

Report on an announced inspection of

**HMYOI Wetherby**

**The Keppel Unit**

20 – 24 April 2009

By HM Chief Inspector of Prisons

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# Contents

<b>Introduction</b>	<b>5</b>
<b>Fact page</b>	<b>7</b>
<b>Healthy prison summary</b>	<b>9</b>
<b>1 Arrival in custody</b>	
<hr/>	
Courts, escorts and transfers	19
First days in custody	20
<b>2 Environment and relationships</b>	
<hr/>	
Residential units	23
Relationships between staff and young people	25
Personal officers (residential support officers)	27
<b>3 Duty of care</b>	
<hr/>	
Safeguarding	29
Bullying	31
Self-harm and suicide	33
Child protection	35
Diversity	37
Contact with the outside world	39
Applications and complaints	41
Legal rights	43
<b>4 Health services</b>	<b>45</b>
<hr/>	
<b>5 Activities</b>	
<hr/>	
Learning and skills	55
Physical education and health promotion	59
Faith and religious activity	60
Time out of cell	61
<b>6 Good order</b>	
<hr/>	
Security and rules	63
Discipline	64
Rewards and sanctions	67

<b>7</b>	<b>Services</b>	
	Catering	69
	Canteen/shop	70
<b>8</b>	<b>Resettlement</b>	
	Resettlement	73
	Training planning and remand management	75
	Substance use	76
<b>9</b>	<b>Recommendations, housekeeping points and good practice</b>	81
	<b>Appendices</b>	
	I Inspection team	93
	II Prison population profile	94
	III Summary of juvenile questionnaires and interviews	100

# Introduction

The Keppel Unit at HMYOI Wetherby opened in October 2008 and was designed to offer a safe and supportive environment for up to 48 15-17 year old young men from Yorkshire and Humberside who could not cope in the mainstream prison system. This post-opening inspection found it to be an impressive facility, achieving a great deal with some very damaged young people with a range of complex problems. However, there remained a lack of clarity about the unit's role and its catchment area.

Despite the range of vulnerabilities and challenges posed by the young people received at Keppel, it was a fundamentally safe place. Early days were well managed, although it was disappointing and inappropriate that routine strip-searching took place on arrival. There were some procedural frailties in safeguarding and child protection arrangements, but there was little self-harming, little bullying and young people felt safe. A specially selected and committed staff group ensured a supportive environment, with appropriate boundaries and little need to resort to formal sanctions or the use of force.

The accommodation was excellent, as were relations between staff and young people. However, some important procedures, for example to ensure appropriate responses to diversity and manage complaints effectively, remained in their infancy. The chaplaincy and healthcare both provided good levels of support.

Staff ensured that Keppel Unit was a busy and purposeful place. Learning and skills were generally of a high order, although a greater focus on vocational training was required. Teaching staff had had some notable success in re-engaging disaffected young people with education, but even more investment was required in learning support to address the acute levels of need.

The unit had some good care planning arrangements to address risk and need, and appropriately structure young people's time. A range of interventions was available to address most, but not all, presenting issues. However, the unit had become a de facto national resource with a significant number of young people coming not just from outside Yorkshire and Humberside, but from as far away as Southampton. This unplanned evolution into a national role placed a strain on effective resettlement and limited the much needed involvement of some young people's families.

The Keppel Unit is among the most impressive custodial facilities to have opened in recent years. In a very short time, a committed group of staff have established a safe, supportive and purposeful unit in which the risks and needs posed by some very damaged and complex young people are effectively addressed. However, after only a few months in existence, the unit is already a victim of its own success, with referrals coming from across the country rather than merely from its original northern catchment area. This strategic drift is unhelpful and inhibits resettlement and family ties. The Youth Justice Board and the Prison Service need to clarify the unit's role and, perhaps, replicate it in the south of the country, to help meet the evident need and to ensure that this much needed resource can fulfil its immense potential.

Anne Owers  
HM Chief Inspector of Prisons

July 2009



# Fact page

**Task of the establishment**

Male juvenile

**Area organisation**

Yorkshire and Humberside

**Number held**

48

**Certified normal accommodation**

48

**Operational capacity**

48

**Last inspection**

N/A

**Brief history**

Following research and publication of a report, the Youth Justice Board recommended and agreed the development of a high dependency unit, identifying Wetherby as the site. The Keppel Unit was developed to provide specialist accommodation for 15-17 year old young men who, for a variety of reasons, are not engaging with the standard regime in a YOI. As the unit has developed there have been some incremental changes and it is now known as an enhanced support unit. The unit opened on 6 October 2008 and operates separately from the main prison in an adjacent building.

**Description of residential units**

Four self-contained spurs, each with 12 single occupancy cells.





# Healthy prison summary

## Introduction

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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:

<b>Safety</b>	prisoners, even the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	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.

HP3 The Keppel Unit had been set up within the grounds of Wetherby YOI as a high dependency unit for 48 young people and had opened on 6 October 2008. As the unit has developed there have been some incremental changes and it is now known as an enhanced support unit. A key feature was the separation of the unit from the main prison, both in terms of build and operation, with a discrete staff group. The original aim was 'to provide a specialist service to 15-17 year old men who are not coping, or are not likely to cope, on normal location within young offender institutions'. There

was an agreed process of referral to the unit which operated efficiently and few young people had been transferred out of the unit because the placement had failed.

- HP4 The catchment area was to include Yorkshire and Humberside, the North East, North West and the West Midlands. There was a proviso that young men from outside the catchment area would be considered in 'exceptional circumstances'. At the time of the inspection, only 14 of the 44 young people came from home addresses within 50 miles of the prison. Nine were over a hundred miles from their home area. The establishment reported that they had adopted a flexible approach to accepting referrals for young men from the south of the country which had effectively turned a regional resource into a national resource. As a consequence, there was a loss of some direction and focus, particularly in the important area of resettlement, and this needed to be urgently addressed by the commissioners of the service, the YJB, and the establishment.

## Safety

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- HP5 Staff received good information about new arrivals in advance and used it well. New arrivals were greeted reassuringly by staff, but then inappropriately routinely strip-searched. All immediate needs were quickly dealt with and first night procedures and induction offered good individual attention. Safeguarding and child protection lacked input from local children's social care services. Levels of self-harm and bullying were relatively low. Young people responded well to clear rules and boundaries set by staff. The use of adjudications and use of force were also relatively low. Few young people spent time in the separation and care unit. Keppel Unit was performing well against this healthy prison test.
- HP6 Young people were told about the unit in advance and were generally positive about their journeys to the unit. The practice of routinely handcuffing young people during a taxi journey with unit staff without risk assessment was inappropriate.
- HP7 Late arrivals were rare. Unit staff met new arrivals in the main reception and accompanied them during reception procedures, providing information and reassurance. Reception procedures were efficient, but all new arrivals were routinely strip-searched which was inappropriate, particularly for those who had been strip-searched before leaving the transferring establishment. There was usually some advance notice and new arrivals generally came with the correct documentation. Unit staff used this well to carry out initial assessments. Young people requiring detoxification were not considered suitable for the unit. The mandatory drug testing (MDT) positive rate was very low, with four out of the last six months recording zero.
- HP8 Young people spent their first night on the unit following a good deal of individual attention. Initial vulnerability assessments were completed thoroughly and followed up with more detailed 'stay safe assessments'. Young people were able to shower in their en suite cells and make a telephone call. Night staff were well briefed and attentive to new arrivals and those we spoke to said they had felt safe on their first night. Induction commenced the next day and followed the same individual format, including input from specialist departments.
- HP9 The establishment -wide safeguarding children strategy committee did not pay sufficient attention to the range of safeguarding issues relevant to the unit. Data

collection and analysis in all safeguarding areas were limited. Despite an initial meeting with Leeds Children and Young People's Social Care (LCYPSC), there was no ongoing involvement in the development of the unit and similarly there had been no contact with Leeds Safeguarding Children Board (LSCB) to ensure sufficient independent oversight of the unit's particular safeguarding issues. The unit safeguarding meetings were more useful. The unit operated a system of individual care planning which worked very well, although the in-house social worker was not part of the process. All unit staff were appropriately trained in safeguarding areas and had Criminal Records Bureau clearance.

- HP10 There was a behaviour management policy which described how bullying and violent behaviour would be dealt with and staff were quick to respond to any inappropriate behaviour. Young people expressed confidence in reporting victimisation to staff and the majority reported that they generally felt safe on the unit. Investigations into allegations of victimisation were thorough and staff supervision and monitoring was good. Verbal abuse was the biggest concern, particularly from young people in adjoining units while those on Keppel Unit used the grounds. Formal anti-bullying procedures were rarely instigated and the behaviour of bullies and the needs of victims were generally dealt with through the individual care planning system.
- HP11 There was a limited and decreasing amount of self-harm and most incidents related to superficial scratching. Staff demonstrated an acute awareness of the risks of self-harm relevant to the population. The quality of assessment, care in custody and teamwork (ACCT) documentation was variable. Initial assessments and records of staff observations were thorough, but care maps were generally inadequate and did not reflect the high level of care and attention that the young people were receiving, which was evident in the separate care plans. Reviews were timely and multidisciplinary.
- HP12 There was a lack of oversight of child protection by the local children's services child protection agency. There was no longer a separate child protection committee to oversee the progress of child protection referrals or monitor procedures, neither was this being adequately addressed by the safeguarding children strategy committee who had recently assumed this role.
- HP13 The management of security information was good. Some strip-searches required a governor's authorisation, but routine strip-searching remained part of certain procedures. Young people understood the rules and thought they were generally fair but not always applied in the same way to all. Staff understood this perception and said they interpreted the application of rules to suit the individual, resulting in some variation. Staff dealt with inappropriate behaviour well, demonstrating an appropriate level of tolerance of normal adolescent behaviour. Dynamic security was very good.
- HP14 Staff sought to deal with poor behaviour or minor infringement of the rules with the least serious disciplinary option. Direct incident reports (DIRs) provided the option of imposing immediate short-term sanctions, which was appropriate and effective, but the subsequent doubling of a punishment if a young person disputed the issue was unfair. Adjudications were conducted on the unit and punishments appeared proportionate. The role of the advocacy service in the adjudication process was underdeveloped.
- HP15 Robust quality assurance ensured that use of force documentation was completed to a high standard. Monitoring and analysis of use of force data were limited and the

establishment-wide safeguarding children committee consequently had limited oversight. There had been an average of two incidents of use of force each week which had decreased recently. No serious injuries had been sustained during restraint and only a few minor ones. Almost half the incidents of restraint followed the young person's refusal to go where they were instructed. Young people were debriefed well following restraint. Four cells on the unit were used to allow the young person to calm down. We observed this facility being used to good effect, but the process lacked governance. Only two young people had ever been removed to the separation and care unit. During the period of their removal, staff had maintained frequent contact with them and their individual care planning reviews had continued.

## Respect

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HP16 The living environment provided a high standard of accommodation. Relationships between staff and young people were very good and young people felt supported by residential support officers. The standard of responses to complaints needed improvement. Rewards and sanctions were managed effectively. The diverse needs of the population had not been sufficiently defined to develop services. Chaplains supported young people very well. Healthcare provision met the needs of the young people and mental health provision was particularly impressive. The unit was performing well against this healthy prison test.

HP17 The residential unit was spacious, clean and well designed and young people were managed in small groups with a suitable staffing ratio. Facilities were good, including comfortable, well equipped cells and communal areas. The grounds were pleasant and included a fishing lake which staff and young people had landscaped. It was being used well by staff to work with young people in a less formal setting. The weekly best spur competition motivated young people to keep their spur and cells clean. Laundry facilities and hygiene products were plentiful and young people could use their en suite shower at various times each day. There was a monthly young people's consultative committee which covered suitable issues, including safety concerns. Responses to cell bells were monitored and young people understood not to use them inappropriately. The offensive display policy was rigorously enforced.

HP18 Most young people reported that they were very happy with the way staff treated them. We observed staff interacting well with young people in many situations. Staff knew the young people on their spur well and were patient in their dealings with young people who were angry or distressed. Staff from all disciplines contributed to wing files and comments were detailed and balanced and monitored regularly by managers. Twice daily full staff briefings encouraged good information sharing and supported the model of multidisciplinary care planning.

HP19 All unit staff had been selected through a recruitment exercise which tested applicants for their suitability to work with vulnerable and challenging young people. All officers working on the spurs were designated residential support officers (RSOs). They had been trained for their role which was clearly defined in a policy. Young people said they had been introduced to their RSO very soon after they arrived on the unit and found them helpful. RSOs and young people met at least once a week and RSOs either attended or made a written contribution to the young person's fortnightly care planning meeting. RSOs received peer support from an experienced mentor and regular clinical and managerial support.

- HP20 The rewards and recognition scheme was integral to the care planning process. Reviews were frequent and multidisciplinary and young people were able to play a full part in the process. Incentives within the scheme were innovative and motivational. Behavioural targets were not always sufficiently specific, but staff helped young people to understand how to progress and interim rewards were given for improved behaviour. Young people on the basic level were not excessively punished and few stayed at that level for long.
- HP21 The majority of young people knew how to make applications and complaints. They complained that all applications had to be in writing, but generally thought they were sorted out fairly and promptly. They were less complimentary about how complaints were dealt with. Responses to the complaints that we examined were timely, but the quality was poor. The unit manager had only recently begun to monitor responses and there was no analysis to identify patterns or trends. Informal resolution of complaints was encouraged through RSOs and young people consultation meetings.
- HP22 There had been no diversity needs assessment of the unit population. No unit-specific data were collected to ensure equality of access to services within the unit, nor was there any monitoring by the YJB to ensure equality of access to the unit. A member of unit staff attended the race equality action team (REAT)/diversity committee meetings and there was also a young person representative, but the meetings did not focus on diversity issues specific to the unit and there was no unit forum for discussion of diversity. The young people consultation meetings were used well to address diversity issues raised by young people. Black and minority ethnic young people formed a small minority in the unit. They spoke of feeling isolated and having suffered racism from other young people. Investigations into racist complaints were thorough and staff acted swiftly to challenge racist behaviour, but there were no longer-term interventions. There had been no foreign nationals on the unit, although there was an establishment -wide foreign nationals policy.
- HP23 The chaplaincy team were an integral part of the unit staff team and valued by staff and young people. They spent a good deal of time on the unit and provided excellent pastoral support to individual young people and attended relevant meetings regarding their care. All faiths were catered for and young people were encouraged to practise their faith. They attended services with the mainstream population when services were in relatively small groups, but they had their own service for the larger Christian services. The Sunday service coincided with the weekly best spur competition, requiring young people to make a difficult choice.
- HP24 The serveries were clean and tidy and meals were prepared and served with effective staff supervision. All meals were eaten with staff in a pleasant communal area in a convivial atmosphere. In our survey, just under a third thought the food was good or very good. Consultation arrangements were good and food was a standing agenda item at REAT meetings. Complaints were discussed at young people consultative meetings and were addressed. A dietician had been consulted and changes had been made to the menu following this and young people's comments. Young people would generally have preferred the option of a hot meal at lunchtime and some complained that they were not given enough food to satisfy their hunger.
- HP25 Young people had weekly access to the canteen and were given an advance until they could place their first order. Staff checked on young people who did not place an order in case they had problems. Young people were consulted regularly about the

canteen. Many said that the choice of items was not wide enough which was a particular problem for black and minority ethnic young people.

HP26 The healthcare service was shared with the main site and well supported by Leeds Primary Care Trust. The healthcare department had undergone extensive redecoration and was bright and welcoming. In contrast, the environment for inpatients was poor. Young people from the Keppel Unit did not mix with the mainstream population when attending appointments in the healthcare department. GP clinics were held on the unit, but there were too many failed appointments for no valid reason. There was a wide range of clinics and specialist nursing advice. The skill mix of the nurses was very good and included general and sick children's nurses and mental health and learning disability nurses. Nurses visited the unit throughout the day to administer medications and there was dedicated nursing cover at night, but none during the day. Secondary mental health services were excellent and offered a very wide range of specialist provision, including speech and language therapists and art and drama psychotherapists. There were no lengthy waiting lists, but the list for the optician was growing. Pharmacy services were generally sound, but policies and protocols needed further development. Access to hospital appointments in the community was good.

## Purposeful activity

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HP27 Young people spent most of their day unlocked and purposefully occupied. Previously disaffected young people were supported back into education and they acquired useful skills which improved their confidence. The curriculum was varied and balanced, but opportunities for vocational training were limited. The quality of teaching and learning was good and well coordinated with other activities and young people behaved well. The learning support team was effective, but the resource was inadequate to meet the range of needs. Access to the library was limited, but it was well used. PE provision was good. The unit was performing well against this healthy prison test.

HP28 Young people were engaged in purposeful activity for most of the day. The daily routine was clearly displayed on all spurs and strictly adhered to. Young people were not locked up unnecessarily and were encouraged to engage in out-of-cell activities, both formal and informal. Staff encouraged young people to spend as much time as possible in the open air and made good use of the grounds for informal discussions as well as more formal activities such as gardening and fishing. Movements to activities were well organised and punctual and cancellation of activities was rare.

HP29 The majority of young people had additional learning needs and some had severe and complex difficulties. Initial assessments and induction were thorough and emphasis was correctly placed on young people's social and personal life skills so that they developed confidence and were better equipped to undertake more academic study. Many made considerable progress in this respect. Attendance in education was fairly low at 78%, but there were inevitable disruptions to individual timetables because young people also had a range of specialist appointments in relation to their complex needs.

HP30 Suitably qualified and experienced teaching staff had been recruited. The quality of teaching was good overall and outstanding in some areas. The curriculum was varied

and balanced and included core subjects such as literacy and numeracy and communications technology, as well as art, life skills and PE. Access to vocational programmes was limited to hospitality and catering, horticulture and fishing. There were few opportunities to achieve accreditations and insufficient opportunities for more able young people to achieve their full potential. Behaviour in class was generally extremely good and few young people were excluded, but those who were not stretched sometimes did not behave well. Learning support was effective, but limited resources for one-to-one support hindered individual progress.

- HP31 There was good access to information, advice and guidance, but links with the local Connexions partnership were weak.
- HP32 The library was well organised and provided a relaxed atmosphere. It was well used by the young people, but their access was limited.
- HP33 The PE programme was varied and well delivered, but there were no accredited courses. Facilities on the main site used by young people on the unit were good and there was also a small fitness room on the unit. A small hard court area in the grounds of the unit was used for ball games. The PE department worked well with unit staff to offer a range of sports and games during association. They also collaborated well with other departments, such as education, psychology and the young people's substance misuse service, to deliver joint courses on life skills, healthy living and nutrition.

## Resettlement

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- HP34 The role and function of the unit did not follow the original specification and lacked clarity. Consequently, the strategic management of resettlement was not well developed. Day-to-day planning for individual young people was well managed through the care planning process combined with training planning reviews. More needed to be done to encourage and facilitate family contact through visits. Psychology support was good and a range of programmes was available, but not all young sex offenders were receiving specialist interventions. The young people's substance misuse service (YPSMS) offered a suitable service. The unit was performing reasonably well against this healthy prison test.
- HP35 The unit was no longer operating to the initial specification to provide a service for a local population. Incremental changes had resulted in the unit accepting young people from across the country, effectively changing its role and function, but this had not been reflected in any policy document. There had been no resettlement needs analysis for the young people, who had been referred for a variety of reasons with a wide range of complex reintegration needs. There was a reintegration/exit policy which was little more than a position statement. Overall the strategic management of resettlement was in a state of flux.
- HP36 The reintegration needs of the young people fell into three categories: reintegration to the main site; reintegration to another establishment; and discharge into the community. Those who transferred to the main site continued to receive support from unit staff, while the majority who were transferred to other establishments or released into the community did not.

- HP37 Day-to-day planning for individual young people was well managed through the individual care planning process combined with training planning reviews. Caseworkers played a central role, supporting young people well and liaising effectively with community youth offending teams. Training planning reviews were conducted well, but target setting was weak and there was insufficient attention to producing individual reintegration plans to ensure sustainable support for young people on release.
- HP38 A range of offending behaviour courses were delivered jointly by officers and the psychology department to approximately two-thirds of the young people. The psychology department also provided one-to-one sessions to about a third of the population. Ten young people had been convicted of a sexual offence, but only six were receiving specialist interventions. Public protection was managed efficiently and young people serving indeterminate sentences were well supported by trained lifer officers. There was no pre-release course, but some use of release on temporary licence. There was a lack of specialist advice on housing and money management, although arrangements for ongoing healthcare on release were good.
- HP39 Young people could make telephone calls freely while they were unlocked during the day and arrangements for incoming and outgoing mail were efficient. Visits entitlements were inadequate. The visits hall was comfortable and reasonably well equipped, but young people from the unit were inhibited from taking visits because they feared being stigmatised by young people from the main site. There were indications in our survey, the unit exit survey and young people consultative meetings that the majority of young people did not receive many visits. Less than a third of young people lived within a 50 mile radius. There was no family liaison officer and insufficient efforts had been made to encourage and facilitate family contact through visits.
- HP40 Appropriate services were offered to young people who had a higher level of need for substance use services than the mainstream population, with two dedicated full-time drug workers on the unit. New arrivals were properly screened for services and all young people were on the caseload of the YPSMS. YPSMS workers were well integrated with the work of the unit and contributed to the multidisciplinary approach to individual care planning for young people. A range of interventions were being delivered. Pre-release planning was thorough and support was offered to families. No illicit drugs or hooch had been found on the unit in the six months of operation, although a small quantity of tobacco had been found.

## Main recommendations

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- HP41 **The YJB should review the needs of vulnerable young people across the juvenile estate and develop a national strategy to ensure appropriate provision, making clear Keppel Unit's role within this strategy.**
- HP42 **In liaison with the YJB, managers should set out a clear, strategic vision of Keppel Unit's role and function and ensure that all policies and referral criteria accord with this vision.**
- HP43 **Measures should be taken to prevent verbal abuse from the adjacent mainstream unit towards young people using the fishing lake.**



- HP44 An action plan should be developed to identify and address problems which prevent families, carers or friends from visiting young people and to generally promote better family links.
- HP45 A resettlement strategy should be produced setting out a clear vision of the purpose of the unit and how its goals are to be achieved.
- HP46 Pre-release training planning meetings should produce comprehensive reintegration plans with responsibilities clearly assigned to ensure that a suitable level of sustainable support on release is agreed.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

Children and young people travel in safe, decent conditions to and from court and between different establishments. During movement the individual needs of young people are recognised and given proper attention.

- 1.1 Decisions about admissions to the Keppel Unit were taken jointly by the Youth Justice Board (YJB) placement team and Keppel Unit staff and the referral process was efficient. Few placements failed. Young people were generally positive about their journeys to the unit and had been told about the unit before they arrived. The routine use of handcuffs on journeys when young people were transported by taxi with unit staff was unnecessary.
- 1.2 Referrals to the unit were made by youth offending team (YOT) workers or staff from other establishments who were required to submit a background report to the YJB placements team who processed the referral. Each case was then screened by a panel of managers and unit staff and the final decision about admission was agreed with the YJB. Since the unit had opened in October 2008, approximately 140 young people had been considered and about 70 had been admitted. Most of the young people on the unit at the time of the inspection had transferred from other establishments, while a small number had come direct from court. Only two placements had lasted less than two weeks, suggesting that the placement decisions had been appropriate.
- 1.3 Although young people were not supplied with any written information about the unit in advance of their arrival, all the young people we spoke to appeared to have had a reasonable understanding of the unit before they left court or their previous establishment.
- 1.4 Young people were transported from court in cellular vehicles. Young people who had transferred from another establishment were transported in a taxi accompanied by officers from the unit who went to collect them. During the journey, staff took the opportunity to explain how the unit operated. Young people were routinely required to wear handcuffs during the taxi journey without an assessment of the risk they posed, which was inappropriate. We received no adverse reports from young people about the length of time spent in the taxis or vans, the condition of the vehicles or the way they were treated by staff. Indeed, the young people we spoke to were mostly positive about their experience.
- 1.5 There were video conference facilities on the main site at Wetherby which were available to young people on the unit and had been used on a few occasions.
- 1.6 Young people were able to wear their own clothes to court. Handcuffs were not used in movements to and from court.

### Recommendation

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- 1.7 Young people should not be routinely handcuffed when being transported to the unit in a taxi with unit staff, unless a comprehensive risk assessment indicates that it is necessary.

## First days in custody

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### Expected outcomes:

Children and young people feel safe on their reception into the establishment and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During induction into the establishment young people are made aware of establishment routines, how to access available services and given help to cope with being in custody.

1.8 The procedures for admitting and settling new arrivals on to the unit were efficient and personalised and young people spoke positively of the experience. The practice of routine strip-searching was inappropriate, and out of keeping with the model of individual care which underpinned the ethos of the unit. First night procedures were thorough, but there was no peer support. Night staff were well briefed. The induction process was personalised and thorough and was completed quickly so that there were no delays in young people starting the unit programme.

### Reception

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- 1.9 Apart from the small number of young people coming direct from court, admissions were planned and staff usually received reasonable notice of new arrivals. There were very few late admissions and missing information was not a problem. E-ASSET (YJB electronic assessment documentation completed by YOTs) had recently been introduced to the establishment and relevant background information was received from youth offending teams in advance electronically. Staff working in the reception area of the unit had welcomed the new technology and told us they found it useful. In addition to the electronic data, escort staff provided hard copies of the relevant documents. We observed unit staff meticulously going through the documentation and using it to help them inform their initial assessments.
- 1.10 All young people were admitted to the unit through the main reception area, where they were met by a member of staff from the unit. They were fast tracked through the initial part of the reception process, accompanied by the member of staff from the unit throughout. The warrant was checked and property logged. New arrivals were seen by a nurse on the unit, who completed an initial health assessment.
- 1.11 All young people destined for the Keppel Unit were strip-searched on admission despite the fact that many had already been strip-searched before leaving the sending establishment. We were informed that no illicit items had yet been discovered on young people being admitted to the unit.
- 1.12 There was no peer or 'meet and greet' support scheme to assist new arrivals and there was little useful information on display in the reception area. These deficits were mitigated by the fact that a member of staff accompanying each young person talked them through the process. Young people generally remained in the main reception area for no longer than 30 minutes before moving on to the unit.

## **First night**

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- 1.13 As soon as they were brought over to the unit, young people were given a brief tour and shown their cell. All the cells in the unit had been designed for single occupancy and were comfortable and well equipped (see section on accommodation and facilities). The cells for newly admitted young people were clean and well prepared. Each of the cells had en suite facilities and young people arriving on the unit could take a shower whenever they wanted to.
- 1.14 New arrivals were offered a free telephone call when they arrived on the unit and £4 telephone credit if they did not have any cash of their own. They were offered food and drink and were provided with a pack containing toiletries, sweets and stationery. Four staff on the unit carried out first night duties. They had all received relevant training, were aware of their responsibilities and those we spoke to were confident in their role. Young people we spoke to were positive about the way they were treated on arrival on the unit and said they felt quite safe.
- 1.15 First night staff interviewed new arrivals privately to pass on essential first night information and complete an initial vulnerability assessment (T1V form) and the cell share risk assessments. This process was not rushed and staff told us that it could often take up to an hour to complete. Staff referred to all the available background information while completing these documents and the standard of the assessments we examined was reasonable. The information contained in the T1V forms was used to inform more detailed 'stay safe' assessments which were completed by caseworkers within the first 48 hours (see also safeguarding section). Hourly monitoring checks were carried out during the first night on all young people. We received a complaint from one young person who found this intrusive, but we were satisfied that staff adopted a proportionate approach towards these checks.
- 1.16 Night staff also worked day shifts and therefore knew the young people well. During our night visit we were impressed at the thorough and courteous way in which night staff introduced themselves to new arrivals. The twice daily staff briefings were an effective way of sharing information about newly admitted young people. The handover meeting from day staff to night staff that we observed was extremely thorough and night staff were fully conversant with the circumstances of the young people who were on open assessment, care in custody and teamwork (ACCT) documents. All night staff carried ligature shears.

## **Induction**

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- 1.17 Seventy-three per cent of young people responding to our survey said that they began the induction process within their first week, which was significantly better than the comparator of 52%. The same number also said the course covered everything they needed to know about the unit.
- 1.18 The induction programme started on the first working day after a young person arrived. It was scheduled to take five days, but was normally completed within three days, paced according to the young person's needs. There was no delay in young people starting their education placement, usually after two or three days.
- 1.19 Most of the programme was delivered on a one-to-one basis by an induction officer, with additional input from specialist departments. Each young person was issued with a book containing information on all aspects of the unit, with a summary in more graphic layout. These were used as a tool for discussion.

## Recommendations

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- 1.20 There should be age-appropriate and easy to read posters or displays in waiting areas in reception providing useful and reassuring information.
- 1.21 Trained peer supporters, properly managed and supported by staff, should be available to meet and greet new arrivals in reception and on their first night in custody.

# Section 2: Environment and relationships

## Residential units

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Expected outcomes:

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

2.1 The living environment provided a good standard of accommodation, was well maintained with good staffing levels and provided a safe and suitable environment for young people. Cells were spacious and well designed with en suite showers, giving young people a private and personal space in which they could feel comfortable. There were sufficient telephones and good laundry facilities. The weekly best spur competition was an excellent initiative which encouraged young people to maintain good standards of cleanliness. Monthly consultation meetings were held with unit representatives, but more needed to be done to obtain the views of all young people. There was a good deal of information on display which was accessible to all but the poorest readers. The external environment was also maintained to a high standard and provided young people with opportunities to help landscape the unit grounds and enjoy their time in the open air in a pleasant environment.

### **Accommodation and facilities**

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2.2 The Keppel Unit had an operational capacity of 48. The unit was divided into four spurs for groups of 12 young people, with four separate communal areas. Staffing levels were good, with no less than two officers on each spur at any one time. At the time of the inspection, there were 11 young people in each residential group. While the young people mixed together in scheduled activities off the unit, they lived separately in their small groups, allowing them to get to know each other and the staff well. Occasionally, young people changed location to a different spur, if it was in their best interest to do so.

2.3 Each spur was identical in layout and offered the young people a high standard of accommodation, which provided a safe and respectful environment. The findings from our safety and relationships survey undertaken during the inspection showed that only one young person out of the 15 interviewed felt that the layout and structure of the unit contributed towards any unsafe feelings he had experienced.

2.4 The communal areas directly adjacent to the young people's cells were spacious and well designed, with windows without bars directly overlooking the unit grounds, allowing good natural light into the building. Each spur had one telephone with privacy hoods, which was suitably placed so that calls could be made confidentially. These well equipped areas were kept clean and tidy and were used as association rooms and dining areas. They contained comfortable seating in carpeted spaces and dining furniture in designated dining areas. Large television screens were used for the electronic games available during association. There was also a good supply of board and card games. Each spur had adequate office space so that staff could speak to young people in private if they wished to.

2.5 There were no double cells. All the cells were newly decorated, undamaged, clean and well cared for by the young people. Cells, which were designed to ensure that there were no ligature points, were spacious and light, well equipped with non-breakable furniture and an en

suite shower and toilet. Drinking water was available in the cells. Each cell was equipped with curtains, a television, kettle and a personal display board. The unit's offensive display policy was known by young people and rigorously monitored and enforced by staff. We were told that there had been problems with the cell heating in November 2008, when they had been very cold, and the young people had been given additional blankets. However, this problem had been quickly rectified and young people reported that the temperature of the rooms was now comfortable, although it had yet to be tested by a period of hot weather.

- 2.6 There was a weekly unit best spur competition, which the majority of young people enjoyed and found motivating. Significant effort was made by staff and young people to prepare the spurs for the competition and it was proving an excellent way of getting young people to take a pride in their environment.
- 2.7 We observed the in-cell emergency bells being rung on three occasions during the inspection and all were responded to quickly, including by night staff. Response to cell bells was monitored by staff on duty in the unit's central office. Young people understood that cell bells were only to be used in an emergency and adhered to this rule.
- 2.8 Posters and notices were displayed around the communal area walls covering the daily routines and information that young people needed to know about their life on the unit. The information was set out clearly and in a format accessible to young people with basic literacy skills. While young people said that staff would read information to them if asked, young people who could not read were not provided with information in an audio format. All information was in English, but staff were aware that translations could be undertaken if required, although there had been no need since the opening of the unit.
- 2.9 There was a monthly young people consultative committee. The meetings were attended by the head of unit, a residential support officer, a member of staff from the advocacy service and two young people representatives from each spur who were issued with an identifiable T-shirt. Representatives were not elected, but put themselves forward for the task. There was no job description for the role and no formal support for the representatives. They did not routinely consult their peers before meetings and there were no other meetings to ensure that all young people had the opportunity to put their views forward. The meeting had a set agenda which included safety issues and time was also allocated for general discussion. The meeting notes were circulated on the unit. The representatives we interviewed said they found the meetings useful and enjoyable and the notes showed that a number of the issues raised by the young people were satisfactorily dealt with by the time of the next meeting (see section on applications and complaints).
- 2.10 The unit was separated from the rest of the establishment by a security fence and situated in its own spacious grounds. The garden area immediately adjacent to the unit was attractive and well kept and had been cultivated by young people and staff members, led by a designated residential support officer who was responsible for overseeing the development of the unit's external environment. The wider garden area was being developed and young people were clearly benefiting and enjoying the task of soil preparation and planting. We observed a number of young people working with staff in the grounds during the day.
- 2.11 There was a fishing lake in the grounds, which staff and young people had jointly landscaped. This was an excellent resource, used by young people as an educational activity during the day and a recreational pursuit during evening association. We observed its calming effect on young people and examples of its benefit in promoting positive interactions between staff and young people as they sat quietly together (see also relationships between staff and young people and bullying sections).



## Hygiene

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- 2.12 Young people said that in-cell showers worked well and were always hot enough. Staff said they closely monitored young people's personal hygiene and had on occasions needed to encourage some young people to shower. Personal hygiene products were freely available, although we were advised by the diversity representative on the unit that the range of products available to young people from black and minority ethnic groups was not wide enough (see section on canteen/shop).

## Clothing and possessions

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- 2.13 Young people were able to wear their own socks and underwear, but other clothing was all prison issue which was in good condition and available in a range of sizes. All clothes were laundered each week, and the system ensured that personal items were returned to their owners. Young people were provided with warm jackets to wear during cold weather.
- 2.14 Clean bedding was provided weekly. Young people on enhanced regime were given duvets as an incentive, while others had an adequate supply of good quality sheets and blankets. The mattresses we examined were in good condition and young people reported that they were clean and in a good state of repair when they arrived on the unit. Staff were aware of young people who might soil their bedding and there was an efficient and discreet system of replacement, including mattresses.

## Recommendations

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- 2.15 Information on the day-to-day running of the unit should be available in multiple formats, appropriate for all young people whenever they wish to use it.
- 2.16 All young people should have the opportunity to contribute their views, for example through questionnaires and whole unit or spur meetings.

## Housekeeping points

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- 2.17 Young people should be elected as representatives to the trainee consultative committee.
- 2.18 Representatives on the young people consultative committee should have a job description and be supported by an advocate in carrying out their duties.

## Relationships between staff and young people

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### Expected outcomes:

Children and young people are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Staff listen, give time and are genuine in their approach. Healthy establishments demonstrate a well-ordered environment in which the requirements of security, control and welfare are balanced and in which all children and young people are treated fairly and kept safe from harm.

2.19 With very few exceptions, young people reported that they were very happy with the way staff treated them. We observed a number of positive staff interactions and age-appropriate interventions with young people who were having a particularly difficult time. Wing files were accessible to all staff and completed to a high standard. Twice daily staff briefings ensured effective sharing of information about young people. Dining out at all meals and staff engagement during meal times and association was advantageous to the development of a positive culture on the spurs. The fishing lake was an excellent resource which promoted positive relationships between staff and young people.

2.20 Many young people on the unit cited the positive treatment they received from staff as the primary reason for preferring Keppel to their previous establishment. They said that staff appeared interested in them and there was always someone available to speak to. We conducted a safety and relationships survey with 15 young people on the unit during the inspection and all interviewees said that they had a member of staff they could turn to if they had a problem. Nine of the 15 said they had many members of staff they could turn to.

2.21 In our pre-inspection survey, 92% of young people said that most staff treated them with respect, which was significantly better than the national comparator of 71% and the comparator of 66% on the main Wetherby site. Seventy-four per cent said that staff had personally checked in the last week to see how they were getting on, which was significantly better than the national and main site comparators, each of 36%. Staff always addressed young people by their first name. It was apparent that members of staff knew the young people on their spur well and were familiar with their particular circumstances. Staff took collective responsibility for the care of all young people on their spur and this collaborative approach was supported by a formal structure of information sharing, using wing files and two full staff briefings before the morning and afternoon sessions.

2.22 Wing files were in good order and contained all essential information about the young person, often with more than one daily entry. History sheets gave a vivid picture of a young person's life on the unit, containing balanced comments on positive and negative behaviour, detailed interactions between staff and young people and actions that staff needed to take. Managers regularly monitored the entries and made additional comments. The files were used by a wide range of staff, including education and the chaplaincy.

2.23 The current needs of individual young people were discussed at full staff briefings, which facilitated the unit's multidisciplinary approach to care planning. Managers suitably appraised the work of staff during the meetings.

2.24 Young people ate all their meals in the communal areas and were always joined by staff at the tables. These more informal interactions between staff and young people enabled meals to be eaten in a relaxed atmosphere, avoiding the likelihood of tensions emerging between young people.

2.25 We observed staff using a number of different ways of helping young people in their interactions with them and other young people. There was relaxed engagement while playing board games or table football and in conversation during association and breaks in the education programme. The fishing lake also offered excellent opportunities for enhancing good relationships and we observed young people being helped to manage their impulsiveness and impatience and to support each other effectively in the task.

2.26 Staff managed young people who were particularly agitated or traumatised well. We observed one young person, who might ordinarily have been confined to his cell as a punishment,

encouraged to walk about the grounds and talk to a member of staff. Wing files and comments from young people confirmed that this approach was commonplace in the unit.

- 2.27 In our safety and relationships interviews, interviewees 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 1.5.

## Good practice

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- 2.28 *The twice daily full staff briefings contributed significantly to the successful multidisciplinary approach to work with the young people.*
- 2.29 *The fishing lake offered excellent opportunities for staff to work with young people in an informal setting and we observed young people being helped to manage their impulsiveness and impatience.*

## Personal officers (residential support officers)

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### Expected outcomes:

Personal officers are the central point of contact for children and young people, providing frequent purposeful contact within the establishment, and proactively establishing and maintaining links with external agencies (especially youth offending teams) and friends, families or carers.

- 2.30 Young people were well supported by the residential support officer (RSO) scheme which operated very efficiently. Young people found RSOs approachable and helpful. RSOs took collective responsibility for the welfare needs of young people on each spur and attended relevant meetings about the care of young people and made useful contributions to wing records. RSOs had been trained to carry out their role, which was set out in a clear policy. In addition, they received regular clinical and managerial support and peer support from an experienced mentor.
- 2.31 All officers working on the spurs were designated RSOs. There was a clear policy describing the role and responsibilities of RSOs, who were viewed as key contributors to the individual care planning process that operated on the unit (see safeguarding section). There was evidence in wing records and comments from young people that RSOs were carrying out their role in accordance with the policy. All young people were allocated a primary RSO as soon as they arrived on the unit. Unit files examined included a detailed personal history which was written up within 24 hours of the young person's arrival.
- 2.32 The names and photographs of all RSOs were displayed on the residential spurs and the name and photograph of the young person's primary RSO was also attached to the inside of his cell door. Young people said they had been introduced to them very soon after they arrived on the unit and found them helpful. In our survey, 80% of young people said they felt helped by their RSO, which was significantly better than the comparator of 63%.
- 2.33 Our safety and relationships interviews indicated that all 15 young people interviewed found their RSO approachable. One young person said: 'She's really nice, she checks on me and how my family are'.

- 2.34 In our survey, 95% of young people said they saw their RSO at least once a week. Meetings took place in response to specific issues or informally during the course of the day. Care planning records and wing history records confirmed that the majority of RSOs had regular contact with their young person and took responsibility for ensuring that their needs were addressed. At the same time, the collective responsibility for the care of young people ensured that the primary RSO was not the only officer who knew the young person well. This was confirmed by the young people who said they were able to approach any RSO and generally had good relationships with them all.
- 2.35 Each young person had a fortnightly multidisciplinary care planning meeting, attended by them and a number of staff from the unit. The primary RSO was always invited, but if meetings did not coincide with their shift, a back-up officer or a senior officer from the young person's spur would substitute. An RSO who was unable to attend contributed to the meeting by submitting a report as part of the care planning documentation. RSOs had received training specific to their role during the 10-week training period prior to the opening of the unit. Excellent staff supervision and support were offered by the CAMHS (child and adolescent mental health service) team as well as monthly supervision by their line manager and this undoubtedly contributed to skill development and the level of staff confidence and resilience which was evident in their interactions with young people (see also healthcare section). New officers were also supported by an experienced mentor.

## Good practice

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- 2.36 *Excellent staff supervision and support were offered by the CAMHS team and this undoubtedly contributed to skill development as well as the level of staff confidence and resilience which was evident in their interactions with young people.*
- 2.37 *New residential support officers were supported by an experienced mentor.*

# Section 3: Duty of care

## Safeguarding

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### Expected outcomes:

The safety of children and young people is a paramount consideration in the development of all policies and procedures. There is a clear safeguarding strategy drawing together key policies designed to keep children and young people safe.

- 3.1 There was insufficient oversight of the unit's particular safeguarding issues by the establishment's safeguarding children strategy committee or the local authority. The safeguarding meetings that took place on the unit were useful, but lacked input from other departments and better analysis of unit safeguarding data was needed. The lack of social work input to the unit was a weakness. The system of individual care planning worked very well. All unit staff were appropriately trained in safeguarding areas and had been suitably checked through the Criminal Records Bureau.
- 3.2 The safeguarding children strategy committee was responsible for monitoring all aspects of safeguarding across the establishment. Committee meetings had been sporadic over the previous 16 months. There was no separate focus in these meetings on the Keppel Unit, although staff from the unit attended. The unit also held monthly safeguards meetings, but they were not linked directly to any of the prison-wide safeguarding arrangements. Bearing in mind the unit's unique national role and function, and the particularly high risk and vulnerable population, the lack of oversight by the establishment's safeguarding children strategy committee was an omission.
- 3.3 There had been an initial meeting between the head of child protection from Leeds Children and Young People's Social Care (LCYPSC) and the unit managers, but this had not resulted in any ongoing involvement in the development of the unit or an agreement regarding future input, in particular with regard to arrangements to oversee effectively safeguarding issues specific to the unit. Similarly, there had been no contact with Leeds Safeguarding Children Board (LSCB).
- 3.4 A sub-group of the LSCB had recently been established to examine safeguarding concerns for children involved in the criminal justice system and the head of safeguards for the whole establishment was a member of the sub-group.
- 3.5 Unit safeguarding meetings took place monthly and were well attended by unit managers, but did not involve relevant departments external to the unit such as healthcare, education, psychology, security and chaplaincy. The meetings covered a wide range of safeguarding issues including injuries, use of force, self-harm and child protection referrals and disciplinary matters. Minutes demonstrated detailed discussions about monthly reports submitted, but data collection was limited to the number of incidents or reports and there was no analysis to identify patterns or trends.
- 3.6 There was an effective system of individual care planning which ensured that young people received an appropriate level of attention to their individual needs. An initial 'keep safe' plan was developed within five days of arrival and this was reviewed after 10 days. There were routine fortnightly reviews thereafter. The care planning reviews were multidisciplinary and

those that we observed were managed very well, with a good level of engagement with the young person. The care plans we examined took account of other care planning systems such as training plans and assessment, care in custody and teamwork (ACCT) documents and it was particularly creditable that the process continued when young people were located in the separation and care unit.

- 3.7 The in-house social work service was under pressure due to limited resources. The agreed complement for the establishment was two social workers. At the time of the inspection there was one vacancy. This resource was inadequate to deal with the main population of 360 children and young people and we reported this shortcoming following the previous inspection. With the addition of the Keppel Unit, the inadequacy of the social work input took on increased significance.
- 3.8 The in-house social worker was not part of the multidisciplinary care planning arrangements which operated on the unit. This was a weakness considering that a high proportion of the young people were looked-after children (there were nine looked-after children on the unit at the time of the inspection) or children in need within the definition set out in the Children Act 1989, requiring social work assessments and statutory services. We came across examples of young people who would have benefited from a core assessment, but, in the absence of routine social work involvement in the care planning process, they had not been identified.
- 3.9 All staff located on the unit had enhanced Criminal Record Bureau clearance and there was a system of checks every three years. All staff had been trained in safeguarding areas, including child protection, as part of a comprehensive and innovative programme of training over a ten-week period prior to the opening of the unit. The programme had incorporated and supplemented the standard juvenile awareness staff programme.

## Recommendations

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- 3.10 The establishment-wide safeguarding children strategy committee meetings should take place quarterly as intended.
- 3.11 The safeguarding children strategy committee should monitor all aspects of safeguarding specific to the Keppel Unit.
- 3.12 The monthly unit safeguards meetings should be linked to the establishment-wide safeguarding children strategy committee meetings.
- 3.13 The establishment should secure agreement with the local safeguarding children board on their role and, more specifically, the role of Leeds Children and Young People's Social Care in monitoring safeguarding arrangements relevant to the unit.
- 3.14 There should be dedicated social work input for the unit to meet the specific needs of the population.
- 3.15 Unit safeguarding meetings should involve relevant departments external to the unit, such as healthcare, education, psychology, security and chaplaincy.
- 3.16 Unit safeguarding data should be used to identify patterns and trends.

# Bullying

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## Expected outcomes:

Children and young people feel safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to bullying behaviour are known to staff, children and young people and visitors, and inform all aspects of the regime.

- 3.17 The policy for managing bullying was comprehensive and staff demonstrated awareness of it. Data collection and analysis relating to bullying were basic. Young people reported verbal abuse as the most problematic bullying behaviour. Bullying was dealt with robustly. While formal procedures were rarely instigated, informal mediation was regularly used to good effect in addressing disputes. Individual care plans addressed the needs of victims and perpetrators of bullying. The majority of young people felt safe on the unit and were confident in approaching staff if they were being victimised and reported that staff dealt with this well. Staff maintained excellent supervision of young people and were quick to challenge inappropriate behaviour. However, measures needed to be taken to prevent young people from being subjected to verbal abuse from the mainstream population while using the fishing lake.
- 3.18 Managing all aspects of difficult and challenging behaviour, including bullying, had been incorporated within a unit behaviour management policy. There were separate violence reduction and anti-bullying policies which had clear links with the behaviour management policy. Each was sound, with a clear focus on helping young people to change unacceptable behaviour rather than be punished for it. The description of bullying behaviour in the anti-bullying policy demonstrated clear understanding of the type of bullying behaviour typical of adolescents. Staff demonstrated an awareness of the policy and were able to explain what actions they would take when presented with a number of scenarios.
- 3.19 In our survey, 38% of young people said they had felt unsafe at some time on the unit. In our safety survey, interviewees were asked to give an overall rating for safety, with 1 being very bad and 4 very good. The average rating was 4 – very good. During our conversations with young people throughout the inspection, no-one reported feeling unsafe. Staff supervision was excellent. We observed officers on units consistently engaging with the young people and quick to challenge any form of inappropriate behaviour in a confident and appropriate manner and young people responded positively.
- 3.20 Ten fights and assaults had been recorded in the previous three months. None had resulted in serious injury. Forty-four per cent of respondents to our pre-inspection survey said that they had been victimised, which was significantly worse than the comparator of 24%. The highest category of reported victimisation was insulting remarks (32% of those who reported victimisation). We observed a significant amount of verbal abuse from young people located on the adjacent mainstream unit towards the young people from Keppel using the lake. This abuse had been challenged robustly by staff, but remained a problem. In our safety survey, 14 of the 15 interviewees said that staff would take them seriously if they were being victimised or bullied on the wing. We observed on more than one occasion young people encouraging others to speak to staff about their worries. Young people were asked by unit staff to complete an exit survey when they left the unit. Responses confirmed that young people felt staff dealt with bullying fairly, helpfully and quickly. Minutes of the young people consultation meetings demonstrated that bullying was a standing agenda item with constructive dialogue. However, the exit survey and consultation arrangements did not ensure that all young people were regularly consulted about bullying and regular consultation through surveys did not take place.

- 3.21 The anti-bullying policy was communicated to young people during their one-to-one induction talks and there was a poster displayed prominently on each spur describing unacceptable behaviour, what to do if subject, or witness, to such behaviour and the consequences for perpetrators. However, the poster was not age appropriate and unlikely to be understood by the majority of young people on the unit.
- 3.22 The formal anti-bullying procedure was initiated by staff submission of a bullying information report (BIR), which was raised when a young person approached a member of staff with concerns or a member of staff's own observations led them to conclude that further investigation was necessary. A unit manager then carried out an investigation to establish whether informal mediation was appropriate or whether more formal action, in the form of a three-stage anti-bullying process, was necessary. BIRs, recording staff concerns and details of the incident and subsequent investigation, were of a good standard. BIRs also recorded details of a multidisciplinary meeting following each investigation, with clear action points outlined. In the majority of cases, informal mediation had taken place, which generally resulted in a satisfactory outcome for the young people involved. Wing files examined in relation to allegations of bullying showed that the whole procedure was documented. We observed one example of informal mediation over a potential bullying issue which was handled impressively by the member of staff concerned.
- 3.23 The care plan of any young person involved remained the focus at all times during implementation of the anti-bullying policy. Any issues and subsequent actions to address them were recorded in, and used to inform, the young person's care plan, which was reviewed within 48 hours whether the young person was the perpetrator or the victim of bullying.
- 3.24 It was clear from records in wing files and conversations with officers, managers and young people that informal mediation was used at every opportunity, often without recourse to the formal procedure. There was no log or data collection to identify how many incidents had been dealt with informally or the extent of the use of mediation.
- 3.25 We were told that very few anti-bullying documents had been raised since the opening of the unit, and were shown only three such documents opened since the start of the year. Reviews following instigation of the formal anti-bullying procedures were only attended by unit staff and the young person concerned, and targets were inadequate, for example 'do not get involved in bullying'. However, the issue was addressed in the young person's care plan, where there was evidence of support from the unit CAMHS (child and adolescent mental health service) team in addressing individual behaviour and multidisciplinary engagement in the process. To that extent, the reviews and targets specific to the anti-bullying procedures were superfluous, operating in isolation from the more thorough care planning procedures. Records of staff observations were very good, highlighting key interactions throughout the day and demonstrating the attentive approach by staff that we observed during the inspection.
- 3.26 Bullying was part of the agenda of the establishment-wide safeguarding children strategy committee meetings. Data collection and analysis in relation to anti-bullying across the establishment were limited to recording the number of incidents. Analysis of the data was very limited. Patterns and trends across different areas were not identified and there was no separation of data relating to the Keppel Unit (see also safeguarding section).

## Recommendations

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- 3.27 **Information about bullying and unacceptable behaviour should be displayed in an age-appropriate manner.**



- 3.28 Reviews and individual targets for young people subject to formal anti-bullying measures should be incorporated within the individual care planning process.
- 3.29 A bullying survey of all young people on the unit should be undertaken, at least biannually.
- 3.30 There should be routine collection and analysis of a range of data concerning all incidents of victimisation. This should be monitored by the establishment's safeguarding children strategy committee and the unit safeguarding committee and inform the unit's anti-bullying strategy and procedures.

## Self-harm and suicide

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### Expected outcomes:

Children and young people at risk of self-harm and suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Assessment of risk/vulnerability is an ongoing process. Children and young people who have been identified as vulnerable should be encouraged to participate in appropriate purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.31 Incidents of self-harm were low. The unit suicide and self-harm policy was comprehensive and appropriately reflected the needs of children and young people, and staff displayed good awareness of it. Data collection and analysis were too basic to identify issues requiring particular consideration. ACCT initial assessments and records of staff observations were generally thorough, but care maps did not always adequately address the individual needs of the young people concerned. Neither did care maps reflect the high level of care and attention young people received, although individual care plans did. Case reviews were timely and multidisciplinary, but family members or youth offending team workers were not invited to attend.
- 3.32 The comprehensive suicide prevention and self-harm policy had been drafted just before the opening of Keppel Unit in October 2008 and provided clear guidance for staff relevant to the needs of children and young people. Staff we spoke to demonstrated a good knowledge of the policy. We came across examples that demonstrated that staff were acutely aware of the need to observe changes in the behaviour or appearance of young people and relate this to the risk of self-harm.
- 3.33 Suicide and self-harm prevention was a standing agenda item at the establishment safeguarding children strategy committee meetings, but data collection was not sufficiently detailed to allow meaningful analysis of issues relating specifically to the Keppel Unit, neither was this adequately addressed by the separate unit safeguarding meetings (see also safeguarding section).
- 3.34 Establishment figures showed that incidents of self-harm had been decreasing steadily on the unit from nine incidents in December 2008 (the highest recorded in a month since the unit opened) to four in February 2009, the lowest total since the unit had reached capacity. There had been no serious incidents since the unit had opened. Although there was no detailed analysis, we were told anecdotally that the majority of self-harm was superficial cuts and scratches to forearms. We were told of a spate of low-level incidents of self-harm, involving

scratches to forearms being displayed as a badge of honour, but there were no data or other evidence that this had been investigated to verify the assertion.

- 3.35 The quality of ACCT documentation, in particular care maps, was variable and did not accurately reflect the good quality care that the young people received. The majority of initial assessments were comprehensive, with clear attempts to engage the young person to express his problems. Care maps did not always follow up initial assessments and frequently contained perfunctory action points which did not address identified need and lacked accountability. Records did not confirm that action points had been implemented and care maps were not always updated following reviews.
- 3.36 The shortfalls in the quality of the care maps were mitigated to some extent because the separate individual care plan of any young person subject to ACCT appropriately reflected the work being carried out in this area and ACCT documentation was considered as part of the care plan reviews. However, the individual care plans were not considered as part of the ACCT reviews which operated in isolation.
- 3.37 The daily observation records in the ACCT documents, however, were very good. The positive interactions that we observed between young people subject to ACCT monitoring and staff were comprehensively documented. Management checks were carried out regularly. Some shortfalls in the recording of staff observations had been identified, but inadequacies in care maps had not. It was not clear if any action had subsequently been taken to address identified deficiencies.
- 3.38 All the young people who had been subject to ACCT procedures that we spoke to were very positive about the support they received from staff. Any young person subject to the ACCT process continued to have access to the full regime. No young person subject to ACCT had been moved off the unit since it opened.
- 3.39 Reviews were undertaken at appropriate intervals and consistently managed by the same case manager, a role always carried out by one of the unit senior officers. All four Keppel senior officers had been trained in ACCT case management within the last 12 months. Reviews were well attended and multidisciplinary. Unit officers, residential support officers and caseworkers, CAMHS and the chaplaincy were the most regular attendees. Education staff rarely attended. Post-closure reviews were carried out diligently.
- 3.40 Family members and youth offending team workers were contacted by caseworkers if a young person self-harmed or was placed on an ACCT, but consideration was not given to extending an invitation to them to attend ACCT reviews. The majority of staff had received suicide and self-harm awareness training within the last 12 months, with a few exceptions. All night staff had been trained and the handover we observed from evening duty to night staff was comprehensive, with an update on all young people deemed currently at risk.

## Recommendations

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- 3.41 There should be routine collection and analysis of a range of data relating to self-harm, which should be monitored by both the establishment and unit safeguarding committees. This analysis should inform the suicide and self-harm strategy and procedures.
- 3.42 Assessment, care in custody and teamwork (ACCT) care maps should address all the issues raised at the initial interview and assessment, and allocate responsibility to a

specific member of staff. The care map should be regularly updated and take full account of the young person's separate individual care plan. Education staff should attend ACCT reviews where appropriate.

- 3.43 Family members and youth offending team workers should be invited to attend ACCT reviews where appropriate.
- 3.44 All Keppel Unit staff should be trained at least annually in suicide and self-harm.

### Housekeeping point

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- 3.45 Management checks relating to ACCT documentation should apply equally to the quality of care maps and the quality of staff observations.

## Child protection

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### Expected outcomes:

The establishment provides a safe and secure environment, which promotes the welfare of the children and young people in its care, protects them from all kinds of harm, and treats them with dignity and respect. There is an openness on the part of the establishment to external agencies and independent scrutiny, including openness with families and the wider community.

3.46 A high percentage of child protection referrals for the whole establishment emanated from the Keppel Unit. The child protection policy was not being properly implemented. Some referrals, including allegations against members of staff, had been investigated internally and not all were being passed on to the local children's services child protection agency. Allegations of sexual assault by a young person had been dealt with inappropriately without reference to outside agencies or the senior social worker, who had a very limited role in child protection overall. There was insufficient support and monitoring of child protection procedures by Leeds Children and Young People's Social Care through the safeguarding children strategy meetings to ensure the required level of independent oversight.

3.47 The child protection policy had recently been revised and agreed with Leeds Safeguarding Children Board (LSCB). However, the procedural changes agreed were not being implemented. All child protection referrals were passed to the child protection coordinator for initial attention. The policy required all allegations against members of staff to be referred to Leeds Children and Young People's Social Care (LCYPSC), but this requirement was not always being met. Neither were early discussions with the local authority designated officer (LADO) taking place to decide on an appropriate course of action as prescribed in the policy. Individual child protection referral records were routinely signed off for closure by the governor, but not by a representative from LCYPSC.

3.48 In addition to the policy changes, there had also been some changes to the strategic management of child protection. There was no longer a separate child protection committee to oversee the progress of referrals and monitor internal procedures. Instead, this function had been added to the remit of the safeguarding children strategy meeting. Brief reports of referrals and updates on investigations were submitted to the safeguarding children strategy meetings, but individual cases were not discussed in depth. Since this was now the only meeting attended by a representative from LCYPSC, there was an inadequate level of independent scrutiny and ongoing oversight of child protection referrals and investigations. Data collection

and analysis regarding child protection referrals were generally too limited across the establishment and particular issues concerning the Keppel Unit were not highlighted.

- 3.49 There had been 15 child protection referrals emanating from the Keppel Unit in the six months since it had opened. This represented 41% of referrals across the whole establishment during that six-month period. Nine of the referrals related to disclosures of historic abuse. The in-house social worker dealt with all referrals relating to allegations of previous abuse. She maintained a log and detailed records setting out the action which had been taken, which usually focused on contact with the young person's home authority to ensure that they took appropriate action. LCYPSC were not notified, despite a new requirement in the revised child protection policy to do so. The social worker had not been informed of this requirement and had not been informed that the revised child protection policy had been formally agreed.
- 3.50 Three of the 15 unit child protection referrals related to allegations of assault by officers and three related to sexual assault by another young person. Only two of the three referrals relating to the allegations against officers had been passed on to LCYPSC, despite a requirement in the child protection policy to do so. Neither of the referrals passed on had been acknowledged by LCYPSC and the lack of response had not been followed up by the child protection coordinator. The child protection log showed that one of these referrals had been closed without explanation on the advice of the head of safeguards.
- 3.51 The allegations of sexual assault and one of the allegations of assault by an officer had been investigated by the child protection coordinator, who was an officer with limited training in child protection. She did not have any knowledge of the role of the LADO with regard to investigations relating to professional abuse.
- 3.52 The establishment and LCYPSC had agreed that the in-house social worker should not carry out child protection investigations since she lacked the required level of independence for the task as an established member of staff of three years' standing. While there was merit in this rationale, the same applied to the child protection coordinator who similarly lacked the required level of independence, but, more importantly, the professional expertise to conduct child protection investigations.
- 3.53 There had been no consideration of the need to conduct an internal inquiry concerning the allegations against the members of staff as prescribed in the child protection policy. We were particularly concerned that it had been decided to deal with the allegations of sexual assault through the unit's disciplinary procedures without reference to LCYPSC, the in-house social worker or other suitable authority in this complex area.

## Recommendations

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- 3.54 All child protection referrals should be sent to Leeds Children and Young People's Social Care (LCYPSC) in accordance with the child protection policy.
- 3.55 Data collection and analysis of child protection referrals should include separate consideration of issues which relate directly to the Keppel Unit.
- 3.56 LCYPSC should be notified of all child protection referrals relating to historic abuse as prescribed in the child protection policy.
- 3.57 The child protection coordinator should ensure that all referrals are acknowledged by LCYPSC within the agreed time frame.

- 3.58 Following allegations of professional abuse, discussions should take place with the local authority designated officer (LADO) to decide on an appropriate course of action as prescribed in the child protection policy.
- 3.59 Internal investigations should be carried out when a decision is made in consultation with LCYPSC that a referral does not meet the threshold for a child protection investigation. The LADO should oversee such investigations.
- 3.60 All allegations of sexual abuse should be referred for initial discussion and assessment to include the senior social worker as prescribed in the child protection policy.
- 3.61 Child protection investigations should be undertaken by suitably trained staff with an appropriate level of independence.
- 3.62 The establishment should agree with LCYPSC a robust system of monitoring individual child protection referrals and the role of the safeguarding children strategy committee should be clarified in this regard.

## Diversity

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### Expected outcomes:

All children and young people experience equality of opportunity during every aspect of their time in custody, are treated equally and are safe. Diversity is embraced, valued, promoted and respected. The idea that different people have different backgrounds and values is introduced to young people as an integral part of communal living.

- 3.63 There had been no assessment of the diverse needs of young people on the Keppel Unit to ensure that appropriate services were offered to this distinct group of young people. No data on race or diversity issues specific to the unit were collected and no unit specific monitoring took place. Black and minority ethnic young people formed a small minority of the population and those we spoke to reported that they sometimes felt isolated and were occasionally subjected to racial abuse by other young people. Investigations into allegations of racial abuse were investigated thoroughly and staff robustly challenged racist behaviour on the unit, but there were no specific longer-term interventions. The young people consultation meetings were used well to address individual diversity issues raised in that forum. There had been no foreign nationals on the unit, although there was an establishment-wide policy covering foreign national issues.

### Diversity

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- 3.64 There was no formal unit-based structure or forum for diversity issues to be addressed. There had been no needs assessment to identify issues of diversity relating to the population of the Keppel Unit and no unit specific diversity or race equality data were collected or requested by either the Youth Justice Board or the establishment race equality action team (REAT)/diversity committee. It was not possible, therefore, to monitor equality of access to the unit at a national level or equality of access to services within the unit.
- 3.65 One member of the unit staff and a young person representative attended the REAT/diversity committee meetings, but there was no specific agenda item to consider diversity issues

relating to the unit and there was no indication in the minutes of the meetings that diversity issues relating to the young people on Keppel Unit were discussed.

- 3.66 The young person who acted as the unit diversity representative had not been elected to the post, but had put himself forward because he wanted to take on the role. He was enthusiastic about the work and made an effort to talk to other young people in an attempt to represent their views and needs. However, he was given no formal support by the race equality officer (REO), nor did he have the opportunity to meet other young people representatives from the main site for support.
- 3.67 Race relations/diversity was a standing agenda item at the unit young people consultation meetings. Notes of the meetings indicated that two diversity issues had been raised. One related to the racist language of one young person and the other related to difficulties experienced by young people with poor literacy skills. Both had been suitably addressed.
- 3.68 Diversity was promoted very well through lessons and visual displays in the education department, but little attention was paid to promoting diversity elsewhere on the unit.

### **Managing racist incidents**

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- 3.69 Black and minority ethnic young people formed a small minority in the unit. At the time of the inspection, there were three black and minority ethnic young people out of a total population of 44. It was not surprising that these young people described occasionally feeling isolated and preferred to be on the same spur to provide mutual support. They said that other young people made abusive comments about black people in their hearing and how upsetting and demeaning that felt. They also commented that there were not enough black officers and that staff could not possibly understand what it was like to be part of a small minority group on the unit. However, they were keen to point out that staff were not racist and were very quick to challenge racist language when they heard it used by young people.
- 3.70 Five racist incident report forms had been opened on the unit. Only one was instigated by a young person and all related to the use of racist language used by young people. Each was investigated thoroughly and, apart from one where the young person had left the unit, they all resulted in the perpetrator being punished and warned about their future behaviour. None had been targeted for specific interventions or diversity training to challenge their attitudes or behaviour.

### **Diversity duty**

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- 3.71 Senior managers with responsibility for diversity at Wetherby were unable to describe the diverse needs of young people on the Keppel Unit. There was a belief that the excellent general care young people received on the unit and staff willingness to individualise their care plans would ensure that a good service was offered to all young person on the unit. They felt that this particularly applied to young people with a physical disability. However, in the absence of robust monitoring data, there was no evidence to support this belief.
- 3.72 At the time of the inspection, the establishment diversity manager had only been in post for a few days and the REO had been on long-term leave, with her role being covered by two staff from the safeguarding/diversity team in addition to their existing work. It was clear that this staff group had been unable to give any attention to diversity issues on the unit.

## **Foreign nationals**

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- 3.73 There had never been a foreign national young person on the unit. There was an establishment procedure for the reception and identification of foreign nationals which would be implemented on the unit if required. However, there was no straightforward staff guidance to enable an immediate response should a foreign national be admitted to the unit.

## **Recommendations**

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- 3.74 The establishment's diversity manager and REAT should support the unit to carry out a diversity needs assessment and thereafter develop appropriate services, staff guidance and monitoring arrangements to ensure that the diverse needs of all children and young people located on the Keppel Unit are met.
- 3.75 Unit staff should appoint and support young people diversity representatives to ensure that they are able to carry out the responsibilities associated with their role. Unit representatives should meet other diversity representatives regularly to benefit from peer support.
- 3.76 Unit staff should be appointed as diversity champions for different aspects of the diversity agenda.
- 3.77 Young people who abuse or discriminate against young people from black or minority ethnic groups or other minority groups should undertake diversity training or other suitable intervention to challenge their attitudes or behaviour.
- 3.78 Unit managers should work with the establishment foreign nationals coordinator to devise operational guidance to enable an immediate response should a foreign national be admitted to the unit.

## **Contact with the outside world**

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### **Expected outcomes:**

Children and young people are encouraged to maintain contact with family and friends through regular access to mail, telephones and visits.

- 3.79 Young people had considerable access to telephones and mail was dealt with efficiently. The basic entitlement to visits was too restricted and many young people were long distances from their home area and did not receive many visits. Young people were inhibited from taking visits in the main visits area, because they feared being stigmatised by young people from the main site. Much more needed to be done to actively promote visits.

## **Mail**

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- 3.80 Young people received writing paper and two freepost envelopes each week. They were able to buy stamps from the canteen.

- 3.81 The procedures for dealing with mail were straightforward. Incoming mail was picked up directly from the postal depot and, after being sorted and processed, was sent to the unit. Young people posted outgoing mail in letter boxes on the unit, which was posted the same day.
- 3.82 Legal mail was not opened by staff and we received no complaints from young people in this regard.

### **Telephones**

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- 3.83 Telephones were accessible throughout the day and young people told us they never had a problem making a call. This was confirmed by our survey in which 98% of young people said they were able to use a telephone every day, which was significantly better than the comparator of 58%. A number of young people said that staff regularly allowed additional calls when their credit had expired and they needed to make a call for good reason.

### **Visits**

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- 3.84 Visitors were required to check in at the visitors' centre. Light refreshments were available and there were appropriate facilities for mothers and babies.
- 3.85 There was an efficient visits booking line. Visits took place on Tuesday, Thursday and weekend afternoons and on Wednesday evenings. Young people on remand were entitled to one two-hour visit a week and those who were sentenced to three two-hour visits a month. Neither of these entitlements was adequate. All parents or carers were sent a guidance and information leaflet as soon as a young person was admitted. This contained information about how to find the prison, how the visits scheme worked and some helpful contact addresses.
- 3.86 The visits hall was comfortable and reasonably well equipped. There were vending facilities and a small children's play area. There were toilets for visitors and young people. Young people received a pat down search before and after visits.
- 3.87 Young people had their visits in the main visits hall, along with young people from the main site. They were taken to the visits hall by unit staff and did not have to wait in holding rooms with young people from the main site. A number of tables were allocated specifically for use by young people from the Keppel Unit and some attempt was made to locate them unobtrusively to avoid any harassment. We were told by young people that one particular member of the visits staff occasionally called out for boys from the Keppel Unit, which they found intimidating.
- 3.88 Only 32% of young people currently lived within 50 miles and 20% lived over 100 miles away. Caseworkers informed families about the assisted prison visits scheme. In our survey, only 24% of young people said they had had two or more visits in the previous month, which was significantly worse than the comparator of 48% and significantly worse than the comparator of 44% for the main site. The infrequency of visits was confirmed by comments made by young people in the unit exit surveys and was also an issue which had been raised through the young people's consultative groups. There was no process in place to identify young people who were not receiving visits and there had been no survey undertaken or other efforts to ascertain why so few young people had frequent visits.
- 3.89 Several young people told us that they did not want to have visits because they were held in the mainstream environment and they feared being stigmatised by young people from the main site because they came from the Keppel Unit. There had been instances when young people



had been verbally abused during visits and managers had recognised that this was a problem and, in an attempt to address it, caseworkers had tried to encourage community youth offending team workers to bring family members with them to reviews so that young people could spend time with their parents or carers other than in the visits hall.

- 3.90 There was no family liaison officer. An attempt had been made earlier in the year to run a family day, but this had proved too difficult to organise because of the small number of people interested. No accumulated visits had been organised. Only one young person from the unit had been subject to closed visits when his mother had been discovered with an illicit substance.

## Recommendations

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- 3.91 Visits entitlements should be increased to one a week for sentenced young people and there should be no upper limit to the number of visits that young people on remand are allowed to have.
- 3.92 There should be a process in place to identify young people who do not receive visits so that appropriate action to enable them to maintain contact with their family and friends, including consideration of accumulated visits, can be taken.
- 3.93 Visits should take place in a safe environment where young people do not feel intimidated.
- 3.94 A visitor survey should be conducted and feedback used to address the low take-up of visits.
- 3.95 There should be a unit family liaison officer.
- 3.96 Family days should be organised specifically for young people located on the Keppel Unit at least four times a year.

## Applications and complaints

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Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Children and young people feel safe from repercussions when using these procedures and are aware of an appeal procedure. Independent advocates are easily accessible and assist young people to make applications and complaints.

- 3.97 The administrative system for processing applications and complaints was efficient and young people knew how to use it. Issues that could have led to a formal complaint were often dealt with informally, but applications predominantly consisted of a formal written process which was unnecessarily bureaucratic. Young people were generally satisfied with the way applications were dealt with, but reported less favourably about the way that complaints were dealt with, which was justifiable in the examples we examined.

- 3.98 Information about the systems for making applications and complaints, including how to appeal against an outcome of a complaint, was set out for young people in an appropriate format on notice boards in the communal living areas. Young people told us they knew how to make

applications and complaints. In our survey, 96% of young people said they knew how to make an application and 91% said it was easy. Eighty-four per cent said they knew how to make a complaint and 71% said it was easy, which was significantly better than the national comparator of 50%.

- 3.99 The complaints box and applications box were located near the main office on the unit and were both well stocked with appropriate forms. The complaints box was opened once a day by the complaints clerk or her colleague, who were the only people to hold keys. Completed documentation was processed by the complaints clerk and passed on to the relevant member of staff for attention without delay.
- 3.100 The majority of young people we spoke to said they were satisfied with the way applications were dealt with, but expressed some irritation that they always had to be made in writing. One young person said: 'I've asked them to help me but they don't, you've just got to fill out apps, apps for everything'. Staff confirmed that they generally asked for written applications to ensure that they could record and deal with all requests. However, we did observe certain applications, such as requests for a welfare telephone call, being dealt with appropriately by a residential support officer (RSO) through a verbal negotiation. In our survey, 66% of young people said their applications were sorted out fairly and promptly.
- 3.101 Since the unit opened, there had been 38 formal complaints from young people. The advocacy service had only been involved in helping one young person with a formal complaint since the opening of the unit. They had helped to resolve a number of issues which had not become formal complaints. The advocates felt that they did not adequately advertise their service on the unit. Issues which could have resulted in formal complaints were appropriately resolved at the lowest possible level, usually by an RSO on the spur, but also at the monthly young people consultation meeting. In our survey, 46% of young people said they had been encouraged to withdraw a complaint, which was significantly higher than the national and main site comparators, 23% and 24% respectively. We found no evidence to support any complaints having been withdrawn.
- 3.102 In our survey, just over half of respondents said that complaints were dealt with fairly and promptly. Responses to the complaints that we examined were timely, but the quality was poor. Very few addressed the young person by name and a number did not respond directly to the complaint, but commented generally on the rules and procedures of the unit. Some responses did not clearly outline what action had been taken to resolve the complaint. While only a few were complaints against staff, those which were not required to be passed on to the safeguarding team were not adequately dealt with. One young person specifically requested a meeting with a member of staff to talk through the difficulties they seemed to be having with each other, but there was no indication in the documentation that this had been facilitated. While complaints were usually dealt with by a member of staff at an appropriate level of seniority, one complaint was dealt with by a manager at the same level as the member of staff who was the subject of the complaint, which was inappropriate.
- 3.103 There was no analysis of complaints to identify unit issues or highlight patterns or trends. The unit manager had recently started to monitor the complaints system.

## Recommendations

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- 3.104 There should be a system in place for staff to record verbal applications rather than a requirement for all applications to be put in writing by the young person.

- 3.105 There should be better promotion of the advocacy service and its role in relation to the resolution of complaints should be explained regularly at the young people consultation meetings.
- 3.106 Unit managers should examine and report on why such a significant number of young people have reported that they have been encouraged to withdraw a complaint.
- 3.107 Responses to complaints should be written in an understandable and respectful manner and clearly address the issues raised with either a resolution or a comprehensive explanation of future action.
- 3.108 The unit manager should regularly publish the results of the complaints monitoring to improve staff performance.
- 3.109 Complaints should be analysed to identify patterns or trends.

## Legal rights

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### Expected outcomes:

Children and young people are told about their legal rights during induction and can freely exercise these rights while in the establishment.

- 3.110 There were no trained legal rights officers. Caseworkers provided relevant support and they made sure that young people had the necessary specialist input from solicitors and outside youth offending team workers.
- 3.111 Legal visits took place in the main visits area each week day morning and on Thursday afternoon.
- 3.112 There were no trained legal service officers available, but caseworkers provided bail information and general support through the remand management process. Caseworkers interviewed all new arrivals as a routine part of the admissions process, regardless of their legal status. Two young people were in the process of appealing against their sentence and they were being supported by their caseworker who ensured that they were able to contact their solicitors whenever they needed to. Where necessary, free phone calls were facilitated by caseworkers and young people on remand who requested it were given a free legal letter each week by discipline staff. Caseworkers also liaised with specialist bail support workers in community youth offending teams as necessary.
- 3.113 All Prison Service Order texts were available in the library and legal practitioner texts were up to date.



## Section 4: Health services

### Expected outcomes:

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

4.1 Healthcare services for young people were developing well and included a good range of nurse-led clinics and visiting healthcare professionals. Dental services had shown significant improvement with the introduction of a new dental team. Pharmacy services were generally sound, but policies and protocols needed further development. Secondary mental health services were excellent, but there was no dedicated primary mental health team. Staffing levels were commensurate with the needs of young people and the skill mix was good, but there was no dedicated nursing cover for the unit during the day.

### **Joint working with the NHS**

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4.2 Healthcare services were commissioned and delivered by NHS Leeds Primary Care Trust (PCT). A health needs analysis had been completed in June 2008 prior to the opening of the Keppel Unit, which had recognised the need for further research to consider future healthcare services, including the expansion of GP services. The healthcare manager attended the quarterly prison steering group and the prison clinical governance meetings, but he was not a member of the establishment senior management team or the prison partnership board. There was strong support from the PCT through the area prison healthcare and professional development manager and the head of prison health. GP services were delivered by a local GP practice and a new dental team had just started providing treatment and oral education for young people.

### **Environment**

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4.3 The healthcare department was located in a single storey building which had undergone extensive redecoration since our last inspection. The whole area was bright and welcoming, with a reasonable array of health information and health promotion material, and work was being done to improve health promotion displays throughout the department. Young people entered the department and waited in a small waiting room which was clean, but austere. Seating was on reasonably comfortable soft furniture, but there was no reading material in the waiting room or other means of distracting waiting patients. We understood that funding was being sought to provide a television which would enable health promotion material to be played.

4.4 Some clinics were held in the unit, but others, such as the dentist and optician, were held in the main department. The young people from the unit did not attend healthcare at the same time as those from the main site because staff felt that they could be subjected to unwelcome attention from young people from the main site. All rooms had been redecorated, including the four inpatient cells which were all off the central corridor. Offices and treatment rooms were satisfactory and appropriately equipped. Healthcare staff in the main healthcare department and in the unit had access to the SystemOne electronic clinical information system.

- 4.5 Inpatient cells were large, but very bare and sparsely furnished. There was in-cell sanitation, but the toilet bowls were badly stained and needed deep cleaning. Electricity and televisions were available in all rooms. The large association room was quite sparsely furnished, but had comfortable seating. A television was available and a limited supply of books and board games. We were concerned that, when the association room was used by inpatients, there was little in the way of activities to occupy them, and they did not enjoy the same facilities as young people in the residential areas. There was no outside exercise area for inpatients to benefit from fresh air and a change of environment.
- 4.6 The dental surgery had been redecorated and the dental chair and unit had been replaced. The cabinets were of a modern design, but some of the locks did not work and the floor covering was not sealed at the edges. The X-ray machine was inappropriately sited and could not reach the right side of the patient. Radiographs were, therefore, taken with the patient seated on an operator's stool. The new developer had not functioned satisfactorily since delivery and was awaiting attention. 'Clean' and 'dirty' areas were not signed, although there was an adequate instrument flow system. Disposable products were not routinely used. The washer/disinfector had not been installed. A full resuscitation kit was held in the dental surgery.
- 4.7 The unit had two adjoining healthcare rooms which were clean and tidy, but clearly lacked professional input at the point of design. A treatment room at one end of the department acted as a dispensary, housing a stock of medicines for the whole establishment. This dispensary area was inadequate and too small to accommodate all medicines safely. Refrigerators for medicines were in good working order and maximum and minimum temperature recordings were entered daily. Current British National Formulary reference books were available in all areas.
- 4.8 The reception healthcare room had not been decorated and remained grubby.
- 4.9 Access for people with disabilities was satisfactory in the main department and on the unit.
- 4.10 Health promotion was strongly supported and the healthcare manager attended the health and wellbeing group, which met quarterly.
- 4.11 Emergency equipment was held in the healthcare department and on the unit. The equipment was fit for purpose, easily transportable and checked regularly, with records of checks maintained.

## **Staffing**

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- 4.12 Clinical governance arrangements included the management and accountability of staff. The healthcare manager was a Band 7 registered nurse who had been at the prison for five years and manager for two years. There was a mixture of 16 Band 6 and Band 5 full- or part-time registered nurses. The skill mix of these nurses was very good and included general and sick children's nurses and mental health and learning disability nurses. Some of the nurses had additional qualifications, including substance use and sexual health. Six nurses were assessment, care in custody and teamwork (ACCT) assessors. There were three full-time healthcare assistants, a full-time healthcare officer (shared cost) and four full- or part-time administrators. There was a full-time prison cleaner. Ongoing professional training was supported where appropriate, but not all nurses had undergone child protection training. Clinical supervision was supported, but uptake by nurses was poor. Nurse recruitment was difficult, with some successful candidates dropping out because of lengthy waits for security clearance. At the time of the inspection, there were two nursing vacancies.

- 4.13 GP services were delivered by a local practice and a GP attended the establishment from Monday to Saturday. Regular clinics were held in the unit on Monday to Friday and on Saturday mornings for new admissions or other medical emergencies. The out-of-hours service was provided through the PCT. Seventy-seven per cent of young people said it was easy to see the doctor, which was significantly better than the comparator of 46%. Other visiting health professionals included a dentist and an optician. Chiropody and physiotherapy services were obtained through the local health economy.
- 4.14 Any additional equipment or occupational therapy support was available through the PCT.
- 4.15 There were advanced plans to set up a dedicated health forum for young people on the unit. A similar forum had already been established on the main site. Healthcare staff had undertaken a survey of young people on the unit which showed a generally positive response to questions about health services and staff. In our survey, 64% of young people said that they thought the quality of healthcare was good or very good against a comparator of 59%. Complaints were dealt with by the healthcare manager and a response sent to the young person within three days. The manager met the young person to discuss his complaint and, if the complaint was not resolved, it would be forwarded to the PCT for further investigation.

### **Records**

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- 4.16 Clinical records were made on SystemOne and, on review, we found them to be of a high quality, appropriate and comprehensive. Old paper records were held securely in the healthcare department.
- 4.17 One of the administrators had responsibility for managing the F213 (injury report form) and a log was kept of all completed forms which were duly passed to the safeguards team. Treatment and care plans for inpatients were well structured and reviewed regularly. Individual care plans were developed according to patient need. A copy of the care plan was attached to the young person's core record when they were returned to the unit following a period of time in the inpatient unit.
- 4.18 NHS and PCT information guidelines and frameworks were available through the internet.
- 4.19 GPs of all young people who were on medication, or who had a history of illness prior to entering the establishment, were contacted for copies of previous medical notes.

### **Primary care**

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- 4.20 Young people received a good level of care and access to the majority of health services. Only dentistry had been a source of dissatisfaction, but this was now improving rapidly with the introduction of a new dental team.
- 4.21 Nurses visited the unit three or four times a day to administer medications, but there was no dedicated full-time children's nurse based on the unit to cater for general health needs and to build good professional relationships with both young people and staff. However, there was a night nurse on the unit as well as another nurse in the main establishment. All young people underwent an initial health screening on admission to the unit and were seen by the GP within 24 hours of arrival. Any language difficulties were addressed by using translation services. Those with mental health or substance use needs underwent an additional, more detailed, screening. Any young person requiring ongoing referral to other health professionals was referred without undue delay.

- 4.22 Young people completed a pictorial application form to access healthcare, which was placed in a locked healthcare box and emptied by the night nurse, or handed to the nurse in the morning to ensure confidentiality. The applications were reviewed and appropriate appointments made. Nurses had compiled a list of triage protocols and used these when assessing the young person. If necessary, the young person was seen the same or next day by the GP. There were no lengthy waiting lists, but the manager was concerned that the optician lists were becoming longer. The optician attended monthly, but was only funded for eight sessions, so the manager was diverting funds from other areas to facilitate additional sessions.
- 4.23 There was a strong emphasis on the management of sexual health of young people. All young people were offered chlamydia and gonorrhoea screening. Some nurses and healthcare assistants had completed sexual health training and young people needing support were managed jointly by the GPs and nurses. If necessary, there was access to local genito-urinary clinics. Young fathers were advised on parenting skills.
- 4.24 There was little chronic disease at the time we visited, but young people with chronic diseases such as diabetes or asthma were all seen by visiting community nurse specialists who provided advice and treatment. It was a no smoking establishment and nicotine patches were available for young people on request. They were encouraged and supported to stop smoking.
- 4.25 The management of immunisation and communicable disease was very good, with consenting young people being offered all age-appropriate vaccinations through their initial health screening. Among the vaccinations offered were meningitis, MMR, polio, diphtheria and tetanus. A nominated Hepatitis B lead nurse saw and offered Hepatitis B vaccination to as many young people as possible. Since the unit had opened, 98 young people had been vaccinated. Links with the local health protection agency were well established.
- 4.26 Attendance at clinics was generally good, except for the GP clinics in January, February and March 2009 when attendances and failures to attend were 24/2, 54/6 and 38/4 respectively. The GPs held their clinics on the unit and there appeared to be no good reason for such a high number of failed appointments.

## **Pharmacy**

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- 4.27 Pharmacy provision was generally good, but there were no clear standard operating procedures or written policies for staff to follow.
- 4.28 Pharmacy supplies were provided by a local pharmacist who visited weekly. Supplies were delivered on time. The provision for out-of-hours medicines was satisfactory and faxed prescriptions supported the administration of medicines.
- 4.29 Minimum stock levels were in place and reviewed regularly. Medicines were stored appropriately in locked metal cupboards. Controlled drugs were kept in a smaller cabinet within the main cupboard. However, the controlled drugs cabinet was not secured within the cupboard and could be lifted out, rendering it incompatible with the requirements of the Misuse of Drugs (Safe Custody) Regulations. The key to the cabinet was kept in a key safe and, although access was restricted to healthcare staff, there was no audit trail to identify who had been in possession of the keys.
- 4.30 The cupboard contained some stock boxes with different expiry dates which was also the case in the main healthcare department, along with some loose blister packs. Over-the-counter medicines were stored alongside prescription-only medicines.



- 4.31 There was provision for the storage of thermo-labile medicines. At the time of the inspection, the refrigerator was found to contain a urine sample and a product which did not require refrigerated storage.
- 4.32 Prescriptions were hand written on standard prison prescriptions and administration charts. Special sick supplies were recorded on the front of the patient's prescription chart and were reviewed by the pharmacist during their visits.
- 4.33 In the majority of cases, medicines appeared to be supplied directly to patients at the time of administration. However, there was evidence of secondary dispensing when a product was removed from its original container and the loose tablets taken to the patient at a different location on the unit.
- 4.34 Pharmacy data and prescribing were difficult to collate as records were paper based. The prescribing of gabapentin had recently been reviewed by the medicines and therapeutics committee.
- 4.35 There were no pharmacy-led clinics, but young people could ask to see the pharmacist. There were plans to introduce pharmacy clinics in the future.
- 4.36 Management of prescription and administration charts needed improvement. We found one young person with two current medication charts containing the same dose and frequency of medication to be given. On other charts the administrator had not signed that the medication had been given.
- 4.37 There was anecdotal evidence that, in isolated cases, young people did not get up in the morning to take their medication, which was unacceptable. Medicines were generally administered at 8am and 5pm each day, but this was flexible according to the needs of the young person. The majority of medication was supervised, with stock medicines being used most of the time. This was difficult to audit and the decision as to whether a young person had medicine in possession or supervised administration appeared to be based on their age rather than individual assessments. We noted a number of young people who were prescribed paracetamol four times a day, but were not offered a dose at lunchtime. There was also evidence of medicines being supplied beyond their authorised period. These practices were unacceptable. In-possession risk assessments were not being carried out, although risk assessment forms were available.
- 4.38 Medications, including paracetamol and ibuprofen, were available from the special sick list. Over-the-counter medicines were also available and recorded on the prescription and administration charts. However, the list contained some medicines which were 'pharmacy only' and which could not be supplied by nursing staff unless prescribed by a doctor or issued under patient group directions (PGD). We found no evidence of any PGDs.
- 4.39 Prescribing was appropriate to the population and there was a system for young people to reorder their medication.
- 4.40 A combined medicines and therapeutics committee met quarterly and was attended by the pharmacist and the PCT.
- 4.41 The out-of-hours and in-possession policies were both under review.

## **Dentistry**

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- 4.42 The PCT had negotiated a new dental contract from March 2009. The new dental team had made commendable efforts to rectify previous shortcomings in service delivery and documentation. The dentist, accompanied by a dental surgery assistant, held two sessions a week. Cover for annual leave was in place. In addition, a new oral health education session had just been implemented. Dental records were kept on SystemOne and those that we reviewed were of a high standard. We found that patients were treated with courtesy and care.
- 4.43 Young people accessed treatment through the application system. There was no dental triage. Urgent cases would be seen at the next session or, if more appropriate, treatment would be initiated by the GP. There were 15 Keppel patients on the waiting list, with the longest wait of less than a month. We were concerned that all patients were brought over to the dentist at the same time, leaving some young people with a waiting time of up to two hours, which was unnecessary. A full range of treatment was offered and, where possible, there were no lengthy waits between appointments. 'Do not attend' rates were very low. Referrals for orthodontic or oral surgery were made to external facilities. Out-of-hours acute cases were referred to the local accident and emergency department. Toothbrushes and toothpaste were free to patients and there was a supply of oral education literature.

## **Secondary care**

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- 4.44 Access to hospital appointments in the community was good and there had been no cancellations of appointments since the unit had opened. An internal audit showed that all young people had had external NHS appointments within 11 weeks of referral. Healthcare staff placed a young person on a medical hold if they were waiting for an external appointment, to ensure they were not moved from the establishment.

## **Mental health**

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- 4.45 In our survey, 57% of young people said that they had emotional or mental health problems, which was significantly worse than the comparator of 28% for the main site. Mental health support to the unit was very good. The majority of young people with mental health problems were cared for by the child and adolescent mental health service (CAMHS) part of the children's services directorate.
- 4.46 A primary mental health team was being formed, but the team were not yet ring-fenced to primary mental health services. The five registered mental health nurses (RMNs) in the main healthcare team were mainly employed on generic health duties. Currently, the CAMHS was providing cover for the whole establishment. The team comprised two managers, five RMNs, a drama and an arts therapist, senior practitioner, two support workers, a learning disability nurse, a speech and language therapist and supporting administrative staff. The team was highly qualified and very experienced, but we were concerned to learn that funding for the speech and language therapist, learning disability nurse and one of the RMNs was under threat and due to finish in March 2010. The loss of such expertise would have a significant impact on the long-term management of young people across the establishment and particularly those on the unit. The team was supported by two consultant psychiatrists, one of whom was a CAMHS specialist dedicated to the unit. The psychiatrists attended the establishment on alternate weeks. A day care centre for the establishment was due to open imminently and would involve multidisciplinary working between CAMHS, education, social workers and discipline staff.

- 4.47 Two of the RMNs were based on the unit and provided excellent support to young people and staff. The senior practitioner had over 20 years' experience and had undergone training in counselling skills which included bereavement and sexual abuse. She was also experienced in cognitive behavioural therapy. Both nurses had full access to professional support from the PCT. The team cared for all young people on the unit with mental health needs. Any newly admitted young person who might have been under CAMHS in the community was seen by one of the nurses and a continuing care programme implemented. All new referrals were seen within 48 hours of arrival or earlier if necessary. A full mental health assessment was carried out and a care plan initiated with unit staff. The team had a current caseload of 24 young people and interacted with them whenever possible to gain their trust and confidence. Regular multidisciplinary case reviews were held to discuss the future management of young people, but we were told that primary mental health staff were not always able to attend.
- 4.48 There was strong clinical leadership and we were impressed with the level of commitment of the team and the excellent interactive skills they used to work with the young people. Nurses based on the unit improved staff/patient relationships and gained the confidence of staff. There was an excellent three-day programme of mental health training for staff which was updated regularly. The relationship between the team and custody staff was exemplary. While the nurses were autonomous practitioners, they worked closely with the GPs and met them regularly to discuss young people's progress. One-to-one interventions with young people were complemented by structured sessions in drama and therapy relaxation. Multidisciplinary working with other establishment departments was very effective and the CAMHS team leader met regularly with the safeguarding team. All members of the CAMHS team provided regular support and mental health awareness training to staff on the unit, some of whom had little experience of dealing with young people with mental health needs. CAMHS were strongly supported by senior management throughout the establishment. One of the CAMHS workers attended all training planning meetings for any young person on their caseload and contributed well to the overall care planning arrangements.

## Recommendations

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- 4.49 The healthcare waiting area should be made more age appropriate and health promotion material should be available in a variety of formats so that the messages are clear.
- 4.50 Inpatient toilets should undergo a deep cleaning programme and cleaners should be provided with appropriate cleaning materials to ensure a high standard of cleanliness in sanitation areas.
- 4.51 The healthcare association room should be made more age appropriate and activities offered on residential units should be available to inpatients.
- 4.52 There should be a suitable outside area for inpatients.
- 4.53 The radiograph developing machine should be made functional.
- 4.54 There should be a detailed plan outlining decontamination processes according to Health Technical Memorandum 01-05: Decontamination in Primary Care Dental Practices.
- 4.55 The washer/disinfector should be installed in the dental surgery.

- 4.56 The funding for specialist practitioners within the CAMHS team should be retained to ensure that the current high standard of mental health support is maintained.
- 4.57 There should be a dedicated registered sick children's nurse (RSCN).
- 4.58 All healthcare staff should undertake child protection training.
- 4.59 The security clearance process should be expedited to ensure that selected candidates are able to take up their appointments as soon as possible.
- 4.60 The reception healthcare room should be redecorated and should be cleaned regularly.
- 4.61 There should be a dedicated health forum for young people on Keppel Unit.
- 4.62 Optician support should be increased and primary care nurses should be trained to undertake routine eye testing.
- 4.63 The reasons for young people from Keppel Unit not attending healthcare appointments should be investigated and appropriate action taken to ensure young people attend appointments.
- 4.64 Standard operating procedures for pharmacy service provision and delivery of medication to young people should be written. These should be formally agreed through the medicines and therapeutics committee.
- 4.65 The security of the controlled drugs cabinet key should be improved.
- 4.66 Storage arrangements for controlled drugs should be compliant with the Misuse of Drugs (Safe Custody) Regulations.
- 4.67 Over-the-counter medicines should be separated from other preparations.
- 4.68 Loose tablets and tablet foils do not satisfy labelling requirements and should not be kept in stock.
- 4.69 Medicines should be stored at appropriate temperatures.
- 4.70 Secondary dispensing should cease immediately.
- 4.71 Duplicate medicine charts should not be in use at any time.
- 4.72 Nurses should see young people who fail to attend for medication to find out why and to encourage them to do so. Continuing problems should be discussed with senior management to ensure young people take their medication.
- 4.73 The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded.
- 4.74 Medicines should be supplied as prescribed by the doctor. If a medicine has not been prescribed on a 'when required' basis, then all prescribed doses should be offered.

- 4.75 The medicines and therapeutics committee should review the use of general stock to ensure that named patient medication is used wherever possible and general stock used only if unavoidable.
- 4.76 The over-the-counter medicines list should be revised to ensure that only general sales list medicines are supplied against it.
- 4.77 The introduction of patient group directions (PGDs) should be considered to enable supply of more potent medication by the pharmacist or nurse. A copy of the original signed PGDs should be kept in the pharmacy room and read and signed by all relevant staff.
- 4.78 A dental triage system should be in place.
- 4.79 Patients from the Keppel Unit with an urgent dental problem should not have to wait until the next session to be seen.
- 4.80 Young people attending for dental treatment should not be brought over to healthcare until their appointment is imminent. Young people should not be confined to the waiting room for unreasonable lengths of time.
- 4.81 The partnership board should ensure that a dedicated primary mental health service for the Keppel Unit is provided and that staff are ring-fenced to mental health duties.
- 4.82 Primary mental health nurses should attend multidisciplinary care planning meetings and case reviews as a matter of priority.

### Housekeeping points

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- 4.83 Medication refrigerators should not be used for clinical samples.
- 4.84 Personal dental treatment plan forms should be issued in accordance with GDS Regulations 2005.
- 4.85 The drawer/cupboard locks in the dental surgery should be repaired.
- 4.86 The dental surgery floor covering should be sealed at all edges.
- 4.87 The dental X-ray machine should be re-sited to enable radiographs to be taken with the patient seated in the dental chair.
- 4.88 'Clean' and 'dirty' areas in the dental surgery should be signed.
- 4.89 Disposashield products should be used more extensively in the dental surgery.
- 4.90 A larger medicine storage cupboard should be provided in the unit.

### Good practice

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- 4.91 *The mental health awareness training programme targeting officers and other staff delivered by CAMHS provided a high level of awareness of mental health conditions and how to manage*

*them, providing a better understanding by staff of the mental health needs of vulnerable young people.*

# Section 5: Activities

## Learning and skills

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Expected outcomes:

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. Education and training are expected to be at the heart of the provision in a YOI and all children and young people should be engaged in good quality education and training which meets their individual needs. For information on how Ofsted inspects education and training see the Ofsted framework and handbook for inspection. Children and young people below the school-leaving age should be following the national curriculum.

5.1 Standards of work were satisfactory in most subjects and young people developed considerable personal skills, self confidence and self esteem. Most young people arrived on the unit with additional learning needs, often severe and complex, and received good induction and initial assessment to identify the most suitable education plan to meet these needs. Good learning support was provided in most cases, but the capacity of the learning support team limited the amount of one-to-one support. There were too few opportunities for the more able to progress and achieve accreditation. Teaching and learning were generally good and behaviour was extremely well managed. The curriculum was varied and ensured that most learners experienced a diverse range of subjects. Arrangements for information, advice and guidance were good, although access to specific careers advice and guidance was weak. Management was effective. Library facilities were satisfactory, but available too infrequently during association time, with no access at weekends.

### **Education and training**

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5.2 Standards of work were satisfactory overall. An appropriate focus on gaining qualifications was given less importance than working with the young people to engage more positively in a learning environment, since most had been out of education for long periods. At the time of the inspection, eight certificates had been achieved in adult literacy and numeracy and considerably more in modules for self awareness, social skills and self regulation. There were insufficient opportunities for those young people who wished to undertake more stretching, accredited work and, in a few instances, this lack of academic challenge had a negative impact on the behaviour of learners during lessons. Staff were aware of the need to increase opportunities for these young people and work was in hand to develop Open College Network accreditation pathways across the curriculum.

5.3 There were opportunities for young people to develop a range of personal and social skills which helped to build their confidence and self esteem and enabled them to participate well in lessons and everyday activities. Young people were generally articulate and used their interpersonal and communication skills well. Care plans and individual learning plans recorded considerable progress in reintegrating young people into education provision on the unit or into other on-site interventions, such as gym and outdoor activities, where young people were encouraged to take steps at their own pace and with sufficient support.

- 5.4 Induction to education was paced to meet the diverse and often complex needs of the individual young person. All young people took a range of initial basic skills assessments and diagnostic tests. Individual needs were identified and additional learning support was available, including basic dyslexia screening. Many had a very low reading age, poor literacy skills and diagnosed learning difficulties and/or disabilities.
- 5.5 Over the last reporting period, attendance had been satisfactory at approximately 78%. Although this was low in comparison to other establishments, all absences from education were authorised and young people were positively engaged in a range of interventions to address their specific needs. The wide range of individual and complex needs of the young people in the unit and the shared primary focus on holistic care meant that disruptions to attend a range of interventions such as mental health, psychology and care or training reviews, were frequent. In these circumstances, education staff worked flexibly to ensure that young people were given opportunities to catch up when and if appropriate. At the time of the inspection, three young people who were not ready to attend group activities were receiving one-to-one education from the learning support team.
- 5.6 Behaviour management was highly effective and consistently applied by all staff. Young people's behaviour in lessons was extremely good in most cases and the relationships between young people, teachers, learning support assistants (LSAs) and officers were based on respect and trust. During the inspection, no young person was sent out of class as a result of poor behaviour or non-participation and exclusion from classes was rare.
- 5.7 The quality of teaching was good overall and, in some instances, outstanding. Teachers were highly committed and worked hard to ensure teaching materials and resources were of a consistently high standard. Lessons were generally well planned to accommodate young people's abilities, although in some instances this focused too much on the needs of the least able. A few learners were not sufficiently challenged by their learning objectives to work towards or achieve their full potential. Praise and encouragement were used to good effect to motivate young people. Literacy and numeracy were generally well integrated into curriculum themes. This was demonstrated particularly well in Engagement, a personal and social development session.
- 5.8 Teaching resources were satisfactory, although access to high specification technical equipment, such as white board technology and software, was limited to one classroom. Internet access was also restricted and, as a consequence, most resources to support learning, which were generally of a high standard, were developed away from the unit in a teacher's own time. Topical information and course-related materials were attractively displayed alongside young people's work in most classrooms and these were frequently changed and updated. Assessment and monitoring of learning was adequate and most learners made at least satisfactory progress.
- 5.9 The varied curriculum provided an effective balance between integrated basic skills and personal and social development. Education, gym and other interventions were planned sensibly to ensure optimum involvement and a diverse programme for all learners. These included core subjects such as literacy, numeracy and information and communications technology, as well as art, life skills and physical education. Access to vocational programmes was limited to hospitality and catering and, most recently, horticulture and fishing in the substantial grounds and lake immediately adjacent to the unit. Accreditation in these areas was not yet available. Some aspects of preparation for work and independent living skills were also covered in IT, skills for life and engagement sessions.



- 5.10 Most classrooms were of a good size, but access to storage space was limited for practical subjects like art and hospitality and catering. The learning support room was too small for the range of tasks to be achieved such as induction, skills assessment and one-to-one support. The servery for hospitality and catering was well used, but cramped.
- 5.11 Most young people attended education for up to 15 hours a week and at other times were actively engaged in gym and other interventions to ensure they were fully occupied throughout the day. When necessary or appropriate, work was provided on the residential spurs for those who did not attend programmes. The curriculum was planned around monthly themes, ensuring that learning about the particular topic was well embedded and consistently reinforced. One instance that we observed of over-dedication to the topic suppressed flexibility and variety within the lessons to sustain young people's engagement and interest. A further review of the curriculum was under way to integrate accreditation pathways.
- 5.12 One-to-one tailored provision was arranged with the LSAs for young people who were unable or unwilling to attend formally organised classes, but this support was insufficient to achieve discernible progress. Individual learning plans were well maintained and developed. Young people were encouraged to record and evaluate their progress against targets at the end of each session and they did this well. Most targets focused on aspects of behaviour and levels of participation. Literacy and numeracy targets were not specific or measurable. There was no formal tutorial system and young people did not have the opportunity to discuss and review their academic progress and social skills targets regularly.
- 5.13 There was good access to information, advice and guidance (IAG) through the IAG worker, both at induction and throughout the programme. Links with the local Connexions partnership were weak as there had been a recent change in management of this provision. However, young people could request interviews to discuss career pathways or resettlement issues when required. Access to careers education and resources was limited to leaflets available in the learning support room and careers folders in the main site library.
- 5.14 Education was very well represented by the LSAs at all detention and training order and care planning meetings. Meetings were well recorded and outcomes swiftly made available to teachers. We saw three instances of reintegration from the unit to the main site which had been planned appropriately to ensure the young person had sufficient education support. Reintegration to other establishments or release into the community were not yet clearly managed and progress of young people after their release from the unit was not tracked sufficiently well to identify outcomes.
- 5.15 The management of learning and skills in the unit was good. The strategic vision and ethos of the education department was clearly shared by the whole staff team and education also filled an important and significant role within day-to-day operations. Strategic planning and self review were well focused and informed by consultation and input from managers and staff. Plans were realistic and pragmatically applied, particularly given the relative newness of the provision and the commitment to working holistically to address the diverse and complex needs of this group of vulnerable young people. Objectives were clear, targets well defined and timelines reasonably set. However, many of the systems and processes had not yet become fully embedded while staff continued to trial and review a range of methods and techniques that would best take the work of the unit forward. Management information was not used sufficiently well to identify trends and patterns in, for example, attendance and progression.
- 5.16 Quality assurance procedures had recently been introduced and provided an accurate assessment of the quality of teaching and learning. These procedures were clearly linked to

the education provider's performance management systems. Formal supervision had not yet been introduced, but effective informal support had been established between teaching and learning support staff. Good communication across the establishment and with outside agencies had contributed to effective partnership working to develop opportunities for the young men in the unit. For example, regular multidisciplinary meetings enabled group members to share information about the young people and ensure consistent work practices across all areas.

- 5.17 Suitably qualified and experienced staff had been recruited. All had appropriate teaching qualifications or were taking relevant teacher training programmes. A programme of multidisciplinary staff training prior to the opening of the unit had clearly established close working relationships. We were concerned about the level of learning support staffing given the high case load and diverse needs of the learners.

## **Library**

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- 5.18 The library was located on the main site and access was limited. Young people had further access to a small satellite library on the unit for 30 minutes a week during association. This resource was well used by many young people. All young people attended one library session a week during education. The library was well organised and provided a relaxed environment. It provided a range of recreational reading and was responsive to requests for specific books. A range of easy read books and large print texts were available. A small range of books and periodicals were available in different languages, as were dictionaries and language books. Three young fathers from the unit had recently worked on and sent home a story book and audio tape for their children. There was a small number of books on career paths and texts to support the vocational areas offered by the establishment. The library had four computers that could be accessed by learners and driving theory tests were a popular resource. There was no internet access.

## **Recommendations**

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- 5.19 Opportunities should be provided across the education curriculum for young people able and willing to access accredited learning.
- 5.20 A formal individual tutorial system should be developed to accommodate the needs of each learner and to ensure that learning targets are appropriate.
- 5.21 A broader range of vocational training linked to formal qualifications and employment should be provided in preparation for reintegration and resettlement.
- 5.22 The collection and analysis of management information should be improved and embedded to inform planning and development.
- 5.23 The provision of one-to-one basic skills support by LSAs should be increased.
- 5.24 Connexions provision should be improved and there should be access to up-to-date careers information, advice and guidance on the unit.
- 5.25 Access to the library should be improved during association and at weekends.

## Housekeeping points

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- 5.26 Appropriate Information technology equipment should be available to support lesson delivery.
- 5.27 More suitable space should be available for learning support.

## Physical education and health promotion

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### Expected outcomes:

Physical education and facilities meet the requirements of the Ofsted common inspection framework (separately inspected by Ofsted). Children and young people are also encouraged and enabled to take part in recreational physical education, in safe and decent surroundings.

5.28 Young people attended structured PE sessions weekly and recreational sports and games activities at evenings and weekends. There were opportunities for outside exercise during the day and in the evening. Teaching and learning in PE sessions were good and recreational programmes offered a variety of fitness activities, but there were no accredited courses. Young people enjoyed sessions in the multi-gym on the unit, although space was too restricted for more than a few at any one time. There was effective joint working between the PE department, education and the young people's substance misuse service and promotion of healthy lifestyles through PE and other curriculum areas.

5.29 A varied programme of educational and recreational PE activities was offered, including basketball, rounders, football, racquet sports, climbing wall, team games and cardiovascular exercise. Teaching and learning were good and there were positive relationships between staff and young people. Sessions were well planned and managed and enthusiastic staff encouraged most young people to participate. A range of teaching methods was used to vary activities, engage learners and reinforce their learning. PE classes took place in the gymnasium and the cardiovascular suite in the main establishment, both of which provided good facilities. A very small fitness room was available on the unit for small groups of young people and individual teaching, and a small hard court area had been marked out in the unit grounds for ball games. A large, uneven grass area was also used for ball games, but needed development to make it suitable. The space for sports activities and games limited the scope of activities generally. Young men clearly enjoyed their sessions and developed their fitness skills. They had come third in an inter-site football competition.

5.30 PE staff were well qualified and liaised effectively with other staff in the unit such as education, psychology and the young people's substance misuse service (YPSMS). Healthy living and good nutrition were promoted. PE staff provided good support across the health and fitness arena, including guidance on diet and nutrition in, for example, hospitality and catering. There were no accredited courses, but the provision of an introduction to PE course was being considered for young people who were motivated to progress in PE. PE staff offered support and guidance to unit staff on the range of sports and games that could be undertaken during association times. All young people wore appropriate PE kit and took showers after gym activities.

5.31 A new three-week PE access course had been introduced in collaboration with the psychology team and, at the time of the inspection, six boys were attending the course for 15 hours a week. The main focus was to encourage participation, team activities and communication skills. A life skills course had also been developed by PE staff in liaison with YPSMS, targeting

young people with a history of heavy drug, alcohol or tobacco misuse. Eight young people had been referred from education and YPSMS to this intensive week-long, full-time programme of drugs awareness, diet and nutrition, team building exercises, sports and games. Both programmes were pilots and had, therefore, not been evaluated.

## Recommendation

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- 5.32 The quality of the grounds should be enhanced to increase the range of sports and games available during the day and during association.

## Housekeeping point

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- 5.33 There should be better storage facilities on the unit for games and sports equipment.

## Faith and religious activity

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### Expected outcomes:

All children and young people are able to practise their religion fully and in safety. The chaplaincy plays a full part in the establishment's life and contributes to the overall, care, support and resettlement of children and young people.

5.34 The chaplaincy team were an active part of the staff team on the unit and offered excellent pastoral support. Young people had good access to religious services, although the Sunday services coincided with a popular unit activity. Young people with a minority faith were supported by the chaplaincy team and all young people were actively encouraged to practise their faith. Members of the chaplaincy team regularly contributed to multidisciplinary meetings concerning the support of individual young people and were very well integrated into the work of the unit.

5.35 The chaplaincy operated as part of the staff team on the unit and offered support and pastoral care to young people seven days a week. There were eight regular chaplains, two of whom were full time, from a variety of Christian denominations and a Muslim chaplain. A church link coordinator assisted in connecting young people with local churches on their release from custody. Members of the chaplaincy team had completed the same 10-week staff training programme as other unit staff which had helped them to forge strong links and a common understanding between staff groups.

5.36 Members of the chaplaincy team attended the unit daily and young people confirmed that they found it easy to speak to them. This was confirmed by our survey in which 81% said they would be able to speak privately with a religious leader. The chaplaincy team said they had easy access to young people and were encouraged by unit staff to get involved in the work of the unit at every opportunity. They saw all young people within 24 hours of their arrival and were also involved in the induction process. Religious services were held every week. Young people from the unit attended Muslim prayers on Fridays and the Roman Catholic Mass on Saturdays, together with young people from the main site. We were told that this integration in small groups worked well. On Sunday mornings, young people on the unit had a separate Church of England open service, which between nine and 12 young people attended. We were concerned at the apparent segregation of young people from the unit from young people from the main site for Sunday services. However, staff assured us that young people had the option

to join the main service. However, some were reluctant or not ready to mix in large groups and so alternative provision had been arranged so that they were not prevented from practising their faith.

- 5.37 Young people put their names down each week for services and the chaplaincy team encouraged young people to attend a service of their choice. Unit staff and the chaplaincy were happy to accommodate late requests to attend services. Sunday services coincided with preparation for the best spur competition and other activities, so young people had to choose what they preferred to do on Sunday mornings.
- 5.38 Services were often led by outside church groups. The establishment had a choir which included one young person from the unit at the time of the inspection.
- 5.39 The chaplaincy team offered a number of faith courses for young people interested in exploring and nurturing their faith. Courses included First Steps, an introduction to the Christian faith, a discipleship course and Colour the World, a Christian citizenship course.
- 5.40 The Muslim chaplain attended the establishment for five hours each Friday and was available to individual young people as well as conducting Muslim prayers.
- 5.41 Members of the chaplaincy team regularly attended individual young people's meetings such as care planning, training planning and assessment, care in custody and teamwork (ACCT) reviews. They made a significant contribution to the care of all young people, which was evident from their contributions recorded in the care planning documentation and the significant number of entries in the young people's wing files.
- 5.42 Although the permanent chaplaincy team consisted of leaders from the Christian and Muslim faiths, every effort was made to support young people of minority faiths and put them in touch with an appropriate leader. One young person on the unit wished to practise his Rastafarian faith and we observed him being encouraged and supported to do so.

## Recommendation

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- 5.43 The chaplaincy team and unit staff should work together to ensure that unit activities do not coincide with religious services.

## Time out of cell

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### Expected outcomes:

All children and young people are actively encouraged to engage in out of cell activities, and the establishment offers a timetable of regular and varied extra-mural activities.

- 5.44 Young people were actively encouraged and enabled to spend most of their time out of their cells engaged in activities and, whenever possible, in the open air. The timetabled core day was strictly followed and movements to activities and education were timely and well managed. There was no evidence of the cancellation of scheduled activities.

- 5.45 The daily routine was clearly displayed on all spurs and the scheduled core day provided for slightly less than 10 hours out of cell each weekday. There was no evidence to suggest that the scheduled core day was not strictly adhered to. Young people were not locked up

unnecessarily and those who were reluctant to engage with unit activities were actively encouraged to come out of their cells by the residential support officers. However, we also observed some young people asking to spend time in their cells and it was accepted by staff that on occasions this was important and appropriate for the individual. Young people who were not involved in education during part of the day were engaged in a number of informal activities, such as board and card games, conversations with each other and staff. We also observed young people and staff in the grounds surrounding the unit, engaged in conversations, playing games or fishing in the lake. Good efforts were made by staff to get young people out into the open air whenever possible.

- 5.46** The movement of young people to appointments for individual meetings was observed to be well organised and punctual and education staff confirmed that young people always arrived at lessons in good time. Young people said that events were rarely cancelled and that they had association every weekday and weekend in accordance with the timetabled core day. In our survey, 85% of young people said they had association every day, which was significantly higher than the comparator of 54%. The core day at weekends enabled young people to be out of their cells for between eight and nine hours depending on whether they had visits. Weekend association had changed at the beginning of April 2009 to allow young people to spend more time in the open air during the summer months.

# Section 6: Good order

## Security and rules

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Expected outcomes:

Security and good order are maintained through positive relationships between staff and young people based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised in a format that children and young people are able to understand, proportionate, fair and encourage responsible behaviour.

- 6.1 The management of security information was good. Some strip-searches required a governor's authorisation, but young people were routinely strip-searched as part of certain procedures with no risk assessment. Procedures permitted forcible strip-searching if a young person refused to comply with a strip-search, although there had been no forcible strip-searches. Young people thought that rules were fair, but sometimes applied inconsistently. Staff understood this perception and said that they interpreted the application of rules to suit the individual which resulted in some variation. Dynamic security was very good and staff addressed inappropriate behaviour well within an appropriate level of tolerance of normal adolescent behaviour. Other than routine strip-searching, security was proportionate to risk and not over restrictive.
- 6.2 Security information reports (SIRs) on the unit averaged between 30 and 40 a month, which was proportionate to the establishment's overall monthly total of approximately 360. No specific area caused particular security concern, with the highest proportion of SIRs categorised as miscellaneous. Actions arising from SIRs were appropriate and proportionate and there was good cross referencing with violence reduction and safeguarding issues when required. The security department had performed well in a recent Prison Service security audit.
- 6.3 Young people were routinely strip-searched on reception and discharge. Strip-searching before mandatory drug testing only took place as a result of specific intelligence and cell searching and accompanying strip-searches were intelligence led. Strip-searching following a visit was only carried out if there was intelligence to support it. Intelligence-led strip-searching required a governor's authorisation or that of the most senior manager available (either the duty governor or the principal officer acting as the orderly officer).
- 6.4 The only log maintained of authorised strip-searches related to those which took place following visits, so it was not possible to ascertain how many strip-searches had been authorised. It was the establishment's policy to use force as a last resort if a young person refused to comply with a strip-search, but this had not been necessary since the opening of the unit. The establishment's searching policy stated that the history of a young person arriving in reception, for example possible abuse, should be taken into account, but managers and staff we spoke to confirmed that this would not mean an exemption from strip-searching, only a particular level of sensitivity from staff during the procedure. No drugs, weapons or mobile phones had been found during any strip-search since the unit had opened. Other than routine strip-searching, a proportionate approach was generally taken to security and we came across no unnecessary restrictions. Cell searching was carried out on a targeted basis and three had been

carried out on the unit since the beginning of 2009. We spoke to one young person who confirmed his cell had been left as the staff had found it.

- 6.5 The rules and regime were displayed across the four spurs, but they were not displayed in an age-appropriate format. All young people had the rules and regime explained to them individually by a member of staff as part of their induction process. Young people we spoke to said that they understood the rules and felt that the rules were fair and reasonable, but sometimes applied inconsistently. Managers were aware of young people's perceptions of lack of fairness, but said it resulted from staff managing young people according to their individual circumstances.
- 6.6 Dynamic security was very good. Observation books were used well to pass on intelligence supplemented by detailed discussions during staff briefings. We observed staff managing young people confidently and appropriately in their interactions, setting clear boundaries and taking time to explain why behaviour was considered unacceptable. They appeared to understand the nature of adolescent behaviour and we were impressed by their levels of tolerance when young people displayed aggression.

## Recommendations

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- 6.7 Strip-searching should not be carried out on a routine basis and should only be authorised following a risk assessment which identifies that it is necessary to prevent risk of harm to the young person or others.
- 6.8 A log should be maintained of all authorised strip-searches and the procedures should be monitored by the safeguarding children strategy committee.
- 6.9 Children and young people should never be strip-searched using force.
- 6.10 Unit rules and regimes should be displayed in an age-appropriate format.
- 6.11 Staff should ensure that the application of the rules is communicated clearly to all young people.

## Discipline

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Expected outcomes:

Disciplinary procedures, the use of force and care and separation are minimised through preventative strategies and alternative approaches: they are not seen in isolation but form part of an overall behaviour management strategy in the establishment. Disciplinary procedures are applied fairly and for good reason. Children and young people are physically restrained only as a last resort and when no other alternative is available to prevent risk of harm to the young person or others. Children and young people are held in the care and separation unit for the shortest possible period.

- 6.12 The disciplinary incident report system was useful to provide an immediate response to inappropriate behaviour, but discouraged young people from using their right to appeal since they risked a greater punishment. Adjudications were conducted on the unit and punishments were proportionate. Young people understood the process, but the role of the advocates in the proceedings needed clarification. Robust quality assurance



procedures ensured that use of force documentation was completed to a good standard, but analysis of use of force data was inadequate and the monitoring role of the safeguarding children committee was very limited. Use of force was employed on many occasions to gain compliance with an order. The calm-down rooms were effectively used, but formal governance of their use was needed. Very few young people from the unit were ever located in the separation and care unit and, when they were, excellent contact was maintained by unit staff.

## **Disciplinary procedures**

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- 6.13 Disciplinary procedures could take one of three forms for young people on the unit in common with the rest of the establishment: adjudications for serious infractions; minor reports, of which there had been none since the unit opened; and disciplinary incident reports (DIRs), which were by far the most widely used of the three options. This was in keeping with our observations that staff sought to deal with infringements using the least serious form of disciplinary action available to them. Three hundred and thirty-four DIRs had been issued in the first three months of 2009.
- 6.14 DIRs could be issued by any member of staff, either for a single breach of rules or a continuous display of poor behaviour. If the young person accepted the DIR, he lost association, use of television or had to dine in his cell for the rest of the day. The loss of association or television applied no longer than the following day. If the young person disputed the issue of a DIR, it was referred to the unit manager, who had the option to double the punishment. Continued refusal by the young person would result in the minor report procedure. We agreed that the imposition of immediate consequences was appropriate and effective for young people, but the subsequent doubling of a punishment if a young person disputed the issue was unfair. Unit managers believed that the absence of any minor reports indicated the effectiveness of the system, but some young people told us that, by the time their case was reviewed by a senior officer, they often accepted the DIR to bring an end to the matter and reduce their anxiety.
- 6.15 Young people's perception that rules were applied inconsistently (see paragraph 6.5) also occurred over the issue of DIRs. Some young people complained to us of receiving a DIR when other young people had not received one for the same behaviour. The reasons for the issue of DIRs which we examined appeared to be appropriate and proportionate and a log was maintained of their issue. However, these data were not subsequently analysed or disseminated by unit managers.
- 6.16 Adjudications were carried out on the unit. Young people were asked if they required the assistance of an advocate when adjudication paperwork was issued. However, young people we spoke to expressed only a vague understanding of access to advocacy provision which was consistent with comments made to us by the advocacy service that they needed to promote their service better (see also applications and complaints system). This was mitigated to some extent by the help provided by unit staff, although this was not independent.
- 6.17 Sixty-one adjudications had taken place in the first three months of 2009. In our survey, 63% of young people on the unit said they had been subject to an adjudication, against the comparator of 58%. Eighty-five per cent of young people on the unit said the process had been clearly explained to them. We spoke to two young people who had been subject to adjudication and they confirmed that the process had been clearly explained to them and they had no complaints about their treatment. Punishments

appeared proportionate, with only one example of removal from the unit to the separation and care unit occurring in 2009.

### **Use of force and separation**

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- 6.18 The establishment kept comprehensive data relating to the use of force. The quality of use of force paperwork was very good, with detailed, consistent accounts, all counter-signed by the appropriate manager. Quality assurance checks were robust, with the deputy head of the unit reviewing the majority of paperwork on a monthly basis.
- 6.19 The establishment-wide safeguarding children committee had responsibility for monitoring the use of force, but, in the absence of regular analysis of the data, monitoring was limited to increases or decreases from month to month. The number of incidents had fluctuated over the previous four months and on average there had been two instances a week, but there was some evidence of a recent gradual decrease. There had been no reported injuries sustained during restraint other than a few red wrists.
- 6.20 The documentation we examined contained evidence of good use of de-escalation immediately following restraint. The use of restraint was followed by a debrief for the young person within 24 hours of the incident by a senior or principal officer. The process was fully recorded in the young person's wing file and was thorough.
- 6.21 There had been no planned removals. There had been 62 spontaneous incidents involving the use of force since the unit opened. Forty-eight of these had involved control and restraint (C&R). Our own analysis showed that 47% of incidents of use of force had occurred because of non-compliance by the young person involved, usually for refusing to go where they needed to be. All but two members of discipline staff had been trained or refreshed in C&R techniques within the last 12 months.
- 6.22 Four unit cells were used specifically as calm-down rooms, which undoubtedly prevented a number of moves to the separation and care unit (SACU). During the inspection, we observed that these rooms were used appropriately, with staff constantly communicating with the young person located there and clearly motivated to allow him out at the earliest opportunity. However, the use of the room for periods of calm down was not part of the behaviour management policy and there was no formal governance of this process.
- 6.23 Only two young people from the Keppel Unit had been located in the SACU since the unit opened. If young people were located in the SACU, the care plan process and fortnightly unit review continued. While this provided necessary continuity, reviews were not sufficiently frequent for young people in the SACU. Records indicated that young people from the unit were visited by at least one member of staff, although often several, on a daily basis.

### **Recommendations**

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- 6.24 The disciplinary incident report (DIR) process should include an avenue of appeal for young people without the imposition of additional penalties if the appeal is not upheld.

- 6.25 Data relating to DIRs should be routinely analysed by unit managers to ensure equality and identify emerging patterns and trends.
- 6.26 Clear guidance should be provided for staff and young people so that the application of the DIR system is consistent and fair.
- 6.27 The role of the advocacy service in relation to adjudications should be clarified.
- 6.28 There should be regular analysis of the use of force to identify patterns or trends in key areas and this should be monitored by the safeguarding committee. Use of force should only be used when the safety of the young person or other individuals is at risk, and not merely to gain compliance.
- 6.29 The use of the calm-down rooms should be incorporated within the behaviour management policy and there should be clear governance arrangements.
- 6.30 The care plans of all young people from the unit located in the SACU should be reviewed at least weekly.

## Rewards and sanctions

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### Expected outcomes:

The primary method of maintaining a safe, well-ordered and constructive environment is the promotion and reward of good behaviour. Unacceptable behaviour is dealt with in an objective and consistent manner as part of an establishment-wide behaviour management strategy. Children and young people play and active part in developing standards of conduct.

- 6.31 Staff emphasised the purpose of the rewards and sanctions scheme as a way of recognising and encouraging good behaviour rather than punishing poor behaviour. Incentives within the scheme were innovative and motivational. Reviews were held regularly as an integral part of the care planning process and young people were able to contribute fully to the process. Behavioural targets were not sufficiently specific, but this was mitigated by help given by staff and interim rewards for improvement. Movement to the basic level of the scheme was always a last resort and young people did not remain on it any longer than was necessary.
- 6.32 The unit rewards and sanctions scheme did not differ from the scheme applied to the mainstream population. The scheme was part of the behaviour management policy and had three levels - gold (enhanced), silver (standard) and red (basic). Young people who transferred from another unit on the highest level were able to maintain that status. Very few young people had been demoted to the red level, with none on basic at the time of our inspection. Our crude analysis of statistics showed that there had been an approximately 50/50 split between silver and gold for the remainder of the unit's population since it opened. In our survey, 62% of young people felt they had been treated fairly in their experience of the reward scheme against a comparator of 59%.
- 6.33 The rewards and sanctions scheme played an integral part in the care planning process. Young people had their level reviewed fortnightly during care planning meetings, where they were able to have significant input into the process.

- 6.34 Careful thought had been given to providing incentives for young people on gold which were sufficient to motivate the required behaviour, for example, a weekly take-out pizza night (provided by the establishment's kitchen) and access to the unit kitchen on a Saturday morning to cook brunch.
- 6.35 Young people on the basic level did not have access to association, but did have access to the rest of the regime and were allowed out of their cell to make phone calls in the evening if they had not been able to make a call during the day. Young people on the basic level were initially reviewed after three days, and records indicated that young people were always given an interim reward for improved behaviour, such as association or dining out of their cell, to motivate them to continue with good behaviour. Targets set for young people on the basic level were unspecific and not always helpful in providing the young person with clarity about what they needed to do to progress to the next level. However, staff were supportive and, in all but one case that we examined, young people regained their silver status after a seven-day review.

## Recommendations

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- 6.36 Targets in the rewards and recognition scheme should be specific, measurable, achievable and realistic so that young people are clear about the required change in behaviour and can achieve it.

# Section 7: Services

## Catering

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### Expected outcomes:

Children and young people are offered varied meals to meet their individual requirements, in particular as growing adolescents, and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 7.1 Young people dined out of their cells for all meals and were joined by staff at their tables. The servery was well kept and food served properly. There was good consultation with young people concerning the quality of the food. The quality and quantity of the food received mixed comments from the young people, but staff were making efforts to discuss and address these concerns through the young people consultative meetings. A dietician had also been consulted. There was no option of a hot meal at lunchtime and some young people complained that meal portions were insufficient.
- 7.2 Young people said that arrangements were made for them to have a meal shortly after they arrived on the unit, even if the scheduled meal time had finished. In our survey, 80% of young people said they were given something to eat when they arrived.
- 7.3 Meals for young people on the unit were prepared in the establishment's central kitchen and brought over to the unit servery from the main site. The servery was very clean and tidy, different cooking utensils were used according to religious needs and food storage requirements were correctly followed. The food was served by four young people, all of whom had only recently started the work, so, while they had been trained in basic health and safety, they had not yet undertaken the food safety programme delivered by the catering department. Young people working on the serveries wore the correct clothing and handled the utensils and food using appropriate gloves.
- 7.4 Each spur came to the servery separately to collect their food and then took it back to their communal areas to eat. All meals were eaten together with staff in attendance, usually sitting down at the tables and using the opportunity to talk to the young people. The time allowed for eating was sufficient and meals were not rushed.
- 7.5 There had previously been formal complaints that some young people had unfairly been given additional portions by those serving. Distribution of the food at the servery was now overseen by one officer and at least one additional officer from the spur and checks were made that each young person received the food he had ordered. Young people ordered their meals two weeks in advance from a number of different options, including vegetarian and Halal. Breakfast consisted of a cereal pack, tea and coffee, toast, jams and a 250 ml carton of milk. Additional tea and coffee were provided to last the day and there was drinking water available in cells. Lunch comprised a roll with a selected filling, plus other items such as crisps, biscuits and fresh fruit. The evening meal was the only hot meal provided during the week, but a hot lunch was available at the weekend. Portions were generally adequate, although some young people complained that they sometimes felt hungry. The food we sampled was reasonably tasty and filling.

- 7.6 One young person who abstained from certain foods for religious reasons reported that on three occasions he had been given food he was not allowed to eat.
- 7.7 Views expressed to us during the inspection on the quality of the food were mixed and, in our survey, 32% of young people said the food was good or very good against the national comparator of 23%. Following a food survey the previous year, menus had been revised in consultation with both young people and a dietician, and food was a standing item at the establishment race equality action team (REAT)/diversity meetings. There was also regular discussion at the unit's young people consultation meetings and arrangements were being made for one of the kitchen staff to attend and discuss concerns with the young people. Issues already addressed at the meeting included an agreement for young people on gold level to use the spur kitchens to prepare a cooked breakfast at weekends (see section on rewards and recognition). Complaints that the meat was too fatty and the salad options were poor had also received attention. Young people had also reported that food portions sent from the kitchens were not consistent each day: sometimes there was wastage and at other times food had to be rationed.

## Recommendations

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- 7.8 Young people employed on the servery should undertake the food safety programme delivered by the catering department.
- 7.9 There should be the option of a hot meal at lunchtime.
- 7.10 The needs of young people who have special catering requirements for religious reasons should be properly catered for.

## Canteen/shop

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### Expected outcomes:

Children and young people can purchase a suitable range of goods at reasonable prices to meet their ethnic, cultural and gender needs, and can do so safely, from an effectively managed shop or canteen system.

- 7.11 Young people had weekly access to the canteen and they were given a suitable advance until they could place their first order. Staff checked on young people who did not place an order in case they had problems. Many young people said that the choice of items was not wide enough. There were not enough items to meet the needs of black and minority ethnic young people. There was regular consultation with young people regarding the canteen stock and the list was reviewed every three months.
- 7.12 Young people were able to place orders for canteen goods weekly. They received their order form on Tuesdays, which they had to complete and submit by Wednesday morning at the latest. If asked, residential support officers (RSOs) helped young people to complete their forms and advised how to budget sensibly. If a young person did not put in an order, RSOs made efforts to find out why, to make sure the young person had no underlying difficulties. The canteen was delivered on Sundays and staff placed it in sealed bags outside the young person's door, so that they could retrieve it as soon as they were unlocked, reducing the potential for bullying.

- 7.13 Young people who arrived on the unit after Wednesday had to wait a week to put in their first order, although they were given an enhanced pack of items, including food and magazines, in addition to the standard first night pack given to all young people. They were given immediate PIN telephone credit and were also given the option to have an advance payment to buy a reception pack of chocolate and sweets, which they subsequently repaid from their first week's earnings. Any young person who arrived too late to have earned anything in their first week was given money to spend on their first canteen order so that they were not disadvantaged. In our survey, 30% of young people said they had access to the canteen within 24 hours, which was significantly higher than the national comparator of 15%.
- 7.14 Young people could place orders from the Argos and Game catalogues. Newspapers and magazines could also be ordered, and many young people opted to order a weekly magazine. Young people were kept up to date with their finances and queries were dealt with swiftly.
- 7.15 The canteen list was reviewed every three months and young people could comment and suggest items through the trainee consultative meeting and the REAT/diversity meetings. The main complaint made by young people was the high cost of items, particularly the price of telephone calls. The REAT representative had pointed out the need for additional toiletries for black and minority ethnic young people and that there was only one food item on the list which could be described as 'black cultural food'.
- 7.16 In our survey, 20% of young people said the canteen carried a wide enough range of products to meet their needs, which was significantly lower than the comparator of 44%.

## Recommendation

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- 7.17 The canteen list should include a sufficiently wide choice to meet the needs of young people from black and minority ethnic groups.

## Good practice

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- 7.18 *If a young person did not put in an order, RSOs made efforts to find out why, to make sure the young person had no underlying difficulties.*





# Section 8: Resettlement

## Resettlement strategy

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### Expected outcomes:

Resettlement underpins the work of the whole establishment. The resettlement strategy is informed by assessment of the needs of children and young people. Resettlement is supported by strategic partnerships in the community, and in particular youth offending teams, to assist the reintegration of children and young people into the community and to prevent them reoffending on release.

- 8.1 The strategic management of resettlement was still at a very early stage of development. The overall function of the unit was not well defined and a clear statement of its purpose was required. There had been no resettlement needs analysis to determine the needs of young people who were referred for a variety of reasons with a wide range of reintegration concerns. Public protection was managed efficiently and young people serving indeterminate sentences were well supported. Arrangements for ongoing healthcare prior to release were good, but Connexions support was inadequate and there was a lack of specialist advice in relation to housing and money management. Despite this and the lack of a resettlement strategy, the day-to-day resettlement needs of young people were well served by the efficient individual care planning process.
- 8.2 A reintegration/exit policy had been produced, but it was little more than a position statement which described how the unit currently operated. There was no comprehensive resettlement strategy. The specification for the unit had initially been designed for a population drawn from the north of the country. However, referrals had been taken from across the country and the unit was effectively operating as a national resource. Managers described having adopted a flexible approach in a range of strategies, including resettlement, to cater for a population which was not very clearly defined.
- 8.3 The unit manager attended the bi-monthly resettlement committee meetings on the main site and unit business had recently become a standing agenda item. A designated principal officer had been appointed on the main site to provide practical assistance for young people transferring from the unit to the main site.
- 8.4 No formal needs analysis had been conducted of the unit population, but we were supplied with a snapshot picture of the current population produced by members of the psychology team. This showed that approximately half the young people had a range of learning difficulties and the most common offences were of a violent, sexual or acquisitive nature.
- 8.5 Since the unit had opened, three young people had returned to the main site at Wetherby in a planned way. Two of these moves resulted from progress which the young people had made and the other from the young person's poor conduct. They all received adequate support from staff on the unit following their transfer. Three young people had progressed sufficiently to return to their previous establishments. A further 12 had been discharged into the community. No additional support was provided to young people who had transferred out of Wetherby.

- 8.6 Day-to-day resettlement planning for young people on the unit was efficient and they were well supported by caseworkers, who worked closely with community youth offending team (YOT) workers.
- 8.7 A team of three psychologists assisted by two officers worked as programme tutors across the establishment. The psychologists also carried out weekly one-to-one offending behaviour work with 15 young people on the unit. Approximately two-thirds of the unit population were engaged in a group programme or individual offending behaviour work. The TEAM programme (the emotional awareness and management programme) had been running since the unit opened. An additional course covering enhanced thinking and decision-making skills had started the week of the inspection. Both these courses were locally accredited. Referrals came from caseworkers, usually following a discussion at a training planning meeting.
- 8.8 At the time of the inspection, 10 young people on the unit had been convicted of a sexual offence. Specialist staff from the Lucy Faithfull Foundation worked with two of these young people. Members of the psychology team worked with a further four young people, but no work was carried out with the remaining four young people in relation to their sexual offending. Two young people on the unit were serving indeterminate sentences. They were supervised by a very experienced lifer manager based on the main site and each had an allocated caseworker and psychologist, both of whom were lifer trained. These young people were well supported.
- 8.9 Young people subject to public protection measures were dealt with efficiently through existing procedures on the main site. Eleven young people were subject to full restrictions. Relevant cases were identified early and were actively reviewed every month. A representative from the unit attended all MAPPA level 3 (multi-agency public protection arrangements) cases in the community post release.
- 8.10 Limited but effective use was being made of release on temporary licence. It had been used in six cases since the unit had opened, principally for community visits, and in one case for a college interview.
- 8.11 There was no pre-release course, nor was there any specialist advice on site in relation to accommodation or finance and money management. Input from Connexions staff was inadequate and limited to a fortnightly clinic. In practice, reintegration support was mainly provided through the care planning process by generic caseworkers and the community YOT staff which ensured that the high level of need reflected in the snapshot and our survey results was generally met.
- 8.12 There were good procedures for the release of young people back into the community with regard to their healthcare needs. All young people were seen on the unit and a fitness for discharge pro forma completed which included a summary of their treatment in the establishment and a record of their vaccinations. Young people were given appropriate amounts of medication where necessary and advised on future medicine management. If the young person agreed, a copy of the fitness for discharge form was sent to the community YOT and the patient's GP. If necessary, verbal contact was made with the YOT or the GP. Those young people under the care of the child and adolescent mental health service (CAMHS) team were referred to local or national CAMHS teams, who were invited to the establishment for a case review. Distance often precluded such meetings, but we felt reassured that, with such an excellent CAMHS service, no young person would be released without due care and attention to their ongoing management.
- 8.13 Sixty-one per cent of young people said there was something they would still like help with before they were released, which was significantly higher than the comparator of 40%.

However, 69% of young people said that they had done something or something had happened to them while in the unit that they thought would make them less likely to offend in the future.

## Recommendations

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- 8.14 There should be a clear resettlement policy based on a comprehensive needs analysis of the population.
- 8.15 All young people transferred to other secure settings should be offered adequate follow-up support.

## Training planning and remand management

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Expected outcomes:

All children and young people have a training plan based on an individual assessment of risks and needs, which is regularly reviewed and implemented throughout and after their time in custody.

- 8.16 Training planning arrangements were efficient. Caseworkers played a central role and supported young people well. Records did not reflect the quality of the work being carried out and few of the first reviews in the community were attended by a unit representative. The training planning process was complemented by the more frequent care planning reviews. Reintegration planning prior to release was not adequate to ensure that a suitable level of sustainable support on release was agreed.
- 8.17 The training planning and remand management process was led by three caseworkers with dedicated responsibilities for young people on the Keppel Unit who were part of a casework team based on the main site. They were all experienced in various aspects of welfare work. Each of them carried a caseload of about 15 young people.
- 8.18 The caseworkers were responsible for organising and chairing the training planning reviews. Administrative and scheduling arrangements were efficient and meetings were usually held within the required timescales. The majority of the meetings we observed were well run. Staff engaged successfully with difficult young people and there was a strong emphasis on the welfare of the young person linked to individual care plans. It was clear that the caseworkers knew the young people well and had interviewed them in advance to ensure they understood the purpose of the meeting and, as a consequence, young people were properly prepared and encouraged to take an active part in their reviews.
- 8.19 Family members attended almost half the reviews and a member of residential staff and a representative from the education department who knew the young person well were always present. The family members and visiting YOT workers that we spoke to were all positive about the reviews that they had attended.
- 8.20 The targets which were set at reviews followed a standard format and did not reflect the individual needs of the young people, neither did the written records reflect the high quality of discussion at the meetings. In our survey, only 47% of young people said they had been involved in their training plan, which was significantly worse than the comparator of 67% for the

main site. Sixty-nine per cent said they understood their targets and 36% said they could see their training plans when they wanted to.

- 8.21 The weaknesses in relation to target setting were particularly pertinent for young people about to be released. There was insufficient attention to ensuring that prior to release each young person had a reintegration plan with responsibilities clearly assigned to ensure that a suitable level of sustainable support on release was agreed. Post-release training planning meetings were not attended by unit staff.
- 8.22 Training planning meetings were scheduled according to the timescales laid down in the Youth Justice Board national standards. Care planning meetings took place in parallel every two weeks and, if they coincided with a training planning meeting, for reasons of efficiency they were combined. The main emphasis in the training planning process was on resettlement and meeting targets, while the care planning meetings focussed more on the young person's welfare in the unit. There were strong links between the different systems and it was clear that they complemented each other.

## Recommendations

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- 8.23 Records of training planning reviews should be appropriately detailed and should more accurately reflect the discussions and agreements reached at the reviews.
- 8.24 All young people should have a good quality training or remand management plan, with targets that are based on their individual risks, needs and aspirations, which is implemented effectively.
- 8.25 Young people should be given a copy of their training plan.
- 8.26 A representative from the unit should always attend first reviews in the community.

## Substance use

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### 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.

- 8.27 Appropriate services were being offered to the young people on the Keppel Unit who had a higher level of need for substance use services than the mainstream population. The drug strategy was up to date, but it did not take account of the different and increased needs of the young people in the Keppel Unit. There was no detoxification facility on the unit, but methadone maintenance had been given to one young person. A wide range of drug education information and interventions, as well as one-to-one key working sessions, were delivered, with two dedicated drug workers working full time on the unit. They played a key part in the multidisciplinary approach to individual care planning for young people. Young people's substance misuse service (YPSMS) workers offered a good level of support to families and appropriate reports were sent to community resettlement agencies on release. YPSMS case files were up to date with evidence of high quality recording. There was no evidence of illicit

substances being used on the unit and the mandatory drug testing (MDT) positive rates were very low. MDT procedures remained inappropriate for children and young people.

### **Drug and alcohol strategy**

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- 8.28 A comparative analysis of the population on the unit with the rest of the establishment showed that there were 21% more young people assessed as having tier 3 substance use needs. While the increased level of need was being addressed, the substance misuse strategy, although up to date, did not mention the specific and higher level of needs and vulnerabilities of young people in the unit. In our survey, 44% of young people said they had problems with drugs when they first arrived, which was significantly worse than the comparator of 21%. Twenty-eight per cent said they had problems with alcohol, but only 19% said they had received help with this, both significantly worse than the respective comparators of 14% and 74%.
- 8.29 The strategy was managed and monitored by a multidisciplinary, establishment-wide team who met regularly and included good representation from the unit.

### **Clinical and psychosocial treatment**

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- 8.30 New arrivals received an initial substance use screening in the reception area, which was conducted with the healthcare assessment.
- 8.31 Where necessary, more comprehensive substance misuse assessments were conducted within the required time frame of 24 hours, but most young people arrived from other establishments with assessment documentation which was updated within the first week.
- 8.32 Young people requiring detoxification were not considered suitable for the unit, so referrals were deferred until any detoxification had been completed. Methadone maintenance was available, but had only been prescribed for one young person since the unit opened.
- 8.33 The availability of information on substance-related services was good, with posters and leaflets clearly displayed in key locations around the unit.
- 8.34 All young people on the unit were on the young people's substance misuse service (YPSMS) caseload, and drugs awareness sessions and other related interventions were delivered by two YPSMS workers who worked full time on the unit. The two workers were line managed by the establishment YPSMS manager, who seconded establishment YPSMS workers as required to cover the unit during staff absences. YPSMS workers were well integrated with the work of the unit and contributed to the multidisciplinary approach to individual care planning for young people. On occasions, separate meetings were also held by YPSMS staff if there were specific needs to be discussed relating to the young person's substance use. There were joint working protocols in place and well coordinated care planning with regard to physical and mental health.
- 8.35 Care-planned one-to-one substance misuse interventions were delivered using several accredited packages which covered drugs awareness, issues of change, assertiveness, cost/benefit analysis of drug use, harm reduction and overdose awareness. This one-to-one approach took account of the severity of need of the young people and was demonstrating good outcomes in terms of their increased levels of awareness and motivation to stop using drugs.

- 8.36 The learning and skills department of the establishment delivered a good range of themed approaches to drug and alcohol issues, for example, smoking cessation, sexually-transmitted infections, sex and relationships, and healthy relationships. Learning and skills tutors and YPSMS workers worked cooperatively to prepare group teaching sessions and one-to-one sessions and jointly took an active part in the unit care planning meetings where issues that had emerged during learning sessions were fed back.
- 8.37 Assessments on the YPSMS case files for young people on the unit were all up to date, the case notes were very thorough and clear, but not all care plans had been signed by the young person concerned. There was consistent evidence of good communication and offers of support from YPSMS to parents, carers and other family members.
- 8.38 Reports were sent to community agencies on release detailing YPSMS work with each young person on the unit so that follow up work was properly planned.
- 8.39 YPSMS and the psychology department conducted additional joint sessions on a two-to-one basis addressing emotional management as a relapse prevention mechanism. Although the one-to-one and two-to-one work was showing effective outcomes, there was very little provision of drug-related group work. There was a lack of hard evidence showing the relative merits of group work with very vulnerable young people, and it was understandable that there had been an early emphasis on one-to-one working. One group-based programme looking at cannabis and alcohol use had been run, but there had been problems in getting young people to attend. YPSMS were planning to develop and adapt more groupwork opportunities such as the substance misuse awareness programme which would seek to engage young people who were reluctant or less able to work in groups.

### **Drug testing**

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- 8.40 Since the unit opened, the mandatory drug testing (MDT) positive rate for the whole establishment had been 1.38%, with four out of the last six months recording zero. The establishment did not separate figures for the unit from the rest of the prison population, which made it difficult to monitor any problems or patterns of drug use that may have arisen on the unit. Anecdotally, we were told that only one young man from the unit had proved positive through MDT. MDT remained an inappropriate procedure for young people, especially in the light of the very low MDT rate.
- 8.41 In our survey, 30% of young people on the unit said it was easy or very easy to get drugs, compared with 33% in the rest of the establishment.
- 8.42 Drug dogs were available to the establishment from the Yorkshire Area search team, but were not regularly used in view of the low levels of need. Furthermore, there had been no illicit drugs or hooch found on the unit in the six months of its operation, although a small quantity of tobacco had been found. No smoking was allowed on the unit.
- 8.43 Previous class A drug use was relatively rare among young people on the unit, with most drug problems involving cannabis, alcohol and tobacco.
- 8.44 While young people were not routinely strip-searched for random tests, they were usually strip-searched for suspicion tests which was inappropriate.
- 8.45 No voluntary drug testing was offered at Wetherby which seemed to be appropriate in view of the very low MDT rate. Young people we spoke to confirmed that they did not think that voluntary drug testing would improve their motivation.

## Recommendations

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- 8.46 The establishment's substance use strategy should be revised to take account of the different needs of young people on the Keppel Unit.
- 8.47 Care plans should always be signed by the young person concerned.
- 8.48 The adult-oriented practices and procedures of MDT are not appropriate for children and young people and should cease.
- 8.49 The establishment should separate drug testing figures for the unit from the rest of the prison population, in order to monitor any problems or patterns of drug use relating to the unit.
- 8.50 Strip-searches for suspicion testing should not be undertaken without prior risk assessments.





## 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

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- 9.1 The YJB should review the needs of vulnerable young people across the juvenile estate and develop a national strategy to ensure appropriate provision, making clear Keppel Unit's role within this strategy. (HP41)

### Main recommendations

To the Youth Justice Board and NOMS

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- 9.2 In liaison with the YJB, managers should set out a clear, strategic vision of Keppel Unit's role and function and ensure that all policies and referral criteria accord with this vision. (HP42)
- 9.3 Measures should be taken to prevent verbal abuse from the adjacent mainstream unit towards young people using the fishing lake. (HP43)
- 9.4 An action plan should be developed to identify and address problems which prevent families, carers or friends from visiting young people and to generally promote better family links. (HP44)
- 9.5 A resettlement strategy should be produced setting out a clear vision of the purpose of the unit and how its goals are to be achieved. (HP45)
- 9.6 Pre-release training planning meetings should produce comprehensive reintegration plans with responsibilities clearly assigned to ensure that a suitable level of sustainable support on release is agreed. (HP46)

### Recommendation

To the Youth Justice Board and NOMS

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- 9.7 The adult-oriented practices and procedures of MDT are not appropriate for children and young people and should cease. (8.48)

### Recommendation

To NOMS

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- 9.8 Young people should not be routinely handcuffed when being transported to the unit in a taxi with unit staff, unless a comprehensive risk assessment indicates that it is necessary. (1.7)

## **First days in custody**

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- 9.9 There should be age-appropriate and easy to read posters or displays in waiting areas in reception providing useful and reassuring information. (1.20)
- 9.10 Trained peer supporters should be available to speak to new arrivals in reception and on their first night in custody. (1.21)

## **Residential units**

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- 9.11 Information on the day-to-day running of the unit should be available in multiple formats, appropriate for all young people whenever they wish to use it. (2.15)
- 9.12 All young people should have the opportunity to contribute their views, for example through questionnaires and whole unit or spur meetings. (2.16)

## **Safeguarding**

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- 9.13 The establishment-wide safeguarding children strategy meetings should take place quarterly as intended. (3.10)
- 9.14 The safeguarding children committee should monitor all aspects of safeguarding specific to the Keppel Unit. (3.11)
- 9.15 The monthly unit safeguards meetings should be linked to the establishment-wide safeguarding children strategy committee meetings. (3.12)
- 9.16 The establishment should secure agreement with the local safeguarding children board on their role and, more specifically, the role of Leeds Children and Young People's Social Care in monitoring safeguarding arrangements relevant to the unit. (3.13)
- 9.17 There should be dedicated social work input for the unit to meet the specific needs of the population. (3.14)
- 9.18 Unit safeguarding meetings should involve relevant departments external to the unit, such as healthcare, education, psychology, security and chaplaincy. (3.15)
- 9.19 Unit safeguarding data should be used to identify patterns and trends. (3.16)

## **Bullying**

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- 9.20 Information about bullying and unacceptable behaviour should be displayed in an age-appropriate manner. (3.27)
- 9.21 Reviews and individual targets for young people subject to formal anti-bullying measures should be incorporated within the individual care planning process. (3.28)

- 9.22 A bullying survey of all young people on the unit should be undertaken, at least biannually. (3.29)
- 9.23 There should be routine collection and analysis of a range of data concerning all incidents of victimisation. This should be monitored by the establishment's safeguarding children strategy committee and the unit safeguarding committee and inform the anti-bullying strategy and procedures. (3.30)

### **Self-harm and suicide**

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- 9.24 There should be routine collection and analysis of a range of data relating to self harm, which should be regularly monitored by both the establishment and unit safeguarding committees. This analysis should inform the suicide and self-harm strategy and procedures. (3.41)
- 9.25 Assessment, care in custody and teamwork (ACCT) care maps should address all the issues raised at the initial interview and assessment, and allocate responsibility to a specific member of staff. The care map should be regularly updated and take full account of the young person's separate individual care plan. Education staff should attend ACCT reviews where appropriate. (3.42)
- 9.26 Family members and youth offending team workers should be invited to attend ACCT reviews where appropriate. (3.43)
- 9.27 All Keppel Unit staff should be trained at least annually in suicide and self-harm. (3.44)

### **Child protection**

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- 9.28 All child protection referrals should be sent to Leeds Children and Young People's Social Care (LCYPSC) in accordance with the child protection policy. (3.54)
- 9.29 Data collection and analysis of child protection referrals should include separate consideration of issues which relate directly to the Keppel Unit. (3.55)
- 9.30 LCYPSC should be notified of all child protection referrals relating to historic abuse as prescribed in the child protection policy. (3.56)
- 9.31 The child protection coordinator should ensure that all referrals are acknowledged by LCYPSC within the agreed time frame. (3.57)
- 9.32 Following allegations of professional abuse, discussions should take place with the local authority designated officer (LADO) to decide on an appropriate course of action as prescribed in the child protection policy. (3.58)
- 9.33 Internal investigations should be carried out when a decision is made in consultation with LCYPSC that a referral does not meet the threshold for a child protection investigation. The LADO should oversee such investigations. (3.59)
- 9.34 All allegations of sexual abuse should be referred for initial discussion and assessment to include the senior social worker as prescribed in the child protection policy. (3.60)
- 9.35 Child protection investigations should be undertaken by suitably trained staff with an appropriate level of independence. (3.61)

- 9.36 The establishment should agree with LCYPSC a robust system of monitoring individual child protection referrals and the role of the safeguarding children strategy committee should be clarified in this regard. (3.62)

### **Diversity**

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- 9.37 The establishment's diversity manager and REAT should support the unit to carry out a diversity needs assessment and thereafter develop appropriate services, staff guidance and monitoring arrangements to ensure that the diverse needs of all children and young people located on the Keppel Unit are met. (3.74)
- 9.38 Unit staff should appoint and support young people diversity representatives to ensure that they are able to carry out the responsibilities associated with their role. Unit representatives should meet other diversity representatives regularly to benefit from peer support. (3.75)
- 9.39 Unit staff should be appointed as diversity champions for different aspects of the diversity agenda. (3.76)
- 9.40 Young people who abuse or discriminate against young people from black or minority ethnic groups or other minority groups should undertake diversity training or other suitable intervention to challenge their attitudes or behaviour. (3.77)
- 9.41 Unit managers should work with the establishment foreign nationals coordinator to devise operational guidance to enable an immediate response should a foreign national be admitted to the unit. (3.78)

### **Contact with the outside world**

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- 9.42 Visits entitlements should be increased to one a week for sentenced young people and there should be no upper limit to the number of visits that young people on remand are allowed to have. (3.91)
- 9.43 There should be a process in place to identify young people who do not receive visits so that appropriate action to enable them to maintain contact with their family and friends, including consideration of accumulated visits, can be taken. (3.92)
- 9.44 Visits should take place in a safe environment where young people do not feel intimidated. (3.93)
- 9.45 A visitor survey should be conducted and feedback used to address the low take-up of visits. (3.94)
- 9.46 There should be a unit family liaison officer. (3.95)
- 9.47 Family days should be organised specifically for young people located on the Keppel Unit at least four times a year. (3.96)

### **Applications and complaints**

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- 9.48 There should be a system in place for staff to record verbal applications rather than a requirement for all applications to be put in writing by the young person. (3.104)

- 9.49 There should be better promotion of the advocacy service and its role in relation to the resolution of complaints should be explained regularly at the young people consultation meetings. (3.105)
- 9.50 Unit managers should examine and report on why such a significant number of young people have reported that they have been encouraged to withdraw a complaint. (3.106)
- 9.51 Responses to complaints should be written in an understandable and respectful manner and clearly address the issues raised with either a resolution or a comprehensive explanation of future action. (3.107)
- 9.52 The unit manager should regularly publish the results of the complaints monitoring to improve staff performance. (3.108)
- 9.53 Complaints should be analysed to identify patterns or trends. (3.109)

### **Health services**

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- 9.54 The healthcare waiting area should be made more age appropriate and health promotion material should be available in a variety of formats so that the messages are clear. (4.49)
- 9.55 Inpatient toilets should undergo a deep cleaning programme and cleaners should be provided with appropriate cleaning materials to ensure a high standard of cleanliness in sanitation areas. (4.50)
- 9.56 The healthcare association room should be made more age appropriate and activities offered on residential units should be available to inpatients. (4.51)
- 9.57 There should be a suitable outside area for inpatients. (4.52)
- 9.58 The radiograph developing machine should be made functional. (4.53)
- 9.59 There should be a detailed plan outlining decontamination processes according to Health Technical Memorandum 01-05: Decontamination in Primary Care Dental Practices. (4.54)
- 9.60 The washer/disinfector should be installed in the dental surgery. (4.55)
- 9.61 The funding for specialist practitioners within the CAMHS team should be retained to ensure that the current high standard of mental health support is maintained. (4.56)
- 9.62 There should be a dedicated registered sick children's nurse (RSCN). (4.57)
- 9.63 All healthcare staff should undertake child protection training. (4.58)
- 9.64 The security clearance process should be expedited to ensure that selected candidates are able to take up their appointments as soon as possible. (4.59)
- 9.65 The reception healthcare room should be redecorated and should be cleaned regularly. (4.60)
- 9.66 There should be a dedicated health forum for young people on Keppel Unit. (4.61)
- 9.67 Optician support should be increased and primary care nurses should be trained to undertake routine eye testing. (4.62)

- 9.68 The reasons for young people from Keppel Unit not attending healthcare appointments should be investigated and appropriate action taken to ensure young people attend appointments. (4.63)
- 9.69 Standard operating procedures for pharmacy service provision and delivery of medication to young people should be written. These should be formally agreed through the medicines and therapeutics committee. (4.64)
- 9.70 The security of the controlled drugs cabinet key should be improved. (4.65)
- 9.71 Storage arrangements for controlled drugs should be compliant with the Misuse of Drugs (Safe Custody) Regulations. (4.66)
- 9.72 Over-the-counter medicines should be separated from other preparations. (4.67)
- 9.73 Loose tablets and tablet foils do not satisfy labelling requirements and should not be kept in stock. (4.68)
- 9.74 Medicines should be stored at appropriate temperatures.(4.69)
- 9.75 Secondary dispensing should cease immediately. (4.70)
- 9.76 Duplicate medicine charts should not be in use at any time. (4.71)
- 9.77 Nurses should see young people who fail to attend for medication to find out why and to encourage them to do so. Continuing problems should be discussed with senior management to ensure young people take their medication. (4.72)
- 9.78 The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded. (4.73)
- 9.79 Medicines should be supplied as prescribed by the doctor. If a medicine has not been prescribed on a 'when required' basis, then all prescribed doses should be offered. (4.74)
- 9.80 The medicines and therapeutics committee should review the use of general stock to ensure that named patient medication is used wherever possible and general stock used only if unavoidable. (4.75)
- 9.81 The over-the-counter medicines list should be revised to ensure that only general sales list medicines are supplied against it. (4.76)
- 9.82 The introduction of patient group directions (PGDs) should be considered to enable supply of more potent medication by the pharmacist or nurse. A copy of the original signed PGDs should be kept in the pharmacy room and read and signed by all relevant staff. (4.77)
- 9.83 A dental triage system should be in place. (4.78)
- 9.84 Patients from the Keppel Unit with an urgent dental problem should not have to wait until the next session to be seen. (4.79)
- 9.85 Young people attending for dental treatment should not be brought over to healthcare until their appointment is imminent. Young people should not be confined to the waiting room for unreasonable lengths of time. (4.80)

- 9.86 The partnership board should ensure that a dedicated primary mental health service for the Keppel Unit is provided and that staff are ring-fenced to mental health duties. (4.81)
- 9.87 Primary mental health nurses should attend multidisciplinary care planning meetings and case reviews as a matter of priority. (4.82)

### **Education, training and library provision**

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- 9.88 Opportunities should be provided across the education curriculum for young people able and willing to access accredited learning. (5.19)
- 9.89 A formal individual tutorial system should be developed to accommodate the needs of each learner and to ensure that learning targets are appropriate. (5.20)
- 9.90 A broader range of vocational training linked to formal qualifications and employment should be provided in preparation for reintegration and resettlement. (5.21)
- 9.91 The collection and analysis of management information should be improved and embedded to inform planning and development. (5.22)
- 9.92 The provision of one-to-one basic skills support by LSAs should be increased. (5.23)
- 9.93 Connexions provision should be improved and there should be access to up-to-date careers information, advice and guidance on the unit. (5.24)
- 9.94 Access to the library should be improved during association and at weekends. (5.25)

### **Physical education and health promotion**

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- 9.95 The quality of the grounds should be enhanced to increase the range of sports and games available during the day and during association. (5.32)

### **Faith and religious activity**

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- 9.96 The chaplaincy team and unit staff should work together to ensure that unit activities do not coincide with religious services. (5.43)

### **Security and rules**

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- 9.97 Strip-searching should not be carried out on a routine basis and should only be authorised following a risk assessment which identifies that it is necessary to prevent risk of harm to the young person or others. (6.7)
- 9.98 A log should be maintained of all authorised strip-searches and the procedures should be monitored by the safeguarding children strategy committee. (6.8)
- 9.99 Children and young people should never be strip-searched using force. (6.9)
- 9.100 Unit rules and regimes should be displayed in an age-appropriate format. (6.10)

- 9.101 Staff should ensure that the application of the rules is communicated clearly to all young people. (6.11)

### **Discipline**

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- 9.102 The disciplinary incident report (DIR) process should include an avenue of appeal for young people without the imposition of additional penalties if the appeal is not upheld. (6.24)
- 9.103 Data relating to DIRs should be routinely analysed by unit managers to ensure equality and identify emerging patterns and trends. (6.25)
- 9.104 Clear guidance should be provided for staff and young people so that the application of the DIR system is consistent and fair. (6.26)
- 9.105 The role of the advocacy service in relation to adjudications should be clarified. (6.27)
- 9.106 There should be regular analysis of the use of force to identify patterns or trends in key areas and this should be monitored by the safeguarding committee. Use of force should only be used when the safety of the young person or other individuals is at risk, and not merely to gain compliance. (6.28)
- 9.107 The use of the calm-down rooms should be incorporated within the behaviour management policy and there should be clear governance arrangements. (6.29)
- 9.108 The care plans of all young people from the unit located in the SACU should be reviewed at least weekly. (6.30)

### **Rewards and sanctions**

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- 9.109 Targets in the rewards and recognition scheme should be specific, measurable, achievable and realistic so that young people are clear about the required change in behaviour and can achieve it. (6.36)

### **Catering**

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- 9.110 Young people employed on the servery should undertake the food safety programme delivered by the catering department. (7.8)
- 9.111 There should be the option of a hot meal at lunchtime. (7.9)
- 9.112 The needs of young people who have special catering requirements for religious reasons should be properly catered for. (7.10)

### **Canteen/shop**

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- 9.113 The canteen list should include a sufficiently wide choice to meet the needs of young people from black and minority ethnic groups. (7.17)



### **Resettlement strategy**

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- 9.114 There should be a clear resettlement policy based on a comprehensive needs analysis of the population. (8.14)
- 9.115 All young people transferred to other secure settings should be offered adequate follow-up support. (8.15)

### **Training planning and remand management**

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- 9.116 Records of training planning reviews should be appropriately detailed and should more accurately reflect the discussions and agreements reached at the reviews. (8.23)
- 9.117 All young people should have a good quality training or remand management plan, with targets that are based on their individual risks, needs and aspirations, which is implemented effectively. (8.24)
- 9.118 Young people should be given a copy of their training plan. (8.25)
- 9.119 A representative from the unit should always attend first reviews in the community. (8.26)

### **Substance use**

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- 9.120 The establishment's substance use strategy should be revised to take account of the different needs of young people on the Keppel Unit. (8.46)
- 9.121 Care plans should always be signed by the young person concerned. (8.47)
- 9.122 The establishment should separate drug testing figures for the unit from the rest of the prison population, in order to monitor any problems or patterns of drug use relating to the unit. (8.49)
- 9.123 Strip-searches for suspicion testing should not be undertaken without prior risk assessments. (8.50)

## **Housekeeping points**

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### **Residential units**

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- 9.124 Young people should be elected as representatives to the trainee consultative committee. (2.17)
- 9.125 Representatives on the trainee consultative committee should have a job description and be supported by an advocate in carrying out their duties. (2.18)

### **Self-harm and suicide**

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- 9.126 Management checks relating to ACCT documentation should apply equally to the quality of care maps as to the quality of staff observations. (3.45)

### **Health services**

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- 9.127 Medication refrigerators should not be used for clinical samples. (4.83)
- 9.128 Personal dental treatment plan forms should be issued in accordance with GDS Regulations 2005. (4.84)
- 9.129 The drawer/cupboard locks in the dental surgery should be repaired. (4.85)
- 9.130 The dental surgery floor covering should be sealed at all edges. (4.86)
- 9.131 The dental X-ray machine should be re-sited to enable radiographs to be taken with the patient seated in the dental chair. (4.87)
- 9.132 'Clean' and 'dirty' areas in the dental surgery should be signed. (4.88)
- 9.133 Disposashield products should be used more extensively in the dental surgery. (4.89)
- 9.134 A larger medicine storage cupboard should be provided in the unit. (4.90)

### **Education, training and library provision**

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- 9.135 Appropriate Information technology equipment should be available to support lesson delivery. (5.26)
- 9.136 More suitable space should be available for learning support. (5.27)

### **Physical education and health promotion**

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- 9.137 There should be better storage facilities on the unit for games and sports equipment. (5.33)

## **Good practice**

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### **Relationships between staff and young people**

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- 9.138 The twice daily full staff briefings contributed significantly to the successful multidisciplinary approach to work with the young people. (2.28)
- 9.139 The fishing lake offered excellent opportunities for staff to work with young people in an informal setting and we observed young people being helped to manage their impulsiveness and impatience. (2.29)

### **Personal officers (residential support officers)**

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- 9.140 Excellent staff supervision and support were offered by the CAMHS team and this undoubtedly contributed to skill development as well as the level of staff confidence and resilience which was evident in their interactions with young people. (2.36)
- 9.141 New residential support officers were supported by an experienced mentor. (2.37)

### **Health services**

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- 9.142 The mental health awareness training programme targeting officers and other staff delivered by CAMHS provided a high level of awareness of mental health conditions and how to manage them, providing a better understanding by staff of the mental health needs of vulnerable young people. (4.91)

### **Canteen/shop**

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- 9.143 If a young person did not put in an order, RSOs made efforts to find out why, to make sure the young person had no underlying difficulties. (7.18)



## Appendix I: Inspection team

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Nigel Newcomen  
Fay Deadman  
Ian Macfadyen  
Ian Thomson  
Martin Owens  
Bridget McEvilly  
Paul Roberts  
Stella Butler  
Jon Bowman

Deputy chief inspector  
Team leader  
Inspector  
Inspector  
Inspector  
Health services inspector  
Substance use inspector  
Ofsted inspector  
Ofsted inspector

## Appendix II: Prison population profile

Population breakdown by:

(i) Status	Number of juveniles	%
Sentenced	39	89
Convicted but unsentenced	4	9
Remand	1	2
Detainees (single power status)	0	0
Detainees (dual power status)	0	0
<b>Total</b>	<b>44</b>	<b>100</b>

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

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Total
Age								
15 years		1					1	2
16 years			2	1	2		1	6
17 years	1		2	1	2	2	2	10
18 years			1		1	1	1	4
<b>Total</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>22</b>

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

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

17 years			1	1		2
18 years			2			2
<b>Total</b>		<b>1</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>10</b>

(iv) Number of EXTENDED SENTENCES UNDER SECTION 228 (extended sentence for public protection)

Sentence	Under 2 yrs	2-3 yrs	3-4 yrs	4-5 yrs	5 yrs +	Total
Age						
15 years				1		1
16 years				1		1
17 years				1	2	3
18 years						
<b>Total</b>				<b>3</b>	<b>2</b>	<b>5</b>

(v) Number OF INDETERMINATE SENTENCES by age

Sentence	Section 90 (HMP)	Life sentence under section 91	Section 53 (1)	Section 226 (DPP)	Total
Age					
15 years					
16 years					
17 years		2			2
18 years					
<b>Total</b>		<b>2</b>			<b>2</b>

(vi) LENGTH OF STAY for UNSENTENCED by age

Length of stay	<1 mth	1-3 mths	3-6 mths	6-12 mths	1-2 yrs	2 yrs +	Total
Age							
15 years							
16 years		2					2
17 years		1					1
18 years		1	1				2
<b>Total</b>		<b>4</b>	<b>1</b>				<b>5</b>

(vii) Main offence	Number of juveniles	%
Violence against the person	6	14
Sexual offences	11	25
Burglary	7	16
Robbery	4	9
Theft & handling		
Fraud and forgery		
Drugs offences		
Driving offences	1	2
Other offences	12	27
Breach of community part of DTO	3	7
Civil offences		
Offence not recorded/ Holding warrant		
<b>Total</b>	<b>44</b>	<b>100</b>



(viii) Age	Number of juveniles	%
15 years	3	7
16 years	15	34
17 years	18	41
18 years	8	18
<b>Total</b>	<b>44</b>	<b>100</b>

(ix) Home address	Number of juveniles	%
Within 50 miles of the prison	14	32
Between 50 and 100 miles of the prison	19	43
Over 100 miles from the prison	9	20
Overseas		
NFA	2	5
<b>Total</b>	<b>44</b>	<b>100</b>

(x) Nationality	Number of juveniles	%
British	44	100
Foreign nationals	0	0
<b>Total</b>	<b>44</b>	<b>100</b>

(xi) Ethnicity	Number of juveniles	%
<i>White</i>		
British	41	93
Irish		
Other White		

<i>Mixed</i>		
White and Black Caribbean	1	2
White and Black African		
White and Asian		
Other Mixed		
<i>Asian or Asian British</i>		
Indian		
Pakistani		
Bangladeshi		
Other Asian		
<i>Black or Black British</i>		
Caribbean	2	5
African		
Other Black		
<i>Chinese or other ethnic group</i>		
Chinese		
Other ethnic group		
<b>Total</b>	<b>44</b>	<b>100</b>

<b>(xii) Religion</b>	<b>Number of juveniles</b>	<b>%</b>
Baptist		
Church of England	12	27
Roman Catholic	8	18
Other Christian denominations	1	2.5

Muslim	1	2.5
Sikh		
Hindu		
Buddhist		
Jewish		
Other		
No religion	22	50
<b>Total</b>	<b>44</b>	<b>100</b>

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## Appendix III: Safety interviews

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Fifteen young people were approached by the research team to undertake structured interviews regarding issues of safety and staff-prisoner relationships at HMP/YOI Wetherby, Keppel Unit. Individuals were randomly selected from each spur of the unit.

### Location of interviews

	Number of interviews
Red Spur	4
Blue Spur	3
Green Spur	4
Yellow Spur	4
<b>Total</b>	<b>15</b>

Interviews were undertaken in a private area, 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 prison on this sentence ranged from one and a half months to two years.
- Length of time at HMP/YOI Wetherby, Keppel Unit ranged from three weeks to eight months.
- Ten of the young people had been in a YOI before, for the other five it was their first time in a young offenders institute.
- All but one young person was sentenced, one was on remand.
- Sentence length ranged from one to twelve years.
- Average age was 17 (ranging from 15 to 18)
- One interview was conducted with a young person from a black and minority ethnic background and fourteen interviews were conducted with young people from white backgrounds. This was reflective of the ethnic mix within the population of the unit.
- Four interviewees stated their religion was Roman Catholic, three stated Christianity, two stated Church of England and the other six stated that they had no religion.
- Five interviewees stated they had a disability
- None of the interviewees stated they were a foreign national.

### Safety

All interviewees were asked to identify areas of concern with regards to safety within HMP/YOI Wetherby, Keppel Unit 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.

The ranking column shows the order of the 22 potential safety concerns covered in the interview schedule based on the seriousness score. A ranking of '1' shows the issue with the highest seriousness score.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Lack of confidence in staff	3	2.3	7
Lack of trust in staff	2	2	4
Isolation (within the prison)	1	4	4
Healthcare facilities	1	3	3
Response of staff with regards to fights/bullying/self harm in the prison	1	3	3
Layout/structure of the prison	1	2	2
Aggressive body language of young people	1	2	2
Number of staff on duty during the day	1	1	1
Number of staff on duty during association	1	1	1
Staff behaviour with young people	1	1	1
Lack of information about prison regime	1	1	1
The way meals are served	1	1	1
Movement to work/education/gym	1	1	1
Surveillance cameras	0	0	0
Existence of an illegal market	0	0	0
Availability of drugs	0	0	0
Staff members giving favours in return for something	0	0	0
Aggressive body language of staff	0	0	0
Procedures for discipline (adjudications)	0	0	0
Overcrowding	0	0	0
Gang culture	0	0	0

**The top five issues were:**

1. Lack of confidence in staff
- = 2. Lack of trust in staff and Isolation (within the prison)
- = 4. Healthcare facilities and Response of staff with regards to fights/bullying/self harm in the prison
- =6. Layout/structure of the prison and Aggressive body language of young people

### Overall Rating

Interviewees were asked to give an overall rating for safety at HMP/YOI Wetherby, Keppel Unit, with 1 being very bad and 4 being very good.

The average rating was 4 – very good.

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

1	2	3	4
0	2 (13%)	1 (7%)	12 (80%)

### **Staff-prisoner Relationships**

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
10 (67%)	4 (27%)	0	1 (7%)

The average rating was 1.5

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

1 Always	2	3	4 Never
12 (80%)	3 (20%)	0	0

The average rating was 1.2

#### **3. How often do wing staff address you by your first name or by Mr?**

1 Always	2	3	4 Never
13 (87%)	2 (13%)		

The average rating was 1.1

#### **4. How often do wing staff knock before entering your cell?**

1 Always	2	3	4 Never
7 (47%)	2 (13%)	2 (13%)	3 (20%)

The average rating was 2.1

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

1 Very helpful	2	3	4 Not at all helpful
12 (80%)	1 (7%)	1 (7%)	1(7%)

The average rating was 1.4

**6. How often are staff appropriate in their behaviour?**

1 Always	2	3	4 Never
13 (87%)	0	2(13%)	0

The average rating was 1.3

**7. Do staff treat young people fairly?**

1 Completely	2	3	4 Not at all
11 (73%)	2 (13%)	1 (7%)	1(7%)

The average rating was 1.5

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

1	2	3	4 Not at all
12 (80%)	2 (13%)	0	1(7%)

The average rating was 1.3

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

1 Completely	2	3	4 Not at all
12 (80%)	2 (13%)	0	1(7%)

The average rating was 1.3

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

Yes	No	Depends who you approach
14 (93%)	1 (7%)	0

**11. How often do staff interact with you?**

1 Always	2	3	4 Never
13 (87%)	0	0	2 (13%)

The average rating was 1.4

**12. Do you have a member of staff to turn to if you have a problem?**

No-one stated they did not. All of the young people gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
9 (60%)	3 (20%)	2 (13%)	1(7%)

The average rating was 1.7

**13. Can you approach your personal officer?**

Yes	No	Don't have one
15	0	0

**14. Do staff challenge inappropriate behaviour?**

1 Always	2	3	4 Never
13 (87%)	1 (7%)	1(7%)	0

The average rating was 1.2

**15. Do staff promote responsible behaviour?**

1 Always	2	3	4 Never
13	2	0	0

The average rating was 1.1

**16. Do staff provide assistance if you need it in applying for jobs/education/ROTL etc.?**

1 Always	2	3	4 Never
14 (93%)	0	0	1(7%)

The average rating was 1.2



17. Do staff actively encourage you to take part in activities outside your cell?

1 Always	2	3	4 Never
12 (80%)	1(7%)	0	1 (7%)

The average rating was 1.3

When young people were asked questions about discrimination by staff, their responses indicated **no discrimination** on the basis of ethnicity, nationality, religion, age, disability, sexual orientation or sentence status.

**Overall Rating**

Interviewees were asked to give an overall rating for staff-prisoner relationships at HMP/YOI Wetherby, Keppel Unit, with 1 being excellent and 4 being poor. **The average rating was 1.5**

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

1	2	3	4
8	6	1	0

## Appendix IV: Summary of young people's questionnaires and interviews

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### 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 24 March 2009, the population of young people on Keppel Unit at HMYOI Wetherby was 46. Questionnaires were offered to all young people.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire and one questionnaire was not returned.

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
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable, or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

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

### Response rates

In total, 42 respondents completed and returned their questionnaires. This represented 91% of children and young people in the establishment at the time. The response rate was 91%.

### 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 young people's establishments since 2006.

Also included are statistically significant differences between the responses of young people surveyed in the main accommodation at HMYOI Wetherby and responses from the Keppel Unit.

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 is attached. This shows a breakdown of responses for each question as well. 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

<b>Q1</b>	<b>How old are you?</b>	
	15.....	7%
	16.....	41%
	17.....	41%
	18.....	10%
<b>Q2</b>	<b>Are you a British citizen?</b>	
	Yes .....	95%
	No.....	5%
<b>Q3</b>	<b>Is English your first language?</b>	
	Yes .....	95%
	No.....	5%
<b>Q4</b>	<b>What is your ethnic origin?</b>	
	<i>White - British</i> .....	86%
	<i>White - Irish</i> .....	5%
	<i>White - Other</i> .....	0%
	<i>Black or Black British - Caribbean</i> .....	2%
	<i>Black or Black British - African</i> .....	0%
	<i>Black or Black British - Other</i> .....	0%
	<i>Asian or Asian British - Indian</i> .....	0%
	<i>Asian or Asian British - Pakistani</i> .....	0%
	<i>Asian or Asian British - Bangladeshi</i> .....	0%
	<i>Asian or Asian British - Other</i> .....	2%
	<i>Mixed Race - White and Black Caribbean</i> .....	5%
	<i>Mixed Race - White and Black African</i> .....	0%
	<i>Mixed Race - White and Asian</i> .....	0%
	<i>Mixed Race - Other</i> .....	0%
	<i>Chinese</i> .....	0%
	<i>Other ethnic group</i> .....	0%
<b>Q5</b>	<b>What is your religion?</b>	
	<i>None</i> .....	32%
	<i>Church of England</i> .....	37%
	<i>Catholic</i> .....	17%
	<i>Protestant</i> .....	0%
	<i>Other Christian denomination</i> .....	7%
	<i>Buddhist</i> .....	0%
	<i>Hindu</i> .....	0%
	<i>Jewish</i> .....	0%
	<i>Muslim</i> .....	7%
	<i>Sikh</i> .....	0%
<b>Q6</b>	<b>Do you have any children?</b>	
	Yes .....	13%
	No.....	88%

## Section Two: About your sentence

<b>Q2</b>	<b>Are you sentenced?</b>	
	Yes .....	83%
	No - unsentenced / on remand .....	17%
<b>Q3</b>	<b>What is the length of your sentence?</b>	
	<b>Not sentenced</b> .....	17%
	Four months.....	7%
	Six months .....	5%
	Eight months.....	7%
	Twelve months .....	5%
	Eighteen months .....	7%
	Two years.....	15%
	Two to four years .....	17%
	Four years or more .....	20%
	Indeterminate sentence for public protection (ISSP / DPP).....	0%
<b>Q4</b>	<b>Approximately, how long do you have left to serve (if you are serving life, please use the date of your next parole board)?</b>	
	<b>Not sentenced</b> .....	18%
	Less than two months .....	21%
	Two to six months.....	26%
	Six months to one year .....	15%
	One year or more.....	21%
<b>Q5</b>	<b>How long have you been in this establishment?</b>	
	Less than one month.....	18%
	One to six months.....	57%
	Six to twelve months .....	15%
	One to two years.....	10%
	Two years or more.....	0%
<b>Q6</b>	<b>How many times have you been in a YOI, secure children's home or secure training centre before?</b>	
	None.....	29%
	Once.....	27%
	Two to five.....	34%
	More than five.....	10%
<b>Q7</b>	<b>Have you been to any other YOI during this sentence?</b>	
	None.....	43%
	One.....	36%
	Two.....	21%
	Three.....	0%
	More than three.....	0%

### Section Three: Courts, transfers and escorts

<b>Q1</b>	<b>On your most recent journey, was the van clean?</b>	
	Yes .....	48%
	No .....	36%
	Don't remember.....	10%
	Not applicable.....	7%
<b>Q2</b>	<b>On your most recent journey, was the van comfortable?</b>	
	Yes .....	24%
	No .....	67%
	Don't remember.....	2%
	Not applicable.....	7%
<b>Q3</b>	<b>Did you feel safe on your most recent journey?</b>	
	Yes .....	73%
	No .....	22%
	Don't remember.....	5%
<b>Q4</b>	<b>On your most recent journey, were there any adults (over 18), or any young people of a different gender, travelling with you?</b>	
	Yes .....	36%
	No .....	48%
	Don't remember.....	17%
<b>Q5</b>	<b>On your most recent journey, how long did you spend in the van?</b>	
	Less than one hour.....	14%
	One to two hours.....	40%
	Two to four hours.....	26%
	More than four hours.....	14%
	Don't remember.....	5%
<b>Q6</b>	<b>On your most recent journey, were you offered a toilet break if you needed it?</b>	
	<b>My journey was less than two hours</b> .....	56%
	Yes .....	5%
	No .....	32%
	Did not need it .....	2%
	Don't remember.....	5%
<b>Q7</b>	<b>On your most recent journey, were you offered anything to eat or drink?</b>	
	<b>My journey was less than two hours</b> .....	55%
	Yes .....	19%
	No .....	26%
	Don't remember.....	0%
<b>Q8</b>	<b>On your most recent journey, how did you feel you were treated by the escort staff?</b>	
	Very well.....	36%
	Well .....	33%
	Neither .....	14%

<i>Badly</i> .....	10%
<i>Very badly</i> .....	0%
<i>Don't remember</i> .....	7%

**Q9 When you left court, were you told that you would be coming to this establishment? (Please tick all that apply to you)**

<i>Yes, someone told me</i> .....	65%
<i>Yes, I received written information</i> .....	8%
<i>No, I was not told anything</i> .....	30%
<i>Don't remember</i> .....	3%

**Section Four: Your first few days here**

**Q1 How long were you in reception?**

<i>Less than two hours</i> .....	57%
<i>Two hours or longer</i> .....	26%
<i>Don't remember</i> .....	17%

**Q2 Were you seen by a member of healthcare staff in reception?**

<i>Yes</i> .....	74%
<i>No</i> .....	19%
<i>Don't remember</i> .....	7%

**Q3 When you were searched, was this carried out in an understanding way?**

<i>Yes</i> .....	80%
<i>No</i> .....	12%
<i>Don't remember</i> .....	7%

**Q4 Overall, how well did you feel you were treated in reception?**

<i>Very well</i> .....	31%
<i>Well</i> .....	31%
<i>Neither</i> .....	21%
<i>Badly</i> .....	10%
<i>Very badly</i> .....	2%
<i>Don't remember</i> .....	5%

**Q5 When you first arrived here, did staff ask if you needed help or support with any of the following things? (Please tick all that apply to you)**

<i>Not being able to smoke</i> .....	68%	<i>Money worries</i> .....	20%
<i>Loss of property</i> .....	20%	<i>Feeling low / upset / needing someone to talk to</i> .....	41%
<i>Housing problems</i> .....	12%	<i>Health problems</i> .....	46%
<i>Needing protection from other young people</i> .....	20%	<i>Getting phone numbers</i> .....	54%
<i>Letting family know where you are</i> .....	63%	<b>Staff did not ask me about any of these</b> .....	2%

- Q6 When you first arrived here, did you have any of the following problems? (Please tick all that apply to you)**
- |   |     |   |     |
|---|-----|---|-----|
| <i>Not being able to smoke</i> .....                    | 69% | <i>Money worries</i> .....                                    | 15% |
| <i>Loss of property</i> .....                           | 18% | <i>Feeling low / upset / needing someone to talk to</i> ..... | 44% |
| <i>Housing problems</i> .....                           | 15% | <i>Health problems</i> .....                                  | 21% |
| <i>Needing protection from other young people</i> ..... | 18% | <i>Getting phone numbers</i> .....                            | 46% |
| <i>Letting family know where you are</i> .....          | 38% | <b><i>I did not have any problems</i></b> .....               | 10% |
- Q7 When you first arrived here, were you given any of the following? (Please tick all that apply)**
- |   |     |
|---|-----|
| <i>A reception pack</i> .....                           | 71% |
| <i>The opportunity to have a shower</i> .....           | 44% |
| <i>Something to eat</i> .....                           | 80% |
| <i>A free phone call to friends / family</i> .....      | 76% |
| <i>Information about the PIN telephone system</i> ..... | 54% |
| <i>Information about feeling low / upset</i> .....      | 54% |
| <i>Don't remember</i> .....                             | 5%  |
| <b><i>I was not given any of these</i></b> .....        | 2%  |
- Q8 Within your first 24 hours here, did you have access to the following people or services? (Please tick all that apply)**
- |   |     |
|---|-----|
| <i>Chaplain or religious leader</i> .....                       | 69% |
| <i>Someone from healthcare</i> .....                            | 62% |
| <i>Peer support / peer mentor / Listener / Samaritans</i> ..... | 49% |
| <i>The prison shop / canteen</i> .....                          | 31% |
| <i>Don't remember</i> .....                                     | 13% |
| <b><i>I did not have access to any of these</i></b> .....       | 5%  |
- Q9 Did you feel safe on your first night at this establishment?**
- |                             |     |
|-----------------------------|-----|
| <i>Yes</i> .....            | 75% |
| <i>No</i> .....             | 18% |
| <i>Don't remember</i> ..... | 8%  |
- Q10 How soon after your arrival did you go on an induction course?**
- |  |     |
|--|-----|
| <b><i>I have not been on an induction course</i></b> ..... | 25% |
| <i>Within the first week</i> .....                         | 55% |
| <i>More than a week</i> .....                              | 8%  |
| <i>Don't remember</i> .....                                | 13% |
- Q11 Did the induction course cover everything you needed to know about the establishment?**
- |  |     |
|--|-----|
| <b><i>I have not been on an induction course</i></b> ..... | 25% |
| <i>Yes</i> .....   | 55% |
| <i>No</i> .....  | 13% |
| <i>Don't remember</i> .....                                | 8%  |



## Section Five: Daily Life & Respect

<b>Q1</b>	<b>Can you normally have a shower everyday if you want to?</b>			
	Yes .....			98%
	No .....			0%
	Don't know.....			2%
<b>Q2</b>	<b>Is your cell call bell normally answered within five minutes?</b>			
	Yes .....			54%
	No.....			29%
	Don't know.....			17%
<b>Q3</b>	<b>What is the food like here?</b>			
	Very good.....			3%
	Good .....			30%
	Neither .....			23%
	Bad.....			20%
	Very bad .....			25%
<b>Q4</b>	<b>Does the shop / canteen sell a wide enough variety of products?</b>			
	<i>I have not bought anything yet</i> .....			2%
	Yes .....			20%
	No.....			73%
	Don't know.....			5%
<b>Q5</b>	<b>How easy is it for you to attend religious services?</b>			
	<i>I don't want to attend religious services</i> .....			24%
	Very easy .....			46%
	Easy .....			17%
	Neither .....			2%
	Difficult.....			5%
	Very difficult .....			2%
	Don't know.....			2%
<b>Q6</b>	<b>Please answer the following questions about religion:</b>			
		Yes	No	Don't Know / Not applicable
	Do you feel your religious beliefs are respected?	71%	15%	15%
	Can you speak to a religious leader in private if you want to?	81%	5%	14%
<b>Q7</b>	<b>Please answer the following about staff here:</b>			
		Yes		No
	Is there a member of staff you feel you can turn to for help if you have a problem?	80%		20%
	Do <b>most</b> staff treat you with respect?	91%		9%

## Section Six: Healthcare

<b>Q1</b>	<b>What do you think of the overall quality of the healthcare?</b>			
	<i>I have not been to healthcare</i> .....		7%	
	<i>Very good</i> .....		26%	
	<i>Good</i> .....		38%	
	<i>Neither</i> .....		17%	
	<i>Bad</i> .....		10%	
	<i>Very bad</i> .....		2%	
<b>Q2</b>	<b>Is it easy to see the following people if you need to?</b>			
		Yes	No	Don't know
	The doctor .....	77%	23%	0%
	The nurse .....	84%	16%	0%
	The dentist .....	13%	74%	13%
	The optician .....	24%	47%	29%
	The pharmacist....	39%	24%	37%
<b>Q3</b>	<b>Have you had any problems getting your medication?</b>			
	<i>I am not taking any medication</i> .....			25%
	<i>Yes</i> .....			13%
	<i>No</i> .....			63%
<b>Q4</b>	<b>Please answer the following about alcohol:</b>			
		Yes	No	
	Did you have problems with alcohol when you first arrived here?	28%	72%	
	Do you have problems with alcohol now?	10%	90%	
	Have you received any help with alcohol problems in this prison?	18%	82%	
<b>Q5</b>	<b>Please answer the following about drugs:</b>			
		Yes	No	
	Did you have problems with drugs when you first arrived here?	44%	56%	
	Do you have problems with drugs now?	15%	85%	
	Have you received any help with drugs problems in this prison?	45%	55%	
<b>Q6</b>	<b>How easy is it to get illegal drugs here?</b>			
	<i>Very easy</i> .....			15%
	<i>Easy</i> .....			15%
	<i>Neither</i> .....			8%
	<i>Difficult</i> .....			8%
	<i>Very difficult</i> .....			13%
	<i>Don't know</i> .....			43%

<b>Q7</b>	<b>Do you feel you have any emotional or mental health problems?</b>	
	Yes .....	57%
	No .....	43%
<b>Q8</b>	<b>If you have emotional or mental health problems, are you being helped by any of the following people?</b>	
	<i>I am not getting any help</i> .....	8%
	Doctor .....	29%
	Nurse .....	25%
	Psychiatrist / Psychologist .....	63%
	Counsellor .....	21%
	Other .....	21%

### Section Seven: Applications and Complaints

<b>Q1</b>	<b>Do you know how to make an application?</b>			
	Yes .....	95%		
	No .....	5%		
<b>Q2</b>	<b>Is it easy to make an application?</b>			
	Yes .....	90%		
	No .....	5%		
	Don't know .....	5%		
<b>Q3</b>	<b>Please answer the following about applications:</b>			
		<b><i>I have not made an application</i></b>	Yes	No
	Do you feel applications are sorted out fairly?	18%	54%	28%
	Do you feel applications are sorted out promptly? (within seven days)	18%	54%	28%
<b>Q4</b>	<b>Do you know how to make a complaint?</b>			
	Yes .....	85%		
	No .....	15%		
<b>Q5</b>	<b>Is it easy to make a complaint?</b>			
	Yes .....	70%		
	No .....	5%		
	Don't know .....	25%		
<b>Q6</b>	<b>Please answer the following about complaints:</b>			
		<b><i>I have not made a complaint</i></b>	Yes	No
	Do you feel complaints are sorted out fairly?	43%	30%	28%
	Do you feel complaints are sorted out promptly? (within seven days)	44%	31%	26%

Have you ever been encouraged to withdraw a complaint?	44%	26%	31%
--	-----	-----	-----

**Q7 Can you speak to the following people when you need to?**

	Yes	No	Don't know
A peer mentor / peer support / listener	53%	10%	38%
A member of the IMB (Independent Monitoring Board)	49%	13%	38%
An advocate (an outside person to help you)	63%	5%	32%

## Section Eight: Rewards & Sanctions, and Discipline

**Q1 What level of the rewards and sanctions scheme are you on?**

<i>Don't know what the rewards and sanctions scheme is</i> .....	13%
<i>Enhanced (Top)</i> .....	33%
<i>Standard (Middle)</i> .....	46%
<i>Basic (Bottom)</i> .....	3%
<i>Don't know</i> .....	5%

**Q2 Do you feel you have been treated fairly in your experience of the rewards and sanctions scheme?**

<i>Don't know what the rewards and sanctions scheme is</i> .....	13%
Yes .....	63%
No .....	25%

**Q3 Do the different levels of the rewards and sanctions scheme encourage you to change your behaviour?**

<i>Don't know what the rewards and sanctions scheme is</i> .....	13%
Yes .....	53%
No .....	16%
<i>Don't Know</i> .....	18%

**Q4 Have you had a 'nicking' (adjudication) since you have been in this establishment?**

Yes .....	63%
No .....	34%
<i>Don't know</i> .....	3%

**Q5 Was the 'nicking' (adjudication) process explained clearly to you?**

<i>I have not had an adjudication</i> .....	35%
Yes .....	54%
No .....	11%

**Q6 If you have been physically restrained (C and R), how many times has this happened since you have been in this establishment?**

<i>I have not been restrained</i> .....	64%
<i>Once</i> .....	22%
<i>Twice</i> .....	6%
<i>Three times</i> .....	3%
<i>More than three times</i> .....	6%

**Q7 If you have spent a night in the segregation/care and separation unit, how were you treated by staff?**

<i>I have not been to the segregation unit</i> .....	81%
<i>Very well</i> .....	3%
<i>Well</i> .....	3%
<i>Neither</i> .....	8%
<i>Badly</i> .....	0%
<i>Very badly</i> .....	6%

### Section Nine: Safety

**Q1 Have you ever felt unsafe in this establishment?**

Yes .....	38%
No.....	62%

**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)**

<i>Never felt unsafe</i> .....	62%	<i>At meal times</i> .....	5%
<i>Everywhere</i> .....	8%	<i>At healthcare</i> .....	5%
<i>Segregation unit</i> .....	3%	<i>Visit's area</i> .....	22%
<i>Association areas</i> .....	8%	<i>In wing showers</i> .....	3%
<i>Reception area</i> .....	8%	<i>In gym showers</i> .....	14%
<i>At the gym</i> .....	22%	<i>In corridors / stairwells</i> .....	5%
<i>In an exercise yard</i> .....	8%	<i>On your landing / wing</i> .....	11%
<i>At work</i> .....	5%	<i>In your cell</i> .....	14%
<i>At education</i> .....	5%		
<i>Other please specify</i>			100%

**Q3 Has another young person or group of young people victimised you in this establishment? (e.g. insulted or assaulted you)**

Yes .....	43%
No.....	57%

**If No, go to question 6**

**Q4 If yes, what did the incident(s) involve / What were they about? (Please tick all that apply)**

<i>Insulting remarks (about you, your family or friends)</i> .....	31%	<i>Because of drugs</i> .....	11%
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	17%	<i>Having your canteen/property taken</i> .....	6%
<i>Sexual abuse</i> .....	3%	<i>Because you were new here</i> .....	17%
<i>Because of your race or ethnic origin</i> .....	6%	<i>Because you are from a different part of the country</i> .....	20%
<i>Because of your religious beliefs</i> .	11%	<i>Because of gang related issues</i> .....	20%
<i>Because you have a disability</i> .....	3%	<i>Because of my offence / crime</i> .....	9%

**Q6 Has a member of staff or group of staff victimised you in this establishment?  
(e.g. insulted or assaulted you)**

Yes ..... 17%  
 No ..... 83% **If No, go to question 9**

**Q7 If yes, what did the incident(s) involve / What were they about?  
(Please tick all that apply)**

<i>Insulting remarks (about you, your family or friends).....</i>	9%	<i>Because of drugs .....</i>	3%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	9%	<i>Having your canteen/property taken.....</i>	3%
<i>Sexual abuse.....</i>	0%	<i>Because you were new here.....</i>	3%
<i>Because of your race or ethnic origin .....</i>	3%	<i>Because you are from a different part of the country .....</i>	3%
<i>Because of your religious beliefs .</i>	3%	<i>Because of gang related issues.....</i>	0%
<i>Because you have a disability .....</i>	0%	<i>Because of my offence / crime.....</i>	3%

**Q9 If you were being victimised who would you tell?**

<i>No-one.....</i>	36%	<i>Teacher / Education staff.....</i>	14%
<i>Personal Officer.....</i>	47%	<i>Gym staff .....</i>	14%
<i>Wing Officer .....</i>	36%	<i>Listener / Samaritan / Buddy .....</i>	19%
<i>Chaplain .....</i>	28%	<i>Another young person here .....</i>	14%
<i>Healthcare staff .....</i>	14%	<i>Family / friends .....</i>	31%

**Q10 Do you think staff would take it seriously if you told them you had been victimised?**

Yes ..... 50%  
 No ..... 25%  
 Don't know..... 25%

**Q11 Is shouting through the windows a problem here?**

Yes ..... 43%  
 No ..... 46%  
 Don't know..... 11%

**Q12 Have staff checked on you personally in the last week to see how you are getting on?**

Yes ..... 74%  
 No ..... 26%

**Section Ten: Activities**

**Q1 How old were you when you were last at school?**

*14 or under.....* 39%  
*15 or over.....* 61%

**Q2 Please answer the following questions about school:**

Yes                      No                      Not applicable

Have you ever been excluded from school?	97%	3%	0%
Did you used to truant from school?	82%	18%	0%

**Q3 Do you take part in any of the following activities? (Please tick all that apply)**

Education .....	94%
A job in this establishment.....	33%
Vocational or skills training.....	28%
Offending behaviour programmes.....	47%
<b>I am not involved in any of these</b> .....	3%

**Q4 If you have been involved in any of the following activities, do you think they will help you when you leave prison?**

	<b>Not been involved</b>	Yes	No	Don't know
Education	6%	69%	17%	9%
A job in this establishment	69%	29%	3%	0%
Vocational or skills training	74%	23%	0%	3%
Offending behaviour programmes	54%	40%	6%	0%

**Q5 Do you usually have association everyday?**

Yes .....	86%
No .....	11%
Don't know.....	3%

**Q6 How many times do you usually go to the gym each week?**

<b>Don't want to go</b> .....	11%
None.....	6%
One to two times .....	31%
Three to five times .....	44%
More than five times .....	6%
Don't know.....	3%

**Q7 Can you usually go outside for exercise everyday?**

<b>Don't want to go</b> .....	6%
Yes .....	46%
No .....	46%
Don't know.....	3%

**Section Eleven: Keeping in touch with family and friends**

**Q1 Are you able to use the telephone everyday, if you want to?**

Yes .....	97%
No .....	3%
Don't know.....	0%

**Q2 Have you had any problems with sending or receiving mail (letters or parcels)?**

Yes .....	46%
No .....	49%
Don't know.....	5%

<b>Q3</b>	<b>How easy is it for your family and friends to visit you here?</b>	
	Very easy .....	14%
	Easy .....	24%
	Neither .....	8%
	Difficult .....	19%
	Very difficult .....	32%
	Don't know.....	3%
<b>Q4</b>	<b>How many times have you been visited by family or friends in the last month?</b>	
	<i>I don't get visits</i> .....	30%
	Less than one .....	14%
	One.....	16%
	Two.....	16%
	Three.....	8%
	More than three .....	0%
	Don't know.....	16%
<b>Q5</b>	<b>Do your visits start on time?</b>	
	<i>I don't get visits</i> .....	31%
	Yes .....	29%
	No.....	20%
	Don't know.....	20%
<b>Q6</b>	<b>How are you and your family/friends treated by visits staff?</b>	
	<i>I don't get visits</i> .....	31%
	Very well.....	17%
	Well .....	17%
	Neither .....	8%
	Badly.....	6%
	Very badly .....	0%
	Don't know.....	22%

## Section Twelve: Preparation for Release

<b>Q1</b>	<b>When did you first meet your personal officer?</b>	
	<i>I still have not met him/her</i> .....	0%
	In the first 24 hours.....	58%
	In first week.....	19%
	More than a week .....	6%
	Don't remember.....	17%
<b>Q2</b>	<b>How often do you see your personal officer?</b>	
	<i>I still have not met him/her</i> .....	0%
	At least once a week .....	94%
	Less than once a week .....	6%
<b>Q3</b>	<b>Do you feel your personal officer has helped you?</b>	
	<i>I still have not met him/her</i> .....	0%



Yes ..... 80%  
 No ..... 20%

**Q4 Do you have a training plan?**

**Not sentenced** ..... 18%  
 Yes ..... 51%  
 No ..... 8%  
 Don't know ..... 23%

**Q5 Please answer the following about training plans:**

	<b><i>I don't have a training plan</i></b>	Yes	No	<i>Don't know</i>
Were you involved in development your training plan?	26%	36%	13%	26%
Do you understand the targets that have been set in your training plan?	26%	51%	3%	21%
Can you see your training plan when you want to?	25%	28%	10%	38%

**Q6 Has your YOT worker been in touch since you arrived at this establishment?**

Yes ..... 97%  
 No ..... 3%

**Q7 Do you know how to get in touch with your YOT worker?**

Yes ..... 75%  
 No ..... 25%

**Q8 Please answer the following about your release:**

	Yes	No	<i>Don't know</i>
Have you had a say in what will happen to you when you are released?	49%	29%	23%
Are you planning on going to school or college after release?	72%	14%	14%
Do you have a job to go to on release?	31%	51%	17%

**Q9 Do you know who to contact to get help with any of the following for when you leave? (Please tick all that apply)**

*Finding accommodation* ..... 33%  
*Getting into school or college* ..... 58%  
*Getting a job* ..... 36%  
*Help with money / finances* ..... 50%  
*Help with claiming benefits* ..... 39%  
*Continuing health services* ..... 33%  
*Opening a bank account* ..... 28%  
*Avoiding bad relationships* ..... 31%  
***I don't know who to contact*** ..... 39%

- Q10 Do you think you will have a problem with any of the following when you leave?  
(Please tick all that apply)**
- |   |     |
|---|-----|
| <i>Finding accommodation</i> .....            | 24% |
| <i>Getting into school or college</i> .....   | 45% |
| <i>Getting a job</i> .....                    | 52% |
| <i>Money / finances</i> .....                 | 52% |
| <i>Claiming benefits</i> .....                | 33% |
| <i>Continuing health services</i> .....       | 15% |
| <i>Opening a bank account</i> .....           | 15% |
| <i>Avoiding bad relationships</i> .....       | 36% |
| <b><i>I won't have any problems</i></b> ..... | 30% |
- Q11 Is there anything you would still like help with before you are released?**
- |                 |     |
|-----------------|-----|
| Yes .....       | 60% |
| No.....         | 34% |
| Don't know..... | 6%  |
- Q12 What is most likely to stop you offending in the future?  
(Please tick all that apply to you)**
- |   |     |  |     |
|---|-----|--|-----|
| <b>Not sentenced</b> .....                              | 19% | <i>Having a mentor (someone you can ask for advice)</i> .....        | 28% |
| <i>Nothing it is up to me</i> .....                     | 25% | <i>Having a YOT worker or social worker that I get on with</i> ..... | 31% |
| <i>Making new friends outside</i> .....                 | 33% | <i>Having children</i> .....   | 11% |
| <i>Going back to live with my family</i> ..             | 36% | <i>Having something to do that isn't crime</i> .....                 | 56% |
| <i>Getting a place of my own</i> .....                  | 31% | <i>This sentence</i> .....   | 33% |
| <i>Getting a job</i> .....                              | 47% | <i>Getting into school / college</i> .....                           | 44% |
| <i>Having a partner (girlfriend or boyfriend)</i> ..... | 42% | <i>Talking about my offending behaviour with staff</i> .....         | 31% |
| <i>Staying off alcohol / drugs</i> .....                | 36% | <i>Anything else</i> .....   | 8%  |
- Q13 Do you want to stop offending?**
- |                            |     |
|----------------------------|-----|
| <b>Not sentenced</b> ..... | 18% |
| Yes .....                  | 77% |
| No.....                    | 3%  |
| Don't know.....            | 3%  |
- 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?**
- |                            |     |
|----------------------------|-----|
| <b>Not sentenced</b> ..... | 18% |
| Yes .....                  | 56% |
| No.....                    | 26% |



**Survey Responses from Children & Young People HMYOI Wetherby: Keppel Unit 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**

		Keppel unit 2009	young people's comparator	Keppel unit 2009	Wetherby main 2009
<span style="background-color: #00FF00; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span>	Any percent highlighted in green is significantly better than the comparator				
<span style="background-color: #0000FF; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span>	Any percent highlighted in blue is significantly worse than the comparator				
<span style="background-color: #FFA500; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span>	Any percent highlighted in orange shows a significant difference in demographic details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>42</b>	<b>1077</b>	<b>42</b>	<b>106</b>
<b>SECTION 1: ABOUT YOU</b>					
1.1	Are you 18 years of age?	9%	9%	9%	10%
1.2	Are you a foreign national?	5%		5%	0%
1.3	Is English your first language?	96%	91%	96%	98%
1.4	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	9%	36%	9%	20%
1.5	Are you Muslim?	7%		7%	9%
1.5	Do you have any children?	13%	9%	13%	14%
<b>SECTION 2: ABOUT YOUR SENTENCE</b>					
2.2	Are you sentenced?	83%	78%	83%	85%
2.3	Is your sentence 12 months or less?	24%	39%	24%	36%
2.4	Do you have less than six months to serve?	47%	53%	47%	53%
2.5	Have you been in this prison less than a month?	18%	22%	18%	24%
2.6	Is this the first time that you have been in a YOI, secure children's home or secure training centre before?	29%	43%	29%	44%
2.7	Have you been to any other YOI during this sentence?	57%	31%	57%	20%
<b>SECTION 3: COURTS, TRANSFERS AND ESCORTS</b>					
For your most recent journey, either to or from court, or between prisons, we want to know:					
3.1	Was the van clean?	48%	46%	48%	43%
3.2	Was the van comfortable?	24%	10%	24%	9%
3.3	Did you feel safe?	73%	74%	73%	81%
3.4	Did you travel with any adults (over 18) or anyone of a different gender?	36%		36%	33%
3.5	Did you spend more than four hours in the van?	15%	8%	15%	3%
For those who spent 2 hours or more in the escort van:					
3.6	Were you offered a toilet break if you needed it?	12%	18%	12%	20%
3.7	Were you offered anything to eat or drink?	43%		43%	35%
3.8	Were you treated well/very well by the escort staff?	70%	61%	70%	54%
3.9	Did someone tell you where you were going when you left court?	66%	98%	66%	82%
3.10	Did you receive written information about where you were going when you left court?	7%	67%	7%	3%
<b>SECTION 4: YOUR FIRST FEW DAYS HERE</b>					
4.1	Were you in reception for less than 2 hours?	57%	82%	57%	73%
4.2	Were you seen by a member of healthcare staff in reception?	74%	88%	74%	95%
4.3	When you were searched was this carried out in an understanding way?	80%	79%	80%	87%
4.4	Were you treated well/very well in reception?	62%	67%	62%	71%

**Key to tables**

		Keppel unit 2009	young people's comparator	Keppel unit 2009	Wetherby main 2009
	Any percent highlighted in green is significantly better than the comparator				
	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				
<b>Number of completed questionnaires returned</b>		<b>42</b>	<b>1077</b>	<b>42</b>	<b>106</b>
<b>SECTION 4: YOUR FIRST FEW DAYS HERE cont.</b>					
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?	69%		69%	73%
4.5b	Loss of property?	20%		20%	21%
4.5c	Housing problems?	13%		13%	15%
4.5d	Needing protection form other young people?	20%		20%	20%
4.5e	Letting family know where you are?	63%		63%	53%
4.5f	Money worries?	20%		20%	15%
4.5g	Feeling low/upset/needing someone to talk to?	42%		42%	42%
4.5h	Health problems?	47%		47%	51%
4.5i	Getting phone numbers?	53%		53%	41%
4.6	Did you have any problems when you first arrived?	91%	73%	91%	74%
When you first arrived, did you have problems with any of the following:					
4.6a	Not being able to smoke?	70%	27%	70%	52%
4.6b	Loss of property?	19%	42%	19%	7%
4.6c	Housing problems?	16%	9%	16%	5%
4.6d	Needing protection form other young people?	19%	12%	19%	1%
4.6e	Letting family know where you are?	40%	5%	40%	24%
4.6f	Money worries?	16%	16%	16%	9%
4.6g	Feeling low/upset/needing someone to talk to?	44%	17%	44%	17%
4.6h	Health problems?	21%	20%	21%	7%
4.6i	Getting phone numbers?	47%	10%	47%	23%
When you first arrived, were you given any of the following:					
4.7a	A reception pack?	71%		71%	88%
4.7b	The opportunity to have a shower?	44%		44%	12%
4.7c	Something to eat?	80%		80%	81%
4.7d	A free phone call to friends/family?	76%	85%	76%	73%
4.7e	Information about the PIN telephone system?	53%		53%	54%
4.7f	Information about feeling low/upset?	53%		53%	33%
Within your first 24 hours, did you have access to the following people or services:					
4.8a	The chaplain or religious leader?	70%	37%	70%	51%
4.8b	Someone from healthcare?	61%	51%	61%	66%
4.8c	A Peer Mentor, Listener or The Samaritans?	49%	14%	49%	17%
4.8d	Did you have access to the prison shop/canteen?	30%	15%	30%	13%
4.9	Did you feel safe on your first night here?	75%	84%	75%	82%

**Key to tables**

		Keppel unit 2009	young people's comparator	Keppel unit 2009	Wentley main 2009
Any percent highlighted in green is significantly better than the comparator					
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					
<b>Number of completed questionnaires returned</b>		<b>42</b>	<b>1077</b>	<b>42</b>	<b>106</b>
For those who had an induction:					
4.10	Did you go on an induction course within your first week?	73%	52%	73%	82%
4.11	Did the induction course cover everything you needed to know about the establishment?	73%	68%	73%	67%
<b>SECTION 5: DAILY LIFE HERE</b>					
5.1	Can you normally have a shower everyday if you want to?	98%	63%	98%	14%
5.2	Is your cell call bell normally answered within five minutes?	53%	31%	53%	19%
5.3	Do you find the food here good/very good?	32%	23%	32%	15%
5.4	Does the shop/canteen sell a wide enough variety of products?	20%	44%	20%	9%
5.5	Is it easy/very easy for you to attend religious services?	63%	54%	63%	58%
5.6a	Do you feel your religious beliefs are respected?	71%		71%	44%
5.6b	Can you speak to a religious leader in private if you want to?	81%		81%	61%
5.7a	Is there a member of staff you can turn to with a problem?	80%		80%	65%
5.7b	Do most staff treat you with respect?	92%	71%	92%	66%
<b>SECTION 6: HEALTHCARE</b>					
6.1	Do you think the overall quality of the healthcare is good/very good?	64%	59%	64%	50%
6.2a	Is it easy for you to see the Doctor?	77%	46%	77%	45%
6.2b	Is it easy for you to see the Nurse?	83%	68%	83%	63%
6.2c	Is it easy for you to see the Dentist?	14%	28%	14%	12%
6.2d	Is it easy for you to see the Optician?	24%	21%	24%	17%
6.2e	Is it easy for you to see the pharmacist?	41%		41%	24%
6.3	For those on medication: Have you had any problems getting your medication?	18%	33%	18%	31%
6.4a	Did you have any problems with alcohol when you first arrived?	28%	14%	28%	20%
6.4b	Do you have any problems with alcohol now?	9%		9%	6%
6.4c	Have you received any help with any alcohol problems here?	19%	74%	19%	17%
6.5a	Did you have any problems with drugs when you first arrived?	44%	21%	44%	34%
6.5b	Do you have any problems with drugs now?	16%		16%	9%
6.5c	Have you received any help with any drug problems here?	46%	61%	46%	27%
6.6	Is it easy/very easy to get illegal drugs here?	30%		30%	33%
6.7	Do you feel you have any emotional or mental health problems?	57%		57%	28%
<b>SECTION 7: APPLICATIONS AND COMPLAINTS</b>					
7.1	Do you know how to make an application?	96%		96%	86%
7.2	Is it easy to make an application?	91%		91%	75%
For those who have made an application:					
7.3a	Do you feel applications are sorted out fairly?	66%		66%	70%
7.3b	Do you feel applications are sorted out promptly? (within 7 days)	66%		66%	58%
7.4	Do you know how to make a complaint?	84%	78%	84%	87%
7.5	Is it easy to make a complaint?	71%	50%	71%	75%
For those who have made a complaint:					
7.6a	Do you feel complaints are sorted out fairly?	52%	32%	52%	35%
7.6b	Do you feel complaints are sorted out promptly? (within 7 days)	54%		54%	43%
7.6c	Have you ever been encouraged to withdraw a complaint?	46%	23%	46%	24%

**Key to tables**

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	<b>Number of completed questionnaires returned</b>	<b>42</b>	<b>1077</b>	<b>42</b>	<b>106</b>
Can you speak to the following people when you need to:					
7.7a	A peer mentor or listener?	52%		52%	31%
7.7b	A member of the IMB (Independent Monitoring Board)	49%		49%	28%
7.7c	An advocate (an outside person to help you)	63%	37%	63%	45%
<b>SECTION 8: REWARDS &amp; SANCTIONS, AND DISCIPLINE</b>					
8.1	Are you on the enhanced (Top) level of the reward scheme?	33%	24%	33%	30%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	62%	59%	62%	61%
8.3	Do the different levels make you change your behaviour?	65%	51%	52%	57%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	63%	58%	63%	62%
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	85%		85%	91%
8.6	Have you been physically restrained (Cand R) since you have been here?	36%	28%	36%	26%
8.7	For those who had spent a night in the segregation/CSU: Did the staff treat you well/very well?	25%	44%	25%	33%
<b>SECTION 9: SAFETY</b>					
9.1	Have you ever felt unsafe in this prison?	38%	28%	38%	26%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	44%	24%	44%	18%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4a	Insulting remarks?	32%	13%	32%	9%
9.4b	Physical abuse?	18%	9%	18%	7%
9.4c	Sexual abuse?	3%	1%	3%	1%
9.4d	Racial or Ethnic abuse?	5%	3%	5%	2%
9.4e	Your religious beliefs?	11%		11%	3%
9.4f	Your disability?	3%		3%	0%
9.4g	Drugs?	11%	1%	11%	1%
9.4h	Having your canteen/property taken?	5%	4%	5%	0%
9.4i	Because you were new here?	18%	6%	18%	3%
9.4j	Being from a different part of the country than others?	21%	5%	21%	3%
9.4k	Gang related issues?	21%		21%	4%
9.4l	Your offence/crime?	8%		8%	2%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	18%	20%	18%	18%
If you have felt victimised by a member of staff/group of staff members, did the incident involve:					
9.5a	Insulting remarks?	8%	12%	8%	11%
9.5b	Physical abuse?	8%	3%	8%	2%
9.5c	Sexual abuse?	0%	1%	0%	0%
9.5d	Racial or Ethnic abuse?	3%	3%	3%	0%
9.5e	Your religious beliefs?	3%		3%	1%
9.5f	Your disability?	0%		0%	0%
9.5g	Drugs?	3%	1%	3%	0%
9.5h	Having your canteen/property taken?	3%	2%	3%	1%
9.5i	Because you were new here?	3%	3%	3%	2%
9.5j	Being from a different part of the country than others?	3%	3%	3%	0%
9.5k	Gang related issues?	0%		0%	1%

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<b>SECTION 9: SAFETY cont.</b>					
9.5I	Your offence/crime?	3%		3%	2%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it?	64%	60%	64%	60%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	50%	37%	50%	37%
9.11	Is shouting through the windows a problem here?	44%		44%	45%
9.12	Have staff checked on you personally in the last week to see how you are getting on?	74%	36%	74%	36%
<b>SECTION 10: ACTIVITIES</b>					
10.1	Were you 14 or younger when you were last at school?	39%	38%	39%	44%
10.2a	Have you ever been excluded from school?	98%	87%	98%	90%
10.2b	Have you ever truanted from school?	81%	69%	81%	78%
Do you take part in any of the following:					
10.3a	Education?	95%	84%	95%	59%
10.3b	A job in this establishment?	33%	20%	33%	59%
10.3c	Vocational or skills training?	28%	51%	28%	22%
10.3d	Offending behaviour programmes?	48%		48%	24%
For those taking part in these activities: Do you think that they will help you when you leave prison?					
10.4a	Education?	72%		72%	67%
10.4b	A job in this establishment?	92%		92%	68%
10.4c	Vocational or skills training?	90%		90%	79%
10.4d	Offending behaviour programmes?	88%		88%	24%
10.5	Do you usually have association everyday?	85%	54%	85%	10%
10.6	Do you go to the gym more than 5 times each week?	5%	9%	5%	10%
10.7	Can you usually go outside for exercise everyday?	46%	31%	46%	5%
<b>SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS</b>					
11.1	Are you able to use the telephone every day?	98%	58%	98%	13%
11.2	Have you had any problems with sending or receiving letters or parcels?	46%	31%	46%	33%
11.3	Is it easy/very easy for your family and friends to visit you here?	38%	34%	38%	49%
11.4	Have you had two or more visits in the last month?	24%	48%	24%	44%
11.5	Do your visits start on time?	28%		28%	41%
11.6	Are you and your visitors treated well/very well by visits staff?	33%	56%	33%	52%
<b>SECTION 12: PREPARATION FOR RELEASE</b>					
For those who have met their personal officer:					
12.1	Did you meet your personal officer within the first week?	78%	81%	78%	56%
12.2	Do you see your personal officer at least once a week?	95%		95%	58%
12.3	Do you feel helped by your personal officer?	80%	63%	80%	45%
12.4	Do you have a training plan?	51%		51%	52%
For those with a training plan:					
12.5a	Were you involved in the development of your training plan?	47%		47%	67%
12.5b	Do you understand the targets set in your training plan?	69%		69%	77%
12.5c	Can you see your training plan when you want to?	36%	40%	36%	43%
12.6	Has your YOT worker been in touch since you arrived here?	98%		98%	81%

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<b>12.7</b>	Do you know how to get in touch with your YOT worker?	<b>75%</b>		<b>75%</b>	<b>58%</b>
Please answer the following about your preparation for release:					
<b>12.8a</b>	Have you had a say in what will happen to you when you are released?	<b>49%</b>	<b>42%</b>	<b>49%</b>	<b>45%</b>
<b>12.8b</b>	Are you going to school or college on release?	<b>73%</b>	<b>42%</b>	<b>73%</b>	<b>54%</b>
<b>12.8c</b>	Do you have a job to go to on release?	<b>32%</b>	<b>23%</b>	<b>32%</b>	<b>21%</b>
Do you know who to contact for help with the following, in preparation for your release:					
<b>12.9a</b>	Finding accommodation	<b>33%</b>		<b>33%</b>	<b>48%</b>
<b>12.9b</b>	Getting into school or college	<b>58%</b>		<b>58%</b>	<b>49%</b>
<b>12.9c</b>	Getting a job	<b>36%</b>		<b>36%</b>	<b>54%</b>
<b>12.9d</b>	Help with money/finances	<b>50%</b>		<b>50%</b>	<b>40%</b>
<b>12.9e</b>	Help with claiming benefits	<b>39%</b>		<b>39%</b>	<b>37%</b>
<b>12.9f</b>	Continuing health services	<b>33%</b>		<b>33%</b>	<b>31%</b>
<b>12.9g</b>	Opening a bank account	<b>28%</b>		<b>28%</b>	<b>38%</b>
<b>12.9h</b>	Avoiding bad relationships	<b>30%</b>		<b>30%</b>	<b>29%</b>
Do you think you will have a problem with the following, when you are released:					
<b>12.10a</b>	Finding accommodation?	<b>24%</b>		<b>24%</b>	<b>20%</b>
<b>12.10b</b>	Getting into school or college?	<b>46%</b>		<b>46%</b>	<b>26%</b>
<b>12.10c</b>	Getting a job?	<b>51%</b>		<b>51%</b>	<b>47%</b>
<b>12.10d</b>	Help with money/finances?	<b>51%</b>		<b>51%</b>	<b>28%</b>
<b>12.10e</b>	Help with claiming benefits?	<b>33%</b>		<b>33%</b>	<b>19%</b>
<b>12.10f</b>	Continuing health services?	<b>16%</b>		<b>16%</b>	<b>10%</b>
<b>12.10g</b>	Opening a bank account?	<b>16%</b>		<b>16%</b>	<b>12%</b>
<b>12.10h</b>	Avoiding bad relationships?	<b>36%</b>		<b>36%</b>	<b>19%</b>
<b>12.11</b>	Is there anything you would still like help with before you are released?	<b>61%</b>	<b>40%</b>	<b>61%</b>	<b>35%</b>
For those who were sentenced:					
<b>12.13</b>	Do you want to stop offending?	<b>94%</b>	<b>90%</b>	<b>94%</b>	<b>91%</b>
<b>12.14</b>	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future?	<b>69%</b>	<b>49%</b>	<b>69%</b>	<b>50%</b>