.3 The safeguarding policy referred to an annexed whistle-blowing policy, but this did not specifically address whistle-blowing procedures in relation to child protection concerns. The policy advised staff to contact their line manager or report wrong doing through the reporting wrongdoing hotline based in the Prison Service corruption prevention unit. This was confusing for staff and had the potential to circumvent the child protection referral system.

3.4 The establishment had agreed a very high level of involvement with WSCB in a wide range of safeguarding initiatives. The local authority designated officer (LADO), the head of quality and review for children's social care and the independent reviewing officer made regular visits to the establishment. The LADO and the head of quality and review carried out frequent random checks of child protection referrals and the use of force. Their monitoring visits were usually unannounced and they were able to collect keys to enable them to visit areas of the establishment without escort. Using an innovative approach to engage local authorities, the reviewing officer, who was the independent chair of the WSCB, had written to 22 local authorities inviting them to consider what information they would require from the establishment regarding the children they had responsibility for.

3.5 A WSCB sub-group - children in a secure setting - met bi-monthly. In reality, Hindley was the only secure setting within WSCB's remit. The designated membership of this committee was broad and included three representatives from WSCB, the advocacy service, local youth offending teams, a local housing authority and a representative from the Howard League. This committee was chaired by the establishment head of safeguarding and carried out a high-level strategic function on behalf of WSCB. The committee had developed a comprehensive work plan relating to its section 11 responsibilities. The committee had also overseen a local review of restraint to consider the implementation of the recommendations from the national restraint review.

3.6 There was a quarterly safeguarding meeting comprising members of the senior management team, which ensured wide representation from all relevant areas of the establishment. Reports, including a range of data analysis, were presented to this meeting on suicide and self-harm prevention, child protection, the use of force, the social work service and all aspects of violence reduction, although there were some gaps in bullying data (see section on bullying). The WSCB sub-group also provided a regular report to these meetings. Minutes of the meetings showed a good level of discussion, which included oversight of a variety of quality assurance arrangements with appropriate action points correctly assigned.

3.7 At the time of the inspection, there were 58 looked-after children, which included 31 on a full care order. The establishment benefitted from a social work team of three social workers, an assistant and a family support worker. Following the breakdown of negotiations to agree national funding arrangements for prison-based social workers, an agreement had been reached between the establishment and WSCB to fund the existing posts jointly for the current financial year. However, there was uncertainty about the sustainability of this arrangement in the long term.

3.8 All looked-after children were allocated to a named social worker who managed all aspects of their care throughout their time at the establishment. In the first nine months of 2009, 82 looked-after children/pathway reviews had been facilitated by the establishment.

3.9 Concerns about the safety and welfare of individual young people were raised at twice-weekly residential meetings and followed through effectively using the integrated safeguards referral system and screening processes. The safeguarding team screened all safeguards referrals. They used an efficient traffic light priority system to ensure that the most important referrals were dealt with within 24 hours and the remainder within a week.

3.10 The most challenging cases were referred to the weekly safer regimes meetings. Minutes of these meetings confirmed regular multidisciplinary attendance. We observed an excellent level of discussion at a safer regimes meeting. There were useful contributions from all disciplines and a good deal of knowledge about individual young people was shared appropriately and suitable action points agreed. The agreed actions generally centred on the development of individual management plans, but these were not readily available in individual wing files and the management plans that were produced at our request were of poor quality (see behaviour management section). Young people with the most complex needs were located in the Willow unit (see healthcare section), where they received a high level of individual specialist care.

3.11 There were a number of additional safeguarding measures in place. The safeguarding team checked all complaints for child protection concerns. Healthcare monitored injuries efficiently and reported routinely to the safeguarding committee. There was a well advertised, dedicated telephone line for staff and families or other visitors to report concerns about a young person directly to the social work team. Information available to young people about independent support included Childline, Barnardo's and contact details of the local authority children's

social care service. A series of consultation meetings took place with young people, which fed into safeguarding committee meetings at a number of levels. A recent initiative to help the safeguarding committee establish their top 10 safeguarding priorities had involved young people, the senior management team (SMT), family members and members of WSCB.

3.12 All staff who had previously worked with the young adult population had been subject to enhanced CRB checks prior to the re-role. All staff in post at the time of the inspection had been cleared.

3.13 Safeguarding training for staff had included an additional half-day WSCB induction training covering the safeguards referral system within the context of an overarching explanation of national safeguarding issues. This had been delivered every day for three weeks prior to the re-role to ensure that all existing staff received the training and it was supported by useful staff guidance. Following the re-role, this training had been incorporated into the core training for new staff. The very high level of staff engagement with the safeguards referral system demonstrated the effectiveness of the training. On average, the safeguarding team received between 200 and 300 referrals each month. A small number of staff had received multi-agency training delivered by WSCB. Effective prioritisation for key staff had made best use of the limited number of spaces for this specialist training.

Recommendations

3.14 The whistle-blowing policy should be revised to ensure that it states clearly that concerns about young people should be reported through the agreed child protection procedures and not through the reporting wrong-doing helpline.

3.15 Young people who have been identified as particularly vulnerable or with specific needs, or who have been displaying challenging behaviour, should have an individual care plan to meet their assessed needs.

Good practice

3.16 *Wigan's local authority designated officer and head of quality and review carried out frequent random checks of child protection referrals and the use of force. Their monitoring visits were usually unannounced and they were able to collect keys to enable them to visit areas of the establishment without escort.*

3.17 *The independent chair of the Wigan Safeguarding Children Board (WSCB) had recently written to 22 local authorities inviting them to consider what information they would require the establishment to provide to them regarding their children in Hindley's care.*

Child protection

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

3.18 There was a comprehensive child protection policy and guidance for staff. The child protection committee met quarterly to monitor and review child protection referrals, but attendance was not always satisfactory. Child protection referrals came from a range of sources, including the effective screening of complaints by trained social workers. Referrals were processed efficiently and procedures agreed with the local social care services to ensure that they were investigated appropriately. Internal investigations took place when recommended by the local authority and suitably robust action was taken by the establishment, appropriately monitored by the local authority. Disclosures of historical abuse were dealt with appropriately and relevant specialist counselling services were available.

3.19 A comprehensive child protection policy had been issued in September 2009 and signed by the governor and the independent chair of the WSCB, with an agreement that it should be reviewed annually. The establishment had also produced clear guidance for all staff on all aspects of child protection and the roles that different staff played in the process.

3.20 A child protection committee met every three months. The designated membership was appropriate, but meetings were not always well attended and the September 2009 minutes had noted that poor attendance should be drawn to the governor's attention. A standard agenda included scrutiny of child protection referrals, patterns and trends, training needs, practice issues and matters to be referred to the SMT who discussed safeguarding issues in depth every quarter. Minutes of the meetings demonstrated detailed discussions of patterns and trends in child protection referrals, by type of referral, their origin and the identity of staff involved. Staff who had been subject to three allegations of verbal or emotional abuse were referred to the LADO and were also discussed by the deputy governor, the head of safeguarding and the senior social worker.

3.21 The child protection report for June to August 2009 showed that 104 referrals had been made. The referrals were broken down into categories. Minutes of the child protection committee meeting demonstrated a good level of discussion about reasons for an overall increase in the number of referrals and suitable action points were agreed to interrogate the data further and monitor any emerging patterns or trends. The category which occurred most frequently was 'harm from a member of staff'. The vast majority related to alleged abusive comments made by staff. The more serious allegations against staff were discussed in detail at the child protection committee meeting.

3.22 Child protection referrals came from a range of sources, including effective screening of complaints, and we saw examples of staff confidently reporting concerns about the actions of other staff. All referrals were processed efficiently by the safeguarding team. The team manager, who was an independent social worker seconded by the local authority, acted as the child protection coordinator and decided if they met the threshold for referral to the local children's social care services. All cases involving an allegation of abuse against a young person by a member of staff were referred to the local children's social care services. If the child protection threshold was reached, a multidisciplinary strategy meeting was convened promptly and appropriately recorded. The LADO told us that the establishment held an internal

investigation when requested and the case was not closed until the local authority had been notified of the outcome. Records indicated that internal investigations were carried out and appropriate and robust action taken when necessary.

3.23 All child protection case files were scrutinised by the safeguarding manager and the quality assurance procedures were robust. The local authority independent reviewing officer had access to all child protection files which she routinely examined and ensured that cases were completed in accordance with the agreement with WSCB. Records indicated that 10 child protection files had been reviewed by the independent reviewing officer in August 2009 and the findings reported to the September child protection committee meeting.

3.24 There had been nine disclosures of historical abuse since March 2009, which had been referred to the local children's social care services. The child protection coordinator ensured that a response to all referrals was received indicating what action had been taken. Appropriate support for young people who had made a disclosure was provided by the establishment mental health services, the speech and language therapist and trained counsellors from the chaplaincy team. The child protection policy required appropriate training for staff and, in the previous three years, 474 staff had been trained in child protection procedures. Training was delivered by social workers from the internal safeguarding team or staff who had attended juvenile awareness staff programme (JASP) training. One hundred and twenty staff had completed JASP training since March 2009. It was not possible to establish the percentage figure of staff trained in child protection procedures which this number represented and we noted that this had been raised at the September 2009 child protection committee meeting.

Self-harm and suicide prevention

Expected outcomes:
Children and young people at risk of self-harm and suicide are identified at an early stage, and supported through a care and support plan to meet their individual identified needs. Assessment of risk of self-harm and ongoing vulnerability is an continuous process which is informed by staff and children and young people. Children and young people who have self-harmed or been identified as at risk of self-harm are encouraged to participate in appropriate purposeful activity.

3.25 There was a comprehensive suicide and self-harm prevention policy, linked to the safeguarding strategy. There was good strategic oversight of suicide and self-harm prevention, but attendance at suicide and self-harm meetings was poor. The majority of initial ACCT (assessment, care in custody and teamwork) assessments lacked a comprehensive assessment. Care maps were reviewed regularly, but goals were rarely specific. Staff observations demonstrated good engagement with young people, although observations at night were too predictable. Multidisciplinary case reviews were well attended, but lacked consistency because case managers were often not available to chair the reviews. Young people that we spoke to who had been subject to ACCT procedures said they had been well cared for. Parents or carers were notified when an ACCT was opened, kept informed of progress and invited to review meetings when appropriate.

3.26 The establishment had a comprehensive suicide and self-harm prevention policy, which was linked to the safeguarding strategy. The policy had been published in July 2009 and approved by the governor and area manager. It described the ACCT procedures, the role of individual

departments and staff and gave detailed information on how staff should respond to young people whose behaviour caused concern. The policy was complemented by a useful shorter guide on suicide and self-harm prevention produced by the safeguarding team.

3.27 Over the previous six months, 166 ACCTs had been opened involving 153 young people. Some had been opened as a result of staff concerns, but the majority had been opened as a result of self-harm (107 incidents of self-harm by 57 young people), the majority of which had involved young people cutting themselves or making ligatures.

3.28 The multidisciplinary suicide and self-harm prevention committee met bi-monthly and was chaired by the head of admissions and care. Attendance was poor and, of the 22 participants identified in the policy, 11 had been the highest number to attend, with only eight staff present at the September 2009 meeting. The bi-monthly reports provided for the suicide and self-harm committee gave helpful information on patterns and trends in self-harming behaviour and the use of ACCT procedures. There was detailed discussion at the meetings and analysis of the effectiveness of the care and management of vulnerable young people, which demonstrated good strategic oversight.

3.29 We examined a sample of open and closed ACCT documents. The majority of initial assessments lacked consideration of personal and external factors to contribute to an accurate assessment of risk. Many assessments simply repeated what the young person had said and did not demonstrate an analysis of the other written information available, combined with the information provided by the young person. In several cases, future action agreed with the young person had not been completed or very little detail was given.

3.30 Care maps were discussed at each case review, but the link between the initial assessment and subsequent care maps was unclear. Goals in the care maps were rarely specific and, in a number of cases, inappropriately assigned responsibility to the young person for delivering the actions required, rather than describing how staff would support the young person to reduce the risk of self-harm. There was a quality assurance system in place and omissions in the documentation were discussed.

3.31 Case reviews were multidisciplinary and usually well attended. However, there was no indication of proper planning or of consideration given to which staff should attend and which should provide written information. Arrangements for reviews were flexible to accommodate the needs of the young person and efforts had been made to enable case managers to retain responsibility for ongoing reviews. This had not always been achieved and the process lacked consistency. Records of review meetings were consistently inadequate and did not reflect the discussion or decisions taken.

3.32 Staff observations were detailed and demonstrated good engagement with young people. However, although night officers said they understood the importance of making observations irregularly, records showed that they were still too predictable.

3.33 Young people that we spoke to who had been subject to ACCT procedures said they had been well cared for. Parents or carers were notified when an ACCT was opened, kept informed of progress and invited to review meetings when appropriate. This contact with families was effective and had been identified at a suicide and self-harm committee meeting as an area of work for further development. Post-closure reviews were routinely carried out.

3.34 All staff had undergone ACCT refresher training prior to the re-role and staff we spoke to were familiar with the ACCT process.

Recommendations

3.35 Designated members of the suicide and self-harm prevention committee should attend meetings as required.

3.36 Initial assessments should include consideration of all available information about the young person and be of good quality.

3.37 Care maps should address the young person's particular difficulties and demonstrate that all sources of help and support have been explored. There should be clear lines of accountability for all agreed actions.

3.38 Staff participation at ACCT reviews should be planned, so that it is known who should attend and who should provide written contributions.

3.39 The ACCT case manager should be consistent throughout the time an ACCT is opened.

3.40 Staff observations at night should take place with agreed frequency, but should not be too predictable.

Bullying

Expected outcomes:
There is an establishment culture that promotes mutual respect among staff and children and young people. Children and young people feel safe from bullying and victimisation. Active and fair systems to prevent and respond to bullying behaviour are known to staff, children and young people and visitors. Children and young people's views help to develop and promote a safe environment.

3.41 Staff believed that bullying was a significant problem and this was confirmed in wing records. Good efforts were made to identify the nature and extent of bullying through consultation with young people, but data analysis needed some improvement. The helpline available for young people to report any form of victimisation directly to the safeguarding team provided a useful direct and confidential link to staff. There was a comprehensive violence reduction policy, including a section on anti-social behaviour and bullying, and staff were provided with a procedural guide on the application of the tackling anti-social behaviour system. However, the policy was not consistently applied and there was little understanding by staff of how it linked with other procedures which were used to challenge unacceptable behaviour. Neither the behaviour of the bully nor the needs of the victim were being addressed within an individual care plan. Despite this, there was evidence that staff offered a reasonable level of supervision and support to both perpetrators and victims of bullying on a day-to-day basis.

3.42 A comprehensive violence reduction policy had been agreed in June 2009. The policy contained a section on anti-social behaviour, which incorporated bullying and defined violence and anti-social behaviour in the following terms: 'any incident in which a person is abused, threatened or assaulted; this includes an explicit or implicit challenge to their safety, wellbeing or health'.

3.43 The policy described tackling anti-social behaviour (TAB) procedures designed to encourage early intervention to address any form of anti-social behaviour and described how staff should respond to perpetrators and victims of threatening or bullying behaviour. The procedures included an explanation of the purpose of the generic safeguards referral form (see safeguarding section). A complementary staff guide to bullying included step-by-step actions for staff to take if they observed a bullying incident. Despite this, staff we spoke to said they were unclear how the TAB procedures should be applied and our examination of the wing files confirmed a lack of adherence to the procedures. In particular, they had little understanding of how they linked with other procedures which were used to change unacceptable behaviour, particularly the incentives and earned privileges scheme.

3.44 Staff we spoke to said they believed that bullying was a significant problem at the establishment and this was confirmed in our examination of wing files. We examined 30 files, 20 of which commented on some form of victimisation or aggression from or towards the young person. In three cases, the victim had either moved cell or had had his activity changed, for example attending a different education class. Staff also confirmed that young people who were the victims of bullying were often moved, rather than the perpetrator. In the absence of a clear care plan which identified a change of location as part of the plan and as being in the best interests of the victim, this was inappropriate.

3.45 Until early October 2009, relevant data collected had only provided overall statistics for all aspects of violence reduction and had not separately analysed incidents of violence, bullying or lower level anti-social behaviour to inform managers better about the nature of main issues. Good efforts were made to identify the extent and nature of bullying and victimisation through surveys and consultation groups and staff were aware of areas in the establishment where young people were most vulnerable to bullying.

3.46 In our survey, 23% of young people said they had been victimised by another young person or group of young people. Eighteen per cent of those said that the victimisation had involved insulting remarks and 14% said that the victimisation had involved physical abuse. Both of these latter survey results were significantly worse than their respective comparators of 13% and 9%. Young people reported being victimised for their canteen, because they were new or because they came from another part of the country.

3.47 There was clear information about how violence and bullying would be dealt with on the unit notice boards. A helpline number was available to all young people to report any worries or incidents of bullying or victimisation. When we rang the line, it was answered promptly by a member of the internal safeguarding team. In our survey, 76% of young people said they would be able to tell someone if they felt they were being victimised by another young person or a member of staff, which was significantly better than the comparator of 61%.

3.48 Since April 2009, 73 TAB documents had been opened, of which 31 were for perpetrators of bullying and 10 for victims (the remainder related to other forms of anti-social behaviour). It was unclear what actions had been taken with young people identified as perpetrators, but, in 14 cases, the action was described as 'covert'. We were told by staff that this meant the young person was being closely watched, but was unaware of this, and that there were no interventions in these cases to work with the young person to address his behaviour.

3.49 At the time of the inspection, there were 22 open TABs, of which 12 were awaiting a post-closure completion interview. Written information on young people who were subject to the TAB process was kept in a number of different places. The TABs that we reviewed contained basic information about the young person and why the document had been opened. In several cases, there was a clear indication of the nature of the concern, but in others very little

information or evidence was recorded. Initial case reviews rarely provided a detailed summary, there were very few intervention or care plans and the way that different units approached the task was inconsistent. However, ongoing staff monitoring was frequent and records showed that young people on open TABs were closely observed by staff. There was a system of quality assurance, but unsurprisingly more efforts were being made to clarify the existing system than to quality assurance documentation which was known to be inconsistent.

3.50 Despite these procedural frailties, there was evidence from young people, our examination of wing files and other sources, such as the weekly safer regimes meetings and individual care and management meetings on Beech unit that a reasonable level of supervision and support was provided to both perpetrators and victims of bullying.

Recommendations

3.51 All staff should be trained in procedures and subsequent revisions relating to the care and management of young people who are perpetrators or victims of bullying.

3.52 The procedures for managing young people who are perpetrators or victims of bullying should include a robust system of quality assurance to ensure that the procedures are implemented consistently.

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 children and young people have equal access to all facilities. Multiple diversity needs should be recognised and met.

3.53 The diversity policy mainly addressed staff issues and was insufficiently focussed on diversity issues for young people. A diversity and race equality action team had recently been formed from the existing race equality action team and included young people representatives. Although there had been good celebration of black history month, more needed to be done to celebrate diversity and ensure that written information for young people was accessible to all. There was no coverage of sexuality in the diversity policy or in practice.

3.54 The diversity policy was not sufficiently focussed on the needs of the population. Much of the emphasis of the policy and practice related to staff and diversity issues for them rather than diversity issues for the young people. Following a very recent development, diversity was discussed at alternate meetings of the race equality action team (REAT), which had been re-designated the diversity and race equality action team (DREAT). Both DREAT and REAT meetings were chaired by the deputy governor. All members of the DREAT had received diversity training. The designated membership was appropriate and there was good attendance from across the establishment, including young people representatives for race, foreign nationals and travellers, who were identified by photographs on wing notice boards.

3.55 Black history month had been celebrated throughout the establishment and young people reported enjoying the events. There was little to celebrate diversity on the wings, although there was good attention to this in the education department.

3.56 Notices on display around the establishment and important written information given to individual young people were mostly in English and not accessible to young people with poor reading ability, language or learning difficulties or those whose first language was not English.

Recommendation

3.57 Important information should be provided for young people in a format and language they can easily understand.

Housekeeping point

3.58 There should be displays throughout all areas of the establishment which portray images that reflect the racial and cultural diversity of the population and the local community.

Race equality

3.59 Race equality action team meetings were well attended and included young people representatives, who were well supported in their role by a full-time race equality officer. Impact assessments had been completed and good progress was being made against the race equality action plan. Mandatory SMART data were monitored appropriately by the REAT, but there was no additional local monitoring and no analysis of patterns or trends. Racist incident reports were properly investigated, but there were no targeted interventions to tackle racist behaviour. In our survey, young people from black and minority ethnic groups reported more favourably than their white counterparts on some aspects of staff treatment. Information about racially aggravated offences was managed efficiently.

3.60 A community representative had recently started to attend the REAT meetings and there was wide representation across the establishment. The establishment race equality action plan (REAP) was monitored by the REAT. Impact assessments on all mandatory areas had been completed and young people had been involved in their development through focus groups. Action points from the assessments were included in the REAP.

3.61 The establishment was midway through delivery of the Challenge It, Change It programme, but training had had to be suspended temporarily to facilitate P-NOMIS training.

3.62 A full-time race equality officer (REO) had been appointed. She reported to the diversity manager, who reported to a residential governor, providing clear lines of accountability to the SMT. The REO was supported by wing-based assistant REOs and wing-based young people race equality representatives. Photographs of the REO and the young people were displayed on wing notice boards. The young people race representatives were allowed to leave their landings during association to seek the views of young people on other landings on their wing.

3.63 The REO supported the young people representatives well. She had regular contact with them and met them prior to REAT meetings to discuss the agenda and monitoring data. Ethnic monitoring was not made available to young people generally. Minutes of the meetings suggested that young people were listened to. For example, action had been taken to address racist name calling on a particular wing.

3.64 SMART data were recorded and considered by the REAT at each meeting. Although the required areas were monitored, some areas of particular relevance to the establishment had not been subject to impact assessment and were not monitored, for example young people who had lost evening association because they had received red tickets (see section on incentives and earned privileges/rewards and sanctions). The data had not highlighted anything that indicated discrimination. However, the REAT had requested further interrogation of some data from time to time.

3.65 In our survey, respondents from black and minority ethnic groups reported more favourably than their white counterparts in some areas relating to staff treatment. One hundred per cent of respondents from black and minority ethnic groups who had spent a night in segregation reported that staff treated them well or very well and felt that complaints were sorted out promptly, which were significantly better than the respective comparators of 39% and 65% for their white counterparts. Eighty-eight per cent of black and minority ethnic respondents said that they felt helped by their personal officer, which was significantly better than the comparator of 61% for their white counterparts. They reported significantly less favourably than white young people in some areas, including having easy access to the doctor, the application system, victimisation by another young person because of their religious beliefs or disability, and contact with their YOT worker.

3.66 Racist incident report forms (RIRFs) were available on the wings and were used by young people and staff. Investigations were carried out appropriately and outcomes reviewed by the deputy governor. There was no external quality assurance and managers were aware that this needed to be remedied. The area diversity lead carried out quality assurance of 10% of completed RIRFs for the period January to June 2009. The majority of RIRFs related to the use of racist language by young people against each other and the establishment was consistent in explaining the Prison Service policy to them and what constituted a racist incident. Ongoing monitoring was put in place when considered appropriate, but there were no specifically targeted interventions to address racist behaviour. Mediation was used when both young people were amenable and it was appropriate to do so.

3.67 There was no analysis of RIRFs to identify patterns or trends, although changes from month to month were mentioned in a monthly report by the REO.

3.68 Previous or current racially aggravated offences were identified during reception and induction and this information was retained on a database, together with information derived from Asset or external YOT sources. The information was used for cell-sharing risk assessments and decisions regarding relocation of individual young people. There was evidence that violent incidents were considered for a possible racial element and one example of bullying of a young person from a travelling background had been dealt with as a racist incident.

Recommendations

3.69 All staff should receive up-to-date diversity training.

3.70 Non-mandatory areas of service provision of particular significance to the establishment should be subject to regular ethnic monitoring. This should include the ticket system which underpins the rewards and sanctions scheme.

3.71 There should be external quality assurance of RIRFs.

3.72 Impact assessments of areas of service provision of particular significance to the establishment should be undertaken.

3.73 There should be interventions in place for addressing racist behaviour.

3.74 Regular events should be held to celebrate racial, ethnic and cultural diversity and external organisations should be invited to take part.

3.75 There should be ongoing analysis of ethnic monitoring data to identify patterns and trends.

Housekeeping point

3.76 The results of ethnic monitoring should be routinely communicated to young people in a format they are able to understand.

Foreign nationals

3.77 The foreign nationals policy was insufficiently focussed on the needs of young foreign nationals and how they would be supported during their time at Hindley. Foreign nationals were a standing agenda item at the DREAT meetings and there were young people representatives. There were effective links with the UK Border Agency (UKBA) and the Refugee Council and Immigration Advisory Service. Individual support was available from the foreign nationals coordinator and an administration officer, although there was no formal peer support. Telephone and face-to-face translation services were used appropriately, but more information about the establishment needed to be available in languages other than English.

3.78 The foreign nationals policy produced just after the re-role contained a lot of useful information on deportation and asylum, the early removal scheme, the role of embassies and the impact of foreign national status on release on temporary license. However, it lacked information on the particular challenges faced by young foreign nationals in custody and the responsibilities of staff to assist and meet the specific needs of young foreign nationals in their care.

3.79 There was a foreign nationals coordinator, who was supported by the diversity manager and an administrative officer. The foreign nationals coordinator maintained records of regular contact with foreign nationals and their concerns. Foreign nationals were a standing agenda item at DREAT meetings and the foreign nationals coordinator was a member of the team.

3.80 At the time of the inspection, there were 13 foreign national young people at the establishment, 4% of the population. Residential staff were aware of the foreign nationals located on their units. Very little written material was available in languages other than English, but good use was made of telephone and face-to-face interpretation services. Information on how to access these services and on the entitlement to a free five-minute international telephone call each month was contained in the race equality policy rather than the foreign nationals policy. One Vietnamese young person who spoke limited English shared a double cell on J wing with another Vietnamese young person who supported him. Staff were clear about when it was appropriate for one young person to interpret for another and professional interpreters were used when it was necessary to do so.

3.81 There were effective administrative procedures to ensure that the UK Border Agency (UKBA) was notified of any young people of potential interest. Staff were very committed to supporting individual foreign national young people with immigration concerns. During the inspection, one young person was notified that UKBA intended to consider deportation and the foreign nationals clerk arranged a legal visit for him for the following morning to ensure that he had a full understanding of what was happening and could make appropriate representations. There were links with the Refugee Council and Immigration Advisory Service. No young people had been held solely under administrative powers.

3.82 There were two foreign national representatives among the race representatives group and their photographs and names were on wing notice boards alongside details of the foreign nationals coordinator. The young people representatives attended DREAT meetings, but there was no dedicated meeting for foreign national young people and no formal peer support.

Recommendations

3.83 The foreign nationals policy should include comprehensive information relevant to the support of foreign national young people.

3.84 Foreign national young people should have the opportunity to meet as a group with the foreign nationals coordinator at least monthly. Areas of concern should be raised directly at DREAT meetings.

Disability

3.85 There was a comprehensive disability policy which had not been fully implemented. However, significant additional resources had been put into a learning disabilities team, which was undertaking impressive work with young people. No data were collected on young people with disabilities and disability had only recently become a standing agenda item at the DREAT meetings. All young people were assessed for disability on arrival and asked if they had a disability during their induction. Wing files did not always provide information that would help staff to manage better young people with disabilities. There were no adapted cells to accommodate young people who required a wheelchair.

3.86 A comprehensive disability policy had been reviewed in September 2009 and updated just before the inspection. It outlined the establishment's legal obligations under the 1995 Disability Discrimination Act and committed the establishment to meeting the needs of young people with disabilities. The policy referred to key areas where particular attention should be paid to young people with disabilities, including reception and induction, residential accommodation, education and vocational training, healthcare and chaplaincy, but not all of these areas had received the attention specified.

3.87 The head of residence had taken on responsibility for developing and implementing the establishment's work with disabled young people in April 2009. However, disability issues had been included on the DREAT agenda for the first time in September 2009, with the stated intention that disability would be an agenda item at every other bi-monthly meeting. A part-time disability liaison officer had been appointed and trained, but he only had a maximum of two hours a week to undertake the role. There was no database of young people with known disabilities, which made it difficult to identify the level of need.

3.88 The establishment was aware of external research on the prevalence of learning disability in the prison population and had allocated significant resources to establishing the learning disabilities team. An operational policy describing the work of the learning disabilities service had been published in June 2009. It outlined the work of the learning disabilities team of two specialist nurses and described their roles and responsibilities, which focussed on screening young people with learning disabilities, implementing a care pathway, liaison with internal and external partners and enhanced input into the care of young people based on Willow unit (see also healthcare section).

3.89 The initial healthcare assessment for all new arrivals included screening for disabilities and young people were also asked if they had any form of disability during their induction. A disability needs assessment was completed for all young people, but this was not always passed to wing staff to advise them how to care for young people who had been assessed as having some form of disability. We were told of two young people who had been assessed as having a hearing impairment, but, when we checked, there was mention of hearing impairment in only one of the two young people's files held on their residential unit. The entry that had been made by a caseworker following a training planning meeting identified the disability, but there was no further instruction to staff in the wing file about how the young person should be managed and no further mention of his hearing problem in subsequent entries.

3.90 Neither of the young people with a hearing impairment had a personal emergency evacuation plan, nor did records indicate if reasonable adjustments to their living arrangements had been assessed in accordance with the disability policy. Young people with disabilities did not have a care plan describing how residential and other staff would ensure that their needs arising from their disability would be met.

3.91 An assessment had been made about whether there was suitable access for young people with mobility problems. We were told that there were a significant number of areas in the establishment which were inaccessible to wheelchair users and there were no adapted cells. An application for funding to adapt some cells for wheelchair users had been made to the Youth Justice Board, but had been rejected.

Recommendations

3.92 An action plan, based on a needs analysis, should be developed to ensure that all aspects of the disability policy are implemented. Implementation of the action plan should be monitored routinely by the DREAT.

3.93 Disability should be an agenda item at all bi-monthly diversity and race equality action team meetings.

3.94 All young people with a disability should have an individual care plan, which is subject to frequent review to ensure that their needs are met.

3.95 Information relating to the care of young people with disabilities should be entered on relevant personal records and regularly updated, and managers should ensure that residential staff are fully briefed about these issues.

3.96 Young people with disabilities who need help in an emergency should have a personal emergency evacuation plan.

3.97 Some cells on normal location should be adapted for young people who use a wheelchair and they should have access to all services.

Religion

3.98 There was no policy covering religious diversity, and the establishment did not monitor equality of treatment by religion.

3.99 There was no policy or action plan describing how religious diversity among young people would be addressed. A member of the chaplaincy team regularly attended REAT meetings, at which religious issues, such as arrangements for Ramadan, the planning of additional classes for Muslim young people and chaplaincy groups, were discussed. The Muslim chaplain had agreed to undertake servery inspections when all the servery orderlies had been trained.

3.100 The establishment did not monitor equality of treatment by religion and had no strategy for preventing or dealing with discrimination on the grounds of religion. In our survey, 40% of young people felt that their religious beliefs were respected, which was significantly lower than the comparator of 49%.

Recommendations

3.101 There should be a policy or action plan describing how diverse religious needs of all young people will be met.

3.102 The establishment should monitor equality of treatment by religion and take steps to address any inequalities.

Sexual orientation

3.103 Sexual orientation did not feature in any aspect of the establishment's diversity agenda.

3.104 Sexual orientation was not included as an agenda item at D/REAT meetings and there had been no consideration of how issues relating to sexuality could be tackled with this age group. Although we saw evidence in the Voices in Prison meeting of staff acknowledging same sex relationships, there was nothing in place to support young gay men or monitor discrimination against them.

Recommendation

3.105 There should be a policy or action plan to meet the needs of young people who are gay or bisexual.

Contact with the outside world

Expected outcomes:
Children and young people are helped and encouraged to contact family and friends through regular access to mail, telephones and visits in order to develop, maintain and strengthen relationships.

3.106 Young people and visitors were complimentary about visiting arrangements. There was a well-run visitors' centre. Young people were able to have weekly visits and the new visits hall was an excellent facility for young people to enjoy visits with their families and friends. The use of bibs to identify young people was unnecessary. Improvements had recently been made to the booking arrangements, but weekend visits were sometimes oversubscribed. Family days were organised quarterly, but restricted to young people on the enhanced level of the incentives scheme. Staff maintained good contact with families. Access to telephones was good, but young people expressed dissatisfaction with arrangements for mail.

3.107 Young people were informed during induction about their visits entitlement and how to apply for visits. Their parents or carers were also sent an information pack, which provided useful information, including directions to the prison and a list of telephone numbers which parents or carers could use for support.

3.108 We were told that there had been numerous complaints from visitors about the difficulty of booking a visit using the telephone booking line. As a result, a second line had recently been installed and visitors could also book future visits at the establishment. Information on assisted prison visits was displayed and leaflets were available in the waiting area outside the visits hall.

3.109 The visits hall had recently been refurbished. Comfortable modern furniture had been installed and the new state-of-the-art soundproofing had changed a previously very noisy environment to a much quieter space. The hall was clean and well maintained. The walls were decorated with art produced by young people. There were pot plants and information displays in the hall and in adjoining corridors. There was very little material on display in languages other than English. There was a staffed tea bar which sold hot and cold drinks and snacks. There was a small children's play area which was adequately equipped and supervised by a trained volunteer. The toilet facilities were clean. There was wheelchair access to the visits hall.

3.110 Domestic visits lasted for two hours and took place each weekday in the afternoon and mornings and afternoons at weekends. A Sunday morning session had been introduced to replace the previous Saturday evening session, which had been poorly attended. There were 40 tables in the visits hall which were usually fully occupied at weekends. Staff that we spoke to said there was sometimes insufficient space in the visits hall for visitors to book a weekend visit. However, there was enough floor space to introduce additional seating.

3.111 Young people on remand could receive up to three two-hour visits a week and sentenced young people were entitled to one visit a week. Visits entitlement was not affected by a young person's status on the IEP scheme.

3.112 Young people could receive a visit within two days of their arrival and two tables were set aside for this purpose.

3.113 Young people who did not reside on normal location could take their visits in the hall. We were told of one instance when the visits hall had been cleared during a morning session so that a young person located in the care and separation unit could receive a visit in normal surroundings.

3.114 In our survey, all results relating to questions about visits were significantly better than the comparators. Young people said that their visits started on time, that it was easy for their visitors to attend and their visitors were well treated.

3.115 Our analysis of wing files showed that there was a high level of contact between staff and family members. Family days were organised every quarter, but were restricted to young people on the enhanced level of the IEP scheme. One family day had been organised for mentors and the feedback forms from this event were extremely positive. A new family contact room was being piloted for young people on the enhanced level of the IEP scheme. It was a small, well-equipped room with cooking facilities.

3.116 Young people who had particular welfare needs could receive additional visits which were usually organised by members of the key worker team. These visits took place in the chapel, but there were plans to use the new family room because it was more private. Accumulated visits were available, but seldom taken up. There was no system to monitor young people who did not receive visits and this had been noted as a deficit to be remedied at a recent pathway meeting.

3.117 Visitors we spoke to indicated that they had been treated well and felt that the pat-down searching was conducted appropriately. Young people on visits were not subject to random searching. Instead, they received a rub-down search and were required to sit in the BOSS (body orifice security scanner) chair. Young people were required to wear large blue bibs throughout their visit, which was unnecessary.

3.118 The visitors' centre located just outside the prison was run by helpful, friendly staff who worked for a local charity, Partners of Prisoners. The centre opened before visitors started arriving and remained open until after they had left. A wide range of helpful information was available for visitors, including a number of different telephone helplines. Hot and cold drinks and snacks were available in the visitors' centre. There were close links between staff working in the centre and the establishment. The co-ordinator of the project attended the relevant pathway meeting and passed on any concerns expressed to visitors to establishment-based colleagues.

3.119 There was no complaints or comment book for visitors, but during the inspection a survey of visitors' experiences was carried out.

3.120 There were two closed visit rooms, each of which could accommodate two visits. Supervised visits were not used as an alternative to closed visits (see security section). The senior officer responsible for visits had a list of young people who had been convicted of an offence against children and these young people were supervised discreetly.

3.121 Young people were able to send one letter a week free of charge. Survey results in relation to mail were very poor and 45% of young people said they had difficulty sending or receiving mail. We found that the internal mail arrangements were efficient, but the allowance of one free letter a week was inadequate. Staff in the correspondence office advised us that legal mail was not opened until it reached the wing, and then only in front of a member of staff.

3.122 Young people were able to use public pay phones every day and there were sufficient telephones throughout the establishment to permit this. Young people were not able to receive telephone calls directly from their parents or carers.

Recommendations

3.123 Information in languages other than English should be on display in the visits area.

3.124 The capacity of the visits hall to meet the demand for visits should be kept under review and additional places provided if necessary.

3.125 There should be no upper limit on the number of visits remanded young people are entitled to.

3.126 Family days should be organised at least monthly and available to young people on all levels of the incentives and earned privileges scheme.

3.127 Young people should not be required to wear bibs during their visit.

3.128 There should be a comment book for visitors.

3.129 The option of supervised visits should be available before a young person is placed on closed visits.

3.130 Young people should be able to send at least two free letters a week.

Applications and complaints

Expected outcomes:
Applications and complaints are taken seriously as demonstrated by the effective procedures that are in place, which are easy to access and use, with timely responses provided. Children and young people feel safe from repercussions when using these procedures and are aware of , and know how to use, the appeal mechanisms that are available to them. Independent advocates are easily accessible and assist young people in making applications and complaints.

3.131 Applications were dealt with well. Complaint boxes were emptied daily by the orderly officer and left for collection by the complaints clerk, which compromised confidentiality. Clear information about the complaints procedure was displayed on the units and responses to complaints were timely and generally courteous. Young people thought that complaints were not easy to make, but that they were dealt with fairly. Some young people said they had been encouraged to withdraw a complaint and this needed investigating. There was an efficient quality assurance procedure in place, which also involved checks being made by the safeguards team. The establishment was not analysing available data about complaints to identify patterns and trends.

3.132 The applications procedure was well publicised, straightforward and effectively administered. While staff said they preferred written applications so that they had a record of them, they were prepared to accept verbal applications from young people.

3.133 In our survey, 94% of young people said they knew how to make an application and 90% said it was easy, which was significantly better than the respective comparators of 90% and 82%. Young people we spoke to confirmed that the applications were usually sorted out promptly and fairly and this was reflected in the survey results.

3.134 The importance of an efficient complaints procedure was contained in the violence reduction strategy. The complaints procedure was publicised on the units in an age-appropriate format. It described the appropriate forms, how to get assistance with completing them and how to appeal if young people were not satisfied with the outcome. The form contained a short message in Welsh, Polish and Urdu. Forms were also available in braille and other languages and the Big Word translation service was also available.

3.135 The complaints boxes on the units were well stocked with forms and emptied each evening by the night orderly officer who left them in an open tray in an office for the complaints clerk to collect the next day, which was inappropriate and compromised confidentiality.

3.136 The complaints procedure was well managed by the complaints clerk. During the previous six months, there had been 327 complaints, all but eight of which had been dealt with within the appropriate timescales. This was reflected in our survey, which showed that 67% of young people said they felt that complaints were sorted out promptly, which was significantly better than the comparator of 46%. The highest number of complaints (71) concerned staff and, since May 2009, complaints against staff had been the most significant issue each month. The social work team checked all complaints for child protection concerns. Access to property was also a consistent source of complaint. In April 2009, there had been 28 complaints about meal times, but none thereafter. Although data collection was thorough, patterns and trends in complaints were not analysed or monitored.

3.137 In our survey, 58% of young people said it was easy to make a complaint, which was significantly worse than the comparator of 74%. However, 53% of young people said that complaints were sorted out fairly, which was significantly better than the comparator of 36%. We came across no examples of complaints having been withdrawn, but it was concerning that 37% of young people in our survey said that they had been encouraged to withdraw their complaint, which was significantly worse than the comparator of 25%.

3.138 We examined a sample of completed complaints forms. All young people had received prompt responses, the majority of which were courteous, although they did not always address the young person by name and some were written in the third person. Two complaints about physical abuse by staff had been appropriately passed to the safeguarding team. In some cases, it was clear that the young person had been spoken to about the response, but in others there had been no direct contact with the young person. There were three complaints from young people who had been unable to contact their families by telephone because they were on basic regime.

3.139 A few of the complaints had been completed with the assistance of an adult, but it was evident that the advocacy service had little involvement in the complaints procedure.

3.140 Quality assurance of complaints was efficient, with a random sample routinely scrutinised by the deputy governor and another by a residential governor. Comments that we observed were constructive and in one case the poor standard of a response had been addressed. The safeguarding team had recently started to monitor all complaints and it was evident that they had effectively identified safeguarding issues, such as the lack of access to telephones for young people on basic regime and the names of staff who were the subject of a number of complaints, and that appropriate action was being taken.

Recommendations

3.141 Complaints boxes should be opened by the complaints clerk so that confidentiality is not compromised.

3.142 There should be a monthly analysis of complaints to identify patterns and trends. This management information should be used appropriately to identify areas for improvement.

3.143 Young people should be consulted about the management of the complaints system, specifically with regard to the procedure for making a complaint and to ascertain if any aspect of the procedure may be interpreted as encouragement to withdraw a complaint.

3.144 All complaints should be discussed with young people to ensure that they understand the response. Personal officers should be involved in this process.

Housekeeping point

3.145 All written responses to complaints should be addressed to the young person.

Good practice

3.146 *The safeguarding team checked all complaints for child protection concerns.*

Legal rights

Expected outcomes:
Children and young people understand their status and legal rights and can freely access legal services and exercise their rights.

3.147 Young people did not receive adequate legal rights support. There were no trained officers at the time of the inspection. Some input was provided by key workers, but this did not provide young people on remand with the practical day-to-day support that they needed and there was no service for appellants.

3.148 There were no trained officers to provide young people with advice about legal rights. A poster was displayed on the first night unit advertising this service and identifying two officers. However, one of the officers was on sick leave at the time of the inspection and the other had not received the training necessary to carry out the role. One of the key worker teams had a specialist remit to support young people on remand. They did help young people to contact their community YOT workers or their solicitors when issues were raised at remand planning meetings, but in the absence of a dedicated legal rights service, young people who were unconvicted did not have ready access to bail information or support schemes. This was a significant weakness, as almost 25% of the population were on remand or awaiting sentence. Sentenced young people were not given advice about appeals.

3.149 Young people we spoke to said that they were unsure how to contact their solicitors and one young person said he had been using his own telephone credit to make legal telephone calls.

3.150 Legal visits took place each weekday morning in the domestic visits area. There were also three private rooms available for solicitors. Booking arrangements had recently been improved with the introduction of e-mail booking.

Recommendation

3.151 All young people should have ready access to effective advice from trained legal services staff, including bail information and support schemes for those who are unconvicted and services for appellants.

Section 4: Health services

Expected outcomes:
Children and young people are cared for by a health service that assesses and meets their health needs while in custody and which promotes continuity of health and social care on release. The standard of health services provided is equivalent to that which children and young people could expect to receive in the community.

4.1 Young people had access to health services equivalent to those in the community. Access to health professionals was good and in our survey rated by young people as significantly better than the comparators, but we were concerned at the very high numbers of young people failing to attend health appointments. There was strong support regarding the delivery and development of health services from the Ashton, Leigh and Wigan Primary Care Trust (PCT) and the prison governor. The highly motivated health team provided an extensive range of child-focussed clinics with in-house and visiting health professionals.. Staff were well qualified and highly skilled and included a looked-after children nurse, learning disability nurses and a speech and language therapist. Health promotion was very good. Mental health services were excellent and there was evidence of good joint working between healthcare and other departments in the prison, particularly safeguarding and PE. The pharmacy service met the needs of the population well and dental services were excellent.

General

4.2 The PCT had completed a health needs analysis in 2008 and was due to repeat the process imminently following the re-role to an all juvenile establishment. Young people benefitted from the robust involvement of the PCT and the strong leadership of the head of healthcare and the operational manager.

4.3 Health services were delivered across the establishment through the main healthcare department and wing-based surgeries. The healthcare department was located near the main entrance to the establishment and there were surgeries on four of the residential wings. The healthcare department was well laid out, with offices and clinics leading off a central corridor. Health promotion material was displayed prominently in the corridor, but was not visible to waiting patients. There was little to occupy young people in the waiting room, which was very stark with tables and chairs bolted to the floor. We were told that attempts to improve the waiting room had been made, but that young people had vandalised it. No discipline officers were detailed to supervise waiting young people, so there was an understandable reluctance to put equipment or items of value in the waiting room.

4.4 There was a toilet with hand-washing facilities off the waiting room, but there were no toilet paper, soap or hand towels. The waiting room was opposite the general office and sight lines to the waiting room were good.

4.5 E wing treatment room needed a stable door to improve the interface between young people and the administration of medicine. Cleanliness in some of the treatment rooms was below standard and needed improvement to meet NHS standards.

4.6 The main pharmacy room was very small and located at the rear of the administrative office. The room was shabby and poorly equipped and was unfit for purpose. All medicine

refrigerators were equipped with maximum/minimum thermometers and appropriate records were maintained. Medicines were stored in locked metal cupboards in the pharmacy and treatment rooms. The technician carried out weekly stock checks and expiry date checks and all medicines were appropriately labelled and in order.

4.7 The dental surgery was in the main healthcare department. It was cramped, but the decor and ventilation were satisfactory. Dental equipment and furniture were in good working order. Cross-infection control procedures were good, with widespread use of disposables in accordance with current guidelines. A cross-infection control audit was carried out quarterly by the PCT. There was a washer/disinfector. Clinical and hazardous waste was appropriately managed. The master switch for the X-ray machine was incorrectly sited within the controlled area. The PCT had recently carried out a surgery inspection and audit of services. Portable oxygen and emergency drugs were located in the surgery. Other necessary resuscitation equipment was located in the pharmacy. There was no decontamination unit in the dental surgery.

4.8 All wing surgeries had access to SystmOne, the electronic patient management system, and telephones.

4.9 Department of Health quality and regulatory frameworks were embedded into health services. The prison partnership board met twice a year and the head of healthcare and the operational manager were members of the senior management team. The head of healthcare regularly attended PCT meetings, including clinical governance, medicines management and communicable disease.

4.10 We observed that young people were treated with respect by healthcare staff and relationships between health workers and young people were good.

4.11 Written and pictorial health information and health promotion material was age appropriate and displayed throughout the establishment.

4.12 Healthcare staff were fully integrated into the establishment and, when possible, attended training planning meetings and other departmental meetings.

Clinical governance

4.13 Clinical governance arrangements included the management and accountability of staff. There was strong professional and operational leadership and staff presented as very professional and committed to improving health services for young people. Staffing levels and structure were very good and the breadth of experience within the health team ensured that the majority of young people's health needs were met.

4.14 The head of healthcare was a Band 8 registered general nurse (RGN) who had been at the establishment for four years. She was supported by a full-time Grade F operational manager. Clinical staff comprised four Band 7 registered nurses who included specialists in children's nursing, learning disability, public health and substance misuse. There was also a Band 7 specialist speech and language therapist and nurses with qualifications in asthma, accident and emergency, smoking cessation and sexual health. There were three Band 6 RGNs (one post was vacant), a full-time senior healthcare officer, a part-time healthcare officer, 17 RGNs and a full-time healthcare support worker. Administrative staff comprised a full-time personal assistant to the head of healthcare and two full-time administrators.

4.15 Ongoing professional development was well supported and all nursing staff had access to one-to-one clinical supervision with internal or external supervisors. Staff participated in regular appraisals. Mandatory PCT training was completed annually and all staff had completed child protection training.

4.16 There were monthly team meetings which were minuted. Staff had daily handover meetings at 7.15am, 1.30 and 4pm when they discussed the events of the shift and identified any young people they were concerned about.

4.17 A long-term locum GP was employed by the PCT until the outcome of the GP service tendering process had been completed. The GP held sessions every Monday, Wednesday and Friday. Out-of-hours GP support was provided by the PCT out-of-hours service.

4.18 Emergency equipment was held in the healthcare department and on A and F wings. One of the RGNs had completed advanced life support training and was responsible for the delivery of this training to other healthcare staff.

4.19 Occupational therapy support equipment was sourced through PCT channels.

4.20 All clinicians recorded any contact they had with young people on SystmOne. All healthcare staff, including mental health, used the same system. Entries were initiated during the reception process and continued until release or transfer. We reviewed a random selection of clinical records and care plans, which were contemporaneous and appropriate. Prescription and administration charts were computer based.

4.21 There was no dedicated patient forum for young people to discuss their concerns with a senior healthcare manager.

4.22 Young people contributed to their care plans when appropriate.

4.23 Young people were able to make complaints about their healthcare treatment confidentially, but very few did and there had been two complaints since April 2009. Healthcare complaints were investigated by a senior nurse, who replied to the young person, and, where appropriate, the nurse saw the young person to ensure he was happy with the explanation. The complainant was told how to complain to the PCT if he was unhappy with the response. Administrative staff provided monthly reports on all healthcare complaints to the PCT.

4.24 There were good links between the local health protection agency and the PCT and there were effective measures to deal with any outbreak of communicable disease.

4.25 The management of unexplained injuries was good, with the primary care lead nurse liaising with the anti-bullying and safeguarding departments whenever there was evidence of unexplained injuries. All such injuries were documented in health records and copies sent to the anti-bullying and safeguarding leads.

4.26 If appropriate, young people were asked during the reception process to give consent for healthcare to share relevant information with other health and social care agencies. They were also assessed to see if they were competent to provide informed consent prior to treatment. If there was any doubt, parents or carers were consulted.

Primary care

4.27 Young people benefitted from an excellent range of child-focussed health services. Every young person was seen either at reception or on the induction wing and an initial health screening was completed by a registered nurse. The initial screening included identification of any form of disability (see also diversity section). If a young person was on medication, their GP was contacted to verify the prescription and, once this had been done, the establishment GP wrote a new prescription. Young people were asked if they were parents to ensure that, if they had a dependent child, the child was cared for. Young people declaring an alcohol or drug dependency were referred to the substance misuse nurse. Chlamydia and gonorrhoea testing was offered. A mental health screening was completed and, if the assessing nurse had any concerns about the young person, the mental health team were informed.

4.28 During the closure of the inpatient unit for major refurbishment, young people needing increased observation were located on J wing or, if there were mental health concerns, on Willow unit and a care plan was initiated.

4.29 A secondary screen was completed the following day and, if appropriate, the young person was referred to the GP as well as the learning disability services, speech and language therapy services and substance misuse services. Information was given to young people on health services and how to access them. Age-appropriate vaccinations were offered, including Hepatitis B, and, if necessary, local authority child health services were contacted for a full record of the young person's vaccinations. Nurses were on the wings every morning from 7.30am and remained there for the majority of their shift. Young people could make an application for health services or they could simply speak to a nurse while they were on the wing. Application forms were written and pictorial. Completed forms were placed in dedicated healthcare boxes and emptied daily by healthcare staff. Applications were recorded electronically. Wing-based triage was carried out by nursing staff using computer-based triage algorithms, which were attached to the young person's clinical record on completion.

4.30 Appointments to see any health professional were made by administrative staff and the appointment slip was placed under the young person's door by nurses. This was not a good use of their time, but had been introduced because of the high numbers of young people who did not keep healthcare appointments. The do-not-attend rate for the majority of clinics was unacceptably high, particularly for the asthma and optician's clinics. Young people who did not attend appointments were followed up and asked to sign a refusal-to-attend slip. Senior managers were very concerned at the unacceptably high numbers and were monitoring the situation closely. It appeared that reasons for failures to attend appointments were a combination of lack of officers to escort young people, clashes with another activity such as a visit or a session in education, or as a result of the young person simply changing his mind.

4.31 The special sick system was accessed by seeing the nurse at one of the treatment times. Once medication had been administered, the young person was assessed and future management decided.

4.32 Chronic disease management was very good, with asthma and diabetes trained nurses carrying out initial assessments. If necessary, young people were seen by the GP. Individual care plans were put in place and young people were seen when necessary, but at least annually. Young people on medication were shown how to reorder their prescriptions.

4.33 Appointments with visiting health professionals, including physiotherapy, optician and chiropody, were made through the application system. The waiting lists for these clinics were minimal.

4.34 High priority was given to health promotion by the establishment and the PCT and a PCT Band 7 nurse was responsible for the continuing development and delivery of health promotion. She worked closely with all departments in the establishment. She took dedicated sessions during induction and held health promotion days throughout the year focussing on different topics, including substance misuse and sexual health. Working with gym staff to support under- or overweight young people produced good results, for example, any young person with a BMI over 24 was referred to gym staff for ongoing advice and support. Young people who were reluctant to attend mainstream gym sessions could attend dedicated gym sessions. The nurse held parenting courses four times a year, which included participation by external agencies, such as community teenage support workers. She also gave advice on safe sex. A genital urinary consultant held two clinics a month. Barrier protection was available and health advice was given to any young person on request. Condoms were offered to young people on release.

4.35 Nurses visited the care and separation unit every day to see young people and administer medication. The doctor visited young people on the unit three times a week and more frequently if there were any health concerns. The mental health team provided continuous support to young people located on the care and separation unit and to staff looking after them. There was a looked-after children's nurse who was a Band 6 RGN who had excellent links with her community counterparts, whom she met regularly. She liaised closely with safeguarding and other appropriate departments in the establishment. She ensured that young people who were in the care of the local authority were seen by the optician and the dentist during their stay.

Pharmacy

4.36 Pharmacy services were provided by the pharmacy at HMP Garth. A full-time pharmacy technician was employed at Hindley to manage the service. The pharmacist from Garth visited Hindley once a month and also attended the medicines and therapeutics committee meetings.

4.37 Young people on medication could ask to see the pharmacist by ticking the option on the repeat prescription slip. Young people could ask to see the pharmacist, but there was no demand for this service. Nursing staff could access the pharmacy and treatment rooms out of hours. When medicines were removed in this way, nurses had to record what was taken and when. Any medicines needed outside normal pharmacy hours, which were not available in the establishment, were obtained from a local community pharmacy.

4.38 Patient information leaflets were provided with most medicines and notices were prominently displayed to advise patients that if leaflets were not provided they were available on request.

4.39 Medicines were administered three times a day from gated hatches in wing treatment rooms. Night medications were administered by the night nurse between 9 and 10pm. Gated hatches allowed good interaction between the nurse and the patient. Discipline officers supervised waiting patients and young people were well managed.

4.40 The majority of medicine was supplied as daily, weekly or monthly in possession. Very few young people required supervised administration. Documented in-possession risk assessments were carried out by nursing staff and recorded on SystmOne.

4.41 The special sick policy allowed limited medication to be administered by nurses. Internal special sick medicines were administered by nurses and not given in possession, which was unnecessarily restrictive. Special sick supplies were recorded on SystmOne and reported to the medicines and therapeutics committee. Prescribing was appropriate to the population.

4.42 Young people receiving methadone treatment were given the daily dose before going to court or being transferred or discharged.

4.43 The medicines and therapeutics committee met every three weeks and meetings were attended by all relevant stakeholders. Suitable policies and a local formulary were in place.

4.44 Prescriptions were issued through SystmOne and printed copies were issued and signed by the GP before being faxed to the pharmacy. The pharmacist could access young people's records on SystmOne and a full patient medication record was kept on the pharmacy computer.

4.45 All prescribed medicines were dispensed and labelled for named patients, with the exception of methadone mixture, which was supplied as stock. Some dual labelled pre-packed medicines were kept for use in the out-of-hours cupboard.

4.46 Nurses used the prescribing records on SystmOne to administer medication. They made appropriate records to show what had been administered or supplied. This was a robust system which appeared to work very well.

Dentistry

4.47 Two PCT contracted dentists provided four sessions a week, one taking three sessions and the other one. The dentist holding three sessions undertook triage for one session and treatment for the other two. The triage session was conducted on the induction unit. This ensured that every young person entering the establishment was seen by the dentist and ongoing treatment planned, which was exceptional practice. The same dentist was supported by two alternating dental surgery assistants (DSAs), one of whom accompanied the dentist during the triage session. The DSAs were qualified in oral health promotion and one had recently trained to provide topical fluoride applications. The dentist also employed a therapist who had recently started to take two sessions a week.

4.48 The second dentist provided a clinical session one morning a week, assisted by a DSA from his practice.

4.49 A clinical governance dental nurse was employed by the PCT to provide administrative assistance with documentation and policies.

4.50 Paper and electronic dental records were kept. Paper records were held securely in the surgery. However, paper dental records for completed courses of treatment were put in with generic paper records, which had resulted in some being mislaid. Medical history sheets were routinely used, although not always dated, and periodontal screening was not recorded. Record keeping and radiograph management were otherwise satisfactory. Personal dental treatment plan forms were given to young people to retain as a record of the treatment they had received.

4.51 Patients were treated with great care and courtesy and were provided with an excellent service which reflected the needs of growing adolescents.

4.52 There were 30 patients on the waiting list, with a waiting time of up to three weeks for routine treatment. Patients requiring urgent treatment were seen on the same day as triage or during the morning session following triage. Out-of-hours emergencies were sent to an outside clinic or the local A&E department.

4.53 Ten to twelve patients were seen on average during each treatment session, both dentists taking patients from the waiting list. A full range of NHS treatments was offered. The standard of treatment planning and provision observed during the inspection was good. Patients requiring orthodontic treatment were referred to a local hospital or, as in the case of one patient due for release, to an orthodontist in his home town.

4.54 There was a high failure-to-attend rate, reaching 42% during April to August 2009, and falling to 33% during September 2009. Despite this, little dental time was lost as patients who did attend could receive additional treatment at the same time. Oral health promotion was excellent. Oral health education was given during induction, and high quality dental advice literature and products, including toothbrushes and toothpaste, were provided. High concentration fluoride toothpaste was prescribed when indicated.

Secondary care

4.55 The management of external NHS appointments was efficient and there were good systems to ensure that every young person was seen within recognised waiting times. Young people were told that they had been added to NHS waiting lists, which allayed any anxiety about whether they had been referred. Young people arriving with existing appointments in outside hospitals were able to keep those appointments whenever possible. Administrators arranged appointments directly with local hospitals and young people needing ongoing treatment were placed on a medical hold to ensure they had continuity of care. If a young person had to transfer, the receiving establishment was contacted to ensure that ongoing care was continued.

Mental health

4.56 Mental health support for young people was excellent. Mental health services were provided by a team from the Greater Manchester West NHS Foundation Trust, who attended the establishment every day, between 7.15am and 8.45pm from Monday to Friday and from 7.15am to 3.45pm at weekends. The team were knowledgeable and demonstrated a high level of commitment to supporting young people with mental health needs. The team comprised a Band 8 registered mental nurse (RMN), a Band 7 team leader post, which was vacant, and seven Band 6 RMNs. Two Band 3 support worker posts were vacant. A PCT bank healthcare support worker was providing full-time cover in the interim, which included the provision of art, group work and relaxation therapy.

4.57 A snoozelum was available for use by anxious young people.

4.58 Specialist medical support was provided by two consultant child and adolescent mental health (CAMHS) forensic psychiatrists from the local secure unit, each holding two sessions a week. A clinical psychologist was based at the establishment four days a week, supported by an assistant psychologist. The psychologist was working primarily on a project involving young people with complex needs located on Willow unit and also working with residential staff to develop a therapeutic rationale and help them to manage difficult young people on the wings with improved skills and confidence. An art therapist worked with young people one morning a

week. Three PCT funded counsellors provided generic counselling and specialist sexual abuse and domestic violence counselling. Emphasis was placed on mental health awareness training for establishment staff to help them manage young people with behavioural problems or diagnosed mental illness. This support was greatly appreciated by staff and it was evident that they played a pivotal role in the management of young people with behavioural and mental health needs. A recent mental health awareness training week at the establishment had been well supported.

4.59 The support shown by the governor and the commissioners was evident and all establishment staff appeared committed to improving mental health support for young people.

4.60 Every young person was seen by an RMN within 48 hours of arrival and a brief mental health screen was undertaken to determine what, if any, level of mental health support was needed. Referrals were accepted from all departments and from young people themselves. The caseload at the time of the inspection was approximately 50 young people, many of whom had had contact with community psychiatric services. Diagnoses included attention deficit hyperactivity disorder, developmental disorder, trauma and psychosis. The mental health team was highly visible on the wings where they often saw young people. This helped to portray mental health as 'normal' and reduced the possibility of young people being stigmatised.

4.61 Weekly healthcare multidisciplinary referral meetings were held with broad representation, including psychology, the local secure unit and healthcare specialists, such as speech and language and learning disabilities. All aspects of the child's management, including parental support, were discussed. Current cases were also reviewed.

4.62 The PCT employed three full-time specialists to provide speech and language and learning disability services. The Band 7 speech and language therapist had a background in secure children's homes. He was based at the establishment and remained in regular contact with the speech and language department at the PCT. He had provided essential informal training for nursing staff, officers and learning support assistants to ensure that they understood the special needs of young people.

4.63 Young people completed a questionnaire during their secondary health screening. Evidence of speech and language difficulties was highlighted on SystmOne and picked up by the therapist, who interrogated the system daily. He consulted education and Asset and carried out an initial assessment. The therapist had a caseload of approximately 40 young people and his waiting list was up to six weeks, but if a young person had significant needs, he was seen as soon as possible. An open referral system was used by other departments across the establishment. The therapist had established excellent relationships with wing staff and recorded any contacts with young people on wing files to keep staff informed. The therapist attended any appropriate meetings concerning young people.

4.64 One full-time Band 7 and one full-time Band 5 registered learning disability nurse (RLDN) provided support to young people and informal training to establishment staff. There were about 40 young people on their caseload. The Band 7 had completed counselling and health and social science courses. Potential patients were identified through the secondary screening process and referred to the team who completed a more detailed screening to assess social functioning and IQ. The young person's school and the special educational needs coordinator were contacted to establish the young person's social and educational background. The Band 7 nurse worked with the psychologist in relation to cognitive behaviour. Much work was done with wing staff to raise their awareness of learning difficulties, but no formal training was provided. The team worked closely with the looked-after children's nurse and the safeguarding

and mental health teams and attended many meetings, including training planning meetings, ACCT reviews and young people's substance misuse service meetings.

Willow unit

4.65 Young people with significant mental health needs or complex needs were located on Willow unit and managed by wing staff with strong support from the whole healthcare team, particularly mental health. Some Willow unit officers had completed a course in therapeutic skills. All young people on the wing were allocated a named nurse (RMN) and the relationship between officers and healthcare staff was excellent. The officers worked 12-hour shifts to provide consistent support to young people throughout the day. This facilitated excellent continuity of care and the establishment of strong relationships between staff and young people. All young people were seen by mental health staff every day. Weekly reviews of all young people were attended by wing officers, the mental health team, learning disability nurses, the speech and language therapist and the unit governor. The meetings were well managed and covered all aspects of the young person's wellbeing and behaviour, including discussion on their reintegration to residential units. It was clear that young people on the unit were very well managed and cared for.

Recommendations

4.66 Discipline officers should be allocated to healthcare to supervise waiting patients.

4.67 The main pharmacy room should be refurbished to provide a suitable environment for the storage and handling of medicines.

4.68 A decontamination unit should be provided without delay.

4.69 There should be a dedicated patient forum for young people to routinely raise healthcare issues with a senior healthcare manager.

4.70 The high rate of failed appointments should be investigated and steps taken to ensure that young people attend their healthcare appointments.

4.71 The special sick policy should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied.

4.72 In-possession packs for some special sick medicines should be introduced to avoid the need for unnecessary consultations.

4.73 The expertise of the learning disability team should be fully utilised to provide an appropriate level of formal training for staff in relation to learning disability and speech and language needs.

Housekeeping points

4.74 Health promotion literature should be available to waiting patients.

4.75 The tables and chairs in the healthcare waiting room should be removed to create a more age-appropriate area for waiting patients.

4.76 Toilets in the healthcare waiting room should be supplied with toilet paper, soap and hand towels.

4.77 Treatment rooms should be cleaned regularly and kept in an orderly condition.

4.78 The master switch for the X-ray machine should be relocated outside the controlled area.

4.79 Dental record forms for completed courses of treatment should be retained in the dental surgery to facilitate retrieval.

4.80 All medical history sheets should be dated.

4.81 Periodontal screening should be recorded.

Good practice

4.82 *A dedicated health promotion specialist ensured that impressionable young people were exposed to health information and education at every level.*

4.83 *The delivery of enhanced working hours by the mental health team meant that their expertise was available to staff and patients for consistent periods and at weekends when young people could be at their most vulnerable.*

4.84 *Every young person was seen by a member of the mental health team within 48 hours of arrival, which reduced the possibility of stress-related anxiety and ensured that young people with possible mental health needs were identified as early as possible.*

4.85 *The officers on Willow unit worked 12-hour shifts to provide consistent support to young people throughout the day. This facilitated excellent continuity of care and the establishment of strong relationships between staff and young people.*

Section 5: Activities

Learning and skills

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.

5.1 Young people received an appropriate assessment of their learning needs soon after their arrival. After a comprehensive education-focussed induction, they were efficiently allocated to courses to meet their assessed needs, but the residential zoning arrangements restricted choices slightly. The range of education courses and training opportunities met the needs of most young people. Young people with specific learning needs or disabilities were well supported and there was appropriate provision for young people under school-leaving age. Teaching and learning were satisfactory overall with some good initiatives. The recently introduced work-based learning provision provided an innovative alternative to class-based education. Young people had very good opportunities to gain valuable employment skills and qualifications. Attendance was satisfactory and punctuality was good. Young people benefitted from a good range of courses and their achievements were good. Although behaviour was generally good, too many young people were returned to the wings from education.

5.2 Comprehensive education-focussed induction ensured that young people were directed to the right courses with appropriate support to meet their needs. Guidance surgeries took place weekly on the wings to give young people information about education, training and employment. The surgeries were conducted by information and guidance workers. Responsibility for the provision of the Information, Advice and Guidance (IAG) service had passed from the Youth Justice Board to the local authority. To support the local authority while they build capacity in the provision of the IAG service the Learning and Skills Council had agreed to fund additional IAG posts in the short term, but future funding arrangements of these additional posts were uncertain. Initial and diagnostic assessments, together with information about individual learning styles, helped teachers to deliver lessons at the right level and with appropriate support from learning support practitioners. The learning support practitioners worked well with the learning disabilities team to support young people with specific learning needs or disabilities. The special educational needs coordinator provided effective support to young people and teachers, for example by providing advice to teachers about how the specific needs of individual young people could be met and their difficulties overcome.

5.3 Allocation meetings were managed well and there was an appropriately balanced approach to individual allocations to activities, especially with regard to requests from young people to change activities. All such requests were debated and discussed thoroughly before a final decision was reached. Young people were allocated to their activity without delay and there were sufficient places to allocate a daily activity to a course of education or vocational training

for all young people. In reality, the majority of young people had spent approximately three hours each day in a class or workshop since the changes to the education contract.

5.4 The curriculum and timetable had been reviewed and modified to meet the needs of young people of all abilities. The range of education courses and training opportunities met the needs of most young people, whether they were on remand or sentenced and regardless of sentence length. The core curriculum focussed appropriately on the key skills of literacy, numeracy and information and communication technology (ICT). Social and life skills, personal development and independent living courses were provided, together with a range of vocational training subjects, such as plastering, brickwork, painting and decorating, kitchen fitting, forklift truck driving, warehousing, cleaning and catering. There was separate provision to meet the educational needs of young people under school-leaving age who would return to mainstream school on release.

5.5 'Zoning' arrangements, whereby young people took courses in an area of the prison related to their residential unit, precluded young people from access to all vocational courses unless they changed their residential wing. We were told that this was possible and had taken place in a few cases. In reality, the lack of access to some courses arising from the zoning arrangements was not a significant problem, since the range of options was still sufficiently broad.

5.6 The recently introduced work-based learning provision provided an innovative alternative to class-based education. Young people had very good opportunities to gain valuable employment skills and qualifications. Literacy and numeracy were well integrated into vocational subjects. Young people responded to this approach and valued the individual support they received. However, too little time was allowed for the development of these vital skills.

5.7 Young people generally behaved well in classroom lessons and in training workshops. Relationships with staff in these settings were relaxed and purposeful and there was little confrontational behaviour. During the inspection, we heard very little swearing or use of inappropriate language, but if it did occur, it was challenged quickly and effectively. Dedicated officers were allocated to the education department each day. From our observations, it was clear that they knew the young people well and were able to deal with most disciplinary issues quickly and effectively. However, the time-out facility was not in operation at the time of the inspection and the number of young people being returned to the wings for poor behaviour remained high.

5.8 Morning and afternoon classes started punctually and movements between lessons were calm and smooth and well supervised by the education officers. Attendance was satisfactory at approximately 80%. Few young people refused to attend education and attendance was properly monitored with refusers being followed up by the learning support practitioners. Classes were rarely cancelled.

5.9 Teaching and learning were satisfactory, with some good initiatives. Teachers and learning support practitioners managed the very wide range of abilities in lessons through the use of different tasks and activities. Interactive white boards were occasionally used to promote participation and learning. Clear schemes of work and lesson plans supported effective teaching. Most young people engaged in lessons and made the progress that was expected of them. In some lessons, teachers used questioning skilfully to ensure young people understood the topic and challenged young people to produce their best work, which they did. In other lessons, the range of activities was narrow and unimaginative, with little opportunity for young people to discuss their work and achievements. Occasionally, teachers did not give young people the opportunity to solve problems for themselves.

5.10 The standard of work produced by young people was generally good. Young people working in the kitchen of the prison mess had produced work of a very high standard within a short space of time, achieving national vocational qualifications, and young people on the plastering course also produced impressive work.

5.11 Young people's progress was monitored effectively. Appropriately challenging targets were agreed, monitored and reviewed. However, attendance by education staff at training planning reviews was poor (see also training planning section). Young people who did not attend education were provided with support and encouragement with a view to reintegration at the earliest opportunity. Young people who were located in the care and separation unit or on the Willow unit received some outreach education each day. Education staff worked well with other services in the establishment, for example, the mental health specialists, speech and language therapists and the learning disabilities team, and were integral to a range of multidisciplinary approaches.

5.12 Young people gained a range of worthwhile qualifications, including City and Guilds qualifications. Almost all young people achieved accreditation in literacy and numeracy and some gained a qualification in ICT. Over the previous year, 73% of young people had progressed by at least one level in literacy and 81% had progressed by at least one level in numeracy, which represented significant improvements. Young people on remand and young people who were sentenced achieved equally well. More recently, young people had taken vocational qualifications in subjects such as plastering, brickwork, kitchen fitting, catering and forklift truck driving.

5.13 Leadership and management were good. The management structure had been revised in September 2009 and the staff team had adapted well to a range of amended policies, procedures and practices. Clear direction had been provided and staff understood their roles and responsibilities. They were committed and enthusiastic and worked very effectively as a team. They were encouraged to undertake further training and development opportunities.

5.14 A range of quality initiatives helped staff to focus on improvement. Feedback from young people was collected, analysed and followed up. Staff contributed to course reviews, quality audits and action plans. The self-assessment process accurately identified strengths and areas for improvement.

Library

5.15 Young people had access to the library on weekdays and evenings and at weekends. The loan stock had recently been changed to suit the interests of a younger population following the re-role. Up-to-date legal reference materials and prison service orders were available. There was some stock in languages other than English. There were no CDs or DVDs and no access to computers. Levels of borrowing were monitored by the library staff, who had a budget to order additional stocks.

Recommendations

5.16 A properly planned and coordinated programme of activities should be provided to supplement the education and vocational training programme to ensure that all young people have a full and purposeful day.

5.17 Funding arrangements to continue to provide an information and guidance service should be agreed.

5.18 There should be adequate time allocated to literacy and numeracy support for young people working in vocational areas to enable them to gain the maximum benefit from a properly integrated approach.

5.19 A strategy should be devised to reduce the number of young people returned to their residential unit for poor behaviour. This should include the role of a time-out facility.

5.20 Attendance at education classes and vocational training workshops should be improved.

5.21 The library stock should include CDs and DVDs.

5.22 Young people should be able to use the computer in the library.

Physical education and health promotion

Expected outcomes:
PE is central to helping children and young people to become confident individuals, maintain a healthy lifestyle, use spare time constructively, develop skills and gain qualifications while in custody and on release back into the community. PE is enjoyable and inclusive for all, regardless of ability or previous experience. Programmes contain a variety of activities to meet the needs and interests of all children and young people.

5.23 The PE programme was well planned and contained a balanced range of indoor and outdoor activities and team and individual sports. Young people were consulted about the PE programme and their comments acted upon. Only about 50% of the population had three hours of timetabled PE each week. However, our survey indicated that access to recreational PE was significantly better than in comparator establishments. A small number of young people took part in the Prince's Trust and Duke of Edinburgh Award courses, but accreditation of achievements was at an early stage of development. There were effective links with healthcare and the young people's substance misuse service for reluctant participants and young people who required rehabilitative PE. With the exception of showering facilities, resources were adequate.

5.24 At the time of the inspection, PE was not timetabled as a core subject and our expectation that young people should have access to three hours of PE a week as part of their timetable was being met for less than 50% of the population. However, this was a considerable improvement on previous provision and compared well with some other establishments since the changes to the education contracts. Recreational PE was available five evenings a week and at weekends. In our survey, 15% of young people said they went to the gym more than five times a week, which was significantly better than the comparator of 6%. There was good consultation with young people about PE provision and evidence that changes had been made to the programme as a result.

5.25 There was a well-balanced programme of indoor and outdoor activities, offering those who took part opportunities to participate in team sports and individual activities. Internal football

competitions were popular with young people. There were no sports fixtures with visiting teams.

5.26 Weight loss PE and rehabilitative PE were available, but only in the early mornings. Links with healthcare and the young people's substance misuse service were strong and there was good provision for young people who were reluctant to participate in mainstream activities.

5.27 The sports hall was of a good size and well maintained. The fitness suite was poorly ventilated and had little natural light. Outside facilities included a football pitch, a rugby pitch and a good quality astroturf pitch. A new fitness suite was under construction, which would include a dedicated induction suite.

5.28 The showers in the main block PE facility were not fit for purpose. There were no modesty boards and sight lines were very poor, making supervision very difficult. There were not enough showers and PE staff had to conclude sessions early to enable all young people to shower on their residential units. With the exception of the showers, the sports facilities were clean and tidy.

5.29 Young people wore appropriate kit for PE and accidents were recorded. The department had an appropriate policy on the restriction of the use of free weights in favour of a more inclusive and varied range of activities suitable for the age group.

5.30 The Prince's Trust and Duke of Edinburgh Award courses provided opportunities for a small number of young people to experience activities such as hiking, canoeing and mountain biking. However, no other accreditation was available to young people for their achievements in PE.

Recommendations

5.31 All young people should have access to three hours of timetabled PE each week (in addition to recreational PE), which includes a range of indoor and outdoor activities.

5.32 Efforts should be made to establish links with the local community to facilitate sports fixtures with visiting teams.

5.33 The PE showers should be refurbished to include the installation of modesty boards and to ensure that staff are able to supervise young people effectively.

5.34 Young people should be able to gain accreditation for their achievements in PE.

Faith and religious activity

Expected outcomes:
All children and young people are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to the overall care, support and resettlement of all children and young people regardless of faith, including those of no faith.

5.35 A member of the chaplaincy team saw all young people on induction to inform them of faith services and other support provided by the chaplaincy. In our survey, young people reported

negatively about access to services. Muslim young people said that they had good access to the Muslim chaplain and that residential staff facilitated their attendance at Friday prayers and evening groups. The chapel was a pleasant environment, but the multi-faith room needed improvement. A counselling service was offered to young people by chaplains who were trained counsellors, but the service was limited by restricted space. A number of groups and courses enabled young people to explore their faith and a project linking young people with churches in their local community was impressive. The chaplaincy team attended relevant multidisciplinary meetings and individual meetings, such as ACCT (assessment, care in custody and teamwork) reviews.

5.36 A member of the chaplaincy team visited the induction unit each day to speak to new arrivals. All young people were advised of the services offered by the chaplaincy. Posters advising young people how to contact the chaplaincy were displayed on all residential units and the team had produced age-appropriate leaflets describing their services.

5.37 Christian worship took place once a week. The Roman Catholic Mass was held on Saturday mornings and a Church of England/Free Church service took place on Sundays. This service was available to all young people, including those located on the separation and care unit. Young people who wished to attend services informed the chaplaincy team as part of their induction interview and were placed on an attendance list. Young people who missed two consecutive services were removed from the list, but could be reinstated if they wished to attend services again. Christian services were regularly led by external chaplains and church groups.

5.38 In our survey, 45% of young people said that it was easy or very easy to attend religious services, which was significantly lower than the comparator of 56%, and 40% of young people thought that their religious beliefs were respected, which was significantly lower than the comparator of 49%. We spoke to chaplains who thought that clashes between services and other activities might have accounted for a perception by young people that it was difficult to attend services. Gym sessions and visits on Saturday and Sunday coincided with two Christian services.

5.39 Muslim young people whom we spoke to said they had easy access to Friday prayers and that staff on the units made sure they were able to attend. They could wash in their cells before prayers and there were also washing facilities in the multi-faith room. Young people said that they were able to contact the Muslim chaplain easily and that they received appropriate religious instruction at weekly evening study groups.

5.40 The chaplaincy told us that they had contact with local faith leaders who could provide individual sessions for young people of different faiths when requested.

5.41 The chapel provided a pleasant environment suitable for meditation and worship. It was also used regularly for a range of meetings with young people. The multi-faith room was a large, poorly decorated area which was also used for other events.

5.42 The chaplaincy provided opportunities for young people to explore and develop their Christian faith, including a regular Alpha course and discipleship training. They also delivered courses on victim awareness, restorative justice and Living with Loss. Young people who were fathers were able to send their children presents at Christmas through a project called the Angel Tree. An impressive initiative linked young people with churches in their local communities prior to their release from custody.

5.43 The chaplaincy had a high profile in the establishment and were represented at appropriate multidisciplinary staff meetings, such as violence reduction, suicide and self-harm and the race equality action team. They attended ACCT reviews regularly and in a number of cases had provided a key intervention for young people subject to ACCT procedures. At the time of the inspection, one young person who was subject to ACCT procedures was working as an orderly in the chapel and told us that this work and the support he received from the chaplaincy team were helping him a great deal.

5.44 Some members of the chaplaincy team were trained counsellors and offered a service to both young people and staff. We spoke to young people who were supported by chaplains and they valued the contact. However, there was only one counselling room at the time of the inspection, which limited the service. A bereavement counselling service for young people was widely advertised and the establishment responded sensitively to family bereavement. We were told of a recent case when a young person's grandmother had died and his father was immediately admitted to the establishment and the chapel to tell his son the news.

Recommendations

5.45 The multi-faith room should be redecorated to make it a more suitable environment.

5.46 There should be adequate facilities for the chaplaincy to provide counselling services.

Time out of cell

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.

5.47 Most young people were out of their cells for over 10 hours on weekdays and nine hours at weekends. Association was facilitated each evening and there was no evidence of cancellations. Association areas were comfortable and well equipped and staff engaged with young people well. Young people on the enhanced level of the incentives and earned privileges scheme had access to a youth club. Young people could take exercise outside for an hour each day, but the timing clashed with other morning tasks.

5.48 The published core day provided 11 hours out of cell on weekdays, 9.5 hours on Saturdays and nine hours ten minutes on Sundays. The establishment's key performance indicators for September 2009 indicated an average of 8.66 hours' time out of cell per day. Young people in our focus groups complained that they were sometimes locked up 10 minutes before the published time and unlocked late, but during the week of the inspection we observed very little slippage in the published timetable.

5.49 We conducted roll checks one afternoon and on the following morning and found that 11.9% and 12.8% of young people respectively were locked in their cells. About a third of the young people in their cells were waiting to be taken to a review or a visit or were in the process of moving to a different unit and would otherwise have been involved in their allocated activity. The remainder had either refused to attend their activity, had been sent back from a class or did not have an activity to go to. They had all been out of their cells between 7.25 and 9.10 am to have a shower, eat their breakfast and take up the option of outdoor exercise.

5.50 Although young people did not spend lengthy periods locked up during the day when they were not in education, there were periods when they spent time on the wings carrying out various domestic tasks when it could not be said that they were fully occupied.

5.51 The timetable specified an hour in the morning for exercise in the open air, but young people were also expected to shower and make applications during this period. Nevertheless, in our survey, 58% of young people said they could go outside every day, which was significantly better than the comparator of 22%.

5.52 Association was scheduled every weekday for two hours twenty minutes and four and a half hours at weekends. There was no evidence of cancellations. In our survey, 89% of young people said that they usually had association every day, which was significantly better than the comparator of 45%. There were sufficient activities for young people during association periods. The association areas were clean and equipped with seating and a range of games and activities, such as table tennis, table football and board games. We observed good levels of supervision and interaction between staff and young people during association periods. There was a youth club for young people on the enhanced or gold level of the incentives and earned privileges (IEP) scheme, which was equipped with computer games and pool tables. Young people could also attend the gym or the library during the evening. Staff checked on young people who chose not to come out of their cells during association periods, although there was no system to record and monitor this. From our observations, there appeared to be few young people who chose to stay in their cells to watch television.

5.53 The association areas on the residential units had recently been divided into separate areas or pods so that young people associated in smaller groups. Most young people we spoke to were positive about the pods and said they felt safer.

5.54 We observed a significant number of young people locked up during association because they were on the basic level of the IEP scheme or had lost association as a sanction under the rewards and sanctions policy. During one evening association period, we checked on four wings and found that the number of young people locked up ranged from 10 to 25% (see incentives and earned privileges/rewards and sanctions section).

Recommendations

5.55 All young people should spend a minimum of 10 hours each day out of their cell.

5.56 All young people should have an hour's exercise in the open air which does not coincide with other activities.

Housekeeping point

5.57 Records should be maintained of young people who choose not to associate with others during association periods and this should be monitored.

Section 6: Good order

Behaviour management

Expected outcomes:
The primary method of maintaining a safe, well-ordered and constructive environment is the promotion and reward of good behaviour. Children and young people play an active part in developing and maintaining standards of conduct. Unacceptable behaviour is dealt with in an objective, fair and consistent manner as part of an establishment-wide behaviour management strategy, which is underpinned by restorative justice principles and good relationships between staff and young people. The application of disciplinary procedures, the use of force and care and separation are applied fairly and for good reason with good governance arrangements. They are minimised through preventative strategies and alternative approaches: they are not seen in isolation, but form part of the overall behaviour management strategy and have clear links with safeguarding arrangements and violence reduction strategies.

6.1 A variety of care and management plans were used to manage young people with challenging behaviour, which was confusing for staff and young people. The level of reported incidents, use of force and adjudications was high. Young people were motivated to take part in mediation. Security was managed efficiently and there were good links between security and the safeguarding department. A comprehensive strategy had been developed to monitor and manage conflict between gangs or groups of young people. Strip-searching, other than in reception, was risk assessed and required authorisation by a governor. A system of instant rewards and sanctions was appropriate and reviews were conducted well, but aspects of governance needed improvement. The incentives scheme on Beech unit was innovative. Monitoring of the use of force was impressive. The Rowan unit, which was scheduled to close, was an unsuitable environment for separated young people, but staff on the unit were well trained and motivated and every young person had a care and management plan supported by weekly multidisciplinary reviews.

6.2 A behaviour management policy had been developed, but it remained in draft and was not yet fully implemented. A number of different care and management plans were used to manage young people with challenging behaviour. Rowan, Willow and Beech units all had different plans and in other areas tackling anti-social behaviour (TAB) documents were used. This variation was confusing for staff and young people (see also bullying section).

6.3 The safer regimes meeting was a valuable forum for reviewing the behaviour of some of the most challenging young people in the establishment and discussing care planning and potential interventions (see section on safeguarding). Mediation was used frequently to resolve disputes between young people, particularly following fights. Young people were motivated to participate in mediation because their involvement was considered by adjudicators when determining the level of punishment and by managers conducting incentives and earned privileges (IEP) reviews.

Security

6.4 There were no obvious weaknesses in physical or procedural security and all the elements of effective dynamic security were in place.

6.5 One thousand eight hundred and two security information reports (SIRs) had been submitted in the previous six months by staff from all disciplines. The quality of the reports was good. The highest number of SIRs related to bullying or reports of fighting. Threats to staff and young people were also significant issues. Staff were meticulous in their reporting and the majority of incidents reported were minor. The establishment had no computerised intelligence analysis tool.

6.6 The security department was adequately resourced and consisted of an operational governor, a principal officer, a senior officer, an administrative officer and five operational support grade staff who acted as collators. The department also had two officers detailed during the core day and three during the evening, who carried out some security duties, such as target searching, and other tasks, such as escort duties.

6.7 The security department produced an intelligence assessment which was reviewed at the monthly security committee meeting. The committee was multidisciplinary and meetings were well attended and external representatives, such as the escort contractor and the police, attended most meetings. A range of security issues was discussed, patterns and trends monitored and monthly intelligence objectives set.

6.8 There had been 655 reported incidents in the six-month period from April to September 2009, most of which were assaults or fights. Only three incidents had been defined as major and these were all incidents at height.

6.9 The deputy governor chaired monthly violence reduction committee meetings which were well attended and which reviewed a good deal of relevant data. Links with other departments had improved. Representatives from security and safeguarding attended each other's meetings and SIRs were cross referenced with safeguarding referrals to ensure that both departments could take appropriate joint action where necessary.

6.10 An anti-social group and gang management strategy had been developed and a full-time anti-social group coordinator appointed. The strategy was comprehensive and was in the early stages of implementation. The strategy had been based on good security information and had involved discussions with Greater Manchester and Merseyside police. One element of the strategy, called spatial mapping, was designed to identify the location of gang members and anti-social groups and to keep apart those young people who were likely to be in conflict if they came into contact with each other. As part of this strategy, the establishment had been divided into two zones. Managers and staff believed that the split was having an impact on the number of incidents, particularly the number of fights and assaults, although it was too early to confirm this with available data. Young people were allocated to a residential unit in one of the zones and the activities they had access to were restricted to their particular zone (see also learning and skills section).

6.11 At the time of the inspection, 10 young people were on closed visits. All appeared to be justified and proportionate to assessed risk. Each case was reviewed at the monthly security committee meeting.

6.12 The establishment continued to routinely strip-search all young people at reception, but all other strip-searching was risk assessed and authorised by the duty governor. A record was made of the reason for the search and the governor who had authorised it. There was no evidence of forcible strip-searching and we were told that no young person had been strip-searched using force in the previous six months.

Rules and routines

6.13 Expected standards of behaviour were explained to young people during their induction and they were asked to sign a compact confirming that they understood it. Young people we spoke to had a clear understanding of the rules. The consequences of breaking the rules were widely publicised on notice boards, which indicated the tariffs for sanctions under the incentives and earned privileges/rewards and sanctions scheme and punishments on adjudication.

Incentives and earned privileges/rewards and sanctions

6.14 The incentives scheme had two components: the incentives and earned privileges (IEP) scheme and a system of instant rewards and sanctions.

6.15 Under the instant rewards and sanctions system, any member of staff could issue a red card for poor behaviour or a green card for good behaviour. The member of staff indicated on the card whether they wanted a review for an instant reward or sanction, which happened in almost all cases. The card and the young person's wing file were then given to the unit senior officer who conducted a review with the young person and their personal officer or another officer from their unit.

6.16 Young people in our groups complained that the rewards and sanctions system was petty and unfair. One young person said: 'they are more strict on C wing because it's an old YA (young adults) wing. It's easy to get a red ticket - I rang the cell bell for a toilet roll and they gave me a red ticket which meant no association for three days'. The wing file of this young person confirmed that he had been given a punishment of three days' loss of association for misusing his cell bell to request a toilet roll, which was excessive.

6.17 There was a tariff which described the sanctions that could be imposed for different kinds of poor behaviour. The maximum sanction that could be given on a red card was three days' loss of association, television and dining out. However, there was no formal guidance or checks on the number of days' loss of association a young person could be awarded consecutively or over a period of time, which meant that young people could spend long periods without association.

6.18 We reviewed a sample of files and found other examples of red cards and disproportionate sanctions issued for minor matters. There were inconsistencies in the sanctions given, with no record of why the senior officer had imposed a sanction which differed from the published tariff. There was also inconsistency in the level and type of rewards issued.

6.19 Records of reviews varied in quality. Some simply recorded a plea of guilty or not guilty, a finding and a note of the sanction imposed, while others recorded the review in detail. At the end of the review, the young person was informed of his right to appeal the decision. In approximately 80% of cases, the senior officer conducting the review had given a reward or sanction.

6.20 Data on the operation of the system were recorded in a monthly report, although this did not include monitoring by ethnicity. Quality checks of documentation were completed by unit principal officers or governors, but there was no procedure to ensure that the policy was applied consistently across the establishment.

6.21 The red and green cards also formed part of the main IEP scheme. Any young person who received three or more red or green cards in seven days was subject to an IEP review board,

which was conducted by the unit senior officer, with the young person's personal officer or another wing officer and the young person. After a discussion, the senior officer recorded the decision of the board to upgrade or downgrade the young person's IEP level or leave it at the same level.

6.22 The residential principal officers conducted a 20% quality check of IEP review boards each month and the residential governor checked five review boards. The documentation that we examined indicated that, in most cases, the young person attended the board and contributed to the process. Decisions to downgrade appeared fair and were based on a pattern of poor behaviour. Young people on basic level were reviewed every week. They were given useful and individualised targets to achieve and most were upgraded to standard at their first review.

6.23 During the inspection, we spoke to a number of young people on the basic level of the IEP scheme. The majority accepted that their behaviour had been poor. Most had activities during the day, were unlocked in the morning for breakfast and outside exercise and were able to eat their lunch and evening meal in association. They were all locked up during association periods. Some of the young people we spoke to complained that they were unable to telephone family and friends because they were locked up in the evenings. This also applied to those who had lost association through the rewards and sanctions scheme. On some units, staff allowed young people who had lost association to have access to the telephone during the evening, but this practice was not consistent across the establishment.

6.24 Ethnic monitoring data for the IEP scheme were collected and discussed at race equality action team (REAT) meetings and there had been no concerns over the previous six months.

6.25 In our survey, 59% of young people said that the different levels of the IEP scheme made them change their behaviour. Young people we spoke to were positive about receiving green cards and it was evident that they regularly asked staff for feedback on their progress and found the incentives worthwhile.

6.26 A separate rewards and sanctions scheme based on a token economy operated on Beech unit which accommodated mainly young people under sixteen years of age. Young people on the unit could earn credits for good behaviour or achievements in education, which they could use to buy items such as pin phone credit and sports equipment. The scheme was very popular with young people on Beech unit.

Adjudications

6.27 During the period April to September 2009, 1,222 adjudications had been heard. In addition, a substantial number of charges had been laid but not proceeded with, as the young person had been released before the hearing. In our survey, 58% of young people said that they had been adjudicated on at Hindley.

6.28 Data from the previous four months showed that 91% of charges heard were proven. The majority related to fights, which required at least two adjudications. Most of the remaining charges were for damage to property, assaults on other young people and staff, threatening and abusive behaviour, endangering the health and safety of others and disobeying a lawful order.

6.29 There was no adjudication standardisation meeting, although adjudications were an agenda item at bi-monthly senior management team meetings. Data on adjudications were discussed

at violence reduction meetings and ethnic monitoring data were reviewed at REAT meetings. Adjudication liaison officers did not contribute to these meetings.

6.30 Adjudication hearings were held on the young person's unit rather than in the separation unit. The hearings we observed were conducted in a relaxed and age-appropriate environment and young people were given ample opportunity to present their case. In our survey, 87% of young people said that the process was explained to them clearly.

6.31 The quality of many of the adjudication records that we examined was poor. There was frequently no record of the time the hearing started, whether the young person had mitigation or whether the wing report had been considered. In over half the cases, the quality of the evidence was very poor. The reporting officer frequently gave no information to the young person about the incident they had observed. There was a published tariff which was appropriate and we did not come across any inconsistencies in punishments.

6.32 The quality of wing reports was also poor. We did not see any reports from the young person's activity area and most wing reports had not been checked by a senior officer, which was a requirement. There was no evidence that these deficiencies had been identified by the establishment's quality checking procedures.

6.33 When the notice of report was issued, an information slip was given to the young person explaining his right to assistance from an advocate. We were told that this information was also given verbally, but records did not confirm that the adjudicator had checked if the young person wanted an advocate and this did not happen in the adjudications we observed. Barnardo's advocates had provided assistance in adjudications on only four occasions over the previous three months.

Use of force

6.34 Records showed that there had been 520 use of force reports in the six months from April to September 2009, which was high. Monitoring and analysis of the use of force was very detailed. Approximately 45% of the recorded incidents involved full control and restraint. Most incidents had been spontaneous and had resulted from staff intervening during assaults or fights between young people. On average, between 20 and 30% of incidents were used to gain compliance, which was inappropriate.

6.35 Any planned removals were recorded on a video camera and there was excellent CCTV coverage in most of the communal areas. CCTV footage was downloaded after each use of force incident. Two full-time use of force collators collated all the documentation and records of the incident and conducted a 100% quality check. If they had any concerns about an incident, they made a safeguarding referral. In addition, Wigan Safeguarding Children Board (WSCB) completed a regular audit of use of force records and recorded evidence. There had been no serious injuries reported as sustained during restraint.

6.36 Weekly multidisciplinary use of force meetings were chaired by a governor and usually included a member of healthcare staff and a social worker. A sample of incidents was reviewed using the documentation and any recorded evidence from handheld video recorders or CCTV. If any learning points were identified, the relevant member of staff was interviewed and the discussion and actions were recorded. Use of force was also discussed at the monthly violence reduction meetings and was monitored by ethnicity by the REAT. Injuries sustained during restraint were discussed at the use of force meetings and referred to the safeguarding team.

6.37 We examined the documentation and CCTV evidence for a number of incidents. The quality of the officers' reports was good, with an appropriate level of detail, including good evidence of de-escalation. We only saw one inadequate report and the use of force collators had requested further information from the officer concerned. A member of healthcare staff had been present during the incidents or had seen the young person immediately afterwards.

6.38 The policy on the use of force required all young people to be debriefed by a senior officer from another residential area after a use of force incident in accordance with a pro forma, but this seldom occurred. The format of the pro forma did not encourage discussions with the young person about why they thought the incident had occurred.

Care and separation

6.39 Young people separated from others were located on the Rowan unit, which was in a poor state of repair with inadequate facilities. There were 10 cells on the unit, but, at the time of the inspection, some cells were out of use because of damp or damage. The fabric of the unit had been allowed to fall into disrepair as it was due to close when a new intensive support unit opened in November 2009. There were no special cells.

6.40 The unit only had one shower which had no door. We observed an incident when a young person being moved from his cell to the education room attempted to attack or confront a second young person, who was having a shower, and had to be restrained by staff.

6.41 A room which we were told was sometimes used by gym staff to deliver PE sessions was dirty and was being used for storage.

6.42 Two of the cells were of a safer cell design and three of the cells were equipped with CCTV cameras which could be monitored in the unit office. The cameras were only switched on and watched if a review had decided that the young person needed monitoring because there were concerns about self-harming or his general mental health, in which case the young person was informed. Cameras were covered when they were not in use to reassure young people that they were not being observed without their knowledge.

6.43 All the young people on the unit were held under YOI rule 49, for reasons of good order or discipline. They could only be located there with the authority of a governor. On arrival in the unit, every young person was seen by a member of healthcare staff who indicated on a safety algorithm whether there was any reason why he should not be segregated. Young people were told why they had been placed on the unit and were given a booklet about the unit, its routine and rules.

6.44 A governor, a healthcare professional and a chaplain visited the unit each day and the Independent Monitoring Board also made regular visits. We reviewed a sample of records and found that in every case separation had been authorised by a governor and the reasons recorded appeared justifiable. Separation was not used as a punishment on adjudication.

6.45 Young people were not routinely strip-searched on arrival in the unit. If a strip-search was considered necessary, a risk assessment was completed and any search had to be authorised by the duty governor or the governor responsible for the unit. At the time of the inspection, there were five young people on the unit. We spoke to each of them and they all confirmed that they were well treated by staff and had daily access to showers, an hour's exercise in the open air and use of the telephone. They said that they received visits and canteen in the usual way. Staff completed a daily record for each young person giving details of his interactions with staff

from different departments and recording the young person's behaviour at different times of the day, during exercise or education. All young people had half an hour's one-to-one education with a teacher five days a week and were given additional work to do in cell. A stock of library books was kept in the education room and young people could have up to two books in their cell at a time. All meals, including a hot breakfast, were collected from a servery trolley on the unit, but there was no dining area and young people had to eat in their cells.

6.46 Each young person on the unit had a care and management plan. The plans were of reasonable quality, giving background information, details of behaviour, information on the management of the young person and any actions or interventions that needed to be completed. The plans were reviewed weekly at a multidisciplinary review meeting, which considered whether the young person should continue to be separated. We observed one review at which the young person was present and encouraged to contribute. The meetings set targets to assist the young person to return to normal location wherever possible. If young people had been separated for longer periods, plans often included a staged reintegration, with the young person attending association or activities for increasing periods before returning to normal location.

6.47 The majority of young people held in the care and separation unit stayed for short periods, but some spent considerable periods separated on the unit. The longest period on the unit in the previous six months had been 73 days which was continuing at the time of the inspection. One young person had remained there for 68 days and several young people for over 20 days. There was clear evidence that those young people could not have been managed safely on normal location.

6.48 Some of the young people who had spent lengthy periods on the unit were being managed under the Prison Service's disruptive prisoner programme. We attended a review for one of these young people. The review was multidisciplinary and was attended by staff and managers from the establishment, the young person's community YOT worker and social workers. The young person contributed to the process and agreed to targets, which included interventions to help him progress to normal location and reduce his risk of re-offending.

6.49 We observed very positive relationships between staff and young people on Rowan unit. All the officers on the unit had been selected for the role and approved by the governor. They had all received juvenile awareness staff programme (JASP) 1 and 2 and up-to-date training in control and restraint and ACCT. Most staff on the unit had received diversity training and had also attended a three-day Reinforce Appropriate Implode Disruptive (RAID) course run by The Association for Psychological Therapies to help them manage extreme or challenging behaviour. The staff we spoke to had found the RAID training motivating and helpful in their day-to-day work with some of the most challenging young people in custody.

6.50 We observed that officers on the unit tended to focus on positive behaviour when speaking to young people or when discussing them at multidisciplinary reviews or care and management planning meetings. For example, an officer had praised a young person for meeting a target of getting up at 7.30am on most mornings, but did not mention that he had failed to do so on other mornings.

Recommendations

6.51 A clear behaviour management strategy linked to the safeguarding and violence reduction strategies should be published and implemented.

6.52 Guidelines for the use of sanctions should ensure that no young person is subject to consecutive periods without association.

6.53 The use of rewards and sanctions should be monitored by ethnicity.

6.54 All young people who have lost association through the rewards and sanctions scheme or because they are on the basic level of the IEP scheme should have daily access to the telephone at a time when their family and friends are available.

6.55 At the beginning of any hearing, the adjudicators should ask young people if they would like assistance from an advocate and, if necessary, adjourn the hearing to enable them to attend.

6.56 Force should not be used to secure compliance.

6.57 All young people who have been involved in use of force incidents should be given the opportunity to talk about the incident with a trusted and impartial member of staff when they have calmed down and as soon as possible after the use of force.

6.58 Young people who need to be temporarily separated from others should be located in a suitable environment where their individual needs can be met.

Housekeeping points

6.59 Meetings to monitor the strategy and policy of disciplinary procedures and quality of adjudications should include all relevant departments, including adjudication liaison officers.

6.60 Senior managers should conduct a quality check of adjudications and any deficiencies or learning points should be recorded and communicated to adjudicators.

Good practice

6.61 *A use of force collator conducted a 100% review of all use of force incidents.*

Section 7: Services

Catering

Expected outcomes:
Children and young people are offered a sufficient choice of healthy and varied meals based on their individual requirements. The menu reflects the dietary needs of growing adolescents. Food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

7.1 Catering arrangements paid good attention to the dietary needs of adolescent boys and the catering manager actively encouraged feedback. All diets were catered for and a nutritionist had been involved in designing the menus which included healthy options. Young people ate their breakfast and evening meal communally, but ate their lunch in their cells. Staff supervised meal times, but did not eat with young people. The main kitchen was clean and tidy and staff supervised young people who served food in wing serveries. Training opportunities had recently been introduced for young people working in the kitchen and in serveries.

7.2 There was a four-week menu cycle. A nutritionist had been involved in the development of the menus and had contributed to an increased choice of healthy options. A hot breakfast, which included instant porridge as well as cooked items, was available every day. The evening meal was hot and lunch was a cold meal, although there was an option of instant hot soup. A cereal bar and orange juice were provided for mid-morning and mid-afternoon snacks. Young people had indicated a preference for a hot pudding with their evening meal, but still received their five portions of fruit and vegetables each day. A packet of biscuits was issued on Mondays to provide a supper snack for the week. In practice, young people usually ate these almost immediately.

7.3 Special diets were displayed in the main kitchen and sandwiches were sent over with the evening meal for diabetic young people to keep in their cells for the night. Healthy options were identified on the menu and were described as 'sporting' choices rather than healthy choices, which appeared to be more appealing to the age group and had increased their uptake. Photographs of all food choices were available in the serveries to aid selection. Young people ate breakfast and tea communally on their landings and had lunch in their cells. Staff interacted with young people at meal times, but did not eat with them.

7.4 Food was delivered to wing serveries on heated trolleys and the serving of food was supervised by staff. Young people went to the servery landing by landing and the potential for queue jumping and other flashpoints was minimised. Young people serving the food were appropriately dressed and used the correct serving tools. Portion sizes that we observed appeared to be adequate and we received no complaints about the size of meals from young people.

7.5 The main kitchen was clean and tidy and there were appropriate storage arrangements. The catering manager had a good understanding of young people and their food requirements. Young people had recently started working in the kitchen and training was available for them and for young people working in wing serveries. Records were kept of food temperature monitoring. Although a few young people expressed doubts about the way halal meat was stored and prepared, we did not observe anything inappropriate during the inspection. Young

people were consulted about menus through surveys and consultation meetings and the catering manager and his staff regularly checked food comments books in serveries. During the consultation meeting we attended, the catering manager explained very clearly how he had managed to include instant porridge in the breakfast pack, which allowed the young people to understand the budgeting constraints. They responded with a suggestion for a further change to the breakfast menu which they felt would be welcome to other young people and would be cost effective.

Recommendations

7.6 Young people should have the opportunity to eat all their meals out of their cells.

7.7 Staff should be encouraged to eat meals with young people.

Canteen/shop

Expected outcomes:
Children and young people can purchase a suitable range of goods at reasonable prices to meet their diverse needs and choices and can do so safely, from a well-managed shop.

7.8 Young people were generally satisfied with the range of items they could purchase from the canteen. A reception pack was available, but young people could wait up to 11 days to receive their first ordered goods after arrival at Hindley and this had implications for bullying.

7.9 Young people could order from the canteen once a week. Order forms, with details of the amount the young person had in their spending account, were distributed on Saturday and collected on Monday. Goods were delivered to the wings on Friday and given to young people on Saturday. There was no facility to order goods at other times, although there was a reception pack for new arrivals. This lack of opportunity to purchase canteen goods for up to 11 days had implications for bullying. Young people we spoke to described bullying for canteen as a problem and, in our survey, 7% of the young people who reported that they had been victimised said that this related to having their canteen or property taken, which was significantly worse than the comparator of 4%.

7.10 The canteen list offered a range of popular foods and fruit was available. Religious artefacts were available and food and toiletry products were clearly marked when suitable for particular religious groups. There was a range of toiletries suitable for young people from black and minority ethnic groups. Magazines and newspapers could be ordered from the local newsagent and families could place these orders on behalf of young people. Discussions about the canteen frequently took place in the regular consultation meetings – Voices in Prison. In our survey, 52% of young people said the shop sold a wide enough variety of goods, which was significantly better than the comparator of 39%.

Recommendations

7.11 Young people should have the opportunity to order purchases from the canteen within 24 hours of arrival and receive all items ordered the following day.

7.12 The canteen system should be effectively managed to ensure that young people are safe from bullying.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:
All areas of the establishment demonstrate a commitment to resettlement which ensures that children and young people are well prepared for release into the community. The resettlement strategy is informed by and developed in consultation with children and young people. Strategic partnerships, and YOTs in particular, plan for and provide timely access to resettlement opportunities for all children and young people on their release and, where appropriate, prior to release through the use of ROTL.

8.1 Resettlement was well managed and each of the pathways was strongly directed. The resettlement policy had been renamed the reducing reoffending strategy and was closely linked to a detailed needs analysis. After ceasing to meet for a period, the reducing reoffending committee had become increasingly effective over the previous six months, although there were no community agency members or representatives from the residential units. Impressive strategic links had been made with local authorities and some of this work was beginning to be very effective. No offending behaviour group programmes were delivered, but young people convicted of sex offences received an appropriate service. Public protection arrangements were strong and links with agencies in the community were good.

8.2 The resettlement policy had been renamed the reducing re-offending strategy. It was comprehensive and relevant to the needs of the population at Hindley. It laid out responsibilities in each of the pathway areas, as specified by relevant guidance, and described current provision and future aspirations. It had been updated in September 2009. A more detailed reducing re-offending delivery plan was linked to the strategy. This was based on the standard 7 pathway model, with an additional pathway which had been created in the North West to meet local need to cover victims of crime. The plan aimed to make an effective contribution to the Youth Justice Board aim of reducing youth re-offending by 10% by 2011. It had been skilfully designed so that targets were aligned with the work of other key partner agencies, such as local authorities, the voluntary and community sector, employers, NACRO and Connexions. Each pathway had action points, a lead manager and dates for the achievement of targets.

8.3 An analysis of the needs of all young people was carried out in July 2009, using the pathway format. Approximately half the population responded to the survey and the results were collated and analysed. A series of recommendations were made, identifying future action under each of the pathways.

8.4 Regular reducing re-offending committee meetings had only taken place from March 2009. The meeting was chaired by the head of reducing re-offending. Representatives from most of the key areas in the establishment attended, but there were no representatives from residential areas or community agencies. Records indicated that discussions were focussed and purposeful and findings from the needs analysis were starting to be used to inform targets set in the delivery plan.

8.5 Each manager who had responsibility for a pathway chaired a subgroup to develop work in this area. Feedback from two of these groups was given on rotation each time the strategic group met and this practice worked well.

8.6 The governor attended quarterly regional meetings of local authority children's service managers. One of these meetings had recently been held at the establishment, when the governor had raised the issue of the resettlement needs of looked-after children and the responsibilities of pathway planning of home authorities in this regard. The governor described working relationships with the local authority in Wigan as very good. The local council had agreed to act as coordinator, to help the prison obtain support from other local authorities (see also safeguarding section). Progress had been slow, but one city centre local authority had agreed to supply a youth offending team (YOT) worker to work with young people from their area.

8.7 The deputy governor represented the establishment at the resettlement consortium which was a Youth Justice Board (YJB) led forum in the North West area to discuss a wide range of resettlement matters. Strategic discussions were taking place to increase the services provided to young people by Connexions and NACRO.

8.8 Since the previous inspection, a multidisciplinary team model had been successfully established. This new approach was based on integrating staff who had previously worked in specialist areas, such as the young people's substance misuse service (YPSMS) and offender management. Five teams had been created, each comprising five or six staff who acted as key workers and were led by a senior practitioner, who was also a YOT worker. Each key worker held a caseload of about 20 cases. Each team had responsibility for specified areas and were clear and focussed about their role. This method of working closely resembled case management systems operating in the community.

8.9 Use of release on temporary licence (ROTL) was very limited and generally restricted to a few one-off community visits, for example, for college interviews and some for voluntary work. ROTL was an area that had been acknowledged as requiring development and staff were trying to establish outside work placements.

8.10 Some offending behaviour work was carried out by key workers with individual young people. No offending behaviour group work programmes were delivered, although a generic emotional management course was due to be introduced early the following month.

8.11 At the time of the inspection, 11 young people had been convicted of a sex offence. They had all been risk assessed and half of them were working with a full-time specialist worker from the Lucy Faithfull Foundation. Two young people had recently been assessed as suitable to participate in a sex offenders' treatment programme and had transferred to an adult prison to do this when they reached 18 years.

8.12 Public protection arrangements were thorough. All cases which met the relevant criteria were identified and reviewed at monthly committee meetings. Links with agencies in the community were well developed. Key workers either attended multi-agency public protection arrangements (MAPPA) reviews or submitted written reports. Restrictions on mail, telephones and visits were imposed in relevant cases and these cases were reviewed when circumstances changed.

Recommendations

8.13 Attendance at reducing re-offending meetings should be extended to include representatives from all residential areas of the establishment and community-based agencies.

8.14 Release on temporary licence should be a key part of the reducing re-offending strategy and used to good effect in individual training plans for young people who are eligible.

Training planning and remand management

Expected outcomes:
Planning for a child or young person's release starts upon arrival. All children and young people contribute to the development of their own training or remand management plan, which is based on an individual assessment of risks and needs. This plan is a product of collaboration between the establishment, the young person, their parents or carers and their youth offending team. The plan is regularly reviewed and implemented throughout and after their time in custody to ensure a seamless transition to the community.

8.15 Training planning meetings were well organised and took place in designated accommodation. Reviews were heavily dependent on input from key workers and contributions from other departments were very limited. Resources for planning remand cases were stretched, because the remand population was increasing. There was no specialist support for young people serving long sentences. Early release was used to motivate young people, but staff seldom attended first reviews in the community.

8.16 Approximately 80 training or remand planning reviews took place each week in a suite of rooms in the reception area, which had been designed for the purpose. Some of the accommodation was rather cramped and poorly ventilated, but provided privacy and a relaxed atmosphere. Young people were brought to a waiting area which enabled meetings to start promptly and they were not left waiting long.

8.17 Reviews were well organised and efficiently scheduled. Most reviews were held within the timescales specified by the YJB, apart from remand reviews, which had strict deadlines for initial meetings.

8.18 Key workers were responsible for all aspects of the training planning process and prepared the documentation in advance in consultation with young people. They chaired most of the reviews and dealt with all the follow-up work. The reviews which we observed were conducted well. The reason for the meeting was made clear and young people participated in purposeful discussions. Community YOT workers attended all reviews and family members were present in about 40% of cases. Attendance at reviews by establishment staff was poor. Personal officers seldom attended and attendance by education staff was poor. Other specialist staff, such as nurses, attended if requested. Written contributions by specialist departments were not always provided for reviews, which restricted the range of relevant targets. The quality of targets varied and, although some were specific to individual need, this was not consistently the case.

8.19 Young people we spoke to were reasonably positive about their experience of the training planning process. However, in our survey, only 40% said they had a training plan, 47% said they had been involved in the development of their plan and 59% said they understood their targets, which was significantly worse than the respective comparators of 50%, 58% and 75%.

8.20 The number of young people held on remand had increased since the re-role and was approaching 25% of the population. A specialist team covered remand work. Young people on remand were seen by a key worker on the first working day after their arrival, but the high volume of work made it difficult for key workers to convene initial reviews within five working days, as specified by the national standard. These initial reviews were often carried out by telephone or video link. Key workers in the remand team maintained close contact with community YOT workers and solicitors. We were informed that, during the fortnight prior to the inspection, 10 young people had been successfully bailed from custody into the community.

8.21 Young people who had long or indeterminate sentences were subject to the same training planning process as other young people. There were no specialist resources or facilities to meet their distinct needs. There was no designated lifer manager and the sole member of staff who had been lifer trained had recently left the establishment. The psychologists carried out risk assessments and parole reports. An analysis of the needs of young people serving long sentences had been carried out earlier in the year. This useful initiative had identified a wide range of unmet needs, including support with accommodation and independent living skills.

8.22 Early release was decided through a proper process of assessment. The head of reducing re-offending reviewed all cases and, if he considered that the support package post release was not adequate or a young person's behaviour was not good enough, early release was not permitted. This had quite a strong motivational effect on young people who did not take early release for granted.

8.23 Staff did not attend first reviews post release in the community.

Recommendations

8.24 Arrangements to prepare for training planning meetings should include invitations to all staff who have a relevant contribution to make. Those who are unable to attend should provide a written report.

8.25 Training plans should be of good quality and targets should be based on a comprehensive assessment of risk and need and consultations with the young person.

8.26 There should be a range of offending behaviour programmes designed to meet the assessed needs of convicted young people.

8.27 There should be appropriate specialist provision to meet the distinct needs of young people serving long sentences and the recommendations in the establishment-wide needs analysis should be implemented.

8.28 A representative from the establishment should attend the first post-release review following the young person's return to the community.

Substance use

Expected outcomes:
Children and young people with substance-related needs are identified at reception and receive effective support and treatment throughout their stay in custody, including pre-release planning. All children and young people are safe from exposure to and the effects of substance use while in the establishment.

8.29 Young people requiring stabilisation or detoxification were managed safely and prescribing regimes were flexible. The lead substance misuse nurse provided support to all young people with complex needs, which resulted in a high caseload. The amalgamation of the young people's substance misuse service (YPSMS) with the key work teams had improved service integration, but we were concerned that young people no longer received targeted interventions and one-to-one support. The lack of drug and alcohol awareness modules had been addressed, but provision was still inadequate.

8.30 The establishment's drug and alcohol policy was comprehensive and up to date. Clear performance standards and targets had been set and there was an action plan to address shortfalls in meeting the national specification for young people's substance misuse services.

8.31 A needs analysis had recently been completed. Results indicated that tobacco, cannabis and alcohol were the main substances used by young people prior to custody.

8.32 With their consent, young people were comprehensively screened on arrival at reception and a copy of the initial health screen was forwarded to the first night centre and the key work and safeguarding teams. Young people requiring clinical management were located on the first night centre and closely monitored by a nurse and by officers. Once stabilised, they completed the detoxification programme on a residential unit.

8.33 Relatively few young people required stabilisation or detoxification. In the previous seven months, seven young people had undergone alcohol regimes and one young person had required detoxification for diazepam and another opiate. Comprehensive clinical management protocols had been developed in consultation with the local specialist, the national treatment agency and the national lead. Treatment regimes were flexible and based on individual need.

8.34 The GP and a band 7 clinical lead nurse had undertaken Royal College of General Practitioners part 2 training in the management of substance misuse. The specialist nurse completed a care plan within 24 hours and provided a high level of support to young people. She held an active caseload of 33 young people with complex needs, provided brief interventions and ran a relaxation group with the mental health team. Care was coordinated at weekly case management meetings, which included mental health services, and at multi-agency safer regimes meetings.

8.35 Smoking cessation support, including nicotine patches, was offered on arrival during the well-person screen. Young people received advice during induction and could have ongoing one-to-one support. A band 7 health promotion specialist offered a range of initiatives, including smoking cessation and substance misuse awareness.

8.36 The young people's substance misuse service (YPSMS) team had merged with key workers in the resettlement team and now undertook generic case work. Each of the five key work resettlement teams included previous YPSMS staff, but young people requiring targeted interventions for alcohol and/or drug problems were not necessarily included in their caseload. Key workers and senior practitioners had only received basic drug/alcohol training and there were no arrangements for specific casework supervision.

8.37 Initial substance misuse assessments took place during induction and the annual target of 585 assessments was likely to be exceeded. However, not all young people received comprehensive assessments and the required time span of 10 days was not always met.

8.38 There had not been sufficient education and prevention programmes for young people. During the previous month, three intervention workers from Manchester College had been seconded to the establishment to offer harm reduction information during induction and pre release, run the substance misuse awareness programme (SMAP) and facilitate alcohol and cannabis awareness modules. Each module ran weekly, but there were still long waiting lists and young people had to be prioritised for the universal SMAP. Over 100 young people had not completed the programme.

8.39 We were concerned that the needs of young people requiring targeted interventions were not properly addressed under the generic key work model. They received little structured one-to-one support and key workers did not deliver the 'Best Choices' range of interventions designed for young people. The lack of specialism within the teams had resulted in a high caseload for the substance misuse nurse, who engaged with young people with the most serious substance use problems.

8.40 There was evidence of cross referrals between key work, health and intervention teams. The integrated model, with YOT workers acting as senior practitioners, facilitated a good level of coordinated care and this was reflected in training plans and meetings.

8.41 Young people did not have access to voluntary drug testing. In the previous seven months, only six young people had tested positive during mandatory drug testing (MDT). MDT procedures did not involve strip-searching. A high number of risk and suspicion tests had been conducted and only 14 out of 169 tests had been positive. Finds pointed to tobacco as the main substance in use. The results of the review of mandatory drug testing for children and young people carried out jointly by the YJB and the drug strategy group were still awaited.

Recommendations

8.42 The establishment should ensure that young people can access targeted interventions and structured support to address their drug/alcohol problems. Staff should be suitably qualified and competent to deliver these interventions and there should be appropriate casework supervision.

8.43 Comprehensive assessments and care plans should be completed consistently and within the required time frame.

8.44 All young people should have timely access to substance awareness and education programmes.

8.45 Young people should be able to undertake voluntary drug testing if they wish to do so.

8.46 The Youth Justice Board and the drug strategy group should publish the findings of their review of MDT for children and young people and issue guidance to establishments.

Resettlement pathways

Expected outcomes:
The individual resettlement needs of children and young people are met through multi-agency working which promotes their successful reintegration at the end of their time in custody.

8.47 There was a full-time accommodation officer and key workers liaised with community YOT workers to ensure that most young people had accommodation to go to on release. Some good links had been developed with employers, colleges and training providers. Good workshop facilities helped young people to develop relevant work skills. The lack of a pre-release course was a deficit. Information and guidance workers offered surgeries to advise young people about employment opportunities (see learning and skills section). Connexions support was adequate. There were good arrangements to plan for young people's health needs prior to release. Young people received harm reduction and overdose prevention advice during pre-release sessions, including written information. Some good work was being done to help young people with debt and money management. Young people who needed extra support in maintaining contact with their family and friends had been identified and a family liaison officer had recently been appointed. Young people who were fathers were offered assistance to develop their parenting skills through courses.

Pathway One: accommodation

8.48 Key workers in the establishment liaised with community YOT workers to ensure that most young people had suitable accommodation on release. We were informed that 94% of young people were discharged with an address to go to. The remainder were collected on release by their community YOT worker to attend an interview with their local homeless persons' adviser, with a view to bed and breakfast or hostel accommodation. The internal needs analysis indicated that young people did not regard finding suitable accommodation on release as a significant problem. Over three-quarters of young people said they would be returning to live with members of their family.

8.49 The full-time accommodation officer tried to find accommodation for about 10 young people each month who were hard to place. The accommodation officer was knowledgeable about local resources and had a good understanding of how to finance these placements. However, in our survey, only 35% of young people said they knew who to contact for help with accommodation, which was significantly worse than the comparator of 46%.

Recommendation

8.50 All young people should be routinely informed about the services of the accommodation officer as part of their induction and as part of the training planning process.

Pathway Two: education, training and employment

8.51 Good links had been developed with external organisations, such as youth offending teams, colleges, training providers and other prisons. Some progress had been made with regard to establishing links with local education providers for young people who were under school-leaving age at the point of their release.

8.52 There was very good liaison with employers, some of whom had advised on the vocational curriculum and some had provided interviews for young people on release. A business adviser attended induction and supported young people who wanted to start their own business on release. Staff engaged well with young people and effectively explored and secured training and employment opportunities. Good on-site workshop facilities enabled young people to develop relevant work skills and employers who visited the establishment were impressed by the level of skill development.

8.53 The lack of a pre-release course was a deficit but a 'Through the gate' course run by Rathbone was available for young people from certain geographical areas. Information and guidance workers offered surgeries to advise young people about employment opportunities (see learning and skills section). Connexions support was adequate.

Pathway Three: mental and physical health

8.54 All young people were seen by a member of the healthcare team one to two weeks prior to release. Discharge clinics were held on the wings and young people were asked if they had any remaining health issues, including vaccinations or outstanding healthcare appointments. They were given a letter for their GP outlining their healthcare in custody and the community YOT team were told of any remaining health issues which needed following up. Young people were given seven days' supply of appropriate medication and those under the care of the speech and language therapist or the learning disability team were referred to the appropriate local service. Ongoing care was arranged with GP services or community mental health teams for young people who required continuing mental health support. Young people with complex or enduring mental health needs were referred to appropriate child and adolescent mental health service teams and a meeting to discuss the young person's ongoing care was arranged prior to release.

Pathway Four: drugs and alcohol

8.55 There was evidence of cross-referrals between key work, health and intervention teams. The integrated model, where YOT workers acted as senior practitioners in the key work teams, facilitated a good level of joined-up care, and this was reflected in training plans and meetings.

8.56 Bi-monthly drug and alcohol committee meetings were well attended. A monthly Pathway 4 drug and alcohol meeting focussed on joint working and membership included a representative from the local drug action team. Meetings were chaired by the establishment head of drug strategy and interventions. A care coordination subgroup had been set up to develop an integrated care pathway between healthcare, key work and mental health services.

8.57 The head of drug strategy and interventions attended meetings with community YOTs and was engaging with the new integrated resettlement support (IRS) service for the North West, which had recently visited the establishment. There were detailed information-sharing protocols between services, including partnership working with the North West IRS.

8.58 Young people received harm reduction and overdose prevention advice during pre-release sessions, including written information.

Pathway Five: children and families

8.59 Young people were helped to maintain contact with their family and friends through regular visiting arrangements, including use of the video link and accumulated visits. Young people who needed extra support in maintaining contact with their family and friends had been identified. Action plans had been devised to address this, but had not yet been implemented.

8.60 An internal needs analysis carried out in July 2009 had shown that family support was still a critical area for many young people. Nearly 20% of young people were not receiving regular visits from their families, while nearly half reported not having a family member in attendance at their planning meetings. A number of recommendations had been made to address these issues, including providing parents who were unable to attend reviews with information about the outcome, but most of these recommendations had not been implemented. Release on temporary licence was used to support resettlement through town visits and family days. This work was overseen by a governor who chaired a monthly children and families and community pathway meeting.

8.61 Young people who were fathers could take a parenting course delivered by a member of the key worker team. Four of these courses had been run. The courses were highly interactive and enabled children and other family members to visit their fathers and engage in a range of practical activities. A parent craft course was also run by the education department and a six-week story book course for young fathers.

8.62 A family liaison officer had recently been appointed, but had not yet taken up post.

8.63 References to family or family contact were made in 50% of the files that we examined. In a number of cases, staff had tried to establish contact with family members as soon as a young person arrived on the wing. We also found evidence of sensitive work by wing staff after a young person had suffered bereavement.

Recommendation

8.64 The recommendations in the needs analysis in relation to family contact should be implemented.

Pathway Six: finance, benefit and debt

8.65 A detailed analysis had been carried out to establish the scale and nature of finance difficulties faced by young people, but finance and money management did not emerge as a significant problem. Although some young people said they would benefit from advice and guidance, no major needs had been identified. When asked what they spent most of their money on outside, the most popular response was drugs. The majority of young people said they knew how to operate a cash machine. Almost half said they did not know what a standing order or direct debit was and would benefit from some assistance with banking. Almost three-quarters of young people said they had no savings, as a result of which contact had been made with a local bank which had agreed to allow young people to open accounts. The bank had also

agreed to send a member of staff to explain the bank's services during the induction programme.

8.66 In our survey, 34% of young people said they thought they would have a problem claiming benefits on release, which was significantly worse than the comparator of 24%. There was no arrangement to provide young people with this kind of advice.

Recommendation

8.67 All young people should be given advice about how to claim state benefits.

Section 9: 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 recommendation to the Youth Justice Board and NOMS

9.1 Long-term funding arrangements for social workers should be agreed. (HP45)

Main recommendations to the Governor

9.2 The procedures for the care and management of young people who are perpetrators or victims of bullying should be reviewed and revised so that they are clear to staff. (HP46)

9.3 Effective governance arrangements for the rewards and sanctions scheme should be introduced to ensure that sanctions are not being overused and that implementation is consistent across the establishment. (HP47)

Recommendations to the Youth Justice Board

Courts, escorts and transfers

9.4 Young people should not be transported with adult prisoners. (1.8)

9.5 Young people should not have lengthy waits in court after their case has been dealt with. (1.10)

Recommendations to the Youth Justice Board and NOMS

9.6 Some cells on normal location should be adapted for young people who use a wheelchair and they should have access to all services. (3.97)

9.7 The Youth Justice Board and the drug strategy group should publish the findings of their review of MDT for children and young people and issue guidance to establishments. (8.46)

Recommendations to the Youth Justice Board and the Governor

Courts, escorts and transfers

9.8 Age-appropriate written information about Hindley should be developed by the establishment and provided to young people at court by youth offending team court officers. (1.9)

Learning and skills

9.9 Funding arrangements to continue to provide an information and guidance service should be agreed. (5.17)

Recommendations to the Governor

Courts, escorts and transfers

9.10 Young people who are transferred for discipline reasons should be given adequate notice to prepare for their departure, including the opportunity to make a telephone call to their family and check their property for onward transfer. (1.11)

First days in custody

9.11 Young people should not be routinely strip-searched. Strip-searching should only be carried out after a thorough risk assessment has identified serious risk of harm to the young person or others, and on the authorisation of a duty governor. (1.35)

9.12 Initial vulnerability assessments should be reviewed after new arrivals transfer from the first night centre and thereafter at training planning meetings. (1.36)

Residential units

9.13 All cells should be suitably furnished and include a table and chair. (2.16)

9.14 Toilets should be properly screened. (2.17)

9.15 Flasks or kettles should be provided for young people overnight. (2.18)

9.16 The policy on offensive displays should be applied consistently. (2.19)

9.17 Young people should be permitted to wear their own clothes. (2.20)

9.18 Kit issued to young people should be of good quality and in a sufficient range of sizes to meet the needs of the population. (2.21)

9.19 Young people should be issued with outdoor jackets. (2.22)

Relationships between staff and children and young people

9.20 Staff should display their name as well as their staff number on their uniform. (2.30)

9.21 Entries in individual wing files should demonstrate good interaction between staff and young people and contain clear individual assessments to build up a comprehensive picture of the young person. (2.31)

9.22 Residential staff should be trained to use the e-Asset system. (2.32)

9.23 The establishment should conduct a series of focus groups with young people to discuss how staff/young people relationships might be improved. (2.33)

Personal officers

9.24 All young people should meet their personal officer and designated substitute within 24 hours of their arrival on their allocated residential unit. (2.42)

9.25 Monthly contact forms should be used consistently and managers should ensure that all personal officers conduct a monthly review with the young people they are responsible for. (2.43)

9.26 Personal officers should attend all relevant meetings and reviews relating to the care and management of the young people for whom they are responsible. (2.44)

9.27 There should be a process for formal information exchange between key workers and personal officers concerning the young people they have joint responsibility for, particularly prior to and after their reviews. (2.45)

Safeguarding children

9.28 The whistle-blowing policy should be revised to ensure that it states clearly that concerns about young people should be reported through the agreed child protection procedures and not through the reporting wrong-doing helpline. (3.14)

9.29 Young people who have been identified as particularly vulnerable or with specific needs, or who have been displaying challenging behaviour, should have an individual care plan to meet their assessed needs. (3.15)

Self-harm and suicide prevention

9.30 Designated members of the suicide and self-harm prevention committee should attend meetings as required. (3.35)

9.31 Initial assessments should include consideration of all available information about the young person and be of good quality. (3.36)

9.32 Care maps should address the young person's particular difficulties and demonstrate that all sources of help and support have been explored. There should be clear lines of accountability for all agreed actions. (3.37)

9.33 Staff participation at ACCT reviews should be planned, so that it is known who should attend and who should provide written contributions. (3.38)

9.34 The ACCT case manager should be consistent throughout the time an ACCT is opened. (3.39)

9.35 Staff observations at night should take place with agreed frequency, but should not be too predictable. (3.40)

Bullying

9.36 All staff should be trained in procedures and subsequent revisions relating to the care and management of young people who are perpetrators or victims of bullying. (3.51)

9.37 The procedures for managing young people who are perpetrators or victims of bullying should include a robust system of quality assurance to ensure that the procedures are implemented consistently. (3.52)

Diversity

9.38 Important information should be provided for young people in a format and language they can easily understand. (3.57)

Race equality

9.39 All staff should receive up-to-date diversity training. (3.69)

9.40 Non-mandatory areas of service provision of particular significance to the establishment should be subject to regular ethnic monitoring. This should include the ticket system which underpins the rewards and sanctions scheme. (3.70)

9.41 There should be external quality assurance of RIRFs. (3.71)

9.42 Impact assessments of areas of service provision of particular significance to the establishment should be undertaken. (3.72)

9.43 There should be interventions in place for addressing racist behaviour. (3.73)

9.44 Regular events should be held to celebrate racial, ethnic and cultural diversity and external organisations should be invited to take part. (3.74)

9.45 There should be ongoing analysis of ethnic monitoring data to identify patterns and trends. (3.75)

Foreign nationals

9.46 The foreign nationals policy should include comprehensive information relevant to the support of foreign national young people. (3.83)

9.47 Foreign national young people should have the opportunity to meet as a group with the foreign nationals coordinator at least monthly. Areas of concern should be raised directly at DREAT meetings. (3.84)

Disability

9.48 An action plan, based on a needs analysis, should be developed to ensure that all aspects of the disability policy are implemented. Implementation of the action plan should be monitored routinely by the DREAT. (3.92)

9.49 Disability should be an agenda item at all bi-monthly diversity and race equality action team meetings. (3.93)

9.50 All young people with a disability should have an individual care plan, which is subject to frequent review to ensure that their needs are met. (3.94)

9.51 Information relating to the care of young people with disabilities should be entered on relevant personal records and regularly updated, and managers should ensure that residential staff are fully briefed about these issues. (3.95)

9.52 Young people with disabilities who need help in an emergency should have a personal emergency evacuation plan. (3.96)

Religion

9.53 There should be a policy or action plan describing how diverse religious needs of all young people will be met. (3.101)

9.54 The establishment should monitor equality of treatment by religion and take steps to address any inequalities. (3.102)

Sexual orientation

9.55 There should be a policy or action plan to meet the needs of young people who are gay or bisexual. (3.105)

Contact with the outside world

9.56 Information in languages other than English should be on display in the visits area. (3.123)

9.57 The capacity of the visits hall to meet the demand for visits should be kept under review and additional places provided if necessary. (3.124)

9.58 There should be no upper limit on the number of visits remanded young people are entitled to. (3.125)

9.59 Family days should be organised at least monthly and available to young people on all levels of the incentives and earned privileges scheme. (3.126)

9.60 Young people should not be required to wear bibs during their visit. (3.127)

9.61 There should be a comment book for visitors. (3.128)

9.62 The option of supervised visits should be available before a young person is placed on closed visits. (3.129)

9.63 Young people should be able to send at least two free letters a week. (3.130)

Applications and complaints

9.64 Complaints boxes should be opened by the complaints clerk so that confidentiality is not compromised. (3.141)

9.65 There should be a monthly analysis of complaints to identify patterns and trends. This management information should be used appropriately to identify areas for improvement. (3.142)

9.66 Young people should be consulted about the management of the complaints system, specifically with regard to the procedure for making a complaint and to ascertain if any aspect of the procedure may be interpreted as encouragement to withdraw a complaint. (3.143)

9.67 All complaints should be discussed with young people to ensure that they understand the response. Personal officers should be involved in this process. (3.144)

Legal rights

9.68 All young people should have ready access to effective advice from trained legal services staff, including bail information and support schemes for those who are unconvicted and services for appellants. (3.151)

Health services

9.69 Discipline officers should be allocated to healthcare to supervise waiting patients. (4.66)

9.70 The main pharmacy room should be refurbished to provide a suitable environment for the storage and handling of medicines. (4.67)

9.71 A decontamination unit should be provided without delay. (4.68)

9.72 There should be a dedicated patient forum for young people to routinely raise healthcare issues with a senior healthcare manager. (4.69)

9.73 The high rate of failed appointments should be investigated and steps taken to ensure that young people attend their healthcare appointments. (4.70)

9.74 The special sick policy should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. (4.71)

9.75 In-possession packs for some special sick medicines should be introduced to avoid the need for unnecessary consultations. (4.72)

9.76 The expertise of the learning disability team should be fully utilised to provide an appropriate level of formal training for staff in relation to learning disability and speech and language needs. (4.73)

Learning and skills

9.77 A properly planned and coordinated programme of activities should be provided to supplement the education and vocational training programme to ensure that all young people have a full and purposeful day. (5.16)

9.78 There should be adequate time allocated to literacy and numeracy support for young people working in vocational areas to enable them to gain the maximum benefit from a properly integrated approach. (5.18)

9.79 A strategy should be devised to reduce the number of young people returned to their residential unit for poor behaviour. This should include the role of a time-out facility. (5.19)

9.80 Attendance at education classes and vocational training workshops should be improved. (5.20)

9.81 The library stock should include CDs and DVDs. (5.21)

9.82 Young people should be able to use the computer in the library. (5.22)

Physical education and health promotion

9.83 All young people should have access to three hours of timetabled PE each week (in addition to recreational PE), which includes a range of indoor and outdoor activities. (5.31)

9.84 Efforts should be made to establish links with the local community to facilitate sports fixtures with visiting teams. (5.32)

9.85 The PE showers should be refurbished to include the installation of modesty boards and to ensure that staff are able to supervise young people effectively. (5.33)

9.86 Young people should be able to gain accreditation for their achievements in PE. (5.34)

Faith and religious activity

9.87 The multi-faith room should be redecorated to make it a more suitable environment. (5.45)

9.88 There should be adequate facilities for the chaplaincy to provide counselling services. (5.46)

Time out of cell

9.89 All young people should spend a minimum of 10 hours each day out of their cell. (5.55)

9.90 All young people should have an hour's exercise in the open air which does not coincide with other activities. (5.56)

Behaviour management

9.91 A clear behaviour management strategy linked to the safeguarding and violence reduction strategies should be published and implemented. (6.51)

9.92 Guidelines for the use of sanctions should ensure that no young person is subject to consecutive periods without association. (6.52)

9.93 The use of rewards and sanctions should be monitored by ethnicity. (6.53)

9.94 All young people who have lost association through the rewards and sanctions scheme or because they are on the basic level of the IEP scheme should have daily access to the telephone at a time when their family and friends are available. (6.54)

9.95 At the beginning of any hearing, the adjudicators should ask young people if they would like assistance from an advocate and, if necessary, adjourn the hearing to enable them to attend. (6.55)

9.96 Force should not be used to secure compliance. (6.56)

9.97 All young people who have been involved in use of force incidents should be given the opportunity to talk about the incident with a trusted and impartial member of staff when they have calmed down and as soon as possible after the use of force. (6.57)

9.98 Young people who need to be temporarily separated from others should be located in a suitable environment where their individual needs can be met. (6.58)

Catering

9.99 Young people should have the opportunity to eat all their meals out of their cells. (7.6)

9.100 Staff should be encouraged to eat meals with young people. (7.7)

Canteen/shop

9.101 Young people should have the opportunity to order purchases from the canteen within 24 hours of arrival and receive all items ordered the following day. (7.11)

9.102 The canteen system should be effectively managed to ensure that young people are safe from bullying. (7.12)

Strategic management of resettlement

9.103 Attendance at reducing re-offending meetings should be extended to include representatives from all residential areas of the establishment and community-based agencies. (8.13)

9.104 Release on temporary licence should be a key part of the reducing re-offending strategy and used to good effect in individual training plans for young people who are eligible. (8.14)

Training planning and remand management

9.105 Arrangements to prepare for training planning meetings should include invitations to all staff who have a relevant contribution to make. Those who are unable to attend should provide a written report. (8.24)

9.106 Training plans should be of good quality and targets should be based on a comprehensive assessment of risk and need and consultations with the young person. (8.25)

9.107 There should be a range of offending behaviour programmes designed to meet the assessed needs of convicted young people. (8.26)

9.108 There should be appropriate specialist provision to meet the distinct needs of young people serving long sentences and the recommendations in the establishment-wide needs analysis should be implemented. (8.27)

9.109 A representative from the establishment should attend the first post-release review following the young person's return to the community. (8.28)

Substance use

9.110 The establishment should ensure that young people can access targeted interventions and structured support to address their drug/alcohol problems. Staff should be suitably qualified and competent to deliver these interventions and there should be appropriate casework supervision. (8.42)

9.111 Comprehensive assessments and care plans should be completed consistently and within the required time frame. (8.43)

9.112 All young people should have timely access to substance awareness and education programmes. (8.44)

9.113 Young people should be able to undertake voluntary drug testing if they wish to do so. (8.45)

Resettlement pathways

9.114 All young people should be routinely informed about the services of the accommodation officer as part of their induction and as part of the training planning process. (8.50)

9.115 The recommendations in the needs analysis in relation to family contact should be implemented. (8.64)

9.116 All young people should be given advice about how to claim state benefits. (8.67)

Housekeeping points

First days in custody

9.117 The reception area should be kept free of graffiti. (1.37)

9.118 The review of the induction programme should include the introduction of more interactive sessions. (1.38)

Relationships between staff and children and young people

9.119 Management checks on the quality of wing file entries should be carried out at frequent intervals to ensure consistently high standards of recording. (2.34)

Diversity

9.120 There should be displays throughout all areas of the establishment which portray images that reflect the racial and cultural diversity of the population and the local community. (3.58)

Race equality

9.121 The results of ethnic monitoring should be routinely communicated to young people in a format they are able to understand. (3.76)

Applications and complaints

9.122 All written responses to complaints should be addressed to the young person. (3.145)

Health services

9.123 Health promotion literature should be available to waiting patients. (4.74)

9.124 The tables and chairs in the healthcare waiting room should be removed to create a more age-appropriate area for waiting patients. (4.75)

9.125 Toilets in the healthcare waiting room should be supplied with toilet paper, soap and hand towels. (4.76)

9.126 Treatment rooms should be cleaned regularly and kept in an orderly condition. (4.77)

9.127 The master switch for the X-ray machine should be relocated outside the controlled area. (4.78)

9.128 Dental record forms for completed courses of treatment should be retained in the dental surgery to facilitate retrieval. (4.79)

9.129 All medical history sheets should be dated. (4.80)

9.130 Periodontal screening should be recorded. (4.81)

Time out of cell

9.131 Records should be maintained of young people who choose not to associate with others during association periods and this should be monitored. (5.57)

Behaviour management

9.132 Meetings to monitor the strategy and policy of disciplinary procedures and quality of adjudications should include all relevant departments, including adjudication liaison officers. (6.59)

9.133 Senior managers should conduct a quality check of adjudications and any deficiencies or learning points should be recorded and communicated to adjudicators. (6.60)

Good practice

Relationships between staff and children and young people

9.134 Bi-weekly reports on the young people located on Beech unit were sent to parents or carers to ensure their continued interest and involvement in their child's care. (2.35)

Safeguarding children

9.135 Wigan's local authority designated officer and head of quality and review carried out frequent random checks of child protection referrals and the use of force. Their monitoring visits were usually unannounced and they were able to collect keys to enable them to visit areas of the establishment without escort. (3.16)

9.136 The independent chair of the Wigan Safeguarding Children Board (WSCB) had recently written to 22 local authorities inviting them to consider what information they would require the establishment to provide to them regarding their children in Hindley's care. (3.17)

Applications and complaints

9.137 The safeguarding team checked all complaints for child protection concerns. (3.146)

Health services

9.138 A dedicated health promotion specialist ensured that impressionable young people were exposed to health information and education at every level. (4.82)

9.139 The delivery of enhanced working hours by the mental health team meant that their expertise was available to staff and patients for consistent periods and at weekends when young people could be at their most vulnerable. (4.83)

9.140 Every young person was seen by a member of the mental health team within 48 hours of arrival, which reduced the possibility of stress-related anxiety and ensured that young people with possible mental health needs were identified as early as possible. (4.84)

9.141 The officers on Willow unit worked 12-hour shifts to provide consistent support to young people throughout the day. This facilitated excellent continuity of care and the establishment of strong relationships between staff and young people. (4.85)

Behaviour management

9.142 A use of force collator conducted a 100% review of all use of force incidents. (6.61)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector of Prisons
Fay Deadman	Team leader
Angela Johnson	Inspector
Ian Macfadyen	Inspector
Ian Thomson	Inspector
Lucy Young	Inspector
Bridget McEvilly	Healthcare inspector
Sigrid Engelen	Substance use inspector
Martyn Rhowbotham	Ofsted inspector
Glenys Pashley	Ofsted inspector
Laura Nettleingham	Researcher
Michael Skidmore	Researcher

Appendix II: Prison population profile

Population breakdown by:

Status	15 year old		16 year old		17 year old		18 year old	
	No	%	No	%	No	%	No	%
Sentenced	21	6.31	74	22.22	138	41.44	20	6.01
Recall	1	0.30	1	0.30	2	0.60	0	0.00
Convicted unsentenced	4	1.20	10	3.00	10	3.00	2	0.60
Remand	4	1.20	14	4.20	28	8.41	4	1.20
Civil prisoners	0	0.00	0	0.00	0	0.00	0	0.00
Detainees	0	0.00	0	0.00	0	0.00	0	0.00
Total	30		99		178		26	

Sentence	15 year old	16 year old	17 year old	18 year old
	No	No	No	No
Unsentenced	8	24	38	6
Less than 6 months	6	8	22	0
6 months to less than 12 months	6	27	29	4
12 months to less than 2 years	6	26	44	10
2 years to less than 4 years	3	10	33	5
4 years to less than 10 years	0	3	6	1
Sec 91 Revokes	1	1	2	0
ISPP	0	0	3	0
Life	0	0	1	0
Total	30	99	178	26

Age	Number of prisoners	%
Please state minimum age		
15 years	30	9.01
16 years	99	29.73
17 years	178	53.45
18 years	26	7.81
Please state maximum age		
Total	333	

Nationality	15 year old		16 year old		17 year old		18 year old	
	No	%	No	%	No	%	No	%
British	29	8.71	93	27.93	173	51.95	25	7.51
Foreign nationals	1	0.30	6	1.80	5	1.50	1	0.30
Total	30		99		178		26	

Ethnicity	15 year old		16 year old		17 year old		18 year old	
	No	%	No	%	No	%	No	%
White								
British	24	7.21	86	25.83	149	44.74	24	7.21
Irish	0	0.00	0	0.00	1	0.30	0	0.00
Other White	0	0.00	1	0.30	2	0.60	0	0.00
Mixed								
White and Black Caribbean	0	0.00	2	0.60	4	1.20	1	0.30
White and Black African	0	0.00	0	0.00	0	0.00	0	0.00
White and Asian	1	0.30	0	0.00	2	0.60	0	0.00
Other Mixed	0	0.00	0	0.00	3	0.90	0	0.00
Asian or Asian British								
Indian	0	0.00	0	0.00	2	0.60	0	0.00
Pakistani	3	0.90	2	0.60	6	1.80	0	0.00
Bangladeshi	0	0.00	0	0.00	2	0.60	0	0.00
Other Asian	1	0.30	2	0.60	3	0.90	0	0.00
Black or Black British								
Caribbean	0	0.00	2	0.60	1	0.30	0	0.00
African	1	0.30	2	0.60	3	0.90	1	0.30
Other Black	0	0.00	2	0.60	0	0.00	0	0.00
Chinese or other ethnic group								
Chinese	0	0.00	0	0.00	0	0.00	0	0.00
Other ethnic group	0	0.00	0	0.00	0	0.00	0	0.00
Not stated	0	0.00	0	0.00	0	0.00	0	0.00
Total	30		99		178		26	

Religion	15 year olds		16 year olds		17 year olds		18 year olds	
	No	%	No	%	No	%	No	%
Baptist	0	0.00	0	0.00	0	0.00	0	0.00
Church of England	4	1.20	11	3.30	21	6.31	4	1.20
Roman Catholic	6	1.80	19	5.71	37	11.11	5	1.50
Other Christian denominations	0	0.00	1	0.30	2	0.60	0	0.00
Muslim	4	1.20	3	0.90	15	4.50	0	0.00
Sikh	0	0.00	0	0.00	0	0.00	0	0.00
Hindu	0	0.00	0	0.00	0	0.00	0	0.00
Buddhist	0	0.00	0	0.00	0	0.00	0	0.00
Jewish	0	0.00	0	0.00	0	0.00	0	0.00
Other	0	0.00	0	0.00	0	0.00	0	0.00
No religion	16	4.80	65	19.52	103	30.93	17	5.11
Total	30		99		178		26	

Sentenced prisoners only

Length of stay	15 year olds	16 year olds	17 year olds	18 year olds
	No	No	No	No
Less than 1 month	4	13	17	0
1 month to 3 months	10	37	50	3
3 months to 6 months	7	20	44	9
6 months to 1 year	1	5	22	7
1 year to 2 years	0	0	6	1
2 years to 4 years	0	0	1	0
4 years or more	0	0	0	0
Total	22	75	140	20

Unsentenced prisoners only

Length of stay	15 year olds	16 year olds	17 year olds	18 year olds
	No	No	No	No
Less than 1 month	4	8	22	1
1 month to 3 months	3	8	7	2
3 months to 6 months	1	8	8	3
6 months to 1 year	0	0	1	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	8	24	38	6

Main offence	15 year olds		16 year olds		17 year olds		18 year olds	
	No	%	No	%	No	%	No	%
Violence against the person	6	1.8	19	5.7	46	13.8	7	2.1
Sexual offences	1	0.3	1	0.3	8	2.4	1	0.3
Burglary	2	0.6	30	9.0	27	8.1	6	1.8
Robbery	10	3.0	20	6.0	41	12.3	6	1.8
Theft and handling	4	1.2	9	2.7	12	3.6	1	0.3
Fraud and forgery	0	0.0	0	0.0	0	0.0	0	0.0
Drugs offences	1	0.3	3	0.9	19	5.7	2	0.6
Other offences	6	1.8	17	5.1	25	7.5	3	0.9
Civil offences	0	0.0	0	0.0	0	0.0	0	0.0
Offence not recorded/holding warrant	0	0.0	0	0.0	0	0.0	0	0.0
Total	30		99		178		26	

(ix) Home address	Number of juveniles	%
Within 50 miles of the prison	285	85.5
Between 50 and 100 miles of the prison	28	8.4
Over 100 miles from the prison	8	2.4
Overseas	0	0.0
NFA	12	3.6
Total	333	99.9

Appendix III: Safety and relationships between staff and young people

Twenty one young people were approached by the research team to undertake structured interviews regarding issues of safety and relationships between staff and young people at Hindley YOI. Four individuals were randomly selected from each wing in the establishment, except on B wing (for 15 year olds) where five were interviewed.

Location of interviews

	Number of interviews
A wing	4
B wing	5
C wing	4
D wing	Closed
E wing	4
F wing	4
Total	21

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency, therefore all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second relationships between staff and young people.

The demographic information of interviewees is detailed below followed by the results from each section.

Demographic information

- Length of time in YOIs on this sentence ranged from two weeks to 13 months.
- Length of time at Hindley YOI ranged from two weeks to 13 months.
- Twenty young people were sentenced and one was on remand.
- Sentence length ranged from four months to seven years.
- Average age was 16 (ranging from 15 to 18).
- Two interviews were conducted with young people from a black and minority ethnic background, eighteen interviewees were white British, and one was white Irish.
- All interviewees had English as a first language.
- Three interviewees stated their religion as Catholics, two as Christian and the remaining sixteen stated that they had no religion.
- Five interviewees stated they had a disability.
- One interviewee stated he was a foreign national.

Safety

All interviewees were asked to identify areas of concern with regards to safety within Hindley YOI, as well as rating the problem on a scale of 1-4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

	Yes, this is a problem (number of respondents)	Average rating (1=a little unsafe, to 4=extremely unsafe)	Seriousness score
Gang culture	10	2.8	28
Aggressive body language of other young people	10	2.5	25
Procedures for discipline (adjudications)	6	2.83	17
Response of staff with regards to fights/bullying/self harm in the establishment	5	2.2	11
Staff behaviour with young people	4	2.25	9
Healthcare facilities	5	1.8	9
Layout/structure of the establishment	4	2	8
Existence of an illegal market	4	2	8
Lack of trust in staff	5	1.6	8
The way meals are served	5	1.4	7
Isolation (within the establishment)	3	2	6
Lack of information about establishment regime	2	2.5	5
Overcrowding	2	2.5	5
Number of staff on duty during the day	3	1.66	5
Lack of confidence in staff	3	1.66	5
Number of staff on duty during association	2	2	4
Surveillance cameras	3	1.33	4
Movement to education/gym	2	2	4
Availability of drugs	2	1.5	3
Aggressive body language of staff	1	2	2
Staff members giving favours in return for something	1	1	1

The top five issues

1. Gang culture
2. Aggressive body language of other young people
3. Procedures for discipline (adjudications)
4. Response of staff with regards to fight/bullying/self-harm in the establishment
5. Staff behaviour with young people/healthcare facilities

Overall Rating

Interviewees were asked to give an overall rating for safety at Hindley YOI, with 1 being very bad and 4 being very good. The average rating was 3.

A breakdown of the scores given are shown in the table below:

1	2	3	4
1 (5%)	2 (10%)	15 (71%)	3 (14%)

Differences in Responses from under 16 year old on Beech wing

The most significant issues for the five interviewees from Beech wing were:

- procedures for discipline (IEP - punishments)
- response of staff to fights/bullying in the establishment.

Relationships between staff and young people

All interviewees were asked to rate their relationship with wing staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

1. Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
9 (43%)	10 (48%)	2 (10%)	0

The average rating was 1.66

2. How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
10 (48%)	8 (38%)	3 (14%)	0

The average rating was 1.66

3. How often do wing staff address you by your first name?

1 Always	2	3	4 Never
10 (48%)	5 (24%)	3 (14%)	3 (14%)

The average rating was 1.95

4. How often do wing staff knock before entering your room?

1 Always	2	3	4 Never
3 (14%)	6 (29%)	3 (14%)	9 (43%)

The average rating was 2.85

5. How helpful are staff generally with questions and day to day issues?

1 Very helpful	2	3	4 Not at all helpful
10 (48%)	8 (38%)	3 (14%)	0

The average rating was 1.66

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
15 (71%)	4 (19%)	2 (10%)	0

The average rating was 1.38

7. Do staff treat young people fairly?

1 Completely	2	3	4 Not at all
15 (71%)	4 (19%)	1 (5%)	1 (5%)

The average rating was 1.42

8. Do staff members treat you fairly when applying the rules of the establishment?

1 Completely	2	3	4 Not at all
8 (38%)	8 (38%)	5 (24%)	0

The average rating was 1.85

9. Are staff fair and consistent in their approach to the IEP scheme?

1 Completely	2	3	4 Not at all
10 (48%)	5 (24%)	5 (24%)	1 (5%)

The average rating was 1.85

10. Would staff take it seriously if you were being victimised or bullied on the wing?

Yes	No	Depends who you approach
12 (57%)	1 (5%)	8 (38%)

11. How often do staff interact with you?

1 Always	2	3	4 Never
12 (57%)	4 (19%)	5 (24%)	0

The average rating was 1.66

12. Do you have a member of staff to turn to if you have a problem?

1 (5%) stated they did not. Of the 20 (95%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
5 (25%)	5 (25%)	7 (35%)	3 (15%)

The average rating was 2.4

13. Can you approach your personal officer?

Yes	No	Don't have one
14 (66%)	7 (33%)	0

14. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
14 (66%)	7 (33%)	0	0

The average rating was 1.33

15. Do staff promote responsible behaviour?

1 Always	2	3	4 Never
14 (67%)	3 (14%)	2 (10%)	2 (10%)

The average rating was 1.61

16. Do staff provide assistance if you need it in applying for education etc.?

1 Always	2	3	4 Never
19 (90%)	2 (10%)	0	0

The average rating was 1.09

17. Do staff actively encourage you to take part in activities outside your room?

1 Always	2	3	4 Never
13 (62%)	6 (29%)	0	2 (10%)

The average rating was 1.57

18. We asked young people if they had ever been discriminated against by staff because of their ethnicity, nationality, religion, age, disability, sexual orientation or sentence status. None of the interviewees reported discrimination.

Overall Rating

Interviewees were asked to give an overall rating for relationships between staff and young people Hindley YOI, with 1 being excellent and 4 being poor. The average rating was 1.85.

A breakdown of the scores given is shown in the table below:

1	2	3	4
4 (19%)	16 (76%)	1 (5%)	0

Appendix IV: Wing file analysis

Background

On 20 October 2009 the population at Hindley YOI was around 332. A sample of wing history sheets were analysed; six files were looked at on each wing, resulting in a total sample of 30 across the site. This represented 9% of the population.

All history sheets were assessed in terms of the frequency and quality of comments. The additional forms and information contained in the file were also noted.

Identification of the prisoner

All history sheets stated the prisoner's name and number. In the majority of the files there were no photos of the young person affixed and there was no other clear indication of ethnicity. Only those files on C wing had photos consistently attached, and overall photos were found in 30% (n=9) of the files. No reference to a prisoner's ethnicity was made in the comments section of the files.

Frequency of entries

The frequency of entries was calculated in terms of the average number of days since the last entry and the average number of entries made per month.

	Average number of days since last entry in file	Average number of entries per month
A wing	3 days	9 entries
B wing (under 16s)	1 day	21 entries
C wing	1 day	13 entries
E wing	3 days	13 entries
F wing	4 days	10 entries
Overall	3 days	13 entries

The average number of management checks for each wing per month was also calculated. Across the whole establishment, the average number of management checks evidenced in each file was 1. The most frequent use of management checks was found on C wing, where the average equated to 3 checks within a time period at Hindley YOI which ranged from one to six months.

Quality of comments

Comments were assessed in terms of the level of positive interaction with prisoners. All other comments were noted to be simply observational or functional. Where observational or functional comments were viewed as inappropriate a record was kept.

Wing	Interactional	Observational	Inappropriate
A	35 (24%)	111 (76%)	0
B	46 (33%)	92 (67%)	0
C	63 (21%)	233 (79%)	0
E	33 (20%)	133 (80%)	0
F	87 (37%)	151 (63%)	0

Of the total 984 comments assessed, 27% (n=264) were assessed as demonstrating constructive and positive interaction with the prisoner. Therefore, 73% (n=720) were deemed to be observational or functional in nature (e.g. 'x complies with the regime' or 'gave x formal warning'). None of the comments read were deemed inappropriate.

There were comments within the files from a range of personnel including officers on the wing, personal officers, key workers and teachers. There was a good balance of comments citing both negative and positive behaviour, and these were often related to the distribution of red or green tickets in accord with the incentives system utilised at Hindley YOI.

Comments regarding sentence plan or offending behaviour needs

Twenty (67%) files contained comments referring to a young person's behaviour targets as normally established and reviewed by personal officers. These were often reviewed in accord with changes in attitude or behaviour and seemed rather informal, existing only as cited in the wing file entry. The nature of the targets were grounded in day-to-day conduct on the wings and included goals such as being polite, keeping their rooms tidy or not getting any red tickets. This target system appeared to be reinforced by the green/red ticket system which might then influence a young persons IEP status.

References to family or family contact

References to family or family contact were made in 15 (50%) files. A number of these were entered into the sheets when the young person arrived into the YOI so to establish initial contact with family, and were completed by personnel such as personal officers or key workers. Several related to a death in the family and there was evidenced a sensitivity to the bereavement, and in some cases the chaplain had become involved.

Personal officers

History sheets were assessed in terms of whether it was clear who the personal officer was, and the quantity and quality of comments made by the personal officer. In 93% (n=28) of the files it was clear who the personal officer was. In 43% (n=13) the comments in the sheets by the personal officer were assessed as detailed. There were very few files in the sample deemed as singularly poor, with entries of a mixed quality noted in a number of documents. Overall, personal officers evidenced a good knowledge of the young people they were working with.

History sheet entries were supplemented also with personal officer 'monthly contact forms' which were a structured means to review the young persons' behaviour against their targets for each month. These were found in a number of the files, though perhaps not completed monthly, and the extent of the young persons' involvement in these reviews was unclear.

Comments on bullying

A considerable number (67%, n=20) of the files commented on some form of bullying or aggression either from or towards the young person. In six (30%) of these cases the young person was the victim of bullying behaviour and in three of these cases the victim either moved cell or had their activity changed as a response (e.g. changed class in education). Serious incident reports (SIRs) and safeguards were submitted in two of the cases. In one case (5%) an individual was described as both a victim and bully on separate occasions.

In thirteen (65%) of these cases the young person was observed or reported to have perpetrated aggressive or bullying behaviour towards another. The most common responses were for SIRs and safeguards to have been submitted and if racism is identified a RIF was completed. Some isolated and more minor incidents were responded to with intentions from officers to observe more closely the individual. One young person who had assaulted another was moved to a different wing.

In three files there were completed mediation protocol forms in response to a dispute with another young person.

Notes on detox/withdrawal

In eight (27%) cases there were issues noted on previous problematic substance use of the young person. An example was one individual who was withdrawing from alcohol on arrival into the YOI; he was placed on a detoxification regime, referred to the mental health and substance misuse teams, and the staff on the wings were informed.

In five (17%) cases issues of suicide or self-harm were raised for the young person. One individual stated he would kill himself and safeguards were informed. Another young person had threatened to harm himself prior to arrival at Hindley and the key worker stated opening an ACCT on arrival, a suicide/self-harm monitoring form was completed and it was stipulated he go into a single cell because of previous assaults on other young people.

Cell sharing risk assessments

Only in one (3%) file was there not a completed cell-sharing risk assessment (CSRA). Of the 29 completed CSRAs, there was only one example in which it had not been completed on the day of arrival. These were reviewed as a matter of course several days after arrival, and were reviewed again in many instances in response to an incident or after another period of time. In two cases they were incomplete, with the healthcare and duty officer sections left blank.

Additional documentation

It was noted whether additional documentation was included; whether it had been completed; and whether it had been completed at Hindley YOI. The table below shows the results of this.

Documentation	Percentage of files included and completed at Hindley YOI
Initial Needs Assessment	100%
IEP (inc. red and green tickets)	70%
ASSET	27%
Previous wing history sheets	10%

The figures above do not represent a judgement of the quality of the documentation, and other documentation noted in files were YJB placement alert forms, medication risk assessments, helpers (under 16s) scheme review, Beech unit (under 16s) integration plan and post-court reports.

Overall state of the file

All files were rated with a score from 1 (poor) to 4 (very good). The ratings were based on the level of evidence of interaction with prisoners; evidence of personal officer interaction; and the frequency of comments.

All files were given a rating of 1 (poor), 2 (fair) or 3 (good). The most frequent rating was fair. In total, 50% (n=15) were rated fair; 30% (n=9) were rated as good and 20% (n=6) were rated as very good.

Appendix V: Summary of young people 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 21 September 2009, the population of young people at HMYOI Hindley was 332. Questionnaires were offered to 122 young people.

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

Interviews were carried out with any respondents with literacy difficulties. In total, three 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
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable, or
- to 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, 97 respondents completed and returned their questionnaires. This represented 29% of children and young people in the establishment at the time. The response rate from the sample was 80%.

Three respondents refused to complete a questionnaire, fourteen questionnaires were not returned and eight 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 have 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 children and young people surveyed in young offender institutions. This comparator is based on all responses from surveys carried out in all 15 male establishments since 2008.

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

Also included are statistically significant differences between the responses of young people surveyed at HMYOI Hindley in 2007 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 are excluded). The actual numbers will match up as the data are 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 have been weighted for comparison purposes.

Section One: About you

Q1 How old are you?

15	10%
16	28%
17	52%
18	10%

Q2 Are you a British citizen?

Yes	99%
No	1%

Q3 Is English your first language?

Yes	97%
No	3%

Q4 What is your ethnic origin?

White - British	86%
White - Irish	1%
White - Other	2%
Black or Black British - Caribbean	1%
Black or Black British - African	0%
Black or Black British - Other	0%
Asian or Asian British - Indian	1%
Asian or Asian British - Pakistani	3%
Asian or Asian British - Bangladeshi	1%
Asian or Asian British - Other	0%
Mixed Race - White and Black Caribbean	3%
Mixed Race - White and Black African	0%
Mixed Race - White and Asian	0%
Mixed Race - Other	1%
Chinese	0%
Other ethnic group	0%

Q5 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes	7%
No	93%

Q6 What is your religion?

None	38%
Church of England	21%
Catholic	31%
Protestant	4%
Other Christian denomination	0%
Buddhist	1%
Hindu	0%
Jewish	0%
Muslim	5%
Sikh	0%

Q7 Do you have any children?

Yes	11%
No	89%

Section Two: About your sentence

Q1 What wing or houseblock are you currently living on?

See front cover sheet

Q2 Are you sentenced?

Yes	74%
No - unsentenced/on remand	26%

Q3 What is the length of your sentence?

Not sentenced	26%
Four months	13%
Six months	8%
Eight months	11%
Twelve months	17%
Eighteen months	6%
Two years	2%
Two to four years	11%
Four years or more	3%
Indeterminate sentence for public protection (ISSP/DPP)	3%

Q4 Approximately, how long do you have left to serve? (If you are serving life, please use the date of your next parole board.)

Not sentenced	27%
Less than two months	30%
Two to six months	24%
Six months to one year	5%
One year or more	13%

Q5 How long have you been in this establishment?

Less than one month	25%
One to six months	55%
Six to twelve months	14%
One to two years	5%
Two years or more	0%

Q6 How many times have you been in a YOI, secure children's home or secure training centre before?

None	42%
Once	14%
Two to five	33%
More than five	11%

Q7 Have you been to any other YOI during this sentence?

None	86%
One	8%
Two	2%
Three	1%
More than three	2%

Section Three: Courts, transfers and escorts

Q1 On your most recent journey, was the van clean?

Yes	49%
No	32%
Don't remember	19%
Not applicable	0%

Q2 On your most recent journey, was the van comfortable?

Yes	13%
No	86%
Don't remember	1%
Not applicable	0%

Q3 Did you feel safe on your most recent journey?

Yes	80%
No	15%
Don't remember	5%

Q4 On your most recent journey, were there any adults (over 18), or any young people of a different gender, travelling with you?

Yes	38%
No	53%
Don't remember	9%

Q5 On your most recent journey, how long did you spend in the van?

Less than one hour	45%
One to two hours	42%
Two to four hours	10%
More than four hours	1%
Don't remember	2%

Q6 On your most recent journey, were you offered a toilet break if you needed it?

My journey was less than two hours	86%
Yes	3%
No	8%
Don't remember	2%

Q7 **On your most recent journey, were you offered anything to eat or drink?**

My journey was less than two hours	86%
Yes	4%
No	9%
Don't remember	0%

Q8 **On your most recent journey, how did you feel you were treated by the escort staff?**

Very well	16%
Well	45%
Neither	20%
Badly	7%
Very badly	7%
Don't remember	4%

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.)**

Yes, someone told me	78%
Yes, I received written information	3%
No, I was not told anything	17%
Don't remember	4%

Section Four: Your first few days here

Q1 **How long were you in reception?**

Less than two hours	78%
Two hours or longer	14%
Don't remember	8%

Q2 **Were you seen by a member of healthcare staff in reception?**

Yes	79%
No	17%
Don't remember	4%

Q3 **When you were searched, was this carried out in an understanding way?**

Yes	84%
No	9%
Don't remember	7%

Q4 Overall, how well did you feel you were treated in reception?

Very well	21%
Well	56%
Neither	16%
Badly	4%
Very badly	2%
Don't remember	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.)

Not being able to smoke	63%	*Money worries*	18%
Loss of property	19%	*Feeling low/upset/needing someone to talk to*	42%
Housing problems	19%	*Health problems*	57%
Needing protection from other young people	19%	*Getting phone numbers*	42%
Letting family know where you are	71%	***Staff did not ask me about any of these***	9%

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

Not being able to smoke	56%	*Money worries*	16%
Loss of property	9%	*Feeling low/upset/needing someone to talk to*	21%
Housing problems	11%	*Health problems*	12%
Needing protection from other young people	5%	*Getting phone numbers*	26%
Letting family know where you are	30%	***I did not have any problems***	22%

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

A reception pack	59%
The opportunity to have a shower	64%
Something to eat	84%
A free phone call to friends/family	84%
Information about the PIN telephone system	77%
Information about feeling low/upset	44%
Don't remember	2%
I was not given any of these	0%

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

Chaplain or religious leader	47%
Someone from healthcare	67%
Peer support/peer mentor/Listener/Samaritans	33%
The prison shop/canteen	14%
Don't remember	9%
I did not have access to any of these	17%

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

Yes	81%
No	16%
Don't remember	2%

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

I have not been on an induction course	10%
Within the first week	76%
More than a week	9%
Don't remember	5%

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

I have not been on an induction course	10%
Yes	59%
No	20%
Don't remember	12%

Section Five: Daily life and respect

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

Yes	90%
No	9%
Don't know	1%

Q2 **Is your cell call bell normally answered within five minutes?**

Yes	28%
No	60%
Don't know	12%

Q3 **What is the food like here?**

Very good	1%
Good	15%
Neither	35%
Bad	26%
Very bad	23%

Q4 **Does the shop/canteen sell a wide enough variety of products?**

I have not bought anything yet	5%
Yes	52%
No	39%
Don't know	3%

Q5 **How easy is it for you to attend religious services?**

I don't want to attend religious services	30%
Very easy	20%
Easy	25%
Neither	8%
Difficult	2%
Very difficult	4%
Don't know	11%

Q6 **Please answer the following questions about religion:**

	Yes	*No*	*Don't know/not applicable*
Do you feel your religious beliefs are respected?	40%	15%	45%
Can you speak to a religious leader in private if you want to?	62%	5%	34%

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?	78%	22%
Do most staff treat you with respect?	78%	22%

Section Six: Healthcare

Q1 **What do you think of the overall quality of the healthcare?**

I have not been to healthcare	11%
Very good	19%
Good	46%
Neither	16%
Bad	5%
Very bad	3%

Q2 **Is it easy to see the following people if you need to?**

	Yes	*No*	*Don't know*
The doctor	62%	25%	13%
The nurse	78%	11%	11%
The dentist	49%	27%	24%
The optician	42%	14%	44%
The pharmacist....	44%	17%	39%

Q3 **Have you had any problems getting your medication?**

I am not taking any medication	43%
Yes	18%
No	38%

Q4 **Please answer the following about alcohol:**

	Yes	*No*
Did you have problems with alcohol when you first arrived here?	14%	86%
Do you have problems with alcohol now?	2%	98%
Have you received any help with alcohol problems in this prison?	10%	90%

Q5 **Please answer the following about drugs:**

	Yes	*No*
Did you have problems with drugs when you first arrived here?	36%	64%
Do you have problems with drugs now?	4%	96%
Have you received any help with drugs problems in this prison?	23%	77%

Q6 **How easy is it to get illegal drugs here?**

Very easy	8%
Easy	10%
Neither	6%
Difficult	7%
Very difficult	14%
Don't know	56%

Q7 **Do you feel you have any emotional or mental health problems?**

Yes	20%
No	80%

Q8 **If you have emotional or mental health problems, are you being helped by any of the following people?**

I do not have any/I am not getting any help	90%
Doctor	2%
Nurse	2%
Psychiatrist/psychologist	7%
Counsellor	4%
Other	3%

Section Seven: Applications and complaints

Q1 **Do you know how to make an application?**

Yes	94%
No	6%

Q2 **Is it easy to make an application?**

Yes	90%
No	2%
Don't know	8%

Q3 **Please answer the following about applications:**

	I have not made an application	*Yes*	*No*
Do you feel applications are sorted out fairly?	12%	67%	21%
Do you feel applications are sorted out promptly (within seven days)?	12%	61%	27%

Q4 **Do you know how to make a complaint?**

Yes	77%
No	23%

Q5 **Is it easy to make a complaint?**

Yes	58%
No	6%
Don't know	36%

Q6 **Please answer the following about complaints:**

	I have not made a complaint	*Yes*	*No*
Do you feel complaints are sorted out fairly?	58%	22%	20%
Do you feel complaints are sorted out promptly (within seven days)?	59%	28%	14%
Have you ever been encouraged to withdraw a complaint?	59%	15%	26%

Q7 **Can you speak to the following people when you need to?**

	Yes	*No*	*Don't know*
A peer mentor/peer support/Listener	34%	14%	52%
A member of the IMB (Independent Monitoring Board)	35%	11%	54%
An advocate (an outside person to help you)	37%	10%	53%

Section Eight: Rewards and sanctions, and discipline

Q1 **What level of the rewards and sanctions scheme are you on?**

Don't know what the rewards and sanctions scheme is 6%
Enhanced (top) 26%
Standard (middle) 57%
Basic (bottom) 9%
Don't know 2%

Q2 **Do you feel you have been treated fairly in your experience of the rewards and sanctions scheme?**

Don't know what the rewards and sanctions scheme is 7%
Yes 55%
No 26%
Don't know 12%

Q3 **Do the different levels of the rewards and sanctions scheme encourage you to change your behaviour?**

Don't know what the rewards and sanctions scheme is 7%
Yes 59%
No 22%
Don't know 13%

Q4 **Have you had a 'nicking' (adjudication) since you have been in this establishment?**

Yes 58%
No 38%
Don't know 4%

Q5 **If you have had a 'nicking' (adjudication), was the process explained clearly to you?**

I have not had an adjudication 40%
Yes 52%
No 8%

Q6 **If you have been physically restrained (C&R), how many times has this happened since you have been in this establishment?**

I have not been restrained 68%
Once 14%
Twice 8%
Three times 3%
More than three times 7%

Q7 **If you have spent a night in the segregation/care and separation unit, how were you treated by staff?**

I have not been to the segregation unit 84%
Very well 2%
Well 5%
Neither 4%
Badly 1%
Very badly 3%

Section Nine: Safety

Q1 **Have you ever felt unsafe in this establishment?**

Yes 31%
No 69%

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.)**

Never felt unsafe	71%	*At meal times*	4%
Everywhere	9%	*At healthcare*	3%
Segregation unit	2%	*Visit's area*	7%
Association areas	9%	*In wing showers*	3%
Reception area	5%	*In gym showers*	10%
At the gym	8%	*In corridors/stairwells*	8%
In an exercise yard	9%	*On your landing/wing*	14%
At work	5%	*In your cell*	5%
At education	12%		

Q3 Has another young person or group of young people victimised you in this establishment (e.g. insulted or assaulted you)?

Yes	22%	
No	78%	**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.)

Insulting remarks (about you, your family or friends)	18%	*Because of drugs*	2%
Physical abuse (being hit, kicked or assaulted)	15%	*Having your canteen/property taken*	7%
Sexual abuse	1%	*Because you were new here*	17%
Because of your race or ethnic origin	1%	*Because you are from a different part of the country*	10%
Because of your religious beliefs	1%	*Because of gang related issues*	4%
Because you have a disability	1%	*Because of my offence/crime*	4%

Q6 Has a member of staff or group of staff victimised you in this establishment (e.g. insulted or assaulted you)?

Yes	27%	
No	73%	**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.)

Insulting remarks (about you, your family or friends)	19%	*Because of drugs*	1%
Physical abuse (being hit, kicked or assaulted)	7%	*Having your canteen/property taken*	1%
Sexual abuse	1%	*Because you were new here*	5%
Because of your race or ethnic origin	3%	*Because you are from a different part of the country*	1%
Because of your religious beliefs	0%	*Because of gang related issues*	3%
Because you have a disability	1%	*Because of my offence/crime*	5%

Q9 If you were being victimised who would you tell?

No one	24%	*Teacher/education staff*	5%
Personal officer	51%	*Gym staff*	3%
Wing officer	28%	*Listener/Samaritan/Buddy*	9%
Chaplain	21%	*Another young person here*	16%
Healthcare staff	3%	*Family/friends*	31%

Q10 Do you think staff would take it seriously if you told them you had been victimised?

Yes	42%
No	26%
Don't know	32%

Q11 Is shouting through the windows a problem here?

Yes	54%
No	33%
Don't know	13%

Q12 Have staff checked on you personally in the last week to see how you are getting on?

Yes	43%
No	57%

Section Ten: Activities

Q1 How old were you when you were last at school?

14 or under	37%
15 or over	63%

Q2 Please answer the following questions about school:

	Yes	*No*	*Not applicable*
Have you ever been excluded from school?	89%	10%	1%
Did you used to truant from school?	79%	14%	7%

Q3 Do you currently take part in any of the following activities? (Please tick all that apply to you.)

Education	74%
A job in this establishment	41%
Vocational or skills training	32%
Offending behaviour programmes	13%
I am not currently involved in any of these	12%

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?

	Not been involved	*Yes*	*No*	*Don't know*
Education	6%	63%	17%	15%
A job in this establishment	12%	54%	20%	14%
Vocational or skills training	17%	46%	17%	19%
Offending behaviour programmes	22%	36%	19%	22%

Q5 Do you usually have association every day?

Yes	89%
No	10%
Don't know	1%

Q6 How many times do you usually go to the gym each week?

Don't want to go	18%
None	13%
One to two times	23%
Three to five times	27%
More than five times	15%
Don't know	4%

Q7 Can you usually go outside for exercise every day?

Don't want to go	10%
Yes	57%
No	29%
Don't know	4%

Section Eleven: Keeping in touch with family and friends

Q1 Are you able to use the telephone every day, if you want to?

Yes	80%
No	19%
Don't know	1%

Q2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	45%
No	49%
Don't know	7%

Q3 How easy is it for your family and friends to visit you here?

Very easy	17%
Easy	40%
Neither	10%
Difficult	20%
Very difficult	6%
Don't know	6%

Q4 How many visits have you had, from family or friends in the last month?

I don't get visits	7%
None	15%
One	15%
Two	15%
Three	9%
More than three	36%
Don't know	3%

Q5 Do your visits usually start on time?

I don't get visits	7%
Yes	68%
No	13%
Don't know	13%

Q6 How are you and your family/friends usually treated by visits staff?

I don't get visits	7%
Very well	29%
Well	30%
Neither	13%
Badly	3%
Very badly	0%
Don't know	17%

Section Twelve: Preparation for release

Q1 When did you first meet your personal officer?

I still have not met him/her	19%
In your first week	27%
After your first week	43%
Don't remember	11%

Q2 How often do you see your personal officer?

I still have not met him/her	20%
At least once a week	51%
Less than once a week	29%

Q3 Do you feel your personal officer has helped you?

I still have not met him/her	20%
Yes	51%
No	30%

Q4 Do you have a training plan?

Not sentenced	27%
Yes	40%
No	14%
Don't know	19%

Q5 Please answer the following about training plans:

	I don't have a training plan	*Yes*	*No*	*Don't know*
Were you involved in development your training plan?	41%	27%	3%	28%
Do you understand the targets that have been set in your training plan?	41%	35%	0%	24%
Can you see your training plan when you want to?	41%	21%	4%	34%

Q6 Has your YOT worker been in touch since you arrived at this establishment?

Yes 78%
No 22%

Q7 Do you know how to get in touch with your YOT worker?

Yes 48%
No 52%

Q8 Please answer the following about your release:

	Yes	*No*	*Don't know*
Have you had a say in what will happen to you when you are released?	33%	54%	12%
Are you planning on going to school or college after release?	59%	30%	11%
Do you have a job to go to on release?	25%	61%	14%

Q9 Do you know who to contact to get help with any of the following for when you leave? (Please tick all that apply to you.)

Finding accommodation 35%
Getting into school or college 47%
Getting a job 51%
Help with money/finances 35%
Help with claiming benefits 31%
Continuing health services 26%
Opening a bank account 35%
Avoiding bad relationships 30%
I don't know who to contact 34%

Q10 Do you think you will have a problem with any of the following when you leave? (Please tick all that apply to you.)

Finding accommodation 22%
Getting into school or college 24%
Getting a job 48%
Money/finances 38%
Claiming benefits 34%
Continuing health services 12%
Opening a bank account 13%
Avoiding bad relationships 19%
I won't have any problems 39%

Q11 Is there anything you would still like help with before you are released?

Yes 30%
No 54%
Don't know 16%

Q12 What is most likely to stop you offending in the future? (Please tick all that apply to you.)

Not sentenced	27%	*Having a mentor (someone you can ask for advice)*	9%
Nothing it is up to me	15%	*Having a YOT worker or social worker that I get on with*	16%
Making new friends outside	17%	*Having children*	23%
Going back to live with my family	26%	*Having something to do that isn't crime*	43%
Getting a place of my own	24%	*This sentence*	26%
Getting a job	45%	*Getting into school/college*	27%
Having a partner (girlfriend or boyfriend)	47%	*Talking about my offending behaviour with staff*	7%
Staying off alcohol/drugs	35%	*Anything else*	4%

Q13 Do you want to stop offending?

Not sentenced	27%
Yes	68%
No	1%
Don't know	4%

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?

Not sentenced	27%
Yes	29%
No	43%

Survey responses from children and young people: HMYOI Hindley 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

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	Number of completed questionnaires returned	97	1110		97	92
SECTION 1: ABOUT YOU						
1.1	Are you 18 years of age?	10%	8%		10%	14%
1.2	Are you a foreign national?	1%	3%		1%	
1.3	Is English your first language?	97%	93%		97%	93%
1.4	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White Other category)?	10%	33%		10%	19%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	7%		7%	
1.6	Are you Muslim?	5%	9%		5%	
1.7	Do you have any children?	11%	12%		11%	10%
SECTION 2: ABOUT YOUR SENTENCE						
2.2	Are you sentenced?	74%	78%		74%	76%
2.3	Is your sentence 12 months or less?	48%	37%		48%	45%
2.4	Do you have less than six months to serve?	54%	52%		54%	52%
2.5	Have you been in this prison less than a month?	25%	22%		25%	24%
2.6	Is this the first time that you have been in a YOI, secure children's home o secure training centre?	42%	43%		42%	26%
2.7	Have you been to any other YOI during this sentence?	13%	27%		13%	24%
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?	49%	46%		49%	40%
3.2	Was the van comfortable?	13%	10%		13%	10%
3.3	Did you feel safe?	80%	77%		80%	69%
3.4	Did you travel with any adults (over 18) or anyone of a different gender?	38%	31%		38%	
3.5	Did you spend more than four hours in the van?	1%	6%		1%	6%
For those who spent two or more hours in the escort van:						
3.6	Were you offered a toilet break if you needed it?	23%	18%		23%	
3.7	Were you offered anything to eat or drink?	31%	40%		31%	
3.8	Were you treated well/very well by the escort staff?	62%	59%		62%	54%
3.9	Did someone tell you where you were going when you left court?	78%	80%		78%	
3.10	Did you receive written information about where you were going when you left court?	3%	4%		3%	
SECTION 4: YOUR FIRST FEW DAYS HERE						
4.1	Were you in reception for less than two hours?	78%	77%		78%	89%
4.2	Were you seen by a member of healthcare staff in reception?	79%	88%		79%	90%
4.3	When you were searched was this carried out in an understanding way?	83%	81%		83%	82%
4.4	Were you treated well/very well in reception?	77%	69%		77%	72%

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	Number of completed questionnaires returned	97	1110		97	92
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?	**63%**	**61%**		**63%**	
4.5b	Loss of property?	**19%**	**23%**		**19%**	
4.5c	Housing problems?	**19%**	**20%**		**19%**	
4.5d	Needing protection form other young people?	**19%**	**23%**		**19%**	
4.5e	Letting family know where you are?	**71%**	**59%**		**71%**	
4.5f	Money worries?	**18%**	**18%**		**18%**	
4.5g	Feeling low/upset/needing someone to talk to?	**42%**	**44%**		**42%**	
4.5h	Health problems?	**57%**	**54%**		**57%**	
4.5i	Getting phone numbers?	**42%**	**43%**		**42%**	
4.6	Did you have any problems when you first arrived?	**78%**	**74%**		**78%**	**68%**
When you first arrived, did you have problems with any of the following:						
4.6a	Not being able to smoke?	**56%**	**47%**		**56%**	**27%**
4.6b	Loss of property?	**9%**	**11%**		**9%**	**6%**
4.6c	Housing problems?	**11%**	**11%**		**11%**	**18%**
4.6d	Needing protection form other young people?	**5%**	**5%**		**5%**	**3%**
4.6e	Letting family know where you are?	**30%**	**19%**		**30%**	**27%**
4.6f	Money worries?	**16%**	**15%**		**16%**	**34%**
4.6g	Feeling low/upset/needing someone to talk to?	**21%**	**18%**		**21%**	**19%**
4.6h	Health problems?	**12%**	**11%**		**12%**	**13%**
4.6i	Getting phone numbers?	**26%**	**25%**		**26%**	
When you first arrived, were you given any of the following:						
4.7a	A reception pack?	**59%**	**80%**		**59%**	
4.7b	The opportunity to have a shower?	**64%**	**27%**		**64%**	
4.7c	Something to eat?	**84%**	**84%**		**84%**	
4.7d	A free phone call to friends/family?	**84%**	**83%**		**84%**	**87%**
4.7e	Information about the PIN telephone system?	**77%**	**61%**		**77%**	
4.7f	Information about feeling low/upset?	**44%**	**38%**		**44%**	
Within your first 24 hours, did you have access to the following people or services:						
4.8a	The chaplain or religious leader?	**47%**	**41%**		**47%**	**52%**
4.8b	Someone from healthcare?	**67%**	**57%**		**67%**	**52%**
4.8c	A peer mentor, Listener or The Samaritans?	**33%**	**15%**		**33%**	**16%**
4.8d	Did you have access to the prison shop/canteen?	**14%**	**16%**		**14%**	**17%**
4.9	Did you feel safe on your first night here?	**81%**	**83%**		**81%**	**78%**
For those who had an induction:						
4.10	Did you go on an induction course within your first week?	**84%**	**75%**		**84%**	**96%**
4.11	Did the induction course cover everything you needed to know about the establishment?	**65%**	**67%**		**65%**	**66%**

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	Number of completed questionnaires returned	97	1110		97	92
SECTION 5: DAILY LIFE HERE						
5.1	Can you normally have a shower everyday if you want to?	**90%**	**55%**		**90%**	**90%**
5.2	Is your cell call bell normally answered within five minutes?	**28%**	**31%**		**28%**	**28%**
5.3	Do you find the food here good/very good?		**21%**		**16%**	**18%**
5.4	Does the shop/canteen sell a wide enough variety of products?	**52%**	**39%**		**52%**	**52%**
5.5	Is it easy/very easy for you to attend religious services?	**45%**	**56%**		**45%**	**51%**
5.6a	Do you feel your religious beliefs are respected?	**40%**	**49%**		**40%**	
5.6b	Can you speak to a religious leader in private if you want to?	**62%**	**65%**		**62%**	
5.7a	Is there a member of staff you can turn to with a problem?	**78%**	**72%**		**78%**	
5.7b	Do most staff treat you with respect?	**78%**	**71%**		**78%**	**76%**
SECTION 6: HEALTHCARE						
6.1	Do you think the overall quality of the healthcare is good/very good?	**65%**	**59%**		**65%**	**52%**
6.2a	Is it easy for you to see the doctor?	**62%**	**48%**		**62%**	**42%**
6.2b	Is it easy for you to see the nurse?	**79%**	**68%**		**79%**	**75%**
6.2c	Is it easy for you to see the dentist?	**49%**	**26%**		**49%**	**26%**
6.2d	Is it easy for you to see the optician?	**42%**	**21%**		**42%**	**20%**
6.2e	Is it easy for you to see the pharmacist?	**44%**	**28%**		**44%**	
For those on medication:						
6.3	Have you had any problems getting your medication?	**33%**	**33%**		**33%**	**42%**
6.4a	Did you have any problems with alcohol when you first arrived?	**14%**	**16%**		**14%**	**13%**
6.4b	Do you have any problems with alcohol now?	**2%**	**5%**		**2%**	
6.4c	Have you received any help with any alcohol problems here?	**10%**	**17%**		**10%**	**23%**
6.5a	Did you have any problems with drugs when you first arrived?	**36%**	**27%**		**36%**	**18%**
6.5b	Do you have any problems with drugs now?	**4%**	**9%**		**4%**	
6.5c	Have you received any help with any drug problems here?	**23%**	**30%**		**23%**	**24%**
6.6	Is it easy/very easy to get illegal drugs here?	**18%**	**23%**		**18%**	
6.7	Do you feel you have any emotional or mental health problems?	**20%**	**26%**		**20%**	
If you feel you have emotional or mental health problems, are you being helped by any of the following:						
6.8a	Do not have any/not getting any help	**47%**	**35%**		**47%**	
6.8b	Doctor?	**12%**	**24%**		**12%**	
6.8c	Nurse?	**12%**	**27%**		**12%**	
6.8d	Psychiatrist/psychologist?	**36%**	**30%**		**36%**	
6.8e	Counsellor?	**24%**	**17%**		**24%**	
SECTION 7: APPLICATIONS AND COMPLAINTS						
7.1	Do you know how to make an application?	**94%**	**90%**		**94%**	
7.2	Is it easy to make an application?	**90%**	**82%**		**90%**	
For those who have made an application:						
7.3a	Do you feel applications are sorted out fairly?	**76%**	**70%**		**76%**	
7.3b	Do you feel applications are sorted out promptly (within seven days)?	**69%**	**59%**		**69%**	
7.4	Do you know how to make a complaint?	**77%**	**78%**		**77%**	**91%**
7.5	Is it easy to make a complaint?	**58%**	**74%**		**58%**	

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	Number of completed questionnaires returned	97	1110		97	92
SECTION 7: APPLICATIONS AND COMPLAINTS cont.						
For those who have made a complaint:						
7.6a	Do you feel complaints are sorted out fairly?	53%	36%		53%	41%
7.6b	Do you feel complaints are sorted out promptly (within seven days)?	67%	46%		67%	
7.6c	Have you ever been encouraged to withdraw a complaint?	37%	25%		37%	21%
Can you speak to the following people when you need to:						
7.7a	A peer mentor or Listener?	34%	39%		34%	
7.7b	A member of the IMB (Independent Monitoring Board)?	35%	34%		35%	
7.7c	An advocate (an outside person to help you)?	37%	41%		37%	29%
SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE						
8.1	Are you on the enhanced (top) level of the reward scheme?	26%	27%		26%	13%
8.2	Do you feel you have been treated fairly in your experience of the rewar scheme?	55%	57%		55%	55%
8.3	Do the different levels make you change your behaviour?	59%	60%		59%	60%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	58%	57%		58%	62%
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	87%	90%		87%	
8.6	Have you been physically restrained (C&R) since you have been here?	32%	28%		32%	30%
For those who had spent a night in the segregation/CSU:						
8.7	Did the staff treat you well/very well?	47%	40%		47%	39%
SECTION 9: SAFETY						
9.1	Have you ever felt unsafe in this prison?	31%	30%		31%	31%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	23%	24%		23%	32%
If you have felt victimised by another young person/group of young people, did the incident involve:						
9.4a	Insulting remarks?	18%	13%		18%	23%
9.4b	Physical abuse?	14%	9%		14%	13%
9.4c	Sexual abuse?	1%	1%		1%	1%
9.4d	Racial or ethnic abuse?	1%	3%		1%	8%
9.4e	Your religious beliefs?	1%	2%		1%	
9.4f	Your disability?	1%	2%		1%	
9.4g	Drugs?	2%	2%		2%	1%
9.4h	Having your canteen/property taken?	7%	4%		7%	7%
9.4i	Because you were new here?	17%	7%		17%	9%
9.4j	Being from a different part of the country than others?	10%	4%		10%	7%
9.4k	Gang related issues?	5%	6%		5%	
9.4l	Your offence/crime?	5%	3%		5%	
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	27%	19%		27%	22%
If you have felt victimised by a member of staff/group of staff members, did the incident involve:						
9.5a	Insulting remarks?	19%	11%		19%	15%
9.5b	Physical abuse?	7%	4%		7%	6%
9.5c	Sexual abuse?	1%	1%		1%	3%
9.5d	Racial or ethnic abuse?	3%	3%		3%	9%
9.5e	Your religious beliefs?	0%	1%		0%	
9.5f	Your disability?	1%	1%		1%	
9.5g	Drugs?	1%	1%		1%	1%
9.5h	Having your canteen/property taken?	1%	2%		1%	3%
9.5i	Because you were new here?	5%	3%		5%	3%
9.5j	Being from a different part of the country than others?	1%	2%		1%	5%

Key to tables

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	Any percent highlighted in blue is significantly worse than the comparator.					
	Any percent 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	**97**	**1110**		**97**	**92**
9.5k	Gang related issues?	**3%**	**2%**		**3%**	
9.5l	Your offence/crime?	**5%**	**3%**		**5%**	

Key to tables

		HMYOI Hindley 2009	Young people's comparator		HMYOI Hindley 2009	HMYOI Hindley 2006
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	Percentages which are not highlighted show there is no significant difference.					
	Number of completed questionnaires returned	97	1110		97	92
SECTION 9: SAFETY cont.						
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'	76%	61%		76%	69%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	42%	38%		42%	41%
9.11	Is shouting through the windows a problem here?	54%	39%		54%	
9.12	Have staff checked on you personally in the last week to see how you are getting on?	43%	36%		43%	
SECTION 10: ACTIVITIES						
10.1	Were you 14 or younger when you were last at school?	37%	40%		37%	41%
10.2a	Have you ever been excluded from school?	89%	88%		89%	87%
10.2b	Have you ever truanted from school?	79%	70%		79%	72%
Do you currently take part in any of the following:						
10.3a	Education?	75%	75%		75%	97%
10.3b	A job in this establishment?	41%	26%		42%	25%
10.3c	Vocational or skills training?	32%	38%		32%	57%
10.3d	Offending behaviour programmes?	13%	26%		13%	
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?	66%	75%		66%	
10.4b	A job in this establishment?	61%	66%		61%	
10.4c	Vocational or skills training?	56%	70%		56%	
10.4d	Offending behaviour programmes?	47%	61%		47%	
10.5	Do you usually have association every day?	89%	45%		89%	
10.6	Do you go to the gym more than five times each week?	15%	6%		15%	24%
10.7	Can you usually go outside for exercise every day?	58%	22%		58%	30%
SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS						
11.1	Are you able to use the telephone everyday?	80%	49%		80%	81%
11.2	Have you had any problems with sending or receiving letters or parcels?	45%	33%		45%	36%
11.3	Is it easy/very easy for your family and friends to visit you here?	57%	41%		57%	47%
11.4	Have you had two or more visits in the last month?	60%	46%		60%	60%
11.5	Do your visits start on time?	68%	45%		68%	
11.6	Are you and your visitors treated well/very well by visits staff?	60%	53%		60%	68%
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?	34%	50%		34%	49%
12.2	Do you see your personal officer at least once a week?	64%	68%		64%	
12.3	Do you feel your personal officer has helped you?	63%	60%		63%	70%
12.4	Do you have a training plan?	40%	50%		40%	
For those with a training plan:						
12.5a	Were you involved in the development of your training plan?	47%	58%		46%	
12.5b	Do you understand the targets set in your training plan?	59%	75%		59%	
12.5c	Can you see your training plan when you want to?	35%	38%		35%	44%
12.6	Has your YOT worker been in touch since you arrived here?	78%	84%		78%	
12.7	Do you know how to get in touch with your YOT worker?	48%	64%		48%	

Key to tables

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	Number of completed questionnaires returned	**97**	**1110**		**97**	**92**
SECTION 12: PREPARATION FOR RELEASE cont.						
Please answer the following about your preparation for release:						
12.8a	Have you had a say in what will happen to you when you are released?	**33%**	**43%**		**33%**	**36%**
12.8b	Are you going to school or college on release?	**59%**	**53%**		**59%**	**35%**
12.8c	Do you have a job to go to on release?	**25%**	**23%**		**25%**	**32%**
Do you know who to contact for help with the following, in preparation for your release:						
12.9a	Finding accommodation?	**35%**	**46%**		**35%**	
12.9b	Getting into school or college?	**47%**	**59%**		**47%**	
12.9c	Getting a job?	**51%**	**55%**		**51%**	
12.9d	Help with money/finances?	**35%**	**42%**		**35%**	
12.9e	Help with claiming benefits?	**31%**	**39%**		**31%**	
12.9f	Continuing health services?	**26%**	**32%**		**26%**	
12.9g	Opening a bank account?	**35%**	**42%**		**35%**	
12.9h	Avoiding bad relationships?	**30%**	**31%**		**30%**	
Do you think you will have a problem with the following, when you are released:						
12.10a	Finding accommodation?	**22%**	**24%**		**22%**	
12.10b	Getting into school or college?	**23%**	**25%**		**23%**	
12.10c	Getting a job?	**48%**	**48%**		**48%**	
12.10d	Help with money/finances?	**38%**	**33%**		**38%**	
12.10e	Help with claiming benefits?	**34%**	**24%**		**34%**	
12.10f	Continuing health services?	**12%**	**11%**		**12%**	
12.10g	Opening a bank account?	**13%**	**13%**		**13%**	
12.10h	Avoiding bad relationships?	**19%**	**19%**		**19%**	
12.11	Is there anything you would still like help with before you are released?	**30%**	**36%**		**30%**	**47%**
For those who were sentenced:						
12.13	Do you want to stop offending?	**93%**	**91%**		**93%**	**91%**
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´	**40%**	**50%**		**40%**	**54%**

Diversity comparator: Ethnicity HMYOI Hindley 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

		Black and minority ethnic young people	White young people
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	Percentages which are not highlighted show there is no significant difference.		
	Number of completed questionnaires returned	10	86
SECTION 1: ABOUT YOU			
1.2	Are you a foreign national?	0%	1%
1.3	Is English your first language?	75%	99%
1.4	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White Other category)?		
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	8%
1.6	Are you Muslim?	50%	0%
SECTION 2: ABOUT YOUR SENTENCE			
2.2	Are you sentenced?	71%	75%
2.6	Is this the first time that you have been in a YOI, secure children's home or secure training centre before?	79%	38%
SECTION 3: COURTS, TRANSFERS AND ESCORTS			
For your most recent journey, either to or from court, or between prisons, we want to know:			
3.4	Did you travel with any adults (over 18) or anyone of a different gender?	40%	36%
3.8	Were you treated well/very well by the escort staff?	71%	62%
3.9	Did someone tell you where you were going when you left court?	71%	80%
SECTION 4: YOUR FIRST FEW DAYS HERE			
4.3	When you were searched was this carried out in an understanding way?	91%	84%
4.4	Were you treated well/very well in reception?	79%	78%
When you first arrived, were you given any of the following:			
4.7a	A reception pack?	50%	60%
4.7b	The opportunity to have a shower?	79%	61%
4.7c	Something to eat?	71%	85%
4.7d	A free phone call to friends/family?	71%	85%
4.9	Did you feel safe on your first night here?	90%	82%
4.11	Did the induction course cover everything you needed to know about the establishment?	68%	66%
SECTION 5: DAILY LIFE HERE			
5.6a	Do you feel your religious beliefs are respected?	60%	38%
5.6b	Can you speak to a religious leader in private if you want to?	77%	60%
5.7a	Is there a member of staff you can turn to with a problem?	91%	78%
5.7b	Do most staff treat you with respect?	91%	77%

Key to tables

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	Percentages which are not highlighted show there is no significant difference.		
	Number of completed questionnaires returned	**10**	**86**
SECTION 6: HEALTHCARE			
6.2a	Is it easy for you to see the doctor?	**40%**	**65%**
6.2b	Is it easy for you to see the nurse?	**79%**	**79%**
6.2e	Is it easy for you to see the pharmacist?	**32%**	**46%**
6.3	Have you had any problems getting your medication?	**41%**	**31%**
6.6	Is it easy/very easy to get illegal drugs here?	**9%**	**18%**
6.7	Do you feel you have any emotional or mental health problems?	**0%**	**22%**
SECTION 7: APPLICATIONS AND COMPLAINTS			
7.2	Is it easy to make an application?	**77%**	**92%**
7.3a	Do you feel applications are sorted out fairly?	**68%**	**78%**
7.3b	Do you feel applications are sorted out promptly (within seven days)?	**55%**	**72%**
7.5	Is it easy to make a complaint?	**50%**	**60%**
7.6a	Do you feel complaints are sorted out fairly?	**77%**	**52%**
7.6b	Do you feel complaints are sorted out promptly (within seven days)?	**100%**	**65%**
SECTION 8: REWARDS & SANCTIONS, AND DISCIPLINE			
8.1	Are you on the enhanced (top) level of the reward scheme?	**40%**	**24%**
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	**40%**	**58%**
8.3	Do the different levels make you change your behaviour?	**45%**	**61%**
8.4	Have you had a 'nicking' (adjudication) since you have been here?	**40%**	**59%**
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	**82%**	**89%**
8.6	Have you been physically restrained (C&R) since you have been here?	**29%**	**33%**
8.7	Did the staff treat you well/very well?	**100%**	**39%**
SECTION 9: SAFETY			
9.1	Have you ever felt unsafe in this prison?	**9%**	**32%**
If you have felt victimised by another young person/group of young people, did the incident involve:			
9.4b	Physical abuse?	**9%**	**14%**
9.4d	Racial or ethnic abuse?	**9%**	**0%**
9.4e	Your religious beliefs?	**9%**	**0%**
9.4f	Your disability?	**9%**	**0%**
9.4k	Gang related issues?	**9%**	**4%**
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**21%**	**27%**

Key to tables

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	Number of completed questionnaires returned	10	86
If you have felt victimised by a member of staff/group of staff members, did the incident involve:			
9.5b	Physical abuse?	**0%**	**7%**
9.5d	Racial or ethnic abuse?	**9%**	**3%**
9.5e	Your religious beliefs?	**0%**	**0%**
9.5f	Your disability?	**0%**	**1%**
9.5k	Gang related issues?	**9%**	**3%**
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?	**67%**	**76%**
SECTION 10: ACTIVITIES			
Do you take part in any of the following:			
10.3a	Education?	**79%**	**75%**
10.3b	A job in this establishment?	**29%**	**43%**
10.3c	Vocational or skills training?	**21%**	**34%**
10.3d	Offending behaviour programmes?	**0%**	**14%**
10.5	Do you usually have association every day?	**100%**	**89%**
10.6	Do you go to the gym more than five times each week?	**21%**	**14%**
10.7	Can you usually go outside for exercise every day?	**60%**	**57%**
SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Are you able to use the telephone everyday?	**90%**	**80%**
11.2	Have you had any problems with sending or receiving letters or parcels?	**32%**	**45%**
11.3	Is it easy/very easy for your family and friends to visit you here?	**55%**	**58%**
SECTION 12: PREPARATION FOR RELEASE			
12.3	Do you feel helped by your personal officer?	**88%**	**61%**
12.4	Do you have a training plan?	**55%**	**39%**
12.5b	Do you understand the targets set in your training plan?	**67%**	**59%**
12.6	Has your YOT worker been in touch since you arrived here?	**60%**	**81%**
12.11	Is there anything you would still like help with before you are released?	**21%**	**30%**
12.13	Do you want to stop offending?	**85%**	**93%**
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?	**67%**	**38%**