

Report on a full unannounced inspection
of

HMYOI Ashfield

10 - 14 May 2010

by HM Chief Inspector of Prisons

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Introduction

The full unannounced inspection of HMYOI Ashfield took place in May this year before I took up my appointment. The inspection took place and the initial draft of this report was written during the tenure of my predecessor, Dame Anne Owers. I am grateful for her comments and advice about the report.

Ashfield is a young offenders' institution for young men aged between 15 and 18 years old, which has long shaken off its early difficulties and has attracted good inspection reports for some time. This inspection showed even further progress, and some excellent and innovative practice, with demonstrable effect on the life chances of many of the young men there. Our only caveat would be that, at the time of the inspection, the establishment was barely half full, and operating at a capacity and size that was very beneficial to staff and young people.

Ashfield was a much safer place than when we last visited. In a survey in 2009, 43% of young people said they had felt unsafe; at this inspection, this had reduced to 21%. Procedures for supporting young people in the early days of custody were very good, and there was good support for vulnerable young people and those at risk of self-harm. The Brunel Unit had developed into a very focused and supportive environment for some of the most challenging young people. However, there was no coordinated care planning for young people who might be being managed under a variety of different support and planning systems. The loss of funding for social work posts had left a serious gap, particularly for looked-after children and Ashfield must take steps to ensure the needs of looked after children are properly identified and addressed.

The environment had become rather tired, though considerable efforts were now being made to refurbish units left empty due to under-population. Relationships between staff and young people were generally good, though there was evidence that a few staff need more support to observe or set proper boundaries. Race relations work was very well-developed, but other aspects of diversity – particularly support for foreign nationals and young people with disabilities – needed further development. Health services were very good and mental health services excellent – and much needed, with an annual caseload of 250.

The amount and quality of activity at Ashfield was extremely good. We found hardly any young people on the units during the main part of the day, and there was a wide range of education and vocational training. Two departments – PE and catering – were outstanding, not only for the training and programmes they delivered within Ashfield, but also for their use of outside work placements while young men were serving their sentence, and, very unusually, providing monitoring and support for them after they were released. Young people had plenty of time out of cell, and regular exercise.

Resettlement was also an improved, and very good, service. Outside agencies – both voluntary sector and businesses – were involved in delivering services, and providing opportunities for community placements during sentence and employment opportunities on release. Most young people left Ashfield with a college place or employment to go to, and there were some innovative schemes, such as that run by the St Giles' Trust, to support and house young people after release. Training planning was effective, and there were good links with nearby youth offending teams. The distance from home of many young people made family visits problematic, but there was some proactive family support work, including family group conferencing and restorative justice. There was a new unit for young people serving long and indeterminate sentences, which would need further development.

Ashfield has made sustained improvement since its earlier inspections. Managers and staff have brought an enthusiastic and innovative approach, developing good internal support systems, drawing in external agencies and in some cases supporting young people in the crucial period after release. At the time of the inspection, Ashfield delivered good outcomes in three of the healthy prison tests and reasonably good outcomes in one – an impressive result – but it was also only about half full. This had undoubtedly contributed to the improved feelings of safety among the young people, the ability to refurbish tired residential units, and the capacity to provide full and constructive activity. With the closure of Huntercombe, Ashfield is likely to fill up again. It is disappointing that the reduction in the juvenile population has not also resulted in a reduction in the size of over-large establishments for young men – but it is to be hoped that the real and demonstrable progress that Ashfield has made will be sustainable, even as it expands again.

Nick Hardwick
HM Chief Inspector of Prisons

August 2010

Fact page

Task of the establishment

Ashfield is a young offender institution for sentenced and remand male juveniles (aged between 15 and 18), serving courts stretching from West Wales to London.

Area organisation

Office for National Commissioning

Cost per young person place

£59,000¹

Number held

13 May 2010: 210

Certified normal accommodation

400

Operational capacity

400

Last inspection

August 2008

Brief history

Ashfield opened on 1 November 1999, following the award of a design, construct, manage and finance contract to Premier Prison Services Ltd. It is built on the site of the former Pucklechurch remand centre. The establishment was re-roled in 2005 to accommodate solely juveniles after investment from the Youth Justice Board and has been run solely by Serco since July 2005.

Description of residential units

There are two housing units, each X-shaped and divided into four wings. Each wing can hold between 40 and 64 young people in a mixture of single and double cells, which have integral sanitation.

¹ Figure provided by the Youth Justice Board

Healthy prison summary

Introduction

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

Safety prisoners, even the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

HP2 **Purposeful activity** prisoners are able, and expected, to engage in activity that is likely to benefit them

HP3 **Resettlement** prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

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

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

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

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

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

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

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

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

Safety

HP5 Young people often arrived late after long journeys, but reception staff treated new arrivals well. Routine strip-searches for new arrivals had decreased with the

introduction of the BOSS (body orifice security scanner) chair, although some still took place. First night procedures were thorough and induction was comprehensive. Strategic management of safeguarding was lacking, and there was no co-ordinated care planning, but vulnerable young people were well supported. Services for looked-after children were declining due to the loss of establishment social workers. Child protection, anti-bullying and assessment, care in custody and teamwork (ACCT) procedures were sound. Security measures were proportionate, but formal disciplinary procedures were overused. The use of force was declining. The Brunel unit functioned very well to meet the needs of the most challenging young people. Young people requiring clinical detoxification were safely managed and drug supply security measures were proactive. Overall, outcomes for young people against this healthy prison test were good.

- HP6 Young people had long journeys. Efforts were made to use the video link, but there was scope for greater usage. The number of late arrivals had diminished, but there were still too many young people arriving after 7pm. Nevertheless, 84% of young people in our survey reported that they had felt safe on their journey, significantly better than the comparator.
- HP7 Reception staff dealt with arrivals well and were particularly sensitive to those new to custody. Following the introduction of the BOSS chair, young people were no longer strip-searched routinely on arrival if the drug dog was available. However, in the dog's absence, a strip-search was carried out, regardless of an identified risk, which was inappropriate.
- HP8 First night interviews and initial assessments were thorough. Dedicated first night staff offered information and support to new arrivals, supplemented by peer supporters resident on the first night wing who were on call until 10pm. Young people began their induction without delay. Dedicated induction officers had devised a varied programme involving all key departments, which young people found informative.
- HP9 The stay safe (safeguarding) committee monitored the care of vulnerable young people brought to its attention. However, it did not fulfil the strategic management function described in its terms of reference. Data collected on various safeguarding areas varied in quality and were not used to develop policy and improve practice. Stay safe committee meetings were not always well attended: representation by the local safeguarding children board was rare.
- HP10 Staff used the stay safe referral system well to raise concerns about young people. The safeguarding team provided support to young people on the residential wings and discussions at stay safe meetings and case conferences demonstrated a high level of multidisciplinary engagement with the most vulnerable young people. However, their ongoing assessment and review was not consistent in the absence of a system of coordinated care planning. Despite the best efforts of caseworkers, the loss of funding for social work posts in the establishment had left a gap, particularly in essential services for looked-after children.
- HP11 Child protection referrals were dealt with efficiently and the criteria for referral to the local authority designated officer (LADO) were understood and followed. Strategy meetings were held when appropriate and chaired by the LADO. Referrals recommended for internal investigation were dealt with robustly. Young people who made disclosures were subsequently well supported. There was no written

agreement between the establishment and the local authority on safeguarding arrangements and, although external monitoring took place, it was ad hoc.

- HP12 The ACCT process was well managed. Reviews were well attended, staff monitored young people conscientiously and the young people said they felt well supported. Incidents of self-harm were few and mostly minor and the majority of decisions to monitor a young person using the ACCT process were precautionary in the early days of custody. Some vulnerable young people were referred for a case conference and others, such as those undergoing detoxification, were automatically placed on an ACCT, making the use of ACCT inconsistent and sometimes inappropriate.
- HP13 Young people were regularly consulted about the extent of bullying and assured that it would be strictly tackled, and it was. The anti-bullying coordinator was well known to young people and she visited the residential units most days. Young people did not highlight bullying as a serious problem. When measured against the national comparator, significantly fewer young people at Ashfield reported ever feeling unsafe. Identified bullies were required to work through a programme, but victims of bullying were not automatically considered for the same level of attention.
- HP14 Young people who displayed the most disruptive and challenging behaviour were discussed at weekly meetings of the multidisciplinary behaviour management strategy committee. In common with the stay safe committee meetings, the discussions about individual young people were detailed and discerning. Supplementary relocation meetings took place. The link between the three meetings was unclear. A coordinated care planning system would have linked the work of all three meetings and improved consistency.
- HP15 The number of fights and assaults was gradually declining. Restorative justice was used widely by trained staff to deal with conflict. Staff were also trained in therapeutic crisis intervention with a strong emphasis on de-escalation. The use of force was slowly decreasing, but there were examples of force being used to secure compliance, which was inappropriate. Young people were appropriately debriefed following restraint.
- HP16 The security function was well integrated with other departments. Dynamic security was effective and overall there was a good balance between security requirements and promoting the welfare of the young people. A suitable strategy had been adopted to address concerns about finds of anabolic steroids.
- HP17 Residential staff used their discretion to lock young people in their cells for short periods if they behaved badly. This low-key and immediate response was a useful de-escalation tool, but it lacked sound governance to ensure consistency and fairness and some young people described inconsistent application of the rules. There had been a slight reduction in the number of adjudications, but they were overused and minor reports were used rarely. The adjudication process was age appropriate and punishments were proportionate, but advocates were seldom used.
- HP18 The most difficult and challenging young people were held in the Brunel (care and separation) unit. The unit regime and living conditions were good and in keeping with the efforts that had been made to promote a therapeutic approach. Behavioural programmes had been developed by a forensic psychologist who provided ongoing support to unit staff. Young people located on the unit had a care plan which was reviewed weekly by a well managed multidisciplinary board. The majority of young

people on the unit reported that staff treated them well. They were provided with ongoing support by unit staff when they returned to their wing. Brunel staff also took on a preventative role, supporting young people on the residential units who were at risk of being removed.

- HP19 Young people requiring clinical detoxification were safely managed and prescribing protocols were flexible. Security measures to reduce the supply of illegal substances were proactive and there was good information sharing between departments. Procedures had been appropriately modified and did not include strip-searches. A fairly high number of target tests were conducted, but the positive level was low at 25%.

Respect

HP20 Improvements were under way to the residential areas, but some cells were in poor condition. Personal officers took their role seriously and there was a relaxed rapport between staff and young people. However, some young people complained of inconsistent and unfair treatment. Diversity was underdeveloped with insufficient attention to foreign nationals and young people with disabilities. The chaplaincy provided a good level of support. Young people rated the food quite highly. Some changes were required to the rewards and sanctions scheme to engage young people fully. Complaints were dealt with well and there was an effective legal rights service. Health care services were well managed and configured to meet the needs of young people, with excellent mental health provision. Overall, outcomes for young people were reasonably good against this healthy prison test.

- HP21 An ongoing programme of refurbishment across the establishment was making good progress while the number of young people held was low, but some cells were in poor condition. Young people had good access to showers and telephones. Communal areas were well maintained as part of a business enterprise scheme. The offensive display policy was rigorously enforced. Responses to cell bells had improved.
- HP22 Meals were balanced and healthy and young people had sufficient to eat. Advice from a nutritionist was regularly sought. The catering manager made efforts to consult young people about the food and was responsive to requests for change. Young people were able to dine together for all but one midday meal a week.
- HP23 Staff were knowledgeable about young people in their care. The majority of young people described staff as approachable and helpful and we observed a relaxed rapport and friendly exchanges. However, some young people complained of inconsistent, unfair treatment and some inappropriate behaviour which could be summarised as a lack of clear boundaries.
- HP24 Personal officers maintained a good level of contact and the daily duty personal officer ensured that there was always a designated member of staff available to provide support. However, personal officers did not always attend care planning meetings to support the young person they were responsible for and only half the young people in our survey said that they found their personal officer helpful.
- HP25 The incentive levels in the rewards and sanctions scheme were well differentiated. Wing files demonstrated much detail to support reviews, which were thorough, but

young people did not think the scheme was administered fairly. Their dissatisfaction mainly related to the time it took to reach the gold level compared with some immediate demotions to the basic level following an adjudication.

- HP26 Replies to complaints were prompt, polite and addressed the issue. There was no analysis of complaints, but the majority were about staff attitudes and behaviour which were taken seriously by managers. Monthly consultation meetings worked well and young people had access to the Independent Monitoring Board and independent advocates.
- HP27 There was support for young people from the experienced legal services clerk, the in-house youth offending team (YOT) and the advocacy service, all of whom helped young people to access appropriate legal advice.
- HP28 A race equality action team (REAT) and a separate diversity management team (DMT) shared the management of diversity. The meetings were well attended and the REAT included representation from young people. There was insufficient coverage of sexual orientation and religion. Racist incident complaints were investigated thoroughly and the system had credibility with young people. A range of programmes had been developed to tackle racist behaviour. The REAT monitored SMART data and there was no evidence of discriminatory treatment.
- HP29 Foreign nationals represented 10% of the population. There was no identified foreign national coordinator and little strategic direction from the REAT. Good use was made of translation and interpreting services. There were links with the UK Border Agency (UKBA) and young foreign nationals had access to independent advice, but, despite the best efforts of the establishment, they were sometimes held solely under administrative powers, which was inappropriate.
- HP30 Young people with disabilities were appropriately screened and some individual support was provided, but there was no monitoring of the equality of their treatment and a lack of clarity about how their needs would be met. Community disability groups had been invited to visit the establishment and had made recommendations. Responses in our survey indicated that young people with a disability felt significantly less safe and that they suffered a feeling of discrimination.
- HP31 The chaplaincy team were well known to young people. They were represented at significant multidisciplinary meetings and attended individual reviews. Two community chaplains and an effective chaplaincy run mentoring scheme provided young people with community support.
- HP32 Health care services were based on an up-to-date and relevant health needs assessment. Young people had ready access with minimal waiting times for the GP and dentist and a wide range of visiting specialists. The quality of primary care was high and dedicated, trained discipline staff provided continuity of care. There was an excellent level of mental health services. The health promotion strategy included good links with other departments and followed the healthy schools agenda and national campaign days. In our survey, young people reported very positively about the quality and accessibility of health care services.

Purposeful activity

- HP33 Young people enjoyed plenty of time unlocked and were usefully occupied for much of the day. There was a good range of education and vocational training provision and the majority of young people behaved well in lessons, made good progress and gained useful qualifications. Outstanding progress had been made in the development of PE. Access to the library was good and young people used it well. Outcomes for young people were good against this healthy prison test.
- HP34 Time out of cell was accurately recorded and most young people spent a good deal of time unlocked. The average was between 10 and 10.25 hours each weekday. Weekends offered less time unlocked, but at an average of 8.75 hours it was still reasonable. Random checks during the inspection found that almost all young people were off the wing attending their allocated activity. Association and time in the open air was offered every day and rarely cancelled. There had been efforts to make outside exercise areas more attractive to young people.
- HP35 The initial assessment of literacy and numeracy needs was comprehensive and carried out sensitively for young people who had previously disengaged from learning. The education induction programme was thorough and helped young people to settle quickly into their allocated programme. For the majority of young people, this involved allocation to a full-time programme of education and/or vocational training and PE.
- HP36 The range and balance of educational and vocational courses met the needs of most young people and they reported positively in our survey on how education and vocational training would help them when they left custody. Separate courses provided effectively for young people with learning disabilities and vulnerable young people, a high number of whom were successfully reintegrated into mainstream classes.
- HP37 The curriculum largely catered for all abilities, but, although there were some advanced level courses, there was a need to develop additional higher level courses for more able young people. The quality of teaching was good overall. Young people behaved well in lessons and some benefitted from targeted and effective support from learning support assistants.
- HP38 Movement to classes was safe and orderly but slow and classes did not always start on time. Attendance was good and few young people were temporarily excluded from classes. Those who were excluded were usually successfully and quickly reintegrated.
- HP39 Young people gained high levels of significant qualifications, including in literacy, numeracy and information and communication technology. Those who followed vocational courses achieved well and some extremely useful work skills were acquired.
- HP40 Leadership and management in the learning and skills department were very effective. A thorough lesson observation scheme was in place, classes were rarely cancelled and the turnover of teachers was low.

- HP41 Young people had good access to the library which was timetabled during the day, but also included two evenings during the week and Saturday mornings.
- HP42 Access to and attendance at timetabled and recreational PE were good. The PE curriculum was well planned and varied. There were some successful and inclusive academies in a wide range of sports, all of which had input from external partners. Young people were able to gain significant numbers of community placements through release on temporary licence (ROTL) leading to sports related employment on release. There was innovative support for young people in their placements after release. Links with other departments to promote healthy lifestyles were strong. Levels of accreditation in PE were very high, having risen significantly since the last inspection.

Resettlement

- HP43 There was a coordinated, multidisciplinary approach to preparing young people for release. Training planning and remand management were good. A wide range of community organisations delivered resettlement services and pathway planning was good in all areas. Release on temporary licence was used extensively and young people benefitted from good quality community placements leading to employment. The majority of young people left with a settled college placement or employment to go to and some were supported beyond the prison gate and outcomes monitored. Efforts were made to facilitate family contact, but lengthy journeys meant that some young people had few visits. Substance misuse services generally met the needs of the population well. Outcomes for young people were good against this healthy prison test.
- HP44 The roles of the head of learning and skills and head of resettlement had been effectively combined to ensure a coordinated approach to preparing young people for release. There was a clear resettlement policy based on an up-to-date needs analysis. Young people had been consulted about their needs. The main resettlement committee had oversight of the work of voluntary organisations and a variety of projects, but did not use available data well to set the strategic agenda. The committee included representation from voluntary and statutory community organisations, but attendance at the meetings was erratic. A pathways action plan was effectively monitored and implemented by subgroups.
- HP45 The ROTL scheme was extensively advertised on the wings and procedures were well managed. Further education colleges and employers visited the establishment frequently and a range of external partnerships had been developed to provide good quality work placements. The number of young people entering employment on release was excellent and the majority of young people left with a settled college placement or employment to go to. Young people who had been on work experience placements had post-release follow up which helped them and enabled the establishment to assess the effectiveness of the placements.
- HP46 Training and remand management plans were timely and comprehensive and reflected individual needs. Training planning meetings were well attended and young people were encouraged to contribute. Families did not often attend. Pre-release planning was thorough and caseworkers attended selected post-release meetings, specifically public protection and looked-after children cases. There was a newly

designated unit for young people serving long and/or indeterminate sentences. Staff had all been specifically selected and trained and received support from psychology.

- HP47 A wide range of departments collaborated to provide assistance to young people with accommodation difficulties and excellent relationships had been established with a range of voluntary organisations which provided pre- and post-release support. The advocacy team sometimes acted on behalf of particularly vulnerable young people.
- HP48 All young people were seen by health care before their release and were given letters for their GPs and information on access to community health services. Child and adolescent mental health service staff supported young people with first appointments in the community when appropriate.
- HP49 There was a good range of multi-agency/multidisciplinary social and life skills programmes, and take-up was high. Some evaluation and analysis was carried out by the psychology team. There was some specialist provision for young people convicted of sex offences, but it was limited and some did not receive any provision. All young people benefitted from specialist finance and debt advice from external providers who offered weekly sessions six weeks before release.
- HP50 The number of external organisations directly delivering services to young people was impressive and specialist voluntary agencies contributed to all the resettlement pathways. The active information, advice and guidance team ran internal courses, but also referred young people to external agencies or one of the specialist voluntary or statutory organisations for targeted support. There was input from Careers Wales and Connexions provided good quality support, but not in sufficient quantity.
- HP51 Drug strategy meetings were attended by relevant departments and service providers. Good links had been developed with community planning groups. All young people were screened for substance use needs on arrival. A good range of age-appropriate intervention packages was available. There were no joint working protocols between health and the substance misuse service, but weekly multi-agency meetings facilitated the care coordination of young people. Young people located on the recently designated substance misuse wing spoke highly of the support they received. However, there were not always sufficient specialist staff to deliver consistent and high quality casework. Young people received harm reduction and overdose prevention advice during pre-release sessions and an information pack was issued to each young person on release.
- HP52 The visits area was welcoming and the visitors' centre was a useful resource for families. It was difficult for families to visit because of the long distances they had to travel. Extended visits were allowed and the establishment ran a bus service from the railway station. The family support team played a crucial role in facilitating family contact. There were twice-monthly visits for young people who were fathers to spend time with their children. Family days were held, but these were restricted to young people on the highest level of the incentives scheme, which was inappropriate. Barnardo's also ran an accredited Lads and Dads course. Family group conferencing had been introduced jointly with Barnardo's and this was an excellent initiative.

Main recommendations

- HP53 There should be a clear policy which clarifies and coordinates existing systems for the identification, assessment, care planning and management of vulnerable young people.
- HP54 There should be a foreign national coordinator who is fully conversant with the needs of young people who are foreign nationals, promotes these to staff and provides relevant reports to the REAT.
- HP55 The role of the disability liaison officers relating to the identification, monitoring and support of young people with a disability should be clarified and this should be clearly conveyed to staff and young people.

Section 1: Arrival in custody

Courts, escorts and transfers

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

- 1.1 Young people were properly prepared to go to court, although all were strip-searched without risk assessment, which was inappropriate. Although recently diminishing, arrivals after 7pm had occurred frequently following lengthy waiting times at court and long journeys. Some young people travelled with adults and females. We observed escort staff treating young people well and the majority of young people said that they had felt safe on their most recent journey to the establishment.
- 1.2 Young people who were going to court were woken at 6am and given breakfast on their unit. All young people going to court were strip-searched without risk assessment. They were offered fresh clothes for their court appearance if they wished. During the period November 2009 to April 2010, there had been 145 movements to court. Video link facilities were managed by reception staff and had been used 29 times for court appearances from January to April 2010. It was difficult to ascertain whether use of the video link was always considered as an alternative to a personal court appearance, although staff said that they used video link facilities whenever suitable. We were told that young people often elected to attend court just to see their families or in the belief that they had a better chance of being released on bail. During the inspection, one young person was granted bail via video link and was processed through reception without delay.
- 1.3 Prisoners' escort records (PERs) that we examined were inconsistent in describing how young people were looked after at court. Few records mentioned that food had been offered, indicating that some young people had substantial periods without food after their early breakfast. Some young people had lengthy waits after their court appearance before starting their journey back to Ashfield and, in our survey, over a quarter of young people said they had travelled with adult or female prisoners. The PER entries from escorts were more informative, indicating frequent checks. The vans we saw during the inspection were clean, albeit with some graffiti scratched on the windows. The escort staff whom we observed during the inspection treated the young people well. In our survey, 84% of young people said that they felt safe during their most recent journey, which was significantly better than the comparator of 75%.
- 1.4 Our survey indicated that young people arrived at the establishment after long journeys and PERs rarely indicated that drinks or toilet breaks were offered. Seven per cent said that they had spent more than four hours in the van, which was worse than the comparator of 4%. Records were kept of arrival times and, while we were told that there were fewer late arrivals than previously, 36% of young people had arrived after 7pm between November 2009 and April 2010. Our examination of the records showed that in March 2010 22 young people had arrived at the establishment at 8pm or later. The latest arrival recorded during the six-month period was almost 11pm.

Recommendations

- 1.5 Young people should not be routinely strip-searched.
- 1.6 There should be regular discussions with escort providers to ensure that young people are not held for unnecessarily lengthy periods in court cells, are not transported with adults or females and arrive at their destination before 7pm.

First days in custody

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

- 1.7 Young people did not spend undue time in reception and reception staff were sensitive to their anxieties and their immediate needs. First night interviews were thorough and the quality of initial vulnerability assessments was generally good. Regular first night staff were reassuring and ensured consistent care. Young people had good access to peer supporters on the first night unit. A good deal of information was provided on the first night, but some young people said they lacked information about what to do if they were feeling low or upset. The induction programme was comprehensive and varied and young people said they found it informative.

Reception

- 1.8 Reception procedures were efficient and, in our survey, 83% of young people said that they had spent less than two hours in reception, which was significantly better than the comparator of 76%. Reception staff used e-Asset information provided in advance of the young person's arrival to prepare reception documentation so that they could spend more time talking to the young people. We observed new arrivals being spoken to sensitively by reception staff and they paid particular attention to those who were experiencing their first time in custody. Young people were encouraged to identify any fears they had about being at Ashfield before the formalities such as searching and property checks began. This was particularly important since our survey indicated a high number (52% of respondents) who had not previously been in custody.
- 1.9 A holding room was available if more than one young person was waiting for a search, but was mainly used for young people returning from release on temporary licence (ROTL). The search area was not visible to anyone passing through reception and we observed that custody officers who carried out the search were reassuring and explained each stage of the process. Young people were routinely strip-searched unless the drug dog was available to work in reception. If the dog did not give a positive indication, young people were required to sit on the BOSS (body orifice security scanner) chair to identify any prohibited items. Prison-issue clothing was provided following the search and the young person was offered the opportunity to take a shower before being taken to his residential unit.

- 1.10 New arrivals were offered a meal and a hot drink as part of the reception procedures from a selection of microwaveable choices to cater for different dietary and religious needs. This was eaten in another holding room which had a television and provided a relaxed environment. When they had eaten, a photograph was taken for the young person's identity card and his fingerprints were registered so that he could use the automated teller machines (ATMs) on each wing. Pin phone credit was provided at this stage to be used through the ATMs. Each new arrival was seen by a nurse for an initial health care screening.
- 1.11 There was a telephone for young people to use in reception and we observed reception staff asking new arrivals if they wanted to make a call. Reception staff sent a letter to each young person's family which set out visiting and contact arrangements at the establishment and explained what he could have in possession if the family wished to provide it. A pack containing a small amount of confectionery was offered at £2.50 which was repayable in instalments.

First night

- 1.12 All new arrivals were taken from reception to Avon D which was the first night and induction wing. We observed that staff on Avon D were quick to greet them.
- 1.13 We were told that young people were offered a shower and a telephone call on the first night unit regardless of time of arrival and wing records confirmed this. We observed one young man having a lengthy telephone call to his family for mutual reassurance. Despite our observation of sensitive treatment designed to meet the immediate needs of new arrivals, survey results were poor in relation to what was offered when young people first arrived.
- 1.14 Initial vulnerability assessments and first night interviews were conducted by trained first night officers. Interviews were thorough and assessments were generally completed to a good standard. Initial vulnerability assessments were updated by caseworkers as part of the training planning process and were discussed at training planning meetings. Unlike other wings, the first night/induction unit had two staff on duty all night, the first night officer and a night officer. This ensured that young people had a proper interview regardless of their time of arrival to identify risk factors before they were locked up. Cell-sharing risk assessments were completed, but in practice there was no cell sharing on the first night or early days in custody.
- 1.15 Young people were given a lot of verbal and written information during the first night interview and a variety of compacts were signed. In our survey, 30% of young people thought they had been given sufficient information about how to deal with feeling low or upset, which was less than the comparator of 39%. However, we observed a consistent message to young people throughout the process that staff were there to help.
- 1.16 Two peer supporters were resident on the first night unit to meet all new arrivals and were available until 10pm to meet them and provide some practical advice and support. They explained how the ATMs were used to order food and shop items and helped new arrivals to order their food for the first week. There was scope to extend the peer support scheme to provide ongoing practical support for young people who would benefit from help after their early days in custody.
- 1.17 The first night officers we spoke to were knowledgeable about young people spending their first night on the unit and whether they were likely to be particularly vulnerable. Both the duty night officer and the designated first night officer were regular unit staff who were familiar with the needs of the young people resident there. Comprehensive handovers took place when the

night officer arrived. In our survey, 83% of young people reported feeling safe on their first night.

Induction

- 1.18 Two members of staff undertook induction for all young people. They were enthusiastic about their role and were aware of the need to make the programme varied and interesting. There was a dedicated induction room equipped with powerpoint and equipment to show relevant DVDs and videos.
- 1.19 Induction was a five-day rolling programme which young people could join at any point. It included an education assessment and time in the gym, as well as guest speakers from all parts of the establishment. All components of the induction programme had to be completed before young people could move from Avon D to a residential unit. A separate record of each young person's participation in induction and their behaviour each day was kept with their wing file. The timetable and movements to activity on the induction unit mirrored the regime for the rest of the establishment. In our survey, 81% of young people said that the induction programme told them everything they needed to know about the establishment, which was significantly better than the comparator of 66%.

Recommendation

- 1.20 Essential first night information should be provided in a variety of accessible formats so that new arrivals know what to expect within the first 24 hours of custody and the sources of support available to them.

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 develop independent living skills and learn to live in, and participate positively to, the community.

2.1 At the time of the inspection, the establishment was operating at just over half its operational capacity and there was an ongoing programme of refurbishment across the establishment. Cells that had been refurbished recently were of a good standard, although the overall condition of cells varied and some were poor. Toilets were properly screened. Young people had a good supply of decent quality kit which was laundered frequently. The offensive display policy was properly enforced and cell bells were responded to promptly. Communal areas were generally kept clean and there was a reasonable range of equipment and games. Access to telephones and showers was good. Wing consultation meetings were effective.

2.2 The establishment was divided into two residential units, Avon and Severn, each of which had a central area with four wings off it. At the time of the inspection, Severn A was closed and in the process of being refurbished. Two of the wings on each of Severn and Avon had a capacity of about 60 and two smaller wings had a capacity of approximately 40. At the time of the inspection, the establishment was considerably below capacity. All wings, with the exception of Severn C, the long-term/lifer wing, had some double cells, but all were sufficiently large to accommodate two young people. Cell-share risk assessments were undertaken before young people were allocated to a cell.

2.3 There was an ongoing programme of refurbishment across the whole establishment. Two of the wings, Avon B and Severn C, had recently been refurbished and cells were of a consistently good standard. The condition of cells varied across the rest of the establishment. Some cells had good quality furniture, flooring and curtains. Others were quite poor with peeling linoleum on floors, ill-fitting curtains and poorly maintained furniture, much of which was defaced with graffiti. We were told that those in poorer accommodation moved to better cells when they became available and the worst cells tended to be used only when there were no alternatives. However, some cells needed basic improvements in advance of the refurbishment programme to bring them up to an acceptable standard.

2.4 Communal areas on most wings were in reasonably good condition and were maintained by young people allocated as part-time wing cleaners as part of a business enterprise scheme. All wings had a considerable number of notice boards and, while they all contained important information, many were wordy and not age appropriate. There was a clear policy regarding offensive material and we observed some young people being told to remove material that did not adhere to the policy. Information on the use of cell bells was clearly displayed on all wings and young people we spoke to were aware of what was appropriate. Responses to cell bells appeared to have improved significantly since the previous inspection and, in our survey, 39% of young people said that cell bells were responded to within five minutes, which was significantly better than both the national comparator of 29% and the last survey comparator of 27%. All wings had a reasonable range of games and activities for young people during association periods, together with table football and table tennis.

- 2.5 Each unit had three telephones on the ground floor, each in its own booth, to which young people had reasonable access during association. Those on the gold level of the rewards and sanctions scheme could use a cordless telephone to make calls at night. In our survey, 67% of young people said they had daily telephone access, which was significantly better than the comparator of 56%. Arrangements for mail were reasonably efficient and letters were received by young people the day they arrived at the establishment.
- 2.6 There were monthly consultation meetings attended by young people's representatives from each unit. Staff attendance was generally good. There were indications that issues raised were consistently acted on and reviewed at subsequent meetings.

Clothing and possessions

- 2.7 The quantity and range of property supplied to young people varied according to their level on the rewards and sanctions scheme. Information about the allowances was widely available, including in the visitors' centre. Following complaints about access to stored property, each unit had an identified day on which stored property could be collected and young people said that the new system worked well. Stamps and photographs had to be posted in and some items could only be bought through the establishment's catalogues. There was one central laundry and all kit was exchanged weekly. There was no facility for young people to wear their own clothing. Each young person could have three changes of prison issue clothing and the quality was good. Young people could have their own trainers, socks and underwear. Bedding was also exchanged weekly.

Hygiene

- 2.8 All cells had their own toilets with a solid screen. The general standard and cleanliness of toilets varied and some were in quite poor condition. Cleaning materials for cells were available weekly, although we were told by some young people that they could get materials more often if they wished.
- 2.9 Access to showers was good. All young people could shower daily and, in our survey, 76% said they could have a shower every day if they wanted to, which was significantly better than the comparator of 63%.

Recommendation

- 2.10 All cells should be maintained in a good state of cleanliness and repair.

Housekeeping point

- 2.11 Information on wing notice boards should be regularly reviewed to ensure that it is age appropriate.

Relationships between staff and children and young people

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

2.12 Staff were knowledgeable about the young people in their care. The majority of young people described staff as approachable and helpful and we observed mutually respectful exchanges on most occasions. However, a lack of boundaries and inappropriate treatment by a small number of staff gave rise to complaints by some young people and affected the otherwise positive of staff behaviour which we observed and were described by most young people.

2.13 We conducted interviews with 20 young people and asked them to rate the quality of relationships between staff and young people using a range of questions. The ratings young people were asked to give were between 1 (excellent) and 4 (poor). The average overall rating for relationships between staff and young people was 2.

2.14 Almost all the staff we spoke to from a wide range of disciplines demonstrated considerable knowledge and understanding of individual young people and their circumstances. Wing files generally contained balanced comments from staff who had regular dealings with the young person, including education and health care staff and psychologists, which helped to maintain an overview of the young person's progress.

2.15 There was a relaxed rapport during association, mealtimes and movement to activity and we observed friendly exchanges between staff and young people and a good deal of tolerance of normal adolescent behaviour. Young people approached staff confidently with questions and requests and, in our survey, 80% of young people said there was a member of staff they could turn to with a problem, which was significantly better than the comparator of 70%.

2.16 Young people we spoke to during the inspection expressed a wide range of views about staff treatment and relationships. It was common for young people to describe staff as approachable and helpful, but some young people spoke of inconsistent treatment and immature and inappropriate behaviour by staff and gave examples of abusive language being used. In our survey, almost a third of young people said that they had been victimised by a member of staff or a group of staff members, which was significantly worse than the comparator. The highest category of victimisation reported was insulting remarks. A comment made by one young person in his questionnaire, which was favourable but with a caveat, was similar to the views of others: 'The staff here at Ashfield are better than other establishments. If an officer takes a certain dislike to you, you find yourself being "stitched up" which is being picked on all the time by that officer'. However, overall, young people gave more positive than negative accounts of relationships and staff treatment and we concluded that there were a small number of staff who did not always maintain appropriate boundaries and this needed to be addressed by managers.

Recommendation

- 2.17 Managers should ensure effective strategies are in place for supporting all staff in setting and maintaining appropriate boundaries at all times.

Personal officers

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

2.18 Personal officers maintained a good level of contact with the young people they were responsible for and the standard of their record keeping was generally high. The personal officer scheme ensured that there was always a designated member of staff available to provide personal support on the residential units. However, personal officers did not always attend important meetings relating to the care of the young people they were responsible for.

- 2.19 Personal officers were allocated to new arrivals quickly. In our survey, 61% of young people said that they had met their personal officer within the first week, which was significantly better than the comparator of 48%. Our examination of wing files confirmed that, in the majority of cases, a personal officer had been identified within 24 hours of the young person's arrival and there was usually an entry to confirm that the personal officer had met the young person for an introductory interview within a week of his arrival. Wing files also indicated that, when a young person moved to a different wing, a newly allocated personal officer made timely contact.
- 2.20 All residential staff had personal officer responsibilities and their photographs were displayed on a wing notice board. All young people we spoke to knew who their personal officer was and entries in wing files confirmed that personal officers made frequent informal contact. In the majority of the files that we examined, there were daily personal officer entries and all contained a minimum of one entry a week. The quality of comments was generally good, with a mixture of routine observations and simple but discerning analysis. Comments were balanced when describing young people's behaviour and considerable efforts were made to praise good behaviour. All files contained stickers from the education department reporting on behaviour in lessons and commenting on good work produced.
- 2.21 The formal personal officer scheme required weekly reports to be compiled by personal officers and, although all files we examined contained at least one report, they were not completed weekly. There were regular management checks and some deficiencies were highlighted, but this was not consistent.
- 2.22 Young people were told what they could expect of their personal officers on induction. A duty personal officer was allocated daily on each wing so that young people had a single point of contact for personal issues at all times and wing files confirmed contact with duty personal officers. Despite this level of contact, in our survey, only 50% of young people said that they felt helped by their personal officer, which was significantly worse than the comparator of 60%. Personal officers did not always attend training planning meetings or other care planning meetings to support the young person they were responsible for. This may have had some bearing on the young people's perception of helpfulness.

Recommendation

- 2.23 Meetings and reviews relating to the care and management of young people should be arranged so that personal officers are able to attend to support the young people they are responsible for.

Housekeeping point

- 2.24 Management checks should ensure that the full requirements of the personal officer scheme are complied with.

Section 3: Duty of care

Safeguarding children

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- Expected outcomes:
- The establishment provides a safe and secure environment, which promotes the welfare of all children and young people, protects them from all kinds of harm or neglect, and provides services that seek to ensure safe and effective care. The establishment is open to external agencies and independent scrutiny, including consultation with and involvement from children and young people and their families and the wider community.

3.1 The monthly 'stay safe' committee had appropriate terms of reference, but the membership comprised mainly operational staff and the committee did not provide sufficient strategic direction or monitoring. Attendance by a representative of the local safeguarding children board was rare. A high level of multidisciplinary engagement with particularly vulnerable young people was brought to the attention of the stay safe committee. However, there was no coordinated system to ensure that vulnerable young people were consistently identified and assessed. The withdrawal of social workers from the establishment had left a gap in essential services for looked-after children and involvement by external social services departments was sporadic.

3.2 An up-to-date and comprehensive 'stay safe' policy had been agreed with the South Gloucestershire Local Safeguarding Children Board (LSCB) and was due for its annual review in December 2010. This policy brought together separate policies on child protection, anti-bullying, suicide and self-harm, public protection and violence reduction and was underpinned by a clear information-sharing policy. The policies had been considered by the LSCB and suggested changes were agreed by the establishment.

3.3 The director of Ashfield was designated to attend the quarterly LSCB meetings, but the establishment was regularly represented by the head of young people's services or the stay safe coordinator in the director's place. The LSCB secure estate sub-group, consisting of representatives of the three secure facilities in the area, met quarterly and was also attended by either the head of young people's services or the stay safe co-ordinator. Minutes of these meetings showed that issues relating to the safeguarding of children and young people at Ashfield were covered adequately.

3.4 The stay safe committee met monthly and we attended a meeting held during the inspection. The committee had a designated membership and clear terms of reference, which included giving leadership and direction to the establishment's safeguarding agenda and monitoring the progress of the safeguards continuous improvement plan. However, the majority of the membership were internal operational staff and the committee was not carrying out the strategic function as described in its terms of reference. Attendance by some internal staff was irregular, and representation by the LSCB was rare. The discussion that we observed at the May 2010 meeting mainly covered operational issues and discussions about individual young people and did not sufficiently address key strategic issues nor adequately consider the range of data available to monitor relevant patterns and trends.

3.5 The level of discussion on the needs of vulnerable young people at the stay safe committee meeting that we observed was excellent and demonstrated an integrated multidisciplinary

approach to keeping vulnerable young people safe. The discussion was underpinned by detailed knowledge of individual young people offered by a range of committee members. Committee members were able to raise the names of young people for discussion at the meetings, and a number of particularly vulnerable young people were referred on from the meeting for internal case conferences. However there were no clear referral criteria either to raise discussion or for case conferences. Case conferences were well attended by staff from across the establishment. The young person's needs were assessed and future actions clearly outlined. Despite the good level of discussion about the needs of vulnerable young people at the stay safe meetings and/or case conferences, actions agreed were not incorporated into a coordinated care plan (see main recommendation).

- 3.6 Staff said that they were familiar with the range of policies relating to safeguarding and specifically how to make a stay safe referral to the safeguarding team when they were concerned about a young person. This was reflected in the number and range of referrals made. During the previous six months, there had been between 75 and 117 stay safe referrals by staff each month, all of which had been recorded and investigated by the safeguarding coordinator and her team. Most referrals were from residential staff and the majority focussed on young people who had received verbal threats from other young people.
- 3.7 All young people were interviewed by a member of the safeguarding team during their first week at the establishment and a safeguards file created. If the team had concerns about a young person, these were highlighted in wing files and the wing observations book. Entries by the safeguarding team described the cause for concern and actions needed and there were regular comments by the team. However, it was not clear from wing files whether unit staff were following the recommendations of the safeguarding team.
- 3.8 The detailed violence reduction policy gave a full description of how violence reduction dovetailed with other aspects of safeguarding, including anti-bullying and suicide and self-harm. A range of information relating to violent incidents was shared at the stay safe meetings, but discussion focussed primarily on individual cases rather than patterns of behaviour or the strategy for managing concerns. A similar range of data was shared at the monthly security meeting, but there was little connection between the two groups. Security staff did not attend the stay safe meetings regularly and, although the safeguarding lead attended security meetings, the violence reduction coordinator rarely did. The specific role of the violence reduction coordinator was ill defined strategically and operationally and interdepartmental coordination was lacking.
- 3.9 There was no formal record of the names and number of children with looked-after status, but the establishment estimated that approximately 30% of the population fell within this category. Young people with experience of local authority care were identified in the first instance through information in reports such as Asset, pre-sentence report and placement alert forms. Young people were also asked if they had any experience of local authority care during initial vulnerability and safeguarding interviews and by their caseworkers. We were told that local authorities were not proactive in making contact when a looked-after child was received into the care of Ashfield and rarely provided the essential information staff needed. Central funding for the two social workers previously in post at Ashfield had been withdrawn, resulting in the loss of the posts. This had left a gap in addressing the ongoing needs of young people who were or had been in the care of the local authority. The casework team had assumed responsibility for the ongoing management of identified looked-after children and two members of the team supervised the majority of cases. Despite their best efforts, caseworkers acknowledged their lack of expertise relating to the care of looked-after children.

- 3.10 Caseworkers relied on local authorities taking the initiative in arranging statutory looked-after children reviews. Caseworkers said that reviews occurred more frequently for young people under the age of 16 years and rarely for those over 16 and that the number of visits by social workers and the entitlements received by looked-after children were far better for those under 16.
- 3.11 If caseworkers became aware that local authorities were not fulfilling their responsibilities to a looked-after child, they referred the young person to the advocacy team. Frequently aided by a solicitor experienced in the field, their efforts were usually successful in getting the local authority to fulfil its obligations.

Recommendations

- 3.12 The stay safe committee should have effective oversight from senior managers who should ensure its focus remains strategic and appropriate issues are referred up to the senior management team.
- 3.13 Efforts should be made to better engage the LSCB to increase their involvement in the strategic management and oversight of all aspects of safeguarding children at Ashfield.
- 3.14 The safeguarding team should follow up the recommendations they make about the care of individual young people.
- 3.15 The role of the violence reduction coordinator should be clearly defined and appropriate links established with related departments.
- 3.16 The needs of looked-after children should be properly identified and addressed.

Housekeeping point

- 3.17 Entries in wing files should demonstrate how unit staff have responded to concerns identified by the safeguarding team.

Child protection

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

- 3.18 There was a comprehensive child protection policy containing clear guidance on referral procedures. All staff had been trained in child protection and the wide range of child protection referrals indicated that staff had a good understanding of the issues. Child protection referrals were appropriately screened by the safeguarding manager and referral procedures adhered to, but there was no written agreement between the establishment and the local authority underpinning the management of child protection. Referrals which culminated in internal investigation were dealt with robustly. Post-disclosure support was available to young people from a number of sources.

- 3.19 There was a comprehensive child protection policy, written in consultation with the LSCB business manager, which had been formally agreed at a meeting of the LCSB. The policy was supported by clear staff guidance and staff we spoke to understood the policy and their role in implementing it. It was evident from the child protection referrals that some staff felt confident to raise concerns about the inappropriate behaviour of colleagues. There was a Wrong Doings policy, but this did not specifically address whistle-blowing procedures in relation to child protection concerns. An alternative reporting procedure was described which had the potential to circumvent the child protection procedures.
- 3.20 All staff had been trained in child protection through the in-house training programme. Key staff, including the safeguarding team and residential unit managers, also received enhanced training by the local authority designated officer on behalf of the LSCB. All staff who worked with young people at Ashfield were Criminal Records Bureau cleared to enhanced level.
- 3.21 Child protection referrals were made on the stay safe referral form and it was clear from the sample we examined that staff were aware of the range of scenarios which could place a young person at risk of harm. All referrals were processed by the safeguarding coordinator who had a clear understanding of which should be passed to the LADO for independent scrutiny. All cases involving the alleged physical abuse of a young person by staff were referred to the local authority who decided whether a strategy meeting should take place or whether the case should be dealt with by an internal investigation. Members of staff subject to an allegation of physical abuse were suspended automatically pending the outcome of enquiries. Internal investigations were timely and detailed and the LADO was informed of progress and advised of the final outcome.
- 3.22 The safeguarding coordinator made arrangements to support young people who had disclosed historical abuse or had made allegations of abuse against staff. Services were provided from a number of sources, depending upon need, including the child and adolescent mental health service, the psychology department and personal officers. Young people who had disclosed historic violent or sexual abuse could receive specialist counselling from an independent confidential service.
- 3.23 The establishment kept a child protection database, but it was not up to date: for example, it did not show if some investigations in early 2009 had been closed or the final outcome. The database recorded 13 child protection referrals during 2009, nine of which involved allegations against staff. All had been referred to the local authority and three strategy meetings had been arranged. Since January 2010, there had been 15 referrals, six of which related to alleged abuse by staff, with the remainder relating to historical abuse and concern about potential harm to young people in the community. The database indicated that appropriate action had been taken in all these cases.
- 3.24 There was no written protocol describing the working arrangements between the establishment and the local authority. We spoke to the LADO who confirmed that he was confident that referrals were being properly passed to him when appropriate. He had full access to all internal referrals and was able to review all safeguarding records, scrutinise child protection logs and countersign completed cases. Child protection logs were also reviewed by the establishment's head of young people's services, who had management responsibility for child protection. Existing monitoring arrangements with the LADO were ad hoc and there were no regular child protection meetings involving the LADO to monitor child protection referrals and provide an appropriate level of independent oversight.
- 3.25 Comprehensive child protection guidance was available to families, explaining what they should do if they had concerns about a young person. The information contained contact

details of appropriate professionals, including making a direct referral to South Gloucestershire social services. If young people had concerns about their own safety, they could telephone age-appropriate help lines or speak to an advocate or a member of staff, but they had not been given the contact details of the local authority.

Recommendations

- 3.26 The establishment and the local authority should develop a written protocol describing their working arrangements, which should include regular scrutiny of child protection files and the effectiveness of child protection procedures.
- 3.27 Young people should be given details of the local authority to enable them to make direct contact if they wish.
- 3.28 There should be a whistle-blowing policy to inform staff of their duty to raise legitimate concerns about the conduct of any member of staff, describing how the referral will be managed and how the member of staff will be supported.

Housekeeping point

- 3.29 The child protection database should be kept up to date.

Self-harm and suicide prevention

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

3.30 There were inconsistencies in the use of the assessment, care in custody and teamwork (ACCT) process as part of the general management of vulnerable young people. The number of young people managed using ACCT procedures was quite high, but the majority of cases were opened as a precaution rather than after an incident of self-harm or any specific concern of a risk of self-harm. Young people who were subject to the ACCT process were well cared for and had good support from the safeguarding team and the mental health in-reach team. Young people spoke well of the support that they were given by staff. ACCT reviews were well managed and attendance was good. The quality of the records was generally reasonable, although there were considerable variations.

- 3.31 A comprehensive suicide and self-harm policy had been updated in December 2009. The policy gave good general guidance to all staff as well as more detailed guidance to those with specific roles, such as the case manager and assessor.
- 3.32 During the previous year, there had been an average of 10 mostly minor incidents of self-harm a month, involving an average of six individuals. The rate had remained fairly consistent in proportion to the population. An average of 34 ACCTs a month had been opened during the

same period. There were inconsistencies in the use of the ACCT process as part of the management of vulnerable young people. The majority of ACCTs were opened as a precaution at reception or during induction. We examined a sample of cases and in many staff had been over-cautious and had opened an ACCT because they were concerned about a young person's behaviour or general demeanour. We came across a number of young people on ACCTs during the inspection with no history of self-harm and no indication that it was a risk. This included all young people undertaking drug or alcohol detoxification, who were placed on an ACCT (see substance use section). Conversely, some young people who had been identified as particularly vulnerable had been referred for a case conference, although there were no clear criteria (see safeguarding section).

- 3.33** The ACCT process was generally well managed. At least two ACCT assessors on a rota were always available to staff. ACCT reviews were planned in advance and notification sent to all departments the day before. Most reviews were well attended and included YOT workers and departmental representatives if they had been involved with the young person, but personal officers did not always attend. Nominated case managers were consistent and usually attended review meetings for young people they were responsible for. Families were contacted if a young person had self-harmed, but only with his consent. We examined a number of recently closed ACCT records as well as the 12 that were open at the time of the inspection. The quality of the records was generally reasonable, although there were considerable variations. Initial assessments were good, but links to care map objectives were not always made. Care maps were not always reviewed and updated at review meetings and it was often unclear who was responsible for identified objectives. On-going monitoring was detailed, although significant comments were not always highlighted and rarely referred to at subsequent reviews.
- 3.34** The suicide and self-harm coordinator reviewed documents regularly and made appropriate comments, but there was no consistent quality assurance scheme. Members of the senior management team were expected to undertake regular checks, although the frequency was not specified in the policy and they were undertaken infrequently. These checks focussed primarily on the proper completion of paperwork rather than the quality of engagement or work undertaken.
- 3.35** Young people subject to ACCT monitoring who we spoke to were positive about the support they had received from staff. Members of the safeguarding team regularly visited young people who had been identified as particularly vulnerable and this included those subject to ACCT monitoring. They also received a good deal of support from the mental health in-reach team and were sometimes accommodated in health care, often for a short period of respite, but only following a review meeting and in consultation with health care staff. At the time of the inspection, two young people were being gradually reintroduced to the units (see also health services section). There was free access to telephone contact with the Samaritans and some young people had contact with them through their weekly visits to the establishment.
- 3.36** A good range of data relating to self-harm was collated monthly. There was some analysis of patterns and trends, but little consideration was given to using this management information strategically at the monthly stay safe meetings (see safeguarding section).
- 3.37** There was no system to undertake internal investigations when serious incidents of self-harm occurred as a means of developing learning points for staff. When serious incidents occurred, case conferences were undertaken, but these focussed on the specific needs of the individual and his ongoing care. The potential to consider all aspects of the management of the case retrospectively to develop learning points for staff was lost.

Recommendations

- 3.38 An effective quality assurance scheme for the ACCT process should be implemented and areas of concern taken forward with clearly identified objectives.
- 3.39 All incidents of serious self-harm should be investigated as part of a 'lessons to be learned' exercise and the findings should be communicated to all staff by way of clear practice guidance.

Bullying

Expected outcomes:

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

- 3.40 Young people were well informed about all aspects of the management of bullying at Ashfield. They were regularly consulted about the extent and nature of bullying in the establishment and generally reported that Ashfield was a safe establishment. The safeguarding team played a prominent role in the management of bullying. Staff tackled bullying robustly and bullies were taken to task for their actions, but victims did not automatically receive the same level of attention.
- 3.41 A safer custody booklet was provided to all new receptions. Further information was given during induction and posters were widely displayed across units describing appropriate behaviour and the support available to young people if they had concerns. Monthly consultation meetings included anti-bullying and violence reduction as standing agenda items and minutes from the meetings indicated that discussions were thorough. A representative from the safeguarding team did not always attend and there had been no representation at the first four meetings of 2010. However, the safeguarding team had a high profile in the establishment and regularly visited young people on the residential units who had been highlighted as in need of support. Young people we spoke to were well aware of the anti-bullying policy and procedures and issues relating to maintaining safety, and most described Ashfield as a safe establishment. In our survey, only 21% of young people said they had ever felt unsafe, which was significantly better than the 30% in comparator establishments and 43% in the 2009 survey. These views were broadly confirmed in our safety interviews conducted during the inspection.
- 3.42 The establishment had a detailed anti-bullying policy which was widely publicised on all wings. Bullying was well managed. Data on bullying were shared at the monthly stay safe meeting and there was a reasonable analysis of incidents and patterns, but this was not used well (see safeguarding section).
- 3.43 Staff reported concerns about bullying through 'stay safe' referrals (see safeguarding section). All stay safe referrals related to bullying were investigated by the anti-bullying coordinator and the quality of the investigations we examined was generally good. The majority did not require

further action. The anti-bullying coordinator had a high profile and visited each unit most days. Staff were able to discuss issues with her and she looked at observation books and checked on work being undertaken with individual young people. All staff were extremely positive about the value of the role.

- 3.44 An anti-bullying survey had been undertaken in September 2009 by the psychology department. The survey was detailed and included a broad analysis of data. A number of recommendations had stemmed from this survey, but, while some work had been taken forward informally, they were not included in any strategic plan or the continuous improvement plan.
- 3.45 At the time of the inspection, nine anti-bullying logs were open, of which seven related to one incident. A review of the records, and a number that had recently been closed, showed that the quality of staff monitoring was generally good. Most comments were fairly detailed and many related to qualitative assessments rather than simply observations. All logs were regularly reviewed by the anti-bullying coordinator.
- 3.46 There was a well-developed two-stage anti-bullying programme. Personal officers usually helped young people placed on the anti-bullying programme to complete a workbook of activity aimed at challenging bullying and violent behaviour. The workbook had been devised by the safeguard lead for anti-bullying and child protection and personal officers had been given basic training on how to undertake this work. However, this focussed heavily on completion of the workbooks and they had no ongoing support to help them deal with any issues that arose. Some young people we spoke to saw little value in the workbooks.
- 3.47 Young people who engaged in persistent bullying involving violent behaviour were moved to the Brunel (care and separation) unit to take part in a more intensive programme to address their behaviour. Behavioural compacts and, if appropriate, restorative justice were options also used to deal with bullying.
- 3.48 Victims of bullying were not automatically considered for the same level of attention. Although their vulnerability was considered and, where appropriate, they were moved to another unit, no ongoing monitoring was undertaken to ensure that their specific needs were being met. Although some were discussed at the stay safe meeting and/or subject to a case conference, it did not follow that a suitable care plan would be developed (see safeguarding section and main recommendation).

Recommendations

- 3.49 A member of the safeguarding team should attend the monthly consultation meetings to address the standing agenda items of violence reduction and anti-bullying.
- 3.50 Recommendations identified in the 2009 anti-bullying review should be considered by the stay safe committee which should oversee their implementation as appropriate.
- 3.51 Staff involved in the implementation of workbooks for young people identified as bullies should have ongoing training and support from the psychology department to enhance the effectiveness of their work.

Applications and complaints

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

3.52 Young people understood how to use the applications and complaints procedures and they worked well. Replies to formal complaints were polite, prompt and constructive. Complaints were not analysed for patterns or trends, although the majority were about staff or loss of property. The child protection coordinator examined all complaints for child protection concerns. Managers took complaints about staff seriously and dealt with them appropriately. Young people had good access to the Independent Monitoring Board and independent advocates.

3.53 Application forms were available on each of the wings and young people put completed application forms into an application post box. These boxes were emptied each day by a member of the night staff, who logged each application and sent it to the relevant department for a reply. Most of the applications concerned young people wishing to see various specialists as wing staff dealt with simple requests informally. We did not receive complaints from young people about delays in receiving replies, although there was no tracking system to identify how long it took for applications to be processed and answered. We were told that there were imminent plans to improve the applications system by transferring it from a paper-based system to the electronic ATM information points.

3.54 Young people generated about 40 formal complaints a month. Each wing had complaint post boxes. Complaints were collected each day by an administrative clerk, who kept her own key to the complaints box to ensure confidentiality. Complaints were logged centrally and sent to the relevant department for a response. The majority of complaints were about staff and loss of property. The majority of the responses to complaints that we examined addressed the issue well and were courteous and prompt. This was impressive in view of the relatively high number of complaints about staff, which were properly investigated and responded to in an impartial and sensitive way by managers. A recent survey of young people's views on complaints had been conducted, but the results had not yet been analysed.

3.55 A very basic monthly record was kept of the nature of complaints being made. We were told that this was considered at senior management meetings, but there was no evidence that this was done effectively. There appeared to be an over-reliance on the clerk who logged the complaints to identify any issues of concern. The child protection coordinator examined all complaints for child protection concerns.

3.56 A team of full-time advocates based on the residential wings provided independent advice and were easily accessible to young people. In our survey, 62% of young people said they could speak to an advocate when they needed to, which was significantly better than the national comparator of 39% and the comparator from the previous year of 46%. The advocates we spoke to felt that young people had reasonable confidence in the applications and complaints procedures. They thought that both systems were used appropriately and that staff dealt with

issues informally when possible. They said they received a large number of complaints about clothing going missing from the laundry, a persistent problem which they felt was not being resolved within the standard complaints system.

- 3.57 Young people had good access to members of the Independent Monitoring Board (IMB). Thirty-five per cent of young people said they could speak to a member of the IMB, which was significantly better than the figure of 23% reported in 2009. Young people were informed that they had the right to appeal against decisions and that they also had the opportunity to contact the prisons ombudsman. They seldom did this in practice.

Recommendation

- 3.58 There should be regular analysis of complaints to identify any patterns or trends and action should be taken accordingly.

Legal rights

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

3.59 There was good support for young people from the experienced legal services clerk, the in-house youth offending team (YOT) and the advocacy service, all of whom helped young people to access appropriate legal advice. Provision for legal visits and telephone access to legal advisers was good and the in-house YOT team dealt efficiently with all aspects of remand management, including coordination of bail support.

- 3.60 There was an experienced legal services clerk, whose primary task was to act as an intermediary and facilitate contact between the young people and professional legal advisers. Young people received good support from the clerk, who helped them to understand legal issues and complete forms. In one case, she had supported an appeal against sentence, when a young person's solicitor was not prepared to do so. Support and links to a solicitor with relevant expertise had also been provided for a young person whose child was being adopted. The establishment gave young people a list of specialist legal advisers, including immigration advisers. Legal advice information was also available to young people in the library.
- 3.61 Young people were told about the legal rights service during induction and through notices on residential units. They could contact the legal services clerk through the formal applications process and she received approximately six applications each week. Specialist legal advisers were also contacted through the independent advocacy service, when required.
- 3.62 All legal visits were held in private rooms next to the visits hall. Young people could make free telephone calls to and receive incoming calls from their legal advisers. Legal advice was always available to young people going before an independent adjudicator if additional days to their sentence was a disposal open to the adjudicator.
- 3.63 Young people on remand were seen within 24 hours of arrival by a worker from the in-house YOT which carried out a case management function for the remand population. The YOT team worked effectively with community YOTs to enable them to put together bail packages and assist young people to meet their legal representatives.

- 3.64 Caseworkers informed young people the legal aspects of their sentence, including the early and late release arrangements for the detention and training order and the parole process for those serving indeterminate sentences.

Faith and religious activity

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

3.65 The chaplaincy team were regular visitors to the wings. They were represented at significant multidisciplinary meetings and attended individual reviews for young people they had been working with. Young people benefited from a chaplaincy-led mentoring scheme. All faiths were catered for and the chaplaincy team was complemented by two community chaplains. Young people were positive about their access to religious services and respect for their religious beliefs.

3.66 The chaplaincy team consisted of two full-time Free Church chaplains and five part-time chaplains. There was no Church of England chaplain and this was being addressed. The chapel was a large, light room, which was being converted into a multi-faith facility. At the time of the inspection, Muslim young people had to wash on their wings before going to prayers, but washing facilities were being installed next to the multi-faith facility. In our survey, 62% of young people said that their religious beliefs were respected, which was significantly better than the comparator of 54%. A member of the chaplaincy team visited Avon D each day to meet new arrivals and the chaplaincy had a slot in the induction programme. Wing staff informed the chaplains when a young person wanted to see them.

3.67 There were weekly Muslim, Catholic and Church of England services. Visiting chaplains attended for young people of other faiths, but at the time of the inspection, the one Sikh and one Buddhist young person did not want access to a minister. The chaplaincy team worked well together to encourage young people to adopt a tolerance for other faiths. Services were open to young people with no religion recorded and young people who were thinking about adopting a particular faith were welcome to observe services. Young people did not raise any concerns about access to religious services or leaders and, in our survey, 73% of young people said that it was easy or very easy for them to attend religious services, which was significantly better than the comparator of 60%.

3.68 The coordinating chaplain had been in post for a few months and was reviewing the range of faith classes available to young people to ensure that they were age appropriate. Some classes were running, including a weekly Muslim class and Christian classes where young people could explore topics such as ethics and citizenship from a faith point of view. The major religious festivals were celebrated throughout the year.

3.69 Effective pastoral care was provided and chaplains took an active role in supporting young people who had been bereaved or were dealing with significant news from family or friends. Chaplains attended relevant individual planning meetings involving young people they had been working with. They also attended establishment-wide multidisciplinary strategy meetings.

- 3.70 There were two community chaplains attached to the team, one based in South Wales and the other in Southampton. Each attended Ashfield one day each week. They were a useful additional support in the preparation for release arrangements for young people from their local community. The establishment was participating in a mentoring scheme which involved volunteer mentors who were working with 40 young people to provide community support.

Substance use

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

3.71 All young people were assessed for substance use on arrival and there was an awareness programme during induction. Substance-dependent young people were managed safely, but there were no formal joint care planning protocols between health and substance misuse services (SMS). The SMS was appropriately represented at relevant multidisciplinary meetings. Young people on the recently designated substance misuse wing were well supported but there were not always sufficient specialist staff available. The mandatory drug testing (MDT) rate exceeded the target, but appropriate supply reduction measures had been introduced.

Clinical management

- 3.72 Ashfield's substance misuse service still worked to the national specification although this was no longer mandatory, but there was no delivery plan. We were concerned that, with the disbanding of the YPSMS (young people's substance misuse service) central team in NOMS, the performance of private sector prison substance misuse teams was no longer monitored centrally, and support visits had ceased.
- 3.73 The substance misuse service (SMS) was well integrated into the establishment and represented at a range of multi-agency meetings. The needs of all young people requiring specialist interventions were discussed at the weekly multi-agency 'high risk' meeting. This forum was used to develop detailed care plans. Young people's consent to share information was shown in individual case files. The high-risk meetings were attended by the substance misuse GP and the substance misuse nurse, staff from the CAMHS team, the YOT and the safeguarding team, as well as the SMS manager. However, there were no formal joint working protocols between health and substance misuse services.
- 3.74 Young people arriving at the establishment were comprehensively screened at reception. Those requiring clinical management were admitted to the inpatient department and seen by the GP within 24 hours. Once stabilised, they could undertake detoxification or maintenance programmes on Avon B, the establishment's designated residential substance misuse wing. The ACCT process was used for every young person undergoing detoxification, which was not always appropriate.
- 3.75 During the previous year, 18 young people had completed alcohol and 11 benzodiazepine detoxification. Only four had required treatment for opiate dependency. Comprehensive clinical management protocols had been developed in consultation with the community substance

misuse lead and treatment regimes were flexible and based on individual need. At the time of the inspection, one young person who was a heroin user was determined to complete a lofexidine detoxification regime; another had been prescribed a low level of methadone on a maintenance basis, which would continue on release.

- 3.76 Young people with a substance dependency received a high level of care. The GP had specialised in treating substance dependency and the recent appointment of an experienced substance misuse nurse was a positive initiative. She came from the CAMHS community substance misuse team and worked closely with the internal CAMHS, coordinating the care of young people with complex needs and ensuring appropriate treatment and support on release.
- 3.77 Nurses offered smoking cessation support, which included nicotine patches, following the initial health care screening. All SMS staff had been trained as smoking cessation advisers; young people received advice during induction and could receive ongoing one-to-one support.
- 3.78 Young people with a high level of need were located on Avon B, the substance misuse wing (previously the drug-free wing), which could accommodate a maximum of 40. During the inspection, there were 26 young people on the wing, and those completing detoxification or undertaking maintenance regimes were now included. Service provision included alternative therapies and discussion groups. Young people spoke highly of the support they received.
- 3.79 The SMS had undergone significant changes. A new manager had started nine months previously, the service had increased from 11 to 18 staff and the team's remit had been widened in January 2010 to include running the residential substance misuse wing. There had been significant staff turnover, and some remaining substance misuse workers saw a conflict of interest between this role and that of discipline officer. Most staff members were residential officers new to the role of substance misuse worker; they were engaging in appropriate substance misuse training, but were still inexperienced.
- 3.80 All young people received initial assessments within three days of arrival. These were usually completed on the following day. However, not all comprehensive assessments were undertaken within the required 10 days, and one case file showed a time lapse of five weeks.
- 3.81 Initial assessment forms had been translated into different languages and there had been occasions when the SMS had worked with young people from Vietnam and China who were charged with cultivation. Workers held monthly drug and alcohol awareness sessions as part of the English for speakers of other languages (ESOL) provision.
- 3.82 Parents/carers of all young people received a letter from the SMS explaining their role and the services they offered and inviting contact. It was made clear that the young person had to consent before information was shared. Referrals were sometimes made to the family liaison team by the SMS.

Drug testing

- 3.83 In the year to April 2010, the random mandatory drug testing (MDT) positive rate had averaged 5.8% against a target of 3%, which was relatively high for the age group. The establishment carried out quite a large number of target tests (44 in the previous six months), but, at 25%, the positive rate was low.
- 3.84 In May 2010, MDT had become the responsibility of the security department. Officers had undertaken child protection training and MDT procedures did not involve automatic strip-searching.

- 3.85** Most positive MDT tests were for cannabis. In our survey, 27% of respondents said it was easy to get illegal drugs, which was significantly worse than the comparator of 19%. However, finds pointed to tobacco, followed by anabolic steroids, as the main substances in use, with young people returning from release on temporary licence (ROTL) and visitors identified as the main routes of supply.
- 3.86** Security information was shared through a newsletter and an intranet site. Appropriate supply reduction measures were in place and liaison with the SMS was efficient. Following the interception of a large amount of anabolic steroid tablets, security staff had started to attend ROTL boards to advise young people and they had also begun to visit some community placements. The SMS provided all young people with specific information about the dangers of steroid use and PE staff reiterated the message and positively discouraged the use of free weights.

Recommendations

- 3.87** Joint working protocols between health services and the substance misuse service should be developed.
- 3.88** Young people undergoing stabilisation/detoxification/maintenance regimes should not be automatically placed on ACCT as a means of close observation, and alternative means of observation and monitoring that meets their specific needs should be introduced.

Section 4: Diversity

Diversity

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

- 4.1 The comprehensive diversity policy was supplemented by separate documents on different diversity strands, but there was insufficient coverage of sexual orientation and religion. Attendance at the race equality action team (REAT) and diversity management team (DMT) committee meetings was good; relevant reports and data were considered and acted upon. There was only one external REAT member. Staff had readily volunteered to act as wing diversity representatives and there were active young people's diversity representatives. The level of staff training in diversity was good and diversity was celebrated across the establishment. Regular cultural celebrations took place and there was work with Travellers.
- 4.2 There was a comprehensive, overarching diversity management policy which set out how the strategic management of diversity would be taken forward. There were separate documents on race equality, disability and the management of foreign nationals. The policies on race equality and foreign nationals were comprehensive. The disability policy was recent work in progress, but was a useful practical guide to assist staff in their dealings with young people with disabilities. Other areas of diversity, such as sexual orientation and religion, were not specifically covered by policies, but were managed by either the race equality action team (REAT) or the diversity management team (DMT) when issues arose.
- 4.3 The REAT met monthly and the DMT quarterly. Plans were being drawn up to merge the two meetings into a monthly diversity and race equality action team meeting (DREAT). The REAT meeting was chaired by the director and was well attended by appropriate departmental representatives. An external representative from the Signpost and Rite Direkshon (a Bristol based charity providing services for isolated African and Caribbean people) usually attended. There was no other external representation at either meeting. The diversity manager supplied relevant data and accompanying reports and action points were identified and taken forward to subsequent meetings.
- 4.4 The diversity team consisted of a manager with overall responsibility and a recently appointed deputy. A variety of staff were involved in the management of foreign nationals and young people with disabilities and there were no clear leads. There had been a good response to a recent request for staff volunteers to become wing representatives for different aspects of diversity. The staff selected had attended initial training and were taking up their new roles. The diversity manager's role was advertised around the establishment. She had a visible presence and organised several diversity events throughout the year for young people and staff. Two such events took place during the inspection.
- 4.5 During the previous year, there had been several cultural events, including religious festivals and Black History Month. The establishment benefited from a very active Travellers lead who met young people from the Traveller community regularly and organised events for staff and

young people to improve knowledge of Travellers' culture and history. A reasonable number of posters conveying positive images were displayed around the residential units promoting race (including travellers) equality, but nothing specific on disability or sexual orientation.

- 4.6 All units had identified young people's diversity representatives. All young people were invited via unit notice boards to put themselves forward as a diversity representative and went on to a waiting list until a vacancy was available on their wing. They wore t-shirts to identify them as diversity representatives and met monthly as a group with the diversity manager. Before attending the REAT meetings, the representatives had their own meeting to go through the agenda and identify issues they wanted to raise on behalf of young people in the establishment.
- 4.7 All staff received Ashfield's initial induction training which included race and diversity workshops. The staff who had volunteered to become unit representatives for different diversity strands had attended additional training and the senior management team and REAT were scheduled to attend additional training in June 2010.

Race equality

- 4.8 Ethnic monitoring and the full range of race impact assessments were carried out. Racist incident report forms (RIRFs) were managed well and investigations were thorough. Young people did not complain that they were discriminated against and most of the racist complaints related to allegations of verbal abuse by young people against each other. Young people found to have displayed racist behaviour were required to attend a suitable programme. Regular cultural celebrations took place.
- 4.9 Approximately 27% of young people at the time of the inspection were from black and minority ethnic backgrounds. Posters were displayed across the establishment and on all wings, and gave a range of information on race and race equality. This included information about procedures to deal with race related problems (including the establishment's race equality helpline), the Travellers group and specific events such as cultural performances and talks. The REAT monitored SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring data, focussing on the mandatory fields. The race equality policy required any area that was graded red on the range setting to be investigated by the diversity manager and reported back to the REAT. There had been a concern about access to ROTL which the diversity manager had investigated and found to be a technical problem rather than bias in the use of ROTL. Data on longer-term patterns were also available to the REAT.
- 4.10 The REAT agenda included a standing item on the race equality action plan. The full range of race impact assessments had been completed and the more recently introduced equality impact assessments were being carried out.

Managing racist incidents

- 4.11 RIRFs and a separate post/collection box were available on all wings. Forty-one RIRFs had been submitted during the period January to April 2010, which was consistent with 2009. Young people told us in group discussions that RIRFs were the form of complaint taken most seriously by the establishment and the system appeared to have credibility with young people. Information on the number of RIRFs and range of complaints was submitted to the REAT each month.

- 4.12 All RIRFs were initially considered by the diversity manager and, if an investigation was required, the establishment's trained investigator undertook this. The diversity manager was waiting to attend the relevant investigator training. Responses were generally timely, respectful and clearly written. Responses to complainants and those who were the subject of a complaint clearly set out the findings and the action that would be taken as a result. RIRFs were subject to quality assurance checks by a representative of Signpost, and these were up to date.
- 4.13 A range of interventions and disposals was available for young people found to have behaved in a racist way. Many complaints concerned the use of inappropriate language by young people aimed at another young person and the diversity manager had compiled two training packages covering behaviour and use of language which young people could be required to attend. Some young people were referred to the in-house Positive Voices for Everyone programme for more intensive work if they were repeatedly the subject of RIRFs. Anti-bullying and disciplinary procedures were implemented if this was considered appropriate.
- 4.14 Responses in our survey from black and minority ethnic young people were generally very similar to those from white young people. However, 16% of respondents from black and minority ethnic groups said that they had been victimised by a member of staff or group of staff, which was significantly worse than the comparator of 2% for their white counterparts. Young people said in discussion groups that they did not feel they were discriminated against because of their race and/or ethnicity, but they believed that young people from London were treated differently from young people from the local area. Consequently, young people tended to socialise with others from the same geographic region.

Foreign nationals

- 4.15 Young people who were foreign nationals were supported by a range of staff and they received their entitlements, but there was no foreign national coordinator and there was little strategic direction from the REAT. Good use was made of translation and interpreting services. Links with the UK Border Agency (UKBA) were in place, and young foreign nationals had access to independent advice, but, despite the best efforts of the establishment, they were sometimes held solely under administrative powers, which was inappropriate.
- 4.16 The identification of young foreign nationals on arrival was efficient. At the time of the inspection, there were 22 foreign national young people, just over 10% of the population. There was a comprehensive policy document. It made clear that interpretation services were to be used for young people with little understanding of English and set out the entitlements of young foreign nationals to facilitate contact with their family and friends.
- 4.17 There was no identified foreign national coordinator for staff and young people to refer to. The diversity manager had a role in communicating to staff policy issues regarding foreign national young people. Liaison with UKBA was handled by the custody office. A dedicated member of the casework team undertook all the casework for foreign nationals. However, there was no single point of contact for foreign national issues. The monthly REAT meetings considered foreign national issues when they were raised, but did not provide clear strategic direction on common issues affecting foreign nationals (see main recommendation).
- 4.18 A reasonable range of information on the first night unit and during induction was available in languages other than English. The *Rough guide to Ashfield* booklet had been translated into six languages which covered the majority of foreign national young people. A telephone interpreting service was often used during induction, and there was a list of staff who spoke

other languages and were willing to act as interpreters. Other young people were sometimes used as interpreters for day-to-day interactions. Some young people told us in groups that they thought non-English speakers sometimes found it difficult and they tried to look out for them when they could. The ATMs, with pictures of menu options and shop items, were particularly useful for young people who did not speak English. A professional interpreting service was used when telephone interpreting was not appropriate. Staff were aware of the existence of the service and of the telephone interpretation service. It was evident from wing history sheets that both services were being used well.

- 4.19 The necessary referrals to UKBA were organised and carried out efficiently in the custody office. The member of staff who coordinated contact felt that UKBA did not always understand the difference in sentences that young people received, particularly detention and training orders and how these affected release dates. An immigration officer attended bi-monthly to see foreign national young people whose cases were being dealt with by UKBA. This provided a point of liaison with UKBA. Independent advice was available from the Avon and Bristol Law Centre. During the inspection, one young person was detained solely on immigration grounds and this had happened intermittently over the last four years. The establishment had actively sought to resist holding young people solely under administrative powers but without success.
- 4.20 Numbers of each nationality were very small and where possible young people of the same nationality were located on the same unit. During the inspection, two Vietnamese young people were sharing a double cell. There were no specific foreign national forums either for mutual support or to consult with young foreign nationals about their concerns. The diversity manager had organised a bi-monthly group, but young people had not wanted to attend.
- 4.21 Foreign nationals received their entitlements to one free 10-minute telephone call each month, and free international letters.

Disability

4.22 The establishment's recent policy on disability was incomplete. There was no monitoring of equality of treatment by disability and a lack of clarity about how the needs of young people with disabilities would be met. A database containing useful information about young people with a disability was not being used effectively. There were some good individual interventions and a commitment to improve in this area was evident in the invitation to community disability groups to visit the establishment and make recommendations.

- 4.23 The disability policy outlined the establishment's commitment to its legal obligations and to respond to the needs of young people with a disability. It lacked specific information on how this would be accomplished or how provision for young people with disabilities would be monitored. Disability was an agenda item on the diversity management team meeting, but there was little evidence of strategic management in this area. There was a central register of the number and identity of young people who had declared or been identified as having a disability. However, not all staff were aware of its existence and the useful information it contained was not being used to best effect, either operationally or strategically. Monitoring of access to regime for young people with a disability was not carried out.
- 4.24 The policy provided for two disability liaison officers, one focussing on physical disability and issues of access to all parts of the establishment and one on learning disability or difficulty. Their roles were not advertised around the establishment and some staff we spoke to were unclear who they should refer disability related queries to. Our survey results from young

people with disabilities were significantly worse in a number of areas than for young people without disabilities. Young people with a disability felt significantly less safe and felt that they suffered discrimination. Other survey responses were indicative of different needs for information. However, health care staff carried out disability assessments on arrival and passed these on to relevant staff. The health care team included two specialists in learning disability. The education department offered good support to young people with learning difficulties or disabilities (see main recommendation).

- 4.25 All young people were invited to complete a disability questionnaire at reception. We saw some examples of individual support given to young people with disabilities and most staff could give examples of how the needs of young people with physical disabilities had been met. It was not clear how information about these young people was shared with all staff involved in their care. Personal emergency evacuation plans were drawn up as part of health and safety requirements, but they were not readily accessible to residential staff.
- 4.26 There were no adapted cells for young people with physical disabilities, but the establishment made adaptations when a need was identified. One young man with an acute hearing condition was provided with a visual aid in his cell so that he would know when a member of staff was entering. Unit showers were unsuitable for young people with mobility problems, but all other areas of the establishment, including visits, were accessible. Local disability groups had recently toured the establishment and provided a report on where adaptations were necessary to accommodate the needs of young people with specific disabilities.

Religion

- 4.27 Chaplaincy representatives attended the monthly REAT meetings, but religious diversity was not covered by the diversity policy and equality of treatment was not monitored by religion.
- 4.28 The diversity policy did not include a section on religious diversity. Issues concerning religion, such as the celebration arrangements for religious festivals, were covered at the monthly REAT meetings which were regularly attended by chaplaincy representatives. There was no specific monitoring of treatment or regime access by religion. Nearly 55% of the young people were identified on establishment records as having no religion and members of the chaplaincy team were checking with young people that this accurately reflected their religious affiliation. Of those who had registered a religion, 36% were Christian, 8% Muslim and 1% other faiths.
- 4.29 The two full-time chaplains had attended training to enable them to deliver a faith awareness package to staff. This was due to start in June 2010.

Sexual orientation

- 4.30 Insufficient attention was paid to developing the diversity agenda with regard to sexual orientation, despite its inclusion in the diversity management policy.
- 4.31 Sexual orientation was included in the diversity management policy, but it was not explicitly included as an agenda item at diversity team meetings. There were no support groups or links with external support networks and there had been no consideration of the prevention of discrimination on the basis of sexual orientation.

Recommendations

- 4.32 The DREAT should include appropriate community representation.
- 4.33 Children and young people should not be held in prison service custody solely under administrative powers pending removal or deportation.
- 4.34 There should be consultation and ongoing communication with young foreign nationals.
- 4.35 All young people with a disability should have an up-to-date care plan that sets out how their assessed needs will be met.
- 4.36 Individual care plans for young people with a disability should be subject to regular multidisciplinary review and accessible to all staff involved in the care of the young person.
- 4.37 An action plan should be developed to support and meet the needs of young people who are gay or bisexual and to ensure that young people are not discriminated against on the basis of their sexual orientation.

Housekeeping point

- 4.38 There should be a wide range of positive images on display across the establishment reflecting all aspects of diversity.

Section 5: Health services

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

5.1 There were good arrangements for clinical governance of health care services and good working relationships with the providers and the primary care trust. There was an up-to-date health needs assessment and initial health screening was efficient. Young people had access to 24 hour health care cover, including a range of clinics appropriate to the age group. The health care centre provided very good facilities for the care and treatment of young people and each residential unit had a well equipped treatment room. The health care service was very well managed by an experienced lead nurse with a stable team of health care staff and a suitable skill mix, including two learning disability nurses. Inpatients were well cared for. Mental health services were excellent. Pharmacy services were satisfactory with potential for some improvement. Dental services provided a good level of care. Attention was paid to health promotion. Young people were generally very satisfied with the health care provided.

General

- 5.2 Health care services were commissioned by the Youth Justice Board as part of the overall contract and provided by Serco Health. Child and adolescent mental health services (CAMHS) were commissioned by South Gloucestershire Primary Care Trust (PCT) and provided by North Bristol NHS Trust.
- 5.3 An internal health needs assessment had been completed in March 2010 and was used to inform Serco Health and the senior management team of the requirements for and future direction of health care services. The assessment included mental health needs and was used to inform South Gloucestershire PCT and North Bristol NHS Trust of the requirements for mental health and learning disability services for young people. An annual health delivery and business plan had subsequently been developed and was used to set the strategic framework for the management and further development of health care services. The partnership board met quarterly and was attended by the director of Ashfield and the PCT. Health care was in the process of applying for registration with the Care Quality Commission and had recently received a successful result from the prison health performance quality indicators. A senior nurse with many years' experience at the establishment was the health care manager.
- 5.4 Young people had very good access to health care services. In our survey, 74% of young people said that the overall quality of health services was good or very good, which was significantly better than the comparator of 64%. The health care centre was sited on the ground floor of a building independent of the wings. It was clean and well decorated and the facilities had been expanded and modified to accommodate the needs of young people. A range of specialist and GP clinics were provided. Wing officers escorted patients to the centre for appointments and remained available until clinics were completed. The CAMHS team was situated in the same building and had recently acquired more accommodation. A pharmacy and dental suite were also situated in the centre. The two residential units each had treatment rooms for the administration of medicine, some clinics and minor treatments. The rooms were large, clean and well equipped.

- 5.5 The health care centre had offices, treatment and consultation rooms and some larger rooms for group work and education. An eight-bedded inpatient facility was available for young people requiring additional or more constant care. Two holding rooms were used for young people waiting for appointments. The rooms were well furnished and the doors remained open for the escorting wing staff to supervise patients. A good range of health care information was displayed in the centre and health promotion material was also shown on televisions in the holding rooms. Information was only available in English.
- 5.6 The reception area had a separate health care room that was used for the initial screening of young people. The room was of adequate size and suitably equipped. A separate toilet was used for young people to provide specimens as required. The room was also used regularly by reception staff for interviewing and was not secured with a separate health care suite key.

Recommendations

- 5.7 **All health care information should be provided in a range of languages appropriate to the population.**
- 5.8 **The health care reception room and equipment should be accessible solely to health care staff.**

Clinical governance

- 5.9 There were good arrangements for clinical governance of health care services, with regular meetings and good working relationships with the providers and quarterly meetings with the PCT. There was a very stable workforce with no vacancies and we were informed that, when required, there was no difficulty in recruiting staff. There was a good mix of staff with appropriate skills and a satisfactory level of investment in their professional development.
- 5.10 The health care manager had worked at the establishment since it opened and had been closely involved in the changes and development of health care services in that time. He was supported by a clinical nurse manager and a team of 10 nurses and one health care assistant. Administrative support was provided by one medical secretary and eight officers were employed in the inpatient facility.
- 5.11 Staff training was supported by Serco Health and the PCT. The clinical nurse manager maintained records of mandatory training and professional development. All staff were in date for their professional registration at the time of the inspection. A system of clinical supervision was available to staff, either as an informal group or on a one-to-one basis.
- 5.12 Young people had access to 24 hour health care cover, including a range of clinics appropriate to the age group. Visiting specialists took clinics with sufficient regularity to avoid undue waiting times. Serco Health and the PCT had arrangements for the acquisition of specialist equipment when required. Occupational therapy aids and equipment were available through social services if they could not be sourced internally.
- 5.13 General practitioner services were provided by one GP employed by Serco Health for three clinics a week. Out-of-hours cover was supplied by the same GP and regular locums provided cover for holidays and sickness when required. Pharmacy services were provided by a local pharmacy supplier, but were essentially supply only. There were no dedicated pharmacy staff at the establishment. Dental services were commissioned by Serco Health and provided by a dentist from a local practice. The contract included provision of a dental nurse.

- 5.14 Emergency resuscitation equipment was located in the health care centre and included an automated emergency defibrillator. There was a limited amount of emergency equipment in the unit treatment rooms, but no full kit for use in resuscitation. Records of checks were retained with the equipment in the health care centre and these were maintained weekly. There was no daily check on the defibrillator. All staff were in date for training in emergency resuscitation, including the use of defibrillators.
- 5.15 Clinical records were completed using the EMIS electronic health care information system. Paper records were scanned when necessary and an archive was maintained separately from the health care centre. Plans had been made for the introduction of SystmOne, but a date had yet to be agreed. All clinical records were secure and complied with Caldicott guidelines and the Data Protection Act. Health care policies were available to staff electronically and, where appropriate, reference was made to National Institute for Health and Clinical Excellence (NICE) guidelines and national service frameworks.
- 5.16 The management of communicable diseases was well controlled, including a policy and protocol for the control of pandemic flu. Screening and vaccination services were well organised and appropriate. Information-sharing protocols ensured that confidentiality was maintained and the patient's consent was obtained prior to any sharing of health care information with other relevant agencies.
- 5.17 Young people had access to general discussion forums, but there was no dedicated patients forum where health care issues could be considered in confidence. Patients were aware of the complaints procedure, but very few were made. During the six months before our inspection, there had been two health care complaints which had been dealt with swiftly and sensitively by the health care manager.

Recommendation

- 5.18 **Young people should have access to a dedicated health care forum.**

Housekeeping point

- 5.19 Daily checks should be recorded for automated emergency defibrillators.

Primary care

- 5.20 Initial health care screening was carried out in reception for all new arrivals. An electronic screening tool was used to identify any immediate health care problems, taking into account the young person's mental health and any substance use concerns. A disability assessment was also made and shared with relevant staff. Young people were appropriately referred to health care and substance use specialists if required and on some occasions admitted to the inpatient unit, for example, if acute detoxification was required. Information about the health care services was provided and a leaflet describing the services was given to the young person. All written information was only available in English and we were informed that occasional use was made of the telephone interpretation service, common medical phrase book and interpreters. All young people were seen the day after they arrived for secondary screening and start or continuation of vaccination programmes. An opportunity to see the GP was provided during induction.

- 5.21 The health care centre had good displays of health promotion literature and video displays, but there was very limited information on the residential units. None of the information was available in languages other than English. Smoking cessation courses had been delivered in the past and some of the health care staff were trained in the delivery of courses, but there was no programme available to young people at the time of the inspection. Patients were offered smoking patches during induction. Sexual health screening was performed during induction and clinics were available each week. Condoms were available, but only on request to health care staff. There were good links with the gym and the physiotherapist to encourage healthy lifestyles. A well man clinic was available to all young people and the health care centre followed national campaigns to promote health. A good range of nurse-led and visiting specialist clinics were available and all staff were trained to acquire relevant specialist clinical skills. Clinics were equivalent to those in the community and were appropriate for the population. There were no specialist children's nurses, but two of the nursing staff were specialists in learning disabilities. Access to speech and language therapy was through outside referral.
- 5.22 Young people could use health care services by completing a standard application that was given to the wing officers or by asking to attend the morning nurse triage clinics in the unit treatment rooms. The application process did not afford sufficient confidentiality for patients and the nurses performing triage were not trained in triage. However, triage algorithms were used to ensure consistency of treatment. Patients were either treated, referred to the appropriate clinic or given an appointment to see the GP on the same day or within 48 hours. Young people accommodated in the Brunel unit were seen daily by a nurse and every other day by the GP.

Recommendations

- 5.23 **Health promotion information should be provided on all residential units and accessible in a range of languages.**
- 5.24 **Smoking cessation courses should be an option for young people.**
- 5.25 **Health care applications should be confidential and managed by health care staff.**

Pharmacy

- 5.26 A medicines and therapeutics committee was held jointly with other establishments in the cluster and meetings were held quarterly. The pharmacist visited the establishment each month to assist with basic medicines management, but was not available to patients. Medicines were stored in a dedicated room in health care and small amounts were held in the treatment rooms located on the two residential blocks from where most were administered. Medical application forms available on the wings included written and pictorial information to enable young people to request repeat prescriptions.
- 5.27 Administration of medication was by nursing staff three times a day at 8am, 1.15 and 5pm via screened hatches from the treatment rooms on each block; consideration was given to patient confidentiality. Since most medication was supplied to the establishment as unlabelled stock, in-possession medication for self administration was often handed out without a label identifying the patient, giving directions or appropriate warnings. Patient information leaflets were available on request. The BNF reference books in the treatment rooms were not current.

- 5.28 There were a few patient group directions which allowed nursing staff to administer more potent medications in specific circumstances when the doctor was absent. There was a canteen list which allowed young people to purchase some basic homely remedies and pharmacy toiletries.
- 5.29 Medicines were stored in adequate conditions and access was restricted to the appropriate nursing staff. The controlled drugs (CD) cabinet in the pharmacy room in healthcare did not strictly comply with safe custody regulations and was not big enough for the volume of stock. Patients had their own lockers which could be used for the storage of in-possession medication.
- 5.30 As the majority of medication was supplied by the pharmacy as stock, full patient medication records could not be maintained on the pharmacy computer. CD requisition books were not used to record the transfer of CDs to the treatment rooms. Prescriptions for controlled drugs for individuals leaving the establishment were not written on the appropriate forms.

Recommendations

- 5.31 Young people should have access to a pharmacist for advice and consultation if required.
- 5.32 All in-possession medication must be provided in appropriately labelled containers.
- 5.33 Prescriptions for controlled drugs for individuals leaving the establishment should be written on forms FP10PCD.

Housekeeping points

- 5.34 Old reference books should be discarded, and only the most recent copy should be kept, to ensure that any information used is up to date.
- 5.35 The main CD cabinet located in the pharmacy should be changed to provide adequate storage and ensure compliance with the safe custody regulations.
- 5.36 CD Requisition Books should be used to document transfers of CDs to the treatment areas.

Dentistry

- 5.37 There was one session of dental treatment a week. A high throughput of patients was maintained with a low failure to attend rate. There was effectively no waiting list for treatment and the full range of appropriate treatments was offered. Initial dental examination was not being offered to all young people at the time of the inspection.
- 5.38 Oral hygiene leaflets and information were on display and a suitable range of toothpastes, toothbrushes and flossettes were available. One-to-one advice was given in surgery, but there was no provision of oral health advice to the general population.
- 5.39 Paper dental records were appropriately annotated and securely held in the dental surgery. The electronic clinical medical record was also updated after each visit. Urgent cases were seen at the next session. In the interim, patients in pain were prescribed appropriate

medication by health care staff. Referral to the dental hospital for surgical or orthodontic treatment was available in appropriate circumstances.

- 5.40 The dental surgery was generally appropriately decorated, maintained and equipped, but there was insufficient cupboard space and the floor of the room was cluttered with storage boxes and chemical waste containers. There was no dedicated sterilisation room in compliance with the new cross-infection control regulations. The surgery was due for refurbishment.

Recommendations

- 5.41 All young people should be dentally examined at induction and a treatment plan started when required.
- 5.42 Health education for young people should include oral health promotion.
- 5.43 The dental surgery should be modernised to provide sufficient storage space and dedicated sterilisation room in compliance with the new cross-infection control regulations.

Inpatient Care

- 5.44 The inpatient facility had seven patient rooms, one of which was a double room. There were separate shower facilities, an office, an association room and a snoezelen used mainly by the therapeutic room with specialised equipment by the CAMHS team for young people with high anxiety. At the time of the inspection, there were two patients and we were informed that the average throughput was about 25 patients a month. None of the rooms was on the list of certified normal accommodation and bed use was categorised into physical and mental needs, detoxification and respite. Approximately eight patients per month were noted as having respite needs, which were predominantly mental health needs such as depression, anxiety and bereavement. We examined the definition of patients requiring respite and the control of allocation of these beds. We were reassured that the health care manager had full control over the allocation of bed space and that the facility was used for patients with an appropriate health care need.
- 5.45 The inpatient facility was clean and well decorated. All the patient rooms were adequately equipped and all were on camera. There were plans to convert the double room into a small gym for patients' use.. The association room was also used for patients to dine communally if possible. Patients had access to a dedicated exercise yard which was clean with some raised vegetable beds and furniture.
- 5.46 The nursing office was at the end of the inpatient facility and included the monitors for the security cameras. Eight health care officers provided 24-hour cover in addition to the nursing staff. They had received training in the care of patients and were sensitive to the needs of young people requiring inpatient care. Clinical records were managed electronically and appeared well organised.

Secondary care

- 5.47 The management of outside hospital appointments was very well organised and administered by the medical secretary. Escorts for patients were available twice a day and the average number of appointments was about 20 a month. All were completed within the national waiting

target of 18 weeks. Patients waiting for appointments were put on medical hold to ensure that their treatment was not disrupted.

Mental health

- 5.48 Young people had access to an excellent level of mental health services with a large CAMHS team covering an annual caseload of about 250 patients. The team was led by a senior mental health nurse who managed secondary mental health at one other young offender institution. The team was based in the health care centre and had recently acquired additional facilities, including more rooms for group work and day care services. Young people had one-to-one consultations and access to an occupational therapist and a substance use nurse. The team offered a 24-hour service which included an out-of-hours on-call service. A programme of bespoke mental health awareness training was delivered to all staff.
- 5.49 Young people were seen through an open referral system and the team also provided primary mental health care. There were very good links with the community. Any previous care was followed up and patients were supported with community care on their release. Multidisciplinary referral meetings were held each week when all current cases were discussed. Three visiting psychiatrists and one visiting psychologist each provided weekly clinics for up to three patients per session. A small number of transfers to secure units were carried out expeditiously. Administrative procedures for young people from Wales resulted in a longer wait for transfers, which could take up to three months. Patients benefitted from a good range of visiting specialist counselling services.

Section 6: Activities

Learning and skills

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

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

6.1 Initial assessment and induction to education and training was comprehensive. The range of educational and vocational courses met the needs of most young people. Vulnerable young people, reluctant to attend mainstream provision, were well supported and usually successfully reintegrated. Teaching was good overall. Learning support was effective and promoted inclusion well. Attendance was high, but punctuality needed improvement. Young people behaved well in lessons. Standards of work were satisfactory or better in all areas. Young people gained high levels of qualifications and most gained accreditation in key subjects. Further work was required to enable more able young people to gain accreditation at higher levels. Information, advice and guidance were delivered well. Access to the library was good and it was generally well used.

6.2 The initial assessment of literacy and numeracy needs was comprehensive and covered a good selection of assessment activities, such as screening, diagnostic and practical work. Young people who had previously disengaged with education were supported well through the assessment process, with teachers displaying great skill at reducing initial resistance and fear of education. There was no appropriate language assessment tool for young people who spoke English as a second language and their literacy assessment did not clearly identify their specific needs. However, the very small number of young people whose first language was not English received additional support beyond their lessons and this enabled them to access the curriculum and participate in lessons. Young people followed a thorough and comprehensive induction programme enabling them to settle quickly on to their courses. Following completion of their induction, young people were quickly allocated to a programme of full-time education and/or vocational training and PE comprising on average 24 hours a week.

6.3 The range of educational and vocational courses met the needs of most young people. In our survey, 79% of young people said that they thought the education they had taken part in would help them on release and 74% said that the vocational training they had experienced would help them on release. Both findings were significantly better than the respective comparators of 68% and 57%. There was an appropriate focus on English and mathematics and young people were given the opportunity to sample a range of practical and vocational subjects, such as brickwork, motor vehicle, carpentry, industrial cleaning and design and print. The 'world and community' and social and life skills courses were very effective in enabling young people to explore and reflect on their attitudes and emotions and these courses had made a significant contribution to the respectful behaviour that we observed. The Access courses supported

vulnerable young people well and the proportion of young people on these courses who returned successfully to main education programmes was impressive. The ACE course provided effective support for young people with very low levels of literacy and numeracy and those with learning difficulties and disabilities.

- 6.4 The curriculum largely met the needs of young people under school-leaving age and enabled those returning to mainstream schools on their release to do so successfully. There was AS (advanced supplementary) level provision in two courses, to meet the needs of very able young people. There was a need to develop more courses at levels 2 and 3 and mainstream humanities-based courses and drama did not feature in the curriculum. There was good provision of Welsh language lessons which were enjoyed by young people attending who learned alongside some staff members who were taking the opportunity to increase their knowledge of Welsh.
- 6.5 Young people gained high levels of significant qualifications during their time at Ashfield and most gained accreditations in the key subjects of literacy, numeracy and information and communication technology. Many gained qualifications in other areas of the curriculum such as music, art and life skills. Young people who followed vocational courses achieved well. For example, young people working in the establishment bistro achieved particularly well, not only acquiring national vocational qualifications (NVQs) but also gaining extremely valuable work skills, such as team working, problem solving, dealing with customers, meeting tight timescales and working safely. Young people with learning difficulties and/or disabilities also achieved well.
- 6.6 Teaching was good overall. In most lessons, young people were engaged and focussed, the planned tasks were completed and they made good progress. In the better lessons, there was a clear emphasis on what young people would learn and how and why they would learn it. Tasks and activities were innovative and challenging and expectations were high, enabling young people to engage well and to make good progress. In the less effective lessons, opportunities were sometimes missed to stretch and challenge young people to maximise their learning and progress. Teachers had prepared good quality resources for most lessons and these were used well. Interactive whiteboards had been installed in some classrooms, but we saw little use of these. Learning support assistants (LSAs) provided effective support to young people by helping them to remain on task and concentrate on their work. On a few occasions, teachers and LSAs were slightly over-directive, preventing young people from solving problems for themselves.
- 6.7 Attendance at education was good, given the inevitable absences for legal visits and court appearances. Support for literacy and numeracy was available in the vocational workshops and there was emphasis on ensuring that young people who were temporarily excluded from education for short periods of time were reintegrated successfully into lessons. Young people located in the healthcare centre and the Brunel unit attended mainstream classes when possible and LSAs attended the units to work with young people who could not leave the unit.
- 6.8 Punctuality to education was just satisfactory, because the movement to classes, while safe and orderly, was slow.
- 6.9 Young people behaved well in lessons. We observed some very skilful behaviour management by teachers. We saw very little confrontational behaviour and limited swearing or inappropriate language. When it did occur, it was challenged and managed well, resulting in apologies from the young people involved. Relationships between teachers and young people were based on mutual respect and, as a result, few lessons were seriously disrupted due to poor behaviour.

- 6.10 Standards of work were satisfactory in all areas and good in some, such as Welsh craft, language and culture, business enterprise and social and life skills. Presentation of young people's work was generally good, with a few exceptions. There were innovative and successful schemes in design and print and industrial cleaning where vocational skills and knowledge were complemented by business skills training such as accountancy and marketing for young people planning to start their own business in these areas on release. However, some of the material produced in design and print was not of a good standard. A team of qualified and committed staff delivered appropriate information, advice and guidance to young people at different stages of their sentence, for example through a review of each young person's guidance needs every six weeks (see also education, training and employment resettlement pathway section). The quality and consistency of individual learning plans (ILPs) was variable, although ILPs were generally more effective in vocational areas. Links with training planning targets were tenuous.
- 6.11 Leaders, managers and staff had a clear vision of the delivery and development of education which met the needs of the majority of young people. A wide range of management information was collected and used effectively to monitor performance and provide reference points against which subsequent improvement could be measured.
- 6.12 The curriculum was managed and coordinated very well. Class cancellations were relatively rare. Communications within and between levels of management were good and accountabilities were clear. The department ran smoothly on a day-to-day basis.
- 6.13 Teaching staff were enthusiastic about improving the quality of education for young people. The turnover of teaching staff was low. Staff took advantage of opportunities for professional development. The majority of staff had relevant teaching qualifications or were working towards them. Staff were fully involved in the self-assessment process, including developing contributory self-assessment reports at subject level. Departmental reports were very detailed, but not sufficiently evaluative. In general, the reports described provision rather than analysing its effectiveness. A thorough lesson observation scheme was used well to highlight standards of teaching and classroom management, but a significant number of observation records showed an insufficient focus on evaluating the quality of young people's learning and attainment or the standards of work.
- 6.14 Teaching accommodation and resources were generally good and were treated with respect by young people. The carpentry workshop was very small and bricklaying took place in a building which was not fit for purpose, limiting seriously the scope of work young people were able to do. In music and design, young people were able to develop useful professional skills using industry standard equipment, including up-to-date computer hardware and software.

Library

- 6.15 The library was adequately resourced, reasonably spacious and generally well used. The staffing level was good. Two full-time, professionally qualified staff were supported by three detention custody officers and a number of orderlies. AS level students used the library for private study. Access in and outside timetabled education hours was good. The library was open two evenings during the week and on Saturday morning and it was well attended during these sessions. Library usage and attendance were closely monitored.
- 6.16 A good range of age- and language skills-appropriate fiction and non-fiction publications was available, together with newspapers and magazines. The range of books, graphic novels and audio books for students with low levels of literacy was good. Provision of Welsh language publications and publications for foreign nationals was adequate. The library issued about

1,200 publications and DVD titles each month. Stock losses had increased over time and a fines system had been introduced.

- 6.17 An interesting range of external speakers, including novelists and poets, had been invited to speak at the establishment during the previous year. Students' attendance at these events was good. Quizzes and competitions were organised regularly.
- 6.18 The library aimed to support the development of each student's literacy skills, but staff recognised that the library had not yet become sufficiently integrated in teaching and learning across all curriculum areas.

Recommendations

- 6.19 There should be a language assessment tool for young people whose first language is not English.
- 6.20 More courses at levels 2 and 3 and mainstream humanities based courses and drama should be developed.
- 6.21 Punctuality to lessons should be improved.
- 6.22 The quality and consistency of individual learning plans should be improved and they should be properly linked to training plans.
- 6.23 Facilities for carpentry and brickwork should be made fit for purpose.
- 6.24 The work of the library should be integrated into main education provision, particularly with regard to literacy.

Housekeeping points

- 6.25 Interactive whiteboards should be fully used.
- 6.26 The self-assessment report should be thoroughly evaluative.
- 6.27 The rigour of lesson observations should be enhanced by increasing the emphasis on young people's learning and progress.

Good practice

- 6.28 *Young people attending Welsh language classes learned alongside some staff members who were taking the opportunity to increase their knowledge of Welsh.*

Physical education and health promotion

- Expected outcomes:
- PE is central to helping children and young people to become confident individuals, maintain a healthy lifestyle, use spare time constructively, develop skills and gain qualifications while in custody and on release back into the community. PE is enjoyable

and inclusive for all, regardless of ability or previous experience. Programmes contain a variety of activities to meet the needs and interests of all children and young people.

- 6.29** Since the previous inspection, outstanding progress had been made by the PE department towards an inclusive and varied programme. The PE manager had established a clear vision, shared by all staff, to provide the best possible opportunities for all young people. The department was well on its way to achieving this ambitious goal.
- 6.30** Access to PE was good. All young people received at least three hours' PE a week and the provision of recreational PE in the evenings and at weekends was very good. Young people benefitted from a well planned and inclusive programme of indoor and outdoor activities which included football, cricket, rugby, basketball, volleyball, circuit training and minor games. The department had implemented appropriate restrictions on the use of free weights, although young people on the gold level of the regime could still have four sessions of weights a week.
- 6.31** Attendance at core and recreational PE was very good and refusals were extremely rare. Behaviour was very good and young people reported that they felt safe in the gym. Only one young person had been suspended from PE in the previous year for a very short period of time. Young people were issued with good quality kit and towels and were able to shower after sessions.
- 6.32** The department ran a series of very successful and inclusive academies, including football, rugby, cricket, table tennis, basketball, boxing and dance, all of which had input from external partners such as Bristol Rovers Football Club, Bristol Rugby Club and Gloucestershire County Cricket Club. These partnerships, together with productive links with community sports organisations, helped young people to develop their skills and abilities in various sports, while supporting good behaviour, teamwork and commitment.
- 6.33** There was a significant number of release on temporary licence placements and some young people gained sports-related employment on release. The PE department's Second Chance project supported young people very well in their placements on release. The Phoenix project, in partnership with Bristol Rugby Club, supported young people's emotional development through the medium of rugby. The department played a major role in the establishment's achievement of the Healthy Schools Plus award. Ashfield's teams played fixtures against external teams, including a computerised rowing competition against a local independent school.
- 6.34** Levels of accreditation were very high, having risen by 339% since the previous inspection. All young people had the opportunity to gain accreditation and most took advantage of this. There was a small range of coaching and employment-related courses for young people wishing to pursue a career in the sports industry which had the potential for further development through, for example, the department's Active IQ accreditation. Links with other aspects of the regime, such as health care and the young people's substance misuse service, were very good and remedial PE was provided where necessary, as was PE for young people on the Brunel unit.
- 6.35** Facilities were adequate and consisted of a good sized sports hall, a climbing wall, a fitness suite and an outdoor astroturf pitch, which was in very poor condition.
- 6.36** Young people's views were sought in PE focus groups and acted upon where appropriate, but these groups were held infrequently.

Recommendation

- 6.37 The astroturf pitch should be replaced.

Housekeeping point

- 6.38 The frequency of PE focus groups should be increased.

Time out of cell

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

6.39 Time out of cell for most young people was good, with a consistent average of over 10 hours out of cell on weekdays and between 8.5 and nine hours at the weekend. While there were variations in this, at least seven hours were available during the week, even for young people on the lowest level of the rewards and sanctions scheme. Access to outside exercise and association was also consistently good.

6.40 The overall level of out-of-cell provision for young people was good, with an average of between 10 and 10.25 hours a day. The levels were lower at weekends with an average of 8.75 hours. During the week a young person on the gold level of the rewards and sanctions scheme could be out of his cell for over 13 hours and a young person on bronze level a little over seven hours. All young people could have outside exercise each day, regardless of their rewards and sanctions level. Exercise areas were reasonable, with some seating and, during the inspection, basic cardiovascular exercise equipment was installed. Footballs were sometimes allowed on exercise yards at the discretion of staff, but there were constant problems with balls going over the fences.

6.41 Exercise and association were rarely cancelled. In our survey, 76% of young people said that they usually had association every day and 77% said they could usually go outside for exercise every day, both significantly better than the respective comparators of 59% and 29%.

6.42 During the inspection, we undertook a number of checks across all units and found that almost all young people were off the wing attending their allocated activity and only three or four young people, including cleaners, were still there during the main working day.

Section 7: Good order

Behaviour management

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

7.1 There was a behaviour management strategy which described how difficult behaviour would be managed. It was implemented through a weekly multi-agency committee, which was designed to address problem behaviour by supporting young people. It served its purpose well. The practice of separating young people for a short period to calm down lacked governance. Violent incidents were not excessive and there was some evidence of a recent decline and a similar decline in the use of force. Security arrangements were generally sound. Wide use was made of restorative justice, but formal disciplinary procedures were overused. The care and separation unit provided a constructive and balanced regime, which included regular education and a range of specially adapted interventions. Young people moving off the unit were provided with outreach support and some innovative preventative work was being carried out by Brunel staff.

7.2 A behaviour management strategy had been produced in May 2009. Its main purpose was to identify, support and motivate young people who displayed disruptive and challenging behaviour to address their individual difficulties. The strategy was implemented by the behaviour management strategy committee (BMSC), which met weekly and was usually chaired by the deputy head of residence. It was attended by representatives from education, psychology, health care, members of the safeguarding team and representatives from the residential wings. Young people were referred for discussion to this group if they met a number of set criteria, which comprised an initial good order warning, suspension from education or remaining on bronze level of the incentives scheme for more than three weeks, being subject to a stay safe referral or the display of repeated violent behaviour.

7.3 About six young people on average were considered at BMSC meetings. The discussion which we observed was task focussed and child centred. There was an emphasis on producing short-term practical solutions to the presenting problem behaviour. Behaviour compacts were used in some but not all cases. These were basic, time-limited care plans containing simple targets which were reviewed weekly.

7.4 Six members of staff had been trained in restorative justice (RJ) techniques. RJ was used widely to deal with conflict between young people and sometimes to resolve problems between

staff and young people. About 20 RJ meetings took place each month. No formal record was kept and it was difficult to tell if it was being properly managed.

- 7.5 When conflict arose on the wings, staff sometimes exercised their discretion in locking young people behind their door for a short period of time, to allow them to calm down. Staff referred to this practice as single separation, but it was not described in the behaviour management policy and there were no clear criteria. While separating young people from others and allowing them time to calm down could be very useful, there was no governance to ensure consistency and fairness. There was no central log so that the overall use of single separation could be monitored. The length of time which different members of staff considered appropriate to lock young people up varied considerably.
- 7.6 After an assault or fight, unit managers were expected to complete a report on the incident describing how it was managed and resolved, but reports were not being completed. There had been weekly incident management meetings until about five months prior to the inspection, which had examined all incidents in the preceding week and how best to manage the young people involved. Incident management meetings had been replaced by relocation meetings which took place twice a week, but these were less focussed on the management of the individuals, involved fewer staff and did not consider the incidents of the week within the wider context of violence reduction. Links between relocation meetings and the BMSC meetings were unclear.
- 7.7 In the 12 months from April 2009, the average number of assaults per month had been 18. There were considerable variations from month to month, but the population had declined during this period and the proportion of assaults had remained fairly consistent. Data on fights indicated that an average of 28 young people had been involved each month in the previous year, but the proportional rate had reduced slightly in the previous five months.

Security

- 7.8 There was good dynamic security. Drug dogs were regularly used to prevent illicit goods being taken into the establishment. The first positive indication from the BOSS chair had occurred in March 2010, nine months after its installation, when a mobile telephone was discovered.
- 7.9 The security function was well integrated with other departments in the establishment. More than 500 security incident reports (SIRs) were generated each month by staff from all areas of the establishment and were examined by the security team. The majority concerned threats young people had made against each other. Information about current security issues, including material gleaned from SIRs, was displayed prominently in the administrative corridor and updated each week. Staff were also kept informed of relevant security matters through an information leaflet, which was published monthly.
- 7.10 We were told that there were no serious gang issues. Occasionally conflict arose between groups of young people, but related to where young people originated from rather than gang affiliation. The most serious recent security concern had followed three finds of anabolic steroids (see also substance use section). A suitable strategy had been adopted which involved heightening staff awareness on the wings, increased supervision in certain areas, and targeted telephone surveillance. Approximately 200 to 300 cell searches were carried out each month. Most of these were routine and a small but varying number of targeted searches were also conducted regularly.

- 7.11 The monthly security meeting was well attended by staff across the establishment, with useful contributions from safeguarding, health care, substance misuse and lifer sections. Other agencies were also present, namely a police liaison officer and a member of staff from the escort provider Reliance. A wide range of data was produced, but there was limited analysis of it and it was insufficient to identify any patterns or trends. It was clear at the meeting which we observed that, while basic security was regarded as a key priority, balancing security requirements with the care and welfare of young people was equally important. This was reflected in a discussion about early feedback from the inspection concerning inappropriate routine strip-searching. A decision was taken at the meeting to risk assess all strip-searching in future.
- 7.12 At the time of the inspection, seven young people were subject to closed visits and their circumstances were reviewed by the controller every 28 days. This was a typical sample, but a relatively high figure given the size of the population.

Rules and routines

- 7.13 Young people were given basic information about the establishment rules and routines when they were admitted. During induction on the following day they were given more detailed information, together with a written guide. The rules of the establishment were on display in each of the residential areas. New material had been produced which was more age-appropriate, but had not yet been put on display. The information in these new posters was addressed to staff and young people to indicate that they needed to collaborate to create harmonious living conditions. It outlined the consequences of poor behaviour by young people, while usefully describing various avenues of support.
- 7.14 In general, most staff were appropriately tolerant of normal teenage behaviour and applied rules fairly, although some young people complained of inconsistent treatment (see section on relationships). We found no evidence of discrimination against any particular group of young people in the application of rules.

Rewards and sanctions

- 7.15 The rewards and sanctions scheme was understood by staff and young people and, together with the adjudication process, formed a central element of the behaviour management strategy. The three levels of the rewards and sanctions scheme were well differentiated. Most young people found the highest level (gold) attractive because it included increased association and visits and, in our survey, just over half of the respondents said that it made them change their behaviour. However, many young people we spoke to said they thought it was extremely difficult to achieve gold and conversely very easy to move down a level. At the time of the inspection, 21 young people were on the basic level of the scheme, which managers had identified as too many. Young people who transferred from another establishment on the highest level of the incentives scheme retained that status. Otherwise, it took at least six weeks of good performance to reach gold. In our survey, 46% of young people said they felt they had been fairly treated in their experience of the rewards and sanctions scheme, which was significantly worse than the comparator of 54%.
- 7.16 The rewards and sanctions scheme worked on a daily points system. Through our wing file analysis, it was clear that officers made numerous entries about each young person's behaviour to support their assessments. Night staff for each unit read all the entries and made recommendations for promotion or demotion based on the points allocated and supporting written entries. The senior care officer for the unit reviewed the recommendation and made the

final decision about a change in level which was in turn checked by the unit manager. In the sample we examined, there were a number of examples where recommendations by staff to demote young people were not accepted by a manager and we were told that, in a small number of cases, young people had been successful in appealing against decisions.

- 7.17 Young people on bronze were reviewed weekly and those on silver and gold were reviewed fortnightly. Reviews were conducted at a meeting between the wing manager and the young person in a wing office in which they discussed what had been written in their wing files, any recommendation regarding a change in level and what they needed to do to make progress. The assistant director responsible for this aspect of behaviour management reviewed all cases where a change in a young person's level had taken place. The bronze regime provided sufficient opportunities for a young person's basic needs to be met. Association was permitted three times a week, showers were offered daily and telephone calls three times a week. Young people remaining on bronze for more than three weeks, of whom there were few, were considered at the weekly behaviour management meeting for extra support. Young people were reduced to bronze immediately if they were found guilty of a violent act at an adjudication. Clearly, a serious act of violence merits a review of status. However, an automatic downgrading following a separate punishment or adjudication without a proper review would be inappropriate.
- 7.18 The rewards and sanctions scheme was being reviewed and young people had been consulted. One of their complaints about the existing scheme was that they were not always informed in writing about any changes in their status. Their suggestion that verbal warnings should be replaced with written warnings had been incorporated into the proposed new scheme.

Adjudications

- 7.19 There had been a slight proportionate reduction in the number of adjudications over the previous 12 months. However, an average of 90 adjudications were still held each month, which was high given the size of the population. The minor report system was underused. Between 15 and 20 minor reports were issued a month.
- 7.20 Adjudications were held in offices on the wings in an age-appropriate setting. The adjudication which we observed was conducted in a straightforward and fair manner. The young person was fully involved in the subsequent discussion and, at the end, was given clear information about what would happen next, including the right to appeal. The records of adjudications which we examined reflected this. The documentation was detailed and in good order. Sanctions imposed did not appear excessively severe, but a significant minority of cases could have been dealt with under the minor report system. A considerable number involved childish behaviour such as throwing water or food in the residential areas.
- 7.21 Advocates were very seldom involved in adjudications. Young people were made aware of the option to involve an advocate, but this was not promoted and more effort could have been made to ensure that young people made a properly informed choice about advocacy support.
- 7.22 The independent adjudicator dealt with more serious charges involving the police. The independent adjudicator usually visited on a monthly basis and these arrangements appeared to work satisfactorily.
- 7.23 Adjudication reviews, chaired by the deputy director, were held quarterly. Senior managers from all relevant departments attended. Tariffs were reviewed and documentation was

examined for accuracy. Statistical information on the number of adjudications carried out was considered and a recommendation had been made at the most recent committee meeting that this should be extended to cover ethnicity. A decision had recently been taken to supply a list of young people subject to adjudications in advance to the health care department, so that young people who might have difficulty were dealt with appropriately.

Use of force

- 7.24 There had been a gradual, proportionate decline in the use of force, corresponding with the reducing population. Since the beginning of the year, there had been an average of 17 recorded instances a month, the majority of which involved spontaneous use of control and restraint (C and R) to prevent injury between young people who were fighting. In approximately three-quarters of these cases, C and R techniques had been applied and, in the remainder, some form of less intrusive physical intervention had been used. As well as standard C and R training, most staff that we spoke to had also received training in therapeutic crisis intervention, a model of behaviour management designed to deal with conflict in residential child care settings which placed a strong emphasis on de-escalation. Records showed that in most cases staff were making efforts to de-escalate situations before force was used. However, in almost half the small sample we examined, non-compliance was shown as the reason for triggering C and R.
- 7.25 There was internal quality assurance of the use of force documentation, but our file analysis also showed that incidents of use of force were not always correctly authorised and certified.
- 7.26 There were few cases of planned use of force. Over the previous four-month period, it had occurred three times, but only one of the incidents had been recorded on video tape.
- 7.27 Young people were debriefed appropriately following use of force by a duty manager or a member of health care staff. This was recorded on the C and R documentation.
- 7.28 Use of force was a standard agenda item at the monthly security committee, which allowed relevant information to be shared and enabled staff to raise concerns, particularly about any injuries that might have arisen as a result of the use of force. Monthly data on the use of force were discussed although, until very recently, this had been limited to the number of incidents. More detailed information had been produced for the May 2010 meeting, but it did not cover the time, location and personnel involved in incidents, so that a fuller analysis could be undertaken.
- 7.29 As part of a recently introduced reducing restraint strategy, there were plans to provide staff with further training on conflict resolution. It was also intended that every incident involving the use of force would be referred to the establishment's investigation officer for additional scrutiny.

Care and separation

- 7.30 The care and separation unit was known as the Brunel unit. There was a clear policy explaining the purpose of the unit and a modified version was provided in a leaflet which was issued to all young people when they were admitted.
- 7.31 Most young people were held on the unit for reasons of good order or discipline, usually having been involved in serious incidents of violent behaviour. They were initially reviewed after 72 hours, and subsequently weekly. Young people could also be held on the unit pending an

adjudication, and a few were there because it had been decided that their safety and wellbeing could not be reasonably assured elsewhere. We did not have concerns that the unit was used regularly as an unofficial place of safety for vulnerable young people.

- 7.32 The unit had accommodation for up to 16 young people in single cells. The cells had in-cell sanitation and were well maintained and in good condition. Some of the fittings were metal and some resin. Each of the cells had chalkboards on which young people were encouraged to record personal information or appointments, which seemed to work well.
- 7.33 Two of the cells had CCTV and were used for young people who needed to be monitored. The special cell, which had not been used for over a year, had been converted into a quiet room where anxious young people could relax on bean bags and listen to music. There were two outside areas for young people. One was a small exercise yard, where they could kick a ball about and the other was a garden with decking and seating. Overall, the living conditions were good and in keeping with the efforts that had been made to create a therapeutic environment. Staff had been specially selected for their suitability for the role and had received training from the psychology department. In our survey, 63% of young people who had spent time in the Brunel unit said that staff treated them well/very well, which was significantly better than the comparator of 41%.
- 7.34 The regime in the unit was similar to that on the wings, although less association was available. All young people were offered a daily shower and telephone call. Young people were able to attend classes or workshops off the unit subject to a risk assessment. Two learning support assistants attended the unit each day to provide one-to-one sessions for young people who had been assessed as needing that level of support or were prevented from mixing with other young people for safety reasons. Young people on the unit also had access to special gym sessions. Members of the chaplaincy team visited the unit daily, but wing personal officers did not regularly visit to keep in touch with the young people they had responsibility for.
- 7.35 All young people admitted to the unit were subject to an initial assessment. They were then allocated to specific interventions, depending on identified need. Problem-solving programmes delivered on the unit had been designed by a clinical psychologist, who also spent three hours a week on the unit supervising the staff who delivered them.
- 7.36 Each young person had a care plan which was reviewed every week at a multidisciplinary meeting, attended by unit-based staff, a member of the Independent Monitoring Board and one of the establishment based youth offending team workers. We observed one of these meetings and found the discussion firmly child-centred. Staff focussed on understanding the cause of the young person's behaviour. Young people were actively involved in these discussions and played a significant part in planning their own care.
- 7.37 The average length of stay on the unit was about 10 days and young people were provided with ongoing outreach support by Brunel staff when they arrived back on the wing. Brunel staff also carried out a preventative role, supporting individual young people on the residential wings who were at risk of being removed from their normal location.

Recommendations

- 7.38 **Proper governance should be introduced to ensure that the use of single separation is proportionate, fairly applied and non-discriminatory.**

- 7.39 There should be clear terms of reference for the relocation meetings and their links with the behaviour management and violence reduction strategies should be clarified.
- 7.40 Incident reports should be completed in a timely manner.
- 7.41 Security data should be analysed to identify any relevant patterns and trends.
- 7.42 Visits under close staff supervision in an open setting should be used as an alternative to closed visits.
- 7.43 A change of status within the rewards and sanctions scheme should only take place following a full review.
- 7.44 Adjudications should be used as a last resort to deal with the most difficult and challenging behaviour and more use should be made of the minor reports system for less serious behaviour.
- 7.45 Managers chairing adjudications should always ensure that the young people involved are clear about the option of having an advocate present.
- 7.46 Force should only be used when there is an immediate risk to the safety of a young person or others or of serious damage to property, always as a last resort and when all other alternatives have been explored. It should not be used simply to obtain compliance with staff instructions.
- 7.47 The use of force should be correctly authorised and certified.
- 7.48 Planned use of force should always be recorded on video tape.
- 7.49 Monitoring and analysis of the use of force should be improved to determine any relevant patterns and trends requiring attention.

Housekeeping point

- 7.50 Records should be kept of restorative justice work to ensure that it is properly managed.

Good practice

- 7.51 *Young people were provided with ongoing outreach support by Brunel staff when they arrived back on the wing.*
- 7.52 *Brunel staff carried out a preventative role, supporting individual young people on the residential wings who were at risk of being removed from their normal location.*

Section 8: Services

Catering

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

8.1 The food was of a good standard, covered all dietary requirements and young people had sufficient quantity. The catering department had good links with health care and the education department. The central kitchen and serveries were maintained hygienically. Young people were able to dine together for the majority of their meals and benefitted from an easy-to-use automated food ordering system. The catering manager made efforts to consult with young people about the food and was responsive to requests for change.

8.2 Food for all the residential units was prepared in a central kitchen, which was clean and well equipped. Halal products were stored and served separately, both in the kitchen and on the unit serveries. Food was delivered to unit serveries in heated trolleys and served by young people and unit staff. Everyone who worked in the serveries had been given basic food hygiene training and kitchen staff made regular checks of the serveries. Young people were offered five items of fruit and vegetables every day. Advice from a nutritionist was available and acted upon. Healthy options were clearly identified on the four-week menu cycle. A variety of special diets were catered for and there were close working links with health care and the education department, specifically the PE department.

8.3 The four-week menu cycle contained a selection of ethnic, vegetarian and cultural dishes. Young people ordered their meals from the wing automated telling machines (ATMs) and it was their responsibility to remember to order their food for a week ahead. Any young person who forgot to order received the default option, which was always vegetarian. The ATMs included photographs of each food option, which was useful for young people who did not read English well or had learning difficulties/disabilities. Breakfast cereal was available on each unit each morning and young people could help themselves to as much as they wished. Young people could buy toasters to keep in their cells if they wished. The establishment was moving to a summer menu during the inspection and hot lunch options were available twice a week as opposed to every day except Wednesday during the winter months. Dinner consisted of a hot meal and fresh fruit was available as an option at both lunch and dinner. Biscuits were provided as a snack in the evening.

8.4 Lunch was usually served around midday and the evening meal at around 5pm. Young people had the opportunity to dine out in association each day apart from Wednesday when lunch was eaten in cells to facilitate establishment-wide activities that required the presence of staff. Staff were encouraged to dine with young people and did so on some units, but not all. Some young people preferred to dine in their cells. Staff were aware of the underlying reasons that could be causing young people to make that decision and they monitored individuals if they had concerns.

- 8.5 During the inspection, we received few comments from young people about the food. In our survey, 42% of young people said the food was good or very good, which was significantly better than the comparator of 20%. The catering manager appeared to be well known to the young people and we observed several young people approaching him freely when he was on the residential units. Monthly food and shop consultation meetings took place, but the recent food survey had produced a very small return rate. Following discussion at the monthly meeting, wing representatives had volunteered to take a more active role in distributing future surveys. Changes that had taken place as a result of feedback from young people included two hot lunches each week as part of the summer menu rather than sandwiches every day.

Canteen/shop

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

8.6 Young people had good access to the shop and the service was managed efficiently. Orders were made via the unit ATMs which encouraged young people to maintain proper control over their finances. Good consultation arrangements were in place and the service was responsive to reasonable requests made by young people.

- 8.7 Young people could order and receive goods from the shop twice a week. They placed their orders using the unit ATMs which included pictures of the goods that were available. Young people's accounts were updated each day so they were able to make informed decisions about what goods to order and how much money they wanted to use for telephone credit, which also operated via the ATM. They were thus learning to manage their own finances and make decisions on how to use the money available to them. The ATMs were not without technical problems, but in general worked very well.
- 8.8 The shop was run by Serco and all goods were sourced specifically for the shop list. Monthly consultation meetings took place with the young people and the service was responsive to young people's requests. As an example, toaster bags had been ordered as young people had said at the consultation meetings that, when the summer menu was introduced, they would like to be able to toast their lunch sandwich. The range included some fresh fruit and healthy snacks, and toiletries for young people from different ethnic backgrounds and religious artefacts. Most goods were priced in line with charges in small local supermarkets. All items in glass jars and tins were prohibited on security grounds, which seemed excessively risk averse. Young people could order newspapers and magazines and were able to order from the Argos catalogue provided they had sufficient money in their account and were ordering a product they were allowed to have in possession. In our survey, 64% of young people said that the shop sold a sufficiently wide variety of products, which was significantly better than the comparator of 42%.
- 8.9 Ordering and delivery arrangements were efficient. Young people had different days on which to order goods depending on their unit. Broadly speaking, half the young people received their goods on Monday and Thursday and the other half on Tuesday and Friday. Young people had to place their orders by the end of association on the previous day to be certain of receiving their goods. These were delivered to cells in sealed clear plastic bags and discrepancies were promptly rectified. Young people who did not return from court after placing an order were given a refund. Young people were advanced £4.50 in reception and were able to place an

order almost immediately after arriving if they wished to do so. The advance was recovered at 20p per day.

Section 9: Resettlement

Strategic management of resettlement

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

9.1 A comprehensive resettlement policy was based on an up-to-date needs analysis which covered all resettlement pathways. The pathways action plan was appropriately monitored and implemented through subgroups of the resettlement committee, but attendance at the main resettlement committee was erratic and there was limited consideration of relevant data. The number of external organisations delivering resettlement services to young people was impressive. There were good links between the establishment and local youth offending teams (YOTs). The active information, advice and guidance (IAG) team linked young people with external voluntary agencies for specific support. There was a good range of opportunities for release on temporary licence (ROTL) and young people clearly valued the experience. Public protection was well managed.

9.2 There was a comprehensive resettlement policy based on an up-to-date needs analysis. Young people had been consulted by questionnaire about their resettlement needs and there had been a return rate of 30%. The policy appropriately focussed on the Youth Justice Board's resettlement pathways of case management, accommodation, education, training and employment, health, substance misuse, families and finance and debt management. Each area there was an overview of the establishment's objectives and the responsibilities of specific staff for meeting these objectives. There was appropriate reference to external agencies and their crucial role in ensuring good outcomes for young people and the importance of ROTL to prepare young people for release. The policy did not include the unique factors in the resettlement of looked-after children, the resettlement into the community of young people serving long sentences and the transition of young people to the young adult estate. The last was particularly pertinent in light of the recent opening of the new unit for young people serving indeterminate and long sentences.

9.3 The roles of head of learning and skills and head of resettlement had been combined effectively to ensure a coordinated approach to preparing young people for release. This was progressed through a resettlement action plan, monitored by a resettlement committee which met quarterly. A range of resettlement services relating to each resettlement pathway were developed by subgroups of the committee and progress in their development was recorded in the action plan and monitored at committee meetings. The resettlement committee had an appropriate membership, including representation from external organisations. However, attendance at committee meetings was erratic and, although useful resettlement pathway data was collected, it was not used to inform discussions, which mainly oversaw the management of the work of the voluntary organisations and various projects.

- 9.4 The number of external organisations directly involved in delivering services to young people was impressive and specialist voluntary agencies worked in all the resettlement pathways. A range of staff and departments had good links with these organisations, including the heads of resettlement and young people's services, the IAG and ROTL leads and the chaplaincy, and their work was coordinated by the head of resettlement and the resettlement committee. Representatives from organisations we spoke to said that they felt integrated into the work of the establishment and were made to feel welcome. Some staff from external agencies carried keys.
- 9.5 Young people came from a wide geographical area and were supervised by a large number of different YOTs. The establishment had good links with local YOTs, such as Bristol, Wessex and Rhondda Cynon Taff. A recent YOT conference hosted by the establishment had enhanced working relationships, and weekly visits by a YOT worker from Rhondda Cynon Taff, to visit young people from that area, was an excellent initiative.
- 9.6 The active IAG team provided good information and advice to young people in groups and as individuals. All young people were seen by the IAG coordinator and given a formal resettlement plan, covering accommodation, financial advice and education, training and employment opportunities. They were then referred either to information and advice courses run by the IAG team or external providers, or to one of the voluntary agencies offering specific support. The work of the IAG team was properly linked to the training planning process.
- 9.7 There were clear criteria and a referral process for young people to be released on temporary licence, and the range of placements was impressive. The scheme was described during the induction programme and extensively advertised on each unit. Early consideration for suitability formed part of the training planning process. Young people applied to attend a ROTL board, which considered assessments from unit and education staff, the young person's caseworker and YOT worker. If the young person was assessed as meeting the criteria, a suitable placement was identified prior to the young person attending a ROTL board, where the final decision was made.
- 9.8 ROTL placements comprised work experience, outward bound courses, community reparation projects and outside family visits. There were 24 different opportunities for work experience placements. Some young people who had been on work experience placements were followed up at regular intervals after their release, which enabled the resettlement department to assess the effectiveness of placements in preparing young people for future education, training and employment.

Recommendations

- 9.9 The resettlement policy should be updated to include the resettlement needs of looked-after children and young people serving long sentences who are released to the community or transferred to a young adult establishment.
- 9.10 Key data on resettlement issues should be presented to the resettlement committee.

Housekeeping point

- 9.11 Establishment staff who are members of the resettlement meeting should attend all meetings. Further encouragement should be given to external members to attend.

Good practice

- 9.12 *Some young people who had been on work experience placements were followed up at regular intervals after their release, which enabled the resettlement department to assess the effectiveness of placements in preparing young people for future education, training and employment.*

Training planning and remand management

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

9.13 Training and remand management plans were timely and comprehensive and reflected individual needs. There was effective collaborative working with community agencies to support bail applications. Training planning meetings were generally well attended and well managed. Young people were encouraged to contribute, but their families did not often attend. Pre-release planning was thorough and caseworkers attended selected post-release meetings. The lack of an agreed protocol between NOMS and the Youth Justice Board for the transfer of young people to adult prisons militated against proper transition planning. Staff on the new long-term unit had all been selected and trained to work with this age group and received support from psychology. Public protection cases were well managed.

- 9.14 The training planning process was managed by a team of caseworkers. Training plans and remand management plans that we examined were timely and contained comprehensive initial assessments based upon pre-sentence or pre-remand information and individualised objectives and targets.
- 9.15 Young people on remand were seen within 24 hours of arrival by the in-house YOT team and remand plans were completed within five working days. Files demonstrated some good work with community YOTs to support bail applications and one example of joint work with the child and adolescent mental health service (CAMHS) which produced a successful outcome.
- 9.16 The initial assessments and proposed targets for sentenced young people were completed before the first training planning meeting. There was an effective system to inform caseworkers which courses and programmes were available to meet identified need. In the sample of cases we examined, all the young people had clear, realistic targets and, in all but one, targets had been achieved within a realistic timeframe and suitably revised. Comprehensive feedback on the young person's performance and achievements was given by the relevant department. A number of young people were set behavioural targets, which required the support of unit staff and records indicated coordination between caseworkers and unit staff, particularly personal officers, in helping the young person achieve his targets. In one case where a young person was struggling to change his behaviour, a multidisciplinary case conference had been convened and a supportive plan drawn up.

- 9.17 Arrangements for training planning meetings were effective, and YOTs and establishment departments were given the times and dates of meetings at the start of each young person's sentence to facilitate their attendance. Training planning meetings were held in suitably confidential rooms close to the visits hall. We observed one final review meeting, which was well attended by the community YOT, the local authority, a Connexions worker, housing provider and representatives from education and the young person's residential unit. The young person was able to participate fully in the meeting, which was competently chaired by his caseworker. The young person, who was a looked-after child, had been found suitable supported accommodation and a place on a vocational training course. The external professionals we spoke to after the meeting said that this type of task-focussed discussion was in their experience common to training planning meetings they had attended at Ashfield. We examined a sample of files of young people about to be released. All had clear post-release plans, although for some accommodation arrangements had been made just before release, despite the best efforts of the establishment, which had created anxiety for the young person and militated against post-release planning. Caseworkers attended some post-release reviews in the community and prioritised public protection cases and looked-after children.
- 9.18 Data on participation in training planning meetings showed that attendance by a representative from the residential unit, the education department and community YOTs was excellent. However, attendance by young people's families was poor. The reasons given were distance from home and difficulty attending a daytime weekday meeting.
- 9.19 A new unit for 24 young people serving indeterminate and long-term sentences had opened three weeks before the inspection and there were only 13 young people there. New staff had been selected, basic training delivered and additional support from the psychology department was being provided. At the time of the inspection, 12 young people were serving indeterminate sentences, of whom four were serving life for murder and eight were sentenced to detention for public protection under section 226 of the 2003 Criminal Justice Act. All but one of these young people were located on the new unit. The in-house YOT had recently been given the responsibility for the sentence planning of young people serving indeterminate sentences. The life sentence planning documents, previously used for adult prisoners, were used for the assessment and planning process, which was unsuitable for young people. Multi-agency lifer review panels were held as required.
- 9.20 There were ongoing difficulties over the transition of young people serving long sentences to the young adult estate when they reached 18. Staff described how they followed YJB placement guidance to transfer young people to establishments which held young adults and made efforts to transfer them as near as possible to their home area. However, transfer requests made in this way were sometimes refused. These difficulties prevented proper transition planning and had a detrimental impact on the young person's progress through his sentence.
- 9.21 There was a well-attended monthly public protection meeting, which monitored the progress and interventions of all young people considered a risk to the public on release and a risk to other young people while in custody. Records indicated a high level of knowledge and understanding of this group of young people.

Recommendations

- 9.22 A consultation exercise should be carried out to seek the views of families to find ways to improve their participation in the training planning process.

- 9.23 There should be an age-appropriate sentence planning process for children and young people serving indeterminate sentences.
- 9.24 Transfers between individual establishments in the young people's secure estate and young adult estate should be overseen by the Youth Justice Board Placements Service and Population Management Service, who should have a role in assisting when difficulties arise.

Resettlement pathways

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

Reintegration planning

9.25 A range of departments collaborated to resolve accommodation problems for young people and excellent relationships had been established with a number of voluntary agencies which provided support and follow-up work. Useful data supported the development of the accommodation pathway. Connexions provided a good quality service, but there was insufficient quantity. Information, advice and guidance for education, training and employment were very effective. Links with further education colleges and employers were well developed. The use of ROTL for work placements was very good and the proportion of young people going into further education or employment on release was high. Mentors provided ongoing support. Pre-release planning for mental and physical health was good and CAMHS staff followed up patients into the community. Services to help young people to manage their finances were well developed.

Accommodation

- 9.26 The establishment had identified accommodation as an area of significant importance to the successful resettlement of young people and gave high priority to finding young people suitable and sustainable accommodation on release. A number of departments collaborated in this area, particularly casework, IAG, the in-house YOT and independent advocates. They were well supported by the chaplaincy, CAMHS and substance misuse team. The advocacy team worked effectively with the caseworkers and in-house YOT to ensure that suitable accommodation was found for vulnerable young people. They also played a significant role in ensuring that local authorities fulfilled their obligations to young people with looked-after status.
- 9.27 The establishment had established excellent working relationships with voluntary agencies working to assist young people to settle back in the community. The St Giles Trust worked with young people from London, the Prince's Trust with those from the south west and south east and the Inside Out Project helped young people from the Bristol area. Other organisations such as Motiv8 helped young people with accommodation difficulties and supported them after release. In 2009, the St Giles Trust had worked with 28 young people released from Ashfield, of whom 23 were placed in permanent accommodation which they had sustained, and 21 had remained in full-time education, employment or an apprenticeship according to their follow-up

report. Only two of the young people had re-offended within nine months of leaving the establishment.

- 9.28 Useful and accurate data were kept on the number of young people released into accommodation and to no fixed abode (NFA). However, there was no information on the type of accommodation or the individual circumstances or particular difficulties which led to the young person leaving without fixed accommodation. Young people released without accommodation were usually provided with an appointment with housing providers. During 2009, 562 young people had been released, of whom 521 had had accommodation to go to and 41 had been NFA. The figures for the first four months of 2010 showed that 125 young people had been released, 10 of whom were NFA. Further investigation of the reasons for young people being released NFA had been carried out and suggested that they were over the age of 18 years and that local authorities had not identified them as having a priority need.

Education, training and employment

- 9.29 The information and guidance team had developed a series of useful information modules covering important life and employability skills. Connexions also provided good quality support, but not in sufficient quantity. Careers Wales supported Welsh young people as necessary. Tailored guidance was provided by the St Giles Trust to meet the needs of young people returning to live in London.
- 9.30 Further education colleges and employers visited the establishment throughout the year to showcase opportunities for young people on release. A system of mentors existed through links with charities such as the Prince's Trust to provide effective support to some young people released into the community.
- 9.31 A range of productive external partnerships had been developed, including some which had increased the number of local work placements available to young people, such as in design and print and vehicle engineering. The use of ROTL for work placements was very good, especially in the areas of catering and PE. As a result, the number of young people entering these industries on release was excellent.
- 9.32 The enterprise projects in print and design and cleaning were helpful to young people considering setting up their own business on release. Most young people left the establishment with nationally recognised qualifications in literacy, numeracy, ICT and vocational subjects. In the current year, 70% of young people had gone into education and training on release and a further 13% had secured employment.

Mental and physical health

- 9.33 Pre-release planning was good and CAMHS staff followed patients into the community for first appointments when appropriate. Information was provided on access to health care services in the community. A modified care programme approach was used for young people with mental health problems. Palliative care and end-of-life care policies had been developed, but there had been no requirement to use them in recent years.

Finance, benefit and debt

- 9.34 The IAG team had organised a range of opportunities for young people to receive financial advice. In our survey, 47% of young people said that they needed help with money or finances

when they returned to the community, which was significantly higher than the national comparator of 35%.

- 9.35 All young people were seen by a financial adviser six weeks before being released and individual advice was also given by the IAG coordinator. The introduction of ATM machines helped young people to manage their money more responsibly.
- 9.36 Alabave, a voluntary organisation, attended the establishment twice a week to deliver group sessions on all aspects of financial management, including how to open a bank account, welfare benefits, housing and rent and budgeting. They also gave advice on the social fund, how to shop well, child-related benefits and employment legislation. There were 33 young people attending these sessions.

Housekeeping point

- 9.37 The data collected on young people who are released without fixed accommodation should be developed to provide a better understanding of the reasons for the difficulties.

Drugs and alcohol

- 9.38 The substance use strategy was not informed by a needs analysis. Contact hours with substance use workers had reduced, as had attendance at training planning meetings. Suitable substance use programmes were delivered and good links had been developed with community planning groups for young people with substance use needs.
- 9.39 The establishment's drug strategy policy had recently been reviewed; it included alcohol and tobacco, but this was not reflected in the title. The policy was not informed by a comprehensive needs analysis, and the document lacked detailed action plans.
- 9.40 The assistant director of young people's services acted as functional head of the drug strategy. Monthly drug strategy meetings were chaired by the substance misuse manager and attended by relevant departments and service providers. Good links had been developed with community planning groups.
- 9.41 A designated substance misuse worker provided support to young people serving long sentences on Severn C and elsewhere in the establishment. She was accountable to the lifer manager. Other designated posts, currently vacant, included an assessment and a 'high need' worker. A team leader post was also vacant and workers did not receive formal casework supervision.
- 9.42 Assessments had identified that, out of a population of 228, 15 young people required specialist and 109 targeted interventions. Those with a high level of need were allocated a more experienced worker, but the shift pattern had reduced contact hours and, in one case, there was an almost six-week gap between sessions. We were concerned that the new service model was having a detrimental impact on the quality of casework.
- 9.43 The substance misuse awareness programme was delivered to all new arrivals during their induction and consisted of three sessions. Workers used the 'Best Choices' package of interventions for young people using substances, which were mainly delivered on a one-to-one

basis and supplemented by work books. There was a range of age-appropriate information and materials.

- 9.44 Voluntary drug testing (VDT) was available independent of location and was not punitive. In April 2010, 137 compacts were in operation against a target of 120. Testing was undertaken by substance misuse service staff and all young people living on the substance misuse wing were expected to sign up to VDT.
- 9.45 Young people's substance misuse care plans were shared with other departments and the high risk meeting provided a forum for coordinating the care of young people with a high level of need. The substance misuse service contributed to training planning meetings, but attendance had reduced. The team aimed to attend 80% of meetings, but had only managed 30% in March and 10% during April 2010, and young people commented on the absence of their worker.
- 9.46 Good links had been developed with external YOTs and some local teams were represented at drug strategy meetings. The substance misuse service was engaging with the new integrated resettlement services. Young people received harm reduction and overdose prevention advice during pre-release sessions and an individual information pack was issued to each young person on release.

Recommendations

- 9.47 The substance misuse strategy should be informed by a comprehensive population needs assessment and should contain detailed annual action plans and performance measures.
- 9.48 Substance misuse workers should receive regular casework supervision from a suitably qualified practitioner.
- 9.49 There should be sufficient specialist substance misuse workers available to assess fully, within the required timescales, and plan young people's care, and to offer consistent contact and high quality interventions.
- 9.50 A member of the substance misuse service should attend relevant training planning meetings to contribute to overall care planning.

Housekeeping point

- 9.51 The title 'drug strategy' should be changed to reflect the fact that the policy covers all substances.

Children and families of offenders

- 9.52 Efforts had been made to mitigate the problems for family visits caused by long distances from home. Family contact was assisted well by a family liaison team. External agencies had facilitated family workshops. Barnardo's ran parenting courses and family group conferences which were an excellent initiative. Family days were held, but they were not accessible to all.

- 9.53 Young people arriving at Ashfield were asked to complete a form with the names of their family and other visitors. Information was sent directly to them, including details of how to book a visit and other useful advice. Visits could be booked within 24 hours and there appeared to be few problems using the booking line.
- 9.54 Young people had good entitlements to visits, but it was problematic for many families to visit due to the long distances of their homes from the establishment. In our survey, only 40% of young people said that it was easy or very easy for their families and friends to visit, which was significantly worse than the comparator of 49%. At the time of the inspection, 45% of the population lived between 50 and 100 miles from Ashfield and a further 19% lived over 100 miles away. This issue had been highlighted in establishment visits surveys, most recently about 12 months before the inspection. Attempts had been made to mitigate this by allowing extended two-hour visits, rather than the standard one hour, if visitors had to travel a long distance. The prison also ran a free minibus from Bristol Parkway railway station during visits times.
- 9.55 The small visitors' centre was appropriately staffed and opened an hour before visits started each day. A range of information was available about the establishment regime and some documents were available in languages other than English. The family liaison officer was often available to speak to visitors.
- 9.56 Up to 35 visits could be accommodated at a time, but, as the population was relatively low at the time of the inspection, it was rare for a visit to be refused on the requested date. The visits area was large and reasonably welcoming, although furniture was fixed to the floor, which was not conducive to a relaxed atmosphere. Young people had to wear coloured bibs during visits. There was a supervised play area for children and a number of vending machines for drinks and snacks.
- 9.57 A family liaison team consisted of a full-time family liaison worker and two part-time workers. In April 2010, the team received 318 calls from families. The team was well integrated into the work of the establishment and represented at key meetings. They acted as a link between young people and their families. Their work was made known to young people on induction and a letter was sent to their YOT supervisor.
- 9.58 The role of the family liaison worker was good. She undertook informal mediation work between young people and families, distributed information about the establishment and helped families to contact other members of staff. She was able to extend visiting times for young people who she felt would benefit from additional time with their family. The team staffed a crèche for small children in the visits hall during visits. Two workshops had been run by external agencies, which had offered support to families of young people. Parents who attended had appreciated the opportunity to share common concerns with others.
- 9.59 Family days were organised for a maximum of 10 young people on the highest level of the incentives scheme to meet their families informally in the bistro, but this was an opportunity that should have been accessible to all young people, particularly in light of the difficulties many parents experienced in getting to the establishment. In partnership with Barnardo's, the establishment offered a twice-monthly Dad's Day, allowing young fathers the opportunity to bond with their children in a more relaxed atmosphere than on communal visits. Family days had also been organised specifically for young people serving indeterminate sentences.
- 9.60 Barnardo's also ran a Lads and Dads parenting course leading to an OCN (Open College Network) qualification on completion. The aim of the course was for young fathers to improve

their parenting skills and gain an increased understanding of their children's developmental needs.

- 9.61 Joint work with Barnardo's to facilitate family group conferences had been an important innovation and there was a target to conduct group conferences with four families each year. The project worker at Barnardo's had produced an informative report on the work at Ashfield and the value of family group conferences.

Recommendations

- 9.62 The visits area should not have fixed furniture.
- 9.63 Young people should not have to wear bibs during domestic visits.
- 9.64 There should be regular family days for all young people.
- 9.65 The use of family group conferences should be extended. (YJB and Director)

Good practice

- 9.66 *Two workshops had been run by external agencies, which had offered support to families of young people. Parents who attended had appreciated the opportunity to share common concerns with others.*
- 9.67 *Joint work with Barnardo's to facilitate family group conferences was an excellent initiative.*

Attitudes, thinking and behaviour

- 9.68 A good range of offending behaviour programmes was delivered, but there was no accredited thinking skills programme and provision for young sex offenders was limited. Restorative justice was well used.
- 9.69 The well-resourced psychology department consisted of a senior psychologist and 5.5 psychological assistants. The programmes had been approved by the Serco area manager and the head of young people's services and covered areas such as motivational thinking, car and street crime, anger management, victim awareness and the development of communication skills. The take-up of these programmes was very good and there was a system of referral through the training planning process and assessment of suitability by the psychology team. However, there was no accredited thinking skills programme, which was a gap in provision in light of the new unit for young people serving long and indeterminate sentences. A request for a programme had been made to NOMS.
- 9.70 The Lucy Faithfull Foundation delivered a specialist therapeutic intervention to young people sentenced for a sexual offence. However, there were significantly more young people in the establishment in this category who were not covered by this resource.
- 9.71 The establishment was committed to the principles of restorative justice to help young people change their attitudes and behaviour. We were shown one example of a recent restorative justice conference between a young person and the parent of his victim, which was clearly of benefit to both parties.

Recommendations

- 9.72 An age-appropriate accredited thinking skills programme should be introduced.
- 9.73 All young people convicted of a sexual offence should be assessed and receive specialist treatment when appropriate.

Good practice

- 9.74 *The establishment should continue to give young people and their victims the opportunity to meet in appropriately managed restorative justice conferences.*

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the Director

- 10.1 There should be a clear policy which clarifies and coordinates existing systems for the identification, assessment, care planning and management of vulnerable young people. (HP 53, see paragraph HP10)
- 10.2 There should be a foreign national coordinator who is fully conversant with the needs of young people who are foreign nationals, promotes these to staff and provides relevant reports to the REAT. (HP 54, see paragraph HP29)
- 10.3 The role of the disability liaison officers relating to the identification, monitoring and support of young people with a disability should be clarified and this should be clearly conveyed to staff and young people. (HP55, see paragraph HP30)

Recommendations

To the Youth Justice Board and NOMS

Diversity

- 10.4 Children and young people should not be held in prison service custody solely under administrative powers pending removal or deportation. (4.33, see paragraph 4.19)

Training planning and remand management

- 10.5 There should be an age-appropriate sentence planning process for children and young people serving indeterminate sentences. (9.23, see paragraph 9.19)
- 10.6 Transfers between individual establishments in the young people's secure estate and young adult estate should be overseen by the Youth Justice Board Placements Service and Population Management Service, who should have a role in assisting when difficulties arise. (9.24, see paragraph 9.20)

Resettlement pathways: attitudes, thinking and behaviour

- 10.7 An age-appropriate accredited thinking skills programme should be introduced. (9.72, see paragraph 9.69)
- 10.8 All young people convicted of a sexual offence should be assessed and receive specialist treatment when appropriate. (9.73, see paragraph 9.70)

Recommendation

To the Youth Justice Board and Director

Courts, escorts and transfers

- 10.9 There should be regular discussions with escort providers to ensure that young people are not held for unnecessarily lengthy periods in court cells, are not transported with adults or females and arrive at their destination before 7pm. (1.6, see paragraph 1.4)

Recommendations

To the Director

Courts, escorts and transfers

- 10.10 Young people should not be routinely strip-searched. (1.5, see paragraph 1.2)

First days in custody

- 10.11 Essential first night information should be provided in a variety of accessible formats so that new arrivals know what to expect within the first 24 hours of custody and the sources of support available to them. (1.20, see paragraph 1.15)

Residential units

- 10.12 All cells should be maintained in a good state of cleanliness and repair. (2.10, see paragraph 2.3)

Relationships between staff and children and young people

- 10.13 Managers should ensure effective strategies are in place for supporting all staff in setting and maintaining appropriate boundaries at all times. (2.17, see paragraph 2.16)

Personal officers

- 10.14 Meetings and reviews relating to the care and management of young people should be arranged so that personal officers are able to attend to support the young people they are responsible for. (2.23, see paragraph 2.22)

Safeguarding children

- 10.15 The stay safe committee should have effective oversight from senior managers who should ensure its focus remains strategic and appropriate issues are referred up to the senior management team. (3.12, see paragraph 3.4)
- 10.16 Efforts should be made to better engage the LSCB to increase their involvement in the strategic management and oversight of all aspects of safeguarding children at Ashfield. (3.13, see paragraph 3.4)

- 10.17 The safeguarding team should follow up the recommendations they make about the care of individual young people. (3.14, see paragraph 3.7)
- 10.18 The role of the violence reduction coordinator should be clearly defined and appropriate links established with related departments. (3.15, see paragraph 3.8)
- 10.19 The needs of looked-after children should be properly identified and addressed. (3.16, see paragraph 3.9)

Child protection

- 10.20 The establishment and the local authority should develop a written protocol describing their working arrangements, which should include regular scrutiny of child protection files and the effectiveness of child protection procedures. (3.26, see paragraph 3.24)
- 10.21 Young people should be given details of the local authority to enable them to make direct contact if they wish. (3.27, see paragraph 3.25)
- 10.22 There should be a whistle-blowing policy to inform staff of their duty to raise legitimate concerns about the conduct of any member of staff, describing how the referral will be managed and how the member of staff will be supported. (3.28, see paragraph 3.19)

Self-harm and suicide prevention

- 10.23 An effective quality assurance scheme for the ACCT process should be implemented and areas of concern taken forward with clearly identified objectives. (3.38, see paragraph 3.34)
- 10.24 All incidents of serious self-harm should be investigated as part of a 'lessons to be learned' exercise and the findings should be communicated to all staff by way of clear practice guidance. (3.39, see paragraph 3.37)

Bullying

- 10.25 A member of the safeguarding team should attend the monthly consultation meetings to address the standing agenda items of violence reduction and anti-bullying. (3.49, see paragraph 3.41)
- 10.26 Recommendations identified in the 2009 anti-bullying review should be considered by the stay safe committee which should oversee their implementation as appropriate. (3.50, see paragraph 3.44)
- 10.27 Staff involved in the implementation of workbooks for young people identified as bullies should have ongoing training and support from the psychology department to enhance the effectiveness of their work. (3.51, see paragraph 3.46)

Applications and complaints

- 10.28 There should be regular analysis of complaints to identify any patterns or trends and action should be taken accordingly. (3.58, see paragraph 3.55)

Substance use

- 10.29 Joint working protocols between health services and the substance misuse service should be developed. (3.87, see paragraph 3.73)
- 10.30 Young people undergoing stabilisation/detoxification/maintenance regimes should not be automatically placed on ACCT as a means of close observation, and alternative means of observation and monitoring that meets their specific needs should be introduced. (3.88, see paragraph 3.73)

Diversity

- 10.31 The DREAT should include appropriate community representation. (4.32, see paragraph 4.3)
- 10.32 There should be consultation and ongoing communication with young foreign nationals. (4.34, see paragraph 4.20)
- 10.33 All young people with a disability should have an up-to-date care plan that sets out how their assessed needs will be met. (4.35, see paragraph 4.25)
- 10.34 Individual care plans for young people with a disability should be subject to regular multidisciplinary review and accessible to all staff involved in the care of the young person. (4.36, see paragraph 4.25)
- 10.35 An action plan should be developed to support and meet the needs of young people who are gay or bisexual and to ensure that young people are not discriminated against on the basis of their sexual orientation. (4.37, see paragraph 4.31)

Health services general

- 10.36 All health care information should be provided in a range of languages appropriate to the population. (5.7, see paragraph 5.5)
- 10.37 The health care reception room and equipment should be accessible solely to health care staff. (5.8, see paragraph 5.6)

Clinical governance

- 10.38 Young people should have access to a dedicated health care forum. (5.18, see paragraph 5.17)

Primary care

- 10.39 Health promotion information should be provided on all residential units and accessible in a range of languages. (5.23, see paragraph 5.21)
- 10.40 Smoking cessation courses should be an option for young people. (5.24, see paragraph 5.21)
- 10.41 Health care applications should be confidential and managed by health care staff. (5.25, see paragraph 5.22)

Pharmacy

- 10.42 Young people should have access to a pharmacist for advice and consultation if required. (5.31, see paragraph 5.26)
- 10.43 All in-possession medication must be provided in appropriately labelled containers. (5.32, see paragraph 5.27)
- 10.44 Prescriptions for controlled drugs for individuals leaving the establishment should be written on forms FP10PCD. (5.33, see paragraph 5.30)

Dentistry

- 10.45 All young people should be dentally examined at induction and a treatment plan started when required. (5.41, see paragraph 5.37)
- 10.46 Health education for young people should include oral health promotion. (5.42, see paragraph 5.38)
- 10.47 The dental surgery should be modernised to provide sufficient storage space and dedicated sterilisation room in compliance with the new cross-infection control regulations. (5.43, see paragraph 5.40)

Learning and skills

- 10.48 There should be a language assessment tool for young people whose first language is not English. (6.19, see paragraph 6.2)
- 10.49 More courses at levels 2 and 3 and mainstream humanities based courses and drama should be developed. (6.20, see paragraph 6.4)
- 10.50 Punctuality to lessons should be improved. (6.21, see paragraph 6.8)
- 10.51 The quality and consistency of individual learning plans should be improved and they should be properly linked to training plans. (6.22, see paragraph 6.10)
- 10.52 Facilities for carpentry and brickwork should be made fit for purpose. (6.23, see paragraph 6.14)
- 10.53 The work of the library should be integrated into main education provision, particularly with regard to literacy. (6.24, see paragraph 6.18)

Physical education and health promotion

- 10.54 The astroturf pitch should be replaced. (6.37, see paragraph 6.35)

Behaviour management

- 10.55 Proper governance should be introduced to ensure that the use of single separation is proportionate, fairly applied and non-discriminatory. (7.38, see paragraph 7.5)

- 10.56 There should be clear terms of reference for the relocation meetings and their links with the behaviour management and violence reduction strategies should be clarified. (7.39, see paragraph 7.6)
- 10.57 Incident reports should be completed in a timely manner. (7.40, see paragraph 7.6)
- 10.58 Security data should be analysed to identify any relevant patterns and trends. (7.41, see paragraph 7.11)
- 10.59 Visits under close staff supervision in an open setting should be used as an alternative to closed visits. (7.42, see paragraph 7.12)
- 10.60 A change of status within the rewards and sanctions scheme should only take place following a full review. (7.43, see paragraph 7.17)
- 10.61 Adjudications should be used as a last resort to deal with the most difficult and challenging behaviour and more use should be made of the minor reports system for less serious behaviour. (7.44, see paragraph 7.19)
- 10.62 Managers chairing adjudications should always ensure that the young people involved are clear about the option of having an advocate present. (7.45, see paragraph 7.21)
- 10.63 Force should only be used when there is an immediate risk to the safety of a young person or others or of serious damage to property, always as a last resort and when all other alternatives have been explored. It should not be used simply to obtain compliance with staff instructions. (7.46, see paragraph 7.24)
- 10.64 The use of force should be correctly authorised and certified. (7.47, see paragraph 7.25)
- 10.65 Planned use of force should always be recorded on video tape. (7.48, see paragraph 7.26)
- 10.66 Monitoring and analysis of the use of force should be improved to determine any relevant patterns and trends requiring attention. (7.49, see paragraph 7.28)

Strategic management of resettlement

- 10.67 The resettlement policy should be updated to include the resettlement needs of looked-after children and young people serving long sentences who are released to the community or transferred to a young adult establishment. (9.9, see paragraph 9.2)
- 10.68 Key data on resettlement issues should be presented to the resettlement committee. (9.10, see paragraph 9.3)

Training planning and remand management

- 10.69 A consultation exercise should be carried out to seek the views of families to find ways to improve their participation in the training planning process. (9.22, see paragraph 9.18)

Resettlement pathways: drugs and alcohol

- 10.70 The substance misuse strategy should be informed by a comprehensive population needs assessment and should contain detailed annual action plans and performance measures. (9.47, see paragraph 9.39)
- 10.71 Substance misuse workers should receive regular casework supervision from a suitably qualified practitioner. (9.48, see paragraph 9.41)
- 10.72 There should be sufficient specialist substance misuse workers available to assess fully, within the required timescales, and plan young people's care, and to offer consistent contact and high quality interventions. (9.49, see paragraph 9.42)
- 10.73 A member of the substance misuse service should attend relevant training planning meetings to contribute to overall care planning. (9.50, see paragraph 9.45)

Resettlement pathways: children and families

- 10.74 The visits area should not have fixed furniture. (9.62, see paragraph 9.56)
- 10.75 Young people should not have to wear bibs during domestic visits. (9.63, see paragraph 9.56)
- 10.76 There should be regular family days for all young people. (9.64, see paragraph 9.59)
- 10.77 The use of family group conferences should be extended. (YJB and Director) (9.65, see paragraph 9.61)

Housekeeping points

Residential units

- 10.78 Information on wing notice boards should be regularly reviewed to ensure that it is age appropriate. (2.11, see paragraph 2.4)

Personal officers

- 10.79 Management checks should ensure that the full requirements of the personal officer scheme are complied with. (2.24, see paragraph 2.21)

Safeguarding children

- 10.80 Entries in wing files should demonstrate how unit staff have responded to concerns identified by the safeguarding team. (3.17, see paragraph 3.7)

Child protection

- 10.81 The child protection database should be kept up to date. (3.29, see paragraph 3.23)

Diversity

- 10.82 There should be a wide range of positive images on display across the establishment respecting all aspects of diversity. (4.38, see paragraph 4.5)

Clinical governance

- 10.83 Daily checks should be recorded for automated emergency defibrillators. (5.19, see paragraph 5.14)

Pharmacy

- 10.84 Old reference books should be discarded, and only the most recent copy should be kept, to ensure that any information used is up to date. (5.34, see paragraph 5.27)
- 10.85 The main CD cabinet located in the pharmacy should be changed to provide adequate storage and ensure compliance with the safe custody regulations. (5.35, see paragraph 5.29)
- 10.86 CD Requisition Books should be used to document transfers of CDs to the treatment areas. (5.36, see paragraph 5.30)

Learning and skills

- 10.87 Interactive whiteboards should be fully used. (6.25, see paragraph 6.6)
- 10.88 The self-assessment report should be thoroughly evaluative. (6.26, see paragraph 6.13)
- 10.89 The rigour of lesson observations should be enhanced by increasing the emphasis on young people's learning and progress. (6.27, see paragraph 6.13)

Physical education and health promotion

- 10.90 The frequency of PE focus groups should be increased. (6.38, see paragraph 6.36)

Behaviour management

- 10.91 Records should be kept of restorative justice work to ensure that it is properly managed. (7.50, see paragraph 7.4)

Strategic management of resettlement

- 10.92 Establishment staff who are members of the resettlement meeting should attend all meetings. Further encouragement should be given to external members to attend. (9.11, see paragraph 9.3)

Resettlement pathways: reintegration planning

- 10.93 The data collected on young people who are released without fixed accommodation should be developed to provide a better understanding of the reasons for the difficulties. (9.37, see paragraph 9.28)

Resettlement pathways: drugs and alcohol

- 10.94 The title 'drug strategy' should be changed to reflect the fact that the policy covers all substances. (9.51, see paragraph 9.39)

Examples of good practice

Learning and skills

- 10.95 Young people attending Welsh language classes learned alongside some staff members who were taking the opportunity to increase their knowledge of Welsh. (6.28, see paragraph 6.4)

Behaviour management

- 10.96 Young people were provided with ongoing outreach support by Brunel staff when they arrived back on the wing. (7.51, see paragraph 7.37)
- 10.97 Brunel staff carried out a preventative role, supporting individual young people on the residential wings who were at risk of being removed from their normal location. (7.52, see paragraph 7.37)

Strategic management of resettlement

- 10.98 Some young people who had been on work experience placements were followed up at regular intervals after their release, which enabled the resettlement department to assess the effectiveness of placements in preparing young people for future education, training and employment. (9.12, see paragraph 9.8)

Resettlement pathways: children and families

- 10.99 Two workshops had been run by external agencies, which had offered support to families of young people. Parents who attended had appreciated the opportunity to share common concerns with others. (9.66, see paragraph 9.58)
- 10.100 Joint work with Barnardo's to facilitate family group conferences was an excellent initiative. (9.67, see paragraph 9.61)
- 10.101 The establishment should continue to give young people and their victims the opportunity to meet in appropriately managed restorative justice conferences. (9.74, see paragraph 9.71)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Fay Deadman	Team leader
Ian Macfadyen	Inspector
Ian Thomson	Inspector
Angela Johnson	Inspector
Keith McInnis	Inspector
Catherine Nichols	Researcher
Hayley Cripps	Researcher
Olayinka Macauley	Researcher

Specialist inspectors:

Sigrid Engelen	Substance use inspector
Michael Bowen	Health care inspector
Sharon Monks	Pharmacist
John Reynolds	Dentist
Martyn Rhowbotham	Ofsted inspector
Maria Navarro	Ofsted inspector
Nick Crombie	Ofsted inspector

Appendix II: Prison population profile: Juveniles²

(i) Status	Number of juveniles	%
Sentenced	162	74.7
Convicted but unsentenced	16	7.6
Remand	31	18.7
Detainees (single power status)	1	0.4
Detainees (dual power status)	0	0
Total	210	101.4

(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	0	0	1	1	0	4
16 years	6	3	4	3	5	4	8	33
17 years	7	7	5	2	5	10	8	44
18 years	1	3	0	0	1	4	9	18
Total	15	14	9	5	12	19	25	99

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

Sentence	Under 2 yrs	2-3 yrs	3-4 yrs	4-5 yrs	5 yrs +	Total
Age						
15 years	0	0	0	0	0	0
16 years	0	1	4	1	1	7
17 years	0	4	4	3	6	17
18 years	0	1	4	5	3	13
Total	0	6	12	9	10	37

(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	0	0	0	0	0	0

² Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

16 years	0	0	0	0	0	0
17 years	0	0	0	0	0	0
18 years	0	0	1	1	0	2
Total	0	0	1	1	0	2

(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	0	0	0	0	0
16 years	1	0	4	0	5
17 years	3	0	4	3	10
18 years	0	0	1	0	1
Total	4	0	9	3	16

(vi) LENGTH OF STAY for UNSENTENCED by age (including one detainee)

Length of stay	<1 mth	1-3 mths	3-6 mths	6-12 mths	1-2 yrs	2 yrs +	Total
Age							
15 years	3	1	0	0	0	0	4
16 years	5	3	1	0	0	0	9
17 years	18	8	5	0	2	0	33
18 years	0	0	1	0	1	0	2
Total	26	12	7	0	3	0	48

(vii) Main offence	Number of juveniles	%
Violence against the person	56	16.5
Sexual offences	13	6.1
Burglary	43	20.2
Robbery	44	20.6
Theft & handling	9	4.3
Fraud and forgery	2	0.8
Drugs offences	14	6.5
Driving offences	0	0
Other offences	26	12.3

Breach of community part of DTO	0	0
Civil offences	0	0
Offence not recorded/ Holding warrant		
Total	210	100

(viii) Age	Number of juveniles	%
15 years	0	0
16 years	9	4.29
17 years	107	50.95
18 years	40	19.05
Total		

(ix) Home address	Number of juveniles	%
Within 50 miles of the prison	73	35
Between 50 and 100 miles of the prison	94	45.2
Over 100 miles from the prison	42	19.2
Overseas	0	0
NFA	1	0.6
Total	210	100

(x) Nationality	Number of juveniles	%
British	186	88.4
Foreign nationals	24	11.4
Total	210	99.8

(xi) Ethnicity	Number of juveniles	%
<i>White</i>		
British	148	70.47
Irish	4	1.9
Other white	8	3.81
<i>Mixed</i>		
White and black Caribbean	8	3.81
White and black African	1	0.4

White and Asian	1	0.4
Other mixed	4	1.9
<i>Asian or Asian British</i>		
Indian	2	0.9
Pakistani	3	1.4
Bangladeshi	2	0.9
Other Asian	3	1.4
<i>Black or black British</i>		
Caribbean	14	6.5
African	12	5.7
Other black	6	2.86
<i>Chinese or other ethnic group</i>		
Chinese	0	0
Other ethnic group	1	0.4
Total	210	

(xii) Religion	Number of juveniles	%
Baptist	0	0
Church of England	28	13.33
Roman Catholic	20	9.5
Other Christian denominations	27	12.8
Muslim	18	8.14
Sikh	1	0.4
Hindu	0	0
Buddhist	1	0.4
Jewish	0	0
Other	0	0
No religion	115	54.76
Total	210	100

Appendix III: Safety interviews and relationships between staff and young people

Twenty young people were approached by the research team to undertake structured interviews regarding issues of safety and relationships between staff and young people at Ashfield YOI. At least two individuals were randomly selected from each wing in the establishment, one was interviewed from healthcare and one person was approached in segregation.

Location of interviews

	Number of interviews
Avon A	3
Avon B	3
Avon C	3
Avon D	3
Severn B	2
Severn C	2
Severn D	2
Healthcare	1
Segregation	1
Total	20

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

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

Demographic information

- Length of time in YOIs on this sentence ranged from two weeks to two years.
- Length of time at Ashfield YOI ranged from a week to one year five months.
- Seventeen young people were sentenced, two were on recall and one young person was on remand.
- Sentence length ranged from 50 days to six years.
- Average age was 17 (ranging from 15 to 18)
- Five interviews were conducted with young people from a black and minority ethnic background and 15 interviewees were from white backgrounds.
- Only one interviewee did not have English as a first language.
- Four interviewees stated their religion as Christian, four stated their religion as Catholic, two stated Muslim and the other 10 stated that they had no religion.
- One interviewee stated they had a disability.
- Four interviewees stated they were a foreign national.

Safety

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

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Availability of drugs	5	3	15
Aggressive body language of other young people	6	2.17	13
Gang culture	4	3.25	13
Existence of an illegal market	4	2.5	10
Lack of trust in staff	4	2.5	10
Movement to education/gym	3	3	9
Layout/structure of the establishment	4	2	8
Staff behaviour with young people	3	2.67	8
Number of staff on duty during association	2	2.5	5
Lack of confidence in staff	2	2.5	5
Procedures for discipline (adjudications)	2	2.5	5
Number of staff on duty during the day	2	2	4
Response of staff with regard to fights/bullying/self-harm in the establishment	1	4	4
Overcrowding	1	4	4
Lack of information about establishment regime	1	2	2
The way meals are served	1	2	2
Aggressive body language of staff	1	1	1
Surveillance cameras	0	0	0
Healthcare facilities	0	0	0
Staff members giving favours in return for something	0	0	0
Isolation (within the establishment)	0	0	0

The top five issues were:

1. Availability of drugs
2. Aggressive body language of other young people
3. Gang culture
4. Existence of an illegal market
5. Lack of trust in staff

Overall Rating

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

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

1	2	3	4
0 (0%)	5 (25%)	8 (40%)	7 (35%)

Relationships between staff and young people

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

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

1 Completely	2	3	4 Not at all
8 (40%)	6 (30%)	5 (25%)	1 (5%)

The average rating was 1.95.

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

1 Always	2	3	4 Never
6 (30%)	9 (45%)	4 (20%)	1 (5%)

The average rating was 2

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

1 Always	2	3	4 Never
7 (35%)	8 (40%)	2 (10%)	3 (15%)

The average rating was 2.05.

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

1 Always	2	3	4 Never
2 (10%)	1 (5%)	3 (15%)	14 (70%)

The average rating was 3.45.

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

1 Very helpful	2	3	4 Not at all helpful
5 (26%)	9 (47%)	4 (21%)	1 (5%)

The average rating was 2.05.

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
8 (50%)	6 (38%)	2 (13%)	0 (0%)

The average rating was 1.63.

7. Do staff treat young people fairly?

1 Completely	2	3	4 Not at all
9 (47%)	3 (16%)	5 (26%)	2 (11%)

The average rating was 2.

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

1 Completely	2	3	4 Not at all
8 (44%)	2 (11%)	7 (39%)	1 (6%)

The average rating was 2.06.

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

1 Completely	2	3	4 Not at all
8 (42%)	5 (26%)	3 (16%)	3 (16%)

The average rating was 2.05.

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

Yes	No	Depends who you approach
15 (79%)	2 (11%)	2 (11%)

11. How often do staff interact with you?

1 Always	2	3	4 Never
8 (40%)	5 (25%)	4 (20%)	3 (15%)

The average rating was 2.1.

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

Four (20%) stated they did not. Of the 16 (80%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
9 (60%)	1(7%)	5 (33%)	0 (0%)

The average rating was 1.73.

13. Can you approach your personal officer?

Yes	No	Don't have one
15 (75%)	5 (25%)	0 (0%)

14. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
13 (68%)	5 (26%)	1(5%)	0

The average rating was 1.37.

15. Do staff promote responsible behaviour?

1 Always	2	3	4 Never
11 (58%)	6 (32%)	2 (11%)	0 (0%)

The average rating was 1.53.

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

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

The average rating was 1.6.

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

1 Always	2	3	4 Never
3 (16%)	5 (26%)	2 (11%)	8 (42%)

The average rating was 2.68.

18. Have you ever been discriminated against by staff because of:

- Your ethnicity

Yes	No
1 (5%)	19 (95%)

- Your nationality

Yes	No
1 (5%)	19 (95%)

Overall rating

Interviewees were asked to give an overall rating for relationships between staff and young people at Ashfield YOI, with 1 being excellent and 4 being poor. The average rating was 2.4.

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

1	2	3	4
3 (15%)	10 (50%)	3 (15%)	4 (20%)

Appendix IV: Use of force analysis

HM Inspectorate of Prisons were provided with use of force records from January 2010 to April 2010. In total, there were 79 completed use of force records during this period. Overall, 20 records were analysed, which constituted 25% of the total forms over this sample period. Our sample included incidents involving two young adults and 18 juveniles.

	Total number in files	Number of BME young people
January 2010	5	3
February 2010	5	0
March 2010	5	2
April 2010	5	3
Total	20	8 (40%)

Location of use of force	Number of cases
Avon	9
Severn	5
Healthcare	0
Brunel (Segregation)	2
Gym	1
Education	2
Other locations (including outside areas, corridors)	1
Total	20

Re-location following incident

The majority of incidents in our sample resulted in young people being relocated back to their own cell (n=14, 70%). In four cases (20%) the young person was relocated to the Brunel (segregation) unit, including the two planned removals to Brunel. In one case the young person was re-located to special accommodation, and in another case a young person was relocated to the sterile room after tearing up his cell and making threats of self harm. From the officers' accounts, it seems that, after an incident, young people are relocated back to their cells possibly as a calming strategy as well as a punishment method. This seems to be dependent on circumstances such as the nature of the event leading up to the use of force and the level of risk to themselves and/or others.

Reasons for Use of Force

Out of the 20 reports, officers' statements in two of the incidents showed that use of force solely resulted from 'non-compliance', six other incidents mentioned non-compliance as part of the reason for use of force. Six of the 20 incidents detailed physical altercations with other young people as the event that led up to the use of force and the remaining six detailed a prevention of further injury/escalation of assault on staff as the event that led up to the use of force.

Notably, of the 20 incidents, only one of the incidents indicated that force was used to prevent a young person from self harming. This incident did not require medication to be administered. Three (15%) of the sampled reports described use of force that was planned, though only one recorded that it was filmed. The remaining 17 (85%) were spontaneous and applied

predominately to prevent injury or further injury to a third party (including officers), to resolve a fight between young people, or to enforce compliance.

The vast majority of forms indicated that de-escalation techniques were used; and this was also detailed in the written evidence of statements of the officers involved.

Force Used to Prevent:	Number of cases (%)
Injury to Self (the officer involved)	10 (50%)
Self Harm	1 (5%)
Injury to Third Party	17 (85%)
Damage to Property	2 (10%)
Abscond/Escape attempt	0
Other	1 (5%)

*some incidents had multiple causes

Control and restraint was indicated as being used in 17 cases (85%).

Ratchet Handcuffs were used in 2 cases (10%).

There were no incidents where medication was administered.

There were no incidents where a baton was used.

There were no incidents where a body belt was used.

Authorisation

None of the incidents were both authorised and certified by two different officers. Of the 20 forms were clearly authorised and one form was authorised but it was not clear as to whom this was done by. Authorisation information was missing from the other seven forms.

- 4 forms were authorised by an SCM (20%)
- 4 by a Duty Manager (20%)
- 2 by a Unit Manager (10%)
- 1 by a PEI (5%)
- 1 by a PCO (5%)

F213

All but two of the forms had a F213 form attached to the record. Only three cases (15%) indicated that either the young person or a third party had sustained injuries following on from the incident. All of these injuries were described as minor.

There were no SASH forms found with any of these documents. One of the incidents resulted in the young person being placed on an open ACCT.

Overall

Overall, the use of force forms seemed to be completed sufficiently, often with detailed officer statements and authorisations. There were, however, several occasions where the use of force report sheets were missing. Generally, the forms that were available were completed fully though there were a few inconsistencies such as ethnicity not being noted and authorisation information missing. All forms had a case number and the date and time clearly marked on the front.

Appendix V: Summary of young people questionnaires and interviews

Survey methodology

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

Choosing the sample size

At the time of the survey on 4th May 2010, the population of young people at HMYOI Ashfield was 211. Questionnaires were offered to 130 young people.

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

Interviews were carried out with any respondents with literacy difficulties. In total, eight 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 cell 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, 127 respondents completed and returned their questionnaires. This represented 60% of children and young people in the establishment at the time. The response rate from the sample was 98%.

No young people refused to complete a questionnaire, all the questionnaires were returned, but three were returned blank.

Comparisons

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

Presented alongside the results from this survey are the comparator figures for all children and young people surveyed in young offender institutions. This comparator is based on all responses from surveys carried out in all 15 male establishments since 2009.

Additional documents show:

- significant differences between the responses of young people from black and minority ethnic backgrounds, and young people from white backgrounds
- significant differences between young people who considered themselves to have a disability and those who did not consider themselves to have a disability.
- significant differences between the responses of young people surveyed at HMYOI Ashfield in 2009 and the responses of this 2010 survey.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower as some of our survey questions have changed. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

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

Summary

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

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data 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 1: ABOUT YOU

Q1	How old are you?	
	15	8 (6%)
	16	27 (21%)
	17	64 (51%)
	18	27 (21%)
Q2	Are you a British citizen?	
	Yes	114 (93%)
	No	9 (7%)
Q3	Is English your first language?	
	Yes	108 (89%)
	No	13 (11%)
Q4	What is your ethnic origin?	
	<i>White - British</i>	79 (63%)
	<i>White - Irish</i>	1 (1%)
	<i>White - other</i>	4 (3%)
	<i>Black or black British - Caribbean</i>	14 (11%)
	<i>Black or black British - African</i>	8 (6%)
	<i>Black or black British - other</i>	0 (0%)
	<i>Asian or Asian British - Indian</i>	1 (1%)
	<i>Asian or Asian British - Pakistani</i>	2 (2%)
	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)
	<i>Asian or Asian British - other</i>	1 (1%)
	<i>Mixed heritage - white and black Caribbean</i>	7 (6%)
	<i>Mixed heritage - white and black African</i>	1 (1%)
	<i>Mixed heritage - white and Asian</i>	0 (0%)
	<i>Mixed heritage - other</i>	3 (2%)
	<i>Chinese</i>	0 (0%)
	<i>Other ethnic group</i>	4 (3%)
Q5	What is your religion?	
	<i>None</i>	49 (40%)
	<i>Church of England</i>	18 (15%)
	<i>Catholic</i>	27 (22%)
	<i>Protestant</i>	3 (2%)
	<i>Other Christian denomination</i>	14 (11%)
	<i>Buddhist</i>	1 (1%)
	<i>Hindu</i>	0 (0%)
	<i>Jewish</i>	0 (0%)
	<i>Muslim</i>	9 (7%)
	<i>Sikh</i>	1 (1%)
Q6	Do you consider yourself to be Gypsy/Romany/Traveller?	
	Yes	6 (5%)
	No	105 (88%)
	Don't know	8 (7%)

Q7	Do you have any children?	
	Yes	14 (11%)
	No	111 (89%)

Q8	Do you consider yourself to have a disability?	
	Yes	12 (10%)
	No	109 (90%)

SECTION 2: ABOUT YOUR SENTENCE

Q1	Are you sentenced?	
	Yes	103 (81%)
	No - unsentenced/on remand	24 (19%)

Q2	How long is your sentence (the full DTO sentence)?	
	Not sentenced	24 (19%)
	Less than six months	13 (10%)
	Six to twelve months	18 (14%)
	More than twelve months, up to two years	29 (23%)
	More than two years	33 (26%)
	Indeterminate sentence for public protection (IPP)	9 (7%)

Q3	How long have you been in this establishment?	
	Less than one month	18 (15%)
	One to six months	58 (47%)
	More than six months, but less than twelve months	28 (23%)
	Twelve months to two years	17 (14%)
	More than two years	3 (2%)

Q4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	
	Yes	66 (52%)
	No	60 (48%)

SECTION 3: COURTS, TRANSFERS AND ESCORTS

Q1	On your most recent journey here, was the van clean?	
	Yes	57 (46%)
	No	54 (44%)
	Don't remember	12 (10%)
	Not applicable	0 (0%)

Q2	On your most recent journey here, did you feel safe?	
	Yes	104 (84%)
	No	15 (12%)
	Don't remember	5 (4%)

Q3	On your most recent journey here, were there any adults (over 18) or people of a different gender, travelling with you?	
	Yes	34 (27%)
	No	76 (61%)
	Don't remember	14 (11%)
Q4	On your most recent journey here, how long did you spend in the van?	
	Less than two hours	42 (34%)
	Two to four hours	70 (56%)
	More than four hours	9 (7%)
	Don't remember	4 (3%)
Q5	On your most recent journey here, were you offered a toilet break?	
	My journey was less than two hours	42 (34%)
	Yes	10 (8%)
	No	69 (55%)
	Don't remember	4 (3%)
Q6	On your most recent journey here, were you offered anything to eat or drink?	
	My journey was less than two hours	42 (34%)
	Yes	22 (18%)
	No	57 (46%)
	Don't remember	3 (2%)
Q7	On your most recent journey here, how did you feel you were treated by the escort staff?	
	Very well	19 (15%)
	Well	47 (38%)
	Neither	38 (30%)
	Badly	8 (6%)
	Very badly	2 (2%)
	Don't remember	11 (9%)
Q8	Before you arrived, from court or another establishment, were you told that you would be coming here? (Please tick all that apply to you.)	
	Yes, someone told me	101 (81%)
	Yes, I received written information	5 (4%)
	No, I was not told anything	18 (14%)
	Don't remember	3 (2%)

SECTION 4: FIRST DAYS

Q1	How long were you in reception?	
	Less than two hours	103 (83%)
	Two hours or longer	6 (5%)
	Don't remember	15 (12%)

Q2	When you were searched, was this carried out in an understanding way?		
	Yes		101 (80%)
	No		13 (10%)
	Don't remember		12 (10%)
Q3	Overall, how well did you feel you were treated in reception?		
	Very well		29 (23%)
	Well		61 (48%)
	Neither		26 (21%)
	Badly		6 (5%)
	Very badly		0 (0%)
	Don't remember		4 (3%)
Q4	When you first arrived here, did staff ask if you needed help or support with any of the following things? (Please tick all that apply to you.)		
	Not being able to smoke	60 (50%)	Money worries 21 (17%)
	Loss of property	29 (24%)	Feeling low/upset/need someone to talk to 48 (40%)
	Housing problems	23 (19%)	Health problems 75 (62%)
	Needing protection from other young people	34 (28%)	Getting phone numbers 55 (45%)
	Letting family know where you are	80 (66%)	Staff did not ask me about any of these 20 (17%)
Q5	When you first arrived here, did you have any of the following problems? (Please tick all that apply to you.)		
	Not being able to smoke	48 (44%)	Money worries 16 (15%)
	Loss of property	18 (17%)	Feeling low/upset/need someone to talk to 16 (15%)
	Housing problems	14 (13%)	Health problems 10 (9%)
	Needing protection from other young people	5 (5%)	Getting phone numbers 31 (28%)
	Letting family know where you are	23 (21%)	I did not have any problems 24 (22%)
Q6	When you first arrived here, were you given any of the following? (Please tick all that apply to you.)		
	A reception pack		82 (66%)
	The opportunity to have a shower		28 (22%)
	Something to eat		106 (85%)
	A free phone call to friends/family		92 (74%)
	Information about the PIN telephone system		101 (81%)
	Information about feeling low/upset		37 (30%)
	Don't remember		8 (6%)
	I was not given any of these		3 (2%)
Q7	Within your first 24 hours here, did you have access to the following people or services? (Please tick all that apply to you.)		
	Chaplain or religious leader		35 (30%)

<i>Peer support/peer mentor/Listener/Samaritans</i>	22 (19%)
<i>The prison shop/canteen</i>	35 (30%)
<i>Don't remember</i>	27 (23%)
<i>I did not have access to any of these</i>	38 (32%)

Q8	Before you were locked up on your first night, were you seen by a member of healthcare staff?	
	<i>Yes</i>	81 (66%)
	<i>No</i>	27 (22%)
	<i>Don't remember</i>	14 (11%)

Q9	Did you feel safe on your first night at this establishment?	
	<i>Yes</i>	101 (83%)
	<i>No</i>	13 (11%)
	<i>Don't remember</i>	8 (7%)

Q10	Did the induction course cover everything you needed to know about the establishment?	
	<i>I have not been on an induction course</i>	3 (2%)
	<i>Yes</i>	96 (79%)
	<i>No</i>	17 (14%)
	<i>Don't remember</i>	6 (5%)

SECTION 5: DAILY LIFE AND RESPECT

Q1	Can you normally have a shower every day if you want to?	
	<i>Yes</i>	95 (76%)
	<i>No</i>	30 (24%)
	<i>Don't know</i>	0 (0%)

Q2	Is your cell call bell normally answered within five minutes?	
	<i>Yes</i>	49 (40%)
	<i>No</i>	32 (26%)
	<i>Don't know</i>	43 (35%)

Q3	What is the food like here?	
	<i>Very good</i>	2 (2%)
	<i>Good</i>	51 (40%)
	<i>Neither</i>	35 (28%)
	<i>Bad</i>	28 (22%)
	<i>Very bad</i>	10 (8%)

Q4	Does the shop/canteen sell a wide enough variety of products?	
	<i>I have not bought anything yet</i>	1 (1%)
	<i>Yes</i>	81 (64%)
	<i>No</i>	43 (34%)
	<i>Don't know</i>	1 (1%)

Q5	How easy is it for you to attend religious services?		
	<i>I don't want to attend religious services</i>		19 (15%)
	<i>Very easy</i>		48 (39%)
	<i>Easy</i>		42 (34%)
	<i>Neither</i>		7 (6%)
	<i>Difficult</i>		2 (2%)
	<i>Very difficult</i>		1 (1%)
	<i>Don't know</i>		4 (3%)

Q6	Please answer the following questions about religion:			
		Yes	No	<i>Don't know/ Not applicable</i>
	Do you feel your religious beliefs are respected?	74 (62%)	12 (10%)	33 (28%)
	Can you speak to a religious leader in private if you want to?	78 (68%)	6 (5%)	31 (27%)

Q7	Please answer the following about staff here:		
		Yes	No
	Is there a member of staff you feel you can turn to for help if you have a problem?	96 (80%)	24 (20%)
	Do most staff treat you with respect?	82 (69%)	36 (31%)

SECTION 6: HEALTH SERVICES

Q1	Did you have a full health assessment the day after your arrival?	
	<i>Yes</i>	69 (57%)
	<i>No</i>	17 (14%)
	<i>Don't know</i>	36 (30%)

Q2	What do you think of the overall quality of the healthcare?	
	<i>I have not been to health care</i>	28 (22%)
	<i>Very good</i>	30 (24%)
	<i>Good</i>	42 (33%)
	<i>Neither</i>	17 (13%)
	<i>Bad</i>	7 (6%)
	<i>Very bad</i>	2 (2%)

Q3	Is it easy to see the following people if you need to?			
		Yes	No	<i>Don't know</i>
	The doctor	83 (67%)	22 (18%)	18 (15%)
	The nurse	101 (83%)	9 (7%)	12 (10%)
	The dentist	50 (41%)	48 (40%)	23 (19%)
	The optician	36 (31%)	38 (32%)	44 (37%)
	The pharmacist....	38 (33%)	27 (23%)	51 (44%)

Q2	Is it easy to make an application?			
	Yes			103 (84%)
	No			12 (10%)
	Don't know			7 (6%)
Q3	Please answer the following questions about applications:			
		<i>I have not made an application</i>	Yes	No
	Do you feel applications are sorted out fairly?	22 (18%)	65 (54%)	34 (28%)
	Do you feel applications are sorted out promptly (within seven days)?	22 (19%)	58 (49%)	38 (32%)
Q4	Do you know how to make a complaint?			
	Yes			106 (87%)
	No			16 (13%)
Q5	Is it easy to make a complaint?			
	Yes			78 (64%)
	No			19 (16%)
	Don't know			25 (20%)
Q6	Please answer the following questions about complaints:			
		<i>I have not made a complaint</i>	Yes	No
	Do you feel complaints are sorted out fairly?	60 (49%)	19 (15%)	44 (36%)
	Do you feel complaints are sorted out promptly (within seven days)?	60 (50%)	21 (17%)	40 (33%)
Q7	Have you ever been prevented from making a complaint when you wanted to?			
	Yes			26 (22%)
	No			90 (78%)
Q8	Can you speak to the following people when you need to?			
		Yes	No	Don't know
	A peer mentor/peer support/listener	48 (40%)	18 (15%)	53 (45%)
	A member of the IMB (Independent Monitoring Board)	40 (35%)	21 (18%)	54 (47%)
	An advocate (an outside person to help you)	74 (62%)	8 (7%)	37 (31%)

SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE

Q1	What level of the rewards and sanctions scheme are you on?	
	<i>Don't know what the rewards and sanctions scheme is</i>	10 (8%)
	<i>Enhanced (top)</i>	31 (25%)
	<i>Standard (middle)</i>	63 (51%)

	<i>Basic (bottom)</i>	16 (13%)
	<i>Don't know</i>	3 (2%)
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>	10 (8%)
	<i>Yes</i>	55 (46%)
	<i>No</i>	48 (40%)
	<i>Don't know</i>	7 (6%)
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>	10 (8%)
	<i>Yes</i>	67 (54%)
	<i>No</i>	38 (31%)
	<i>Don't know</i>	8 (7%)
Q4	Have you had a 'nicking' (adjudication) since you have been in this establishment?	
	<i>Yes</i>	66 (52%)
	<i>No</i>	59 (47%)
	<i>Don't know</i>	1 (1%)
Q5	If you have had a 'nicking' (adjudication), was the process explained clearly to you?	
	<i>I have not had an adjudication</i>	59 (48%)
	<i>Yes</i>	53 (43%)
	<i>No</i>	11 (9%)
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>	94 (75%)
	<i>Once</i>	16 (13%)
	<i>Twice</i>	7 (6%)
	<i>Three times</i>	1 (1%)
	<i>More than three times</i>	7 (6%)
Q7	If you have spent a night in the care and separation unit (CSU), how were you treated by staff?	
	<i>I have not been to the care and separation unit</i>	104 (87%)
	<i>Very well</i>	5 (4%)
	<i>Well</i>	5 (4%)
	<i>Neither</i>	2 (2%)
	<i>Badly</i>	2 (2%)
	<i>Very badly</i>	2 (2%)

SECTION 9: SAFETY

- Q1 Have you ever felt unsafe in this establishment?**
- | | |
|-----|----------|
| Yes | 26 (21%) |
| No | 98 (79%) |
- Q2 If you have ever felt unsafe, in which areas of this establishment do you/have you ever felt unsafe? (Please tick all that apply to you.)**
- | | | | |
|---------------------------------|----------|--------------------------------|----------|
| Never felt unsafe | 98 (79%) | <i>At mealtimes</i> | 8 (6%) |
| <i>Everywhere</i> | 5 (4%) | <i>At healthcare</i> | 4 (3%) |
| <i>Care and separation unit</i> | 1 (1%) | <i>Visits area</i> | 10 (8%) |
| <i>Association areas</i> | 10 (8%) | <i>In wing showers</i> | 6 (5%) |
| <i>Reception area</i> | 2 (2%) | <i>In gym showers</i> | 11 (9%) |
| <i>At the gym</i> | 17 (14%) | <i>In corridors/stairwells</i> | 12 (10%) |
| <i>In an exercise yard</i> | 10 (8%) | <i>On your landing/wing</i> | 7 (6%) |
| <i>At work</i> | 4 (3%) | <i>In your cell</i> | 6 (5%) |
| <i>At education</i> | 15 (12%) | | |
- Q3 Has another young person or group of young people victimised you in this establishment (e.g. insulted or assaulted you)?**
- | | |
|-----|----------|
| Yes | 26 (21%) |
| No | 96 (79%) |
- Q4 If yes, what did the incidents involve/what were they about? (Please tick all that apply to you.)**
- | | | | |
|--|----------|---|--------|
| <i>Insulting remarks (about you, your family or friends)</i> | 17 (14%) | <i>Because of drugs</i> | 5 (4%) |
| <i>Physical abuse (being hit, kicked or assaulted)</i> | 11 (9%) | <i>Having your canteen/property taken</i> | 4 (3%) |
| <i>Sexual abuse</i> | 0 (0%) | <i>Because you were new here</i> | 3 (2%) |
| <i>Because of your race or ethnic origin</i> | 5 (4%) | <i>Because you are from a different part of the country</i> | 7 (6%) |
| <i>Because of your religious beliefs</i> | 1 (1%) | <i>Because of gang related issues</i> | 5 (4%) |
| <i>Because you have a disability</i> | 2 (2%) | <i>Because of my offence/crime</i> | 4 (3%) |
- Q6 Has a member of staff or group of staff victimised you in this establishment (e.g. insulted or assaulted you)?**
- | | |
|-----|----------|
| Yes | 36 (31%) |
| No | 81 (69%) |
- Q7 If yes, what did the incidents involve/what were they about? (Please tick all that apply to you.)**
- | | | | |
|--|----------|---|--------|
| <i>Insulting remarks (about you, your family or friends)</i> | 27 (23%) | <i>Because of drugs</i> | 6 (5%) |
| <i>Physical abuse (being hit, kicked or assaulted)</i> | 3 (3%) | <i>Having your canteen/property taken</i> | 8 (7%) |
| <i>Sexual abuse</i> | 0 (0%) | <i>Because you were new here</i> | 4 (3%) |

<i>Because of your race or ethnic origin</i>	8 (7%)	<i>Because you are from a different part of the country</i>	5 (4%)
<i>Because of your religious beliefs</i>	6 (5%)	<i>Because of gang related issues</i>	5 (4%)
<i>Because you have a disability</i>	2 (2%)	<i>Because of my offence/crime</i>	3 (3%)

Q9 If you were being victimised who would you tell?

<i>No one</i>	46 (41%)	<i>Teacher/education staff</i>	10 (9%)
<i>Personal officer</i>	28 (25%)	<i>Gym staff</i>	7 (6%)
<i>Wing officer</i>	30 (27%)	<i>Listener/Samaritan/Buddy</i>	10 (9%)
<i>Chaplain</i>	15 (13%)	<i>Another young person here</i>	18 (16%)
<i>Health care staff</i>	5 (4%)	<i>Family/friends</i>	32 (29%)

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

<i>Yes</i>	43 (36%)
<i>No</i>	45 (38%)
<i>Don't know</i>	30 (25%)

Q11 Is shouting through the windows a problem here?

<i>Yes</i>	46 (40%)
<i>No</i>	54 (47%)
<i>Don't know</i>	16 (14%)

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

<i>Yes</i>	49 (44%)
<i>No</i>	63 (56%)

SECTION 10: ACTIVITIES

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

<i>14 or under</i>	49 (42%)
<i>15 or over</i>	69 (58%)

Q2 Please answer the following questions about school:

	Yes	No	Not applicable
Have you ever been excluded from school?	98 (85%)	14 (12%)	3 (3%)
Did you used to truant from school?	79 (76%)	22 (21%)	3 (3%)

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

<i>Education</i>	104 (88%)
<i>A job in this establishment</i>	33 (28%)
<i>Vocational or skills training</i>	33 (28%)
<i>Offending behaviour programmes</i>	49 (42%)
<i>I am not currently involved in any of these</i>	6 (5%)

Q4	If you have been involved in any of the following activities, in this establishment, do you think they will help you when you leave prison?				
		Not been involved	Yes	No	<i>Don't know</i>
	Education	4 (4%)	87 (76%)	13 (11%)	10 (9%)
	A job in this establishment	27 (30%)	42 (47%)	16 (18%)	4 (4%)
	Vocational or skills training	19 (23%)	48 (57%)	12 (14%)	5 (6%)
	Offending behaviour programmes	15 (17%)	44 (49%)	23 (26%)	8 (9%)
Q5	Do you usually have association every day?				
	Yes				88 (77%)
	No				22 (19%)
	<i>Don't know</i>				5 (4%)
Q6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				8 (7%)
	<i>None</i>				8 (7%)
	<i>One to two times</i>				43 (36%)
	<i>Three to five times</i>				44 (37%)
	<i>More than five times</i>				11 (9%)
	<i>Don't know</i>				6 (5%)
Q7	Can you usually go outside for exercise every day?				
	<i>Don't want to go</i>				8 (7%)
	Yes				91 (77%)
	No				14 (12%)
	<i>Don't know</i>				5 (4%)

SECTION 11: FAMILY AND FRIENDS

Q1	Are you able to use the telephone every day, if you want to?			
	Yes			82 (67%)
	No			36 (30%)
	<i>Don't know</i>			4 (3%)
Q2	Have you had any problems with sending or receiving mail (letters or parcels)?			
	Yes			40 (34%)
	No			69 (59%)
	<i>Don't know</i>			8 (7%)
Q3	How easy is it for your family and friends to visit you here?			
	<i>Very easy</i>			12 (10%)
	<i>Easy</i>			35 (30%)
	<i>Neither</i>			7 (6%)
	<i>Difficult</i>			34 (29%)
	<i>Very difficult</i>			23 (20%)
	<i>Don't know</i>			6 (5%)

Q4	How many visits do you usually have each week, from family or friends?	
	<i>Not been here a week yet</i>	2 (2%)
	<i>I don't get visits</i>	24 (21%)
	<i>Less than one a week</i>	37 (33%)
	<i>About one a week</i>	39 (35%)
	<i>More than one a week</i>	3 (3%)
	<i>Don't know</i>	7 (6%)
Q5	Do your visits usually start on time?	
	<i>I don't get visits</i>	24 (21%)
	<i>Yes</i>	52 (46%)
	<i>No</i>	28 (25%)
	<i>Don't know</i>	9 (8%)
Q6	How are you and your family/friends usually treated by visits staff?	
	<i>I don't get visits</i>	24 (20%)
	<i>Very well</i>	20 (17%)
	<i>Well</i>	34 (29%)
	<i>Neither</i>	19 (16%)
	<i>Badly</i>	3 (3%)
	<i>Very badly</i>	1 (1%)
	<i>Don't know</i>	17 (14%)

SECTION 12: PREPARATION FOR RELEASE

Q1	When did you first meet your personal officer?	
	<i>I still have not met him/her</i>	16 (14%)
	<i>In your first week</i>	62 (53%)
	<i>After your first week</i>	21 (18%)
	<i>Don't remember</i>	19 (16%)
Q2	How often do you see your personal officer?	
	<i>I still have not met him/her</i>	16 (14%)
	<i>At least once a week</i>	63 (55%)
	<i>Less than once a week</i>	35 (31%)
Q3	Do you feel your personal officer has helped you?	
	<i>I still have not met him/her</i>	16 (14%)
	<i>Yes</i>	48 (42%)
	<i>No</i>	49 (43%)
Q4	Do you have a training plan, sentence plan or remand plan?	
	<i>Yes</i>	73 (62%)
	<i>No</i>	30 (26%)
	<i>Don't know</i>	14 (12%)

Q5	Please answer the following questions about training plans, sentence plans or remand plans:				
		<i>I don't have a plan</i>	Yes	No	<i>Don't know</i>
	Were you involved in the development of your plan?	30 (26%)	53 (46%)	11 (10%)	20 (18%)
	Do you understand the targets that have been set in your plan?	30 (26%)	65 (57%)	3 (3%)	16 (14%)
Q6	Has your YOT worker been in touch since you arrived at this establishment?				
	Yes				105 (92%)
	No				9 (8%)
Q7	Do you know how to get in touch with your YOT worker?				
	Yes				84 (74%)
	No				30 (26%)
Q8	Please answer the following questions 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?	52 (45%)	50 (43%)	13 (11%)	
	Are you planning on going to school or college after release?	70 (61%)	31 (27%)	13 (11%)	
	Do you have a job to go to on release?	23 (21%)	77 (69%)	11 (10%)	
Q9	Do you know who to contact for help with any of the following problems, before your release? (Please tick all that apply to you.)				
	<i>Finding accommodation</i>				52 (49%)
	<i>Getting into school or college</i>				62 (58%)
	<i>Getting a job</i>				64 (60%)
	<i>Help with money/finances</i>				47 (44%)
	<i>Help with claiming benefits</i>				37 (35%)
	<i>Continuing health services</i>				31 (29%)
	<i>Opening a bank account</i>				43 (40%)
	<i>Avoiding bad relationships</i>				35 (33%)
	<i>I don't know who to contact</i>				30 (28%)
Q10	Do you think you will have a problem with any of the following things, when you are released? (Please tick all that apply to you.)				
	<i>Finding accommodation</i>				24 (23%)
	<i>Getting into school or college</i>				21 (20%)
	<i>Getting a job</i>				50 (48%)
	<i>Money/finances</i>				49 (47%)
	<i>Claiming benefits</i>				27 (26%)
	<i>Continuing health services</i>				14 (13%)
	<i>Opening a bank account</i>				15 (14%)
	<i>Avoiding bad relationships</i>				23 (22%)
	<i>I won't have any problems</i>				38 (36%)

Q11 What is most likely to stop you offending in the future? (Please tick all that apply to you.)

Not sentenced	24 (21%)	Having a mentor (someone you can ask for advice)	18 (16%)
Nothing, it is up to me	26 (23%)	Having a YOT worker or social worker that I get on with	33 (29%)
Making new friends outside	29 (26%)	Having children	30 (27%)
Going back to live with my family	32 (28%)	Having something to do that isn't crime	45 (40%)
Getting a place of my own	42 (37%)	This sentence	31 (27%)
Getting a job	60 (53%)	Getting into school/college	36 (32%)
Having a partner (girlfriend or boyfriend)	42 (37%)	Talking about my offending behaviour with staff	8 (7%)
Staying off alcohol/drugs	38 (34%)	Anything else	7 (6%)

Q12 Do you want to stop offending?

Not sentenced	24 (21%)
Yes	90 (78%)
No	0 (0%)
Don't know	2 (2%)

Q13 Have you done anything, or has anything happened to you in this establishment, that you think will make you less likely to offend in the future?

Not sentenced	24 (21%)
Yes	45 (39%)
No	45 (39%)



Survey responses from children and young people: HMYOI Ashfield 2010

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

Key to tables

		HMYOI Ashfield 2010	Young people's comparator	HMYOI Ashfield 2010	HMYOI Ashfield 2009
	Any percentage highlighted in green is significantly better than the comparator				
	Any percentage highlighted in blue is significantly worse than the comparator				
	Any percentage highlighted in orange shows a significant difference in demographic details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		127	1011	127	104
SECTION 1: ABOUT YOU					
1.1	Are you 18 years of age?	22%	11%	22%	12%
1.2	Are you a foreign national?	7%	4%	7%	3%
1.3	Is English your first language?	89%	92%	89%	95%
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other category)?	33%	33%	33%	29%
1.5	Are you Muslim?	7%	13%	7%	9%
1.6	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	7%	5%	
1.7	Do you have any children?	11%	13%	11%	15%
1.8	Do you consider yourself to have a disability?	10%		10%	
SECTION 2: ABOUT YOUR SENTENCE					
2.1	Are you sentenced?	81%	76%	81%	80%
2.2	Is your sentence 12 months or less?	24%		24%	
2.3	Have you been in this establishment for one month or less?	15%	22%	15%	18%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	52%	39%	52%	44%
SECTION 3: COURTS, TRANSFERS AND ESCORTS					
For your most recent journey, either to or from court or between prisons, we want to know:					
3.1	Was the van clean?	46%	46%	46%	45%
3.2	Did you feel safe?	84%	75%	84%	73%
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	27%	31%	27%	32%
3.4	Did you spend more than four hours in the van?	7%	4%	7%	3%
For those who spent two or more hours in the escort van:					
3.5	Were you offered a toilet break if you needed it?	12%	16%	12%	14%
3.6	Were you offered anything to eat or drink?	27%	31%	27%	33%
3.7	Were you treated well/very well by the escort staff?	53%	56%	53%	55%
3.8	Before you arrived here (either from court or another establishment), were you told that you would be coming to this establishment?	81%		81%	
3.9	Before you arrived here (either from court or another establishment), were you given written information about coming to this establishment?	4%		4%	

Key to tables

		HMYOI Ashfield 2010	Young people's comparator	HMYOI Ashfield 2010	HMYOI Ashfield 2009
	Any percentage highlighted in green is significantly better than the comparator				
	Any percentage highlighted in blue is significantly worse than the comparator				
	Any percentage highlighted in orange shows a significant difference in demographic details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		127	1011	127	104
SECTION 4: YOUR FIRST FEW DAYS HERE					
4.1	Were you in reception for less than two hours?	83%	76%	83%	83%
4.2	When you were searched was this carried out in an understanding way?	80%	84%	80%	75%
4.3	Were you treated well/very well in reception?	71%	72%	71%	70%
When you first arrived, did staff ask if you needed help or support with any of the following:					
4.4a	Not being able to smoke?	50%	57%	50%	58%
4.4b	Loss of property?	24%	20%	24%	21%
4.4c	Housing problems?	19%	19%	19%	17%
4.4d	Needing protection from other young people?	28%	22%	28%	28%
4.4e	Letting family know where you are?	66%	60%	66%	62%
4.4f	Money worries?	17%	15%	17%	18%
4.4g	Feeling low/upset/needing someone to talk to?	40%	41%	40%	40%
4.4h	Health problems?	62%	55%	62%	52%
4.4i	Getting phone numbers?	45%	41%	45%	39%
4.5	Did you have any problems when you first arrived?	78%	74%	78%	84%
When you first arrived, did you have problems with any of the following:					
4.5a	Not being able to smoke?	44%	50%	44%	64%
4.5b	Loss of property?	17%	13%	17%	23%
4.5c	Housing problems?	13%	12%	13%	12%
4.5d	Needing protection from other young people?	4%	4%	4%	11%
4.5e	Letting family know where you are?	21%	23%	21%	27%
4.5f	Money worries?	15%	15%	15%	18%
4.5g	Feeling low/upset/needing someone to talk to?	15%	15%	15%	26%
4.5h	Health problems?	9%	11%	9%	12%
4.5i	Getting phone numbers?	28%	26%	28%	31%
When you first arrived, were you given any of the following:					
4.6a	A reception pack?	66%	78%	66%	70%
4.6b	The opportunity to have a shower?	22%	36%	22%	18%
4.6c	Something to eat?	85%	84%	85%	81%
4.6d	A free phone call to friends/family?	74%	82%	74%	78%
4.6e	Information about the PIN telephone system?	81%	63%	81%	91%
4.6f	Information about feeling low/upset?	30%	39%	30%	25%

Key to tables

Comparison with young people's comparator and previous survey results.

		HMYOI Ashfield 2010	Young people's comparator	HMYOI Ashfield 2010	HMYOI Ashfield 2009
Any percentage highlighted in green is significantly better than the comparator					
Any percentage highlighted in blue is significantly worse than the comparator					
Any percentage highlighted in orange shows a significant difference in demographic details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		127	1011	127	104
SECTION 4: YOUR FIRST FEW DAYS HERE cont.					
Within your first 24 hours, did you have access to the following people or services:					
4.7a	The chaplain or religious leader?	30%	51%	30%	27%
4.7b	A peer mentor, Listener or the Samaritans?	19%	24%	19%	10%
4.7c	Did you have access to the prison shop/canteen?	30%	15%	30%	17%
4.8	Before you were locked up on your first night, were you seen by a member of healthcare staff?	66%		66%	
4.9	Did you feel safe on your first night here?	83%	83%	83%	75%
4.10	For those who have been on an induction course: Did it cover everything you needed to know about the establishment?	81%	66%	81%	73%
SECTION 5: DAILY LIFE AND RESPECT					
5.1	Can you normally have a shower every day if you want to?	76%	63%	76%	71%
5.2	Is your cell call bell normally answered within five minutes?	39%	29%	39%	27%
5.3	Do you find the food here good/very good?	42%	20%	42%	41%
5.4	Does the shop/canteen sell a wide enough variety of products?	64%	42%	64%	55%
5.5	Is it easy/very easy for you to attend religious services?	73%	60%	73%	52%
5.6a	Do you feel your religious beliefs are respected?	62%	54%	62%	51%
5.6b	Can you speak to a religious leader in private if you want to?	68%	67%	68%	69%
5.7	Is there a member of staff you can turn to with a problem?	80%	70%	80%	64%
5.8	Do you feel that most of the staff here treat you with respect?	69%	70%	69%	59%
SECTION 6: HEALTH SERVICES					
6.1	Did you have a full health assessment the day after your arrival?	57%		57%	
6.2	For those who have been to healthcare: Do you think the overall quality is good/very good?	74%	64%	74%	78%
6.3a	Is it easy for you to see the doctor?	68%	52%	68%	54%
6.3b	Is it easy for you to see the nurse?	83%	73%	83%	78%
6.3c	Is it easy for you to see the dentist?	41%	30%	41%	37%
6.3d	Is it easy for you to see the optician?	31%	25%	31%	19%
6.3e	Is it easy for you to see the pharmacist?	33%	28%	33%	23%
6.4	If you are taking medication, have you had any problems getting your medication?	22%	35%	22%	30%
6.5a	Did you have any problems with alcohol when you first arrived?	20%	15%	20%	23%
6.5b	Have you received any help with any alcohol problems here?	13%	12%	13%	15%
6.6a	Did you have any problems with drugs when you first arrived?	40%	33%	40%	46%
6.6b	Do you have any problems with drugs now?	9%	7%	9%	16%
6.6c	Have you received any help with any drug problems here?	30%	27%	30%	28%
6.7	Is it easy/very easy to get illegal drugs here?	27%	19%	27%	29%
6.8	Do you feel you have any emotional or mental health problems?	18%	23%	18%	32%
6.9	If you feel you have emotional or mental health problems, are you being helped by anyone here?	73%		73%	

Key to tables

		HMYOI Ashfield 2010	Young people's comparator	HMYOI Ashfield 2010	HMYOI Ashfield 2009
	Any percentage highlighted in green is significantly better than the comparator				
	Any percentage highlighted in blue is significantly worse than the comparator				
	Any percentage highlighted in orange shows a significant difference in demographic details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		127	1011	127	104
SECTION 7: APPLICATIONS AND COMPLAINTS					
7.1	Do you know how to make an application?	94%	89%	94%	97%
7.2	Is it easy to make an application?	84%	81%	84%	85%
For those who have made an application:					
7.3a	Do you feel applications are sorted out fairly?	66%	65%	66%	58%
7.3b	Do you feel applications are sorted out promptly (within seven days)?	60%	55%	60%	53%
7.4	Do you know how to make a complaint?	87%	86%	87%	79%
7.5	Is it easy to make a complaint?	64%	70%	64%	56%
For those who have made a complaint:					
7.6a	Do you feel complaints are sorted out fairly?	31%	39%	31%	24%
7.6b	Do you feel complaints are sorted out promptly (within seven days)?	35%	45%	35%	27%
7.7	Have you ever been prevented from making a complaint when you wanted to?	22%		22%	
Can you speak to the following people when you need to:					
7.8a	A peer mentor or Listener?	40%	36%	40%	35%
7.8b	A member of the IMB (Independent Monitoring Board)	35%	33%	35%	23%
7.8c	An advocate (an outside person to help you)	62%	39%	62%	46%
SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE					
8.1	Are you on the enhanced (top) level of the reward scheme?	25%	27%	25%	19%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	46%	54%	46%	42%
8.3	Do the different levels make you change your behaviour?	54%	57%	54%	68%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	52%	58%	52%	51%
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	83%	88%	83%	75%
8.6	Have you been physically restrained (C and R) since you have been here?	25%	31%	25%	33%
8.7	For those who had spent a night in the segregation/care and separation unit: did the staff treat you well/very well?	63%	41%	63%	48%

Key to tables

	Any percentage highlighted in green is significantly better than the comparator	HMYOI Ashfield 2010	Young people's comparator	HMYOI Ashfield 2010	HMYOI Ashfield 2009
	Any percentage highlighted in blue is significantly worse than the comparator				
	Any percentage highlighted in orange shows a significant difference in demographic details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		127	1011	127	104
SECTION 9: SAFETY					
9.1	Have you ever felt unsafe in this prison?	21%	30%	21%	43%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	21%	24%	21%	29%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4a	Insulting remarks?	14%	13%	14%	18%
9.4b	Physical abuse?	9%	10%	9%	17%
9.4c	Sexual abuse?	0%	1%	0%	0%
9.4d	Racial or ethnic abuse?	4%	2%	4%	4%
9.4e	Your religious beliefs?	1%	2%	1%	2%
9.4f	Your disability?	2%	1%	2%	3%
9.4g	Drugs?	4%	2%	4%	3%
9.4h	Having your canteen/property taken?	3%	4%	3%	7%
9.4i	Because you were new here?	3%	9%	3%	12%
9.4j	Being from a different part of the country than others?	6%	5%	6%	8%
9.4k	Gang related issues?	4%	6%	4%	9%
9.4l	Your offence/crime?	3%	3%	3%	3%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	31%	22%	31%	34%
If you have felt victimised by a member of staff/group of staff members, did the incident involve:					
9.5a	Insulting remarks?	23%	13%	23%	21%
9.5b	Physical abuse?	3%	5%	3%	6%
9.5c	Sexual abuse?	0%	1%	0%	1%
9.5d	Racial or ethnic abuse?	7%	3%	7%	7%
9.5e	Your religious beliefs?	5%	1%	5%	2%
9.5f	Your disability?	2%	1%	2%	3%
9.5g	Drugs?	5%	1%	5%	4%
9.5h	Having your canteen/property taken?	7%	2%	7%	6%
9.5i	Because you were new here?	4%	4%	4%	4%
9.5j	Being from a different part of the country than others?	4%	1%	4%	6%
9.5k	Gang related issues?	4%	3%	4%	8%
9.5l	Your offence/crime?	3%	3%	3%	3%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it?	59%	63%	59%	56%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	36%	41%	36%	32%

Key to tables

	Any percentage highlighted in green is significantly better than the comparator	HMYOI Ashfield 2010	Young people's comparator	HMYOI Ashfield 2010	HMYOI Ashfield 2009
	Any percentage highlighted in blue is significantly worse than the comparator				
	Any percentage highlighted in orange shows a significant difference in demographic details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		127	1011	127	104
SECTION 9: SAFETY cont.					
9.11	Is shouting through the windows a problem here?	40%	41%	40%	46%
9.12	Have staff checked on you personally in the last week to see how you are getting on?	44%	40%	44%	30%
SECTION 10: ACTIVITIES					
10.1	Were you 14 or younger when you were last at school?	41%	40%	41%	41%
10.2a	Have you ever been excluded from school?	85%	90%	85%	88%
10.2b	Have you ever truanted from school?	76%	73%	76%	75%
Do you currently take part in any of the following:					
10.3a	Education?	88%	72%	88%	87%
10.3b	A job in this establishment?	28%	32%	28%	22%
10.3c	Vocational or skills training?	28%	22%	28%	32%
10.3d	Offending behaviour programmes?	41%	18%	41%	36%
For those who have taken part in the following activities while in this prison: do you think that they will help you when you leave prison?					
10.4a	Education?	79%	68%	79%	75%
10.4b	A job in this establishment?	68%	59%	68%	56%
10.4c	Vocational or skills training?	74%	57%	74%	65%
10.4d	Offending behaviour programmes?	59%	48%	59%	54%
10.5	Do you usually have association every day?	76%	59%	76%	61%
10.6	Do you go to the gym more than five times each week?	9%	11%	9%	4%
10.7	Can you usually go outside for exercise every day?	77%	29%	77%	68%
SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Are you able to use the telephone every day?	67%	56%	67%	60%
11.2	Have you had any problems with sending or receiving letters or parcels?	34%	39%	34%	39%
11.3	Is it easy/very easy for your family and friends to visit you here?	40%	49%	40%	41%
11.4	Do you usually have one or more visits per week from family and friends?	38%		38%	
11.5	Do your visits start on time?	46%	47%	46%	46%
11.6	Are you and your visitors treated well/very well by visits staff?	46%	51%	46%	44%
SECTION 12: PREPARATION FOR RELEASE					
For those who have met their personal officer:					
12.1	Did you meet your personal officer within the first week?	61%	48%	61%	48%
12.2	Do you see your personal officer at least once a week?	64%	65%	64%	65%
12.3	Do you feel your personal officer has helped you?	50%	60%	50%	47%

Key to tables

		HMYOI Ashfield 2010	Young people's comparator	HMYOI Ashfield 2010	HMYOI Ashfield 2009
	Any percentage highlighted in green is significantly better than the comparator				
	Any percentage highlighted in blue is significantly worse than the comparator				
	Any percentage highlighted in orange shows a significant difference in demographic details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		127	1011	127	104
SECTION 12: PREPARATION FOR RELEASE cont.					
12.4	Do you have a training plan, sentence plan or remand plan?	62%		62%	
For those with a training plan, sentence plan or remand plan:					
12.5a	Were you involved in the development of your plan?	63%		63%	
12.5b	Do you understand the targets set in your plan?	77%		77%	
12.6	Has your YOT worker been in touch with you since your arrival here?	92%	82%	92%	90%
12.7	Do you know how to get in touch with your YOT worker?	74%	57%	74%	59%
Please answer the following about your preparation for release:					
12.8	Have you had a say in what will happen to you when you are released?	45%	42%	45%	38%
12.8	Are you going to school or college on release?	61%	65%	61%	60%
12.8	Do you have a job to go to on release?	21%	22%	21%	22%
Do you know who to contact for help with the following in preparation for your release:					
12.9	Finding accommodation	49%	42%	49%	43%
12.9	Getting into school or college	58%	56%	58%	54%
12.9	Getting a job	60%	52%	60%	53%
12.9	Help with money/finances	44%	40%	44%	38%
12.9	Help with claiming benefits	35%	35%	35%	34%
12.9	Continuing health services	29%	27%	29%	32%
12.9	Opening a bank account	40%	38%	40%	35%
12.9	Avoiding bad relationships	33%	29%	33%	27%
Do you think you will have a problem with the following, when you are released:					
12.10	Finding accommodation?	23%	25%	23%	39%
12.10	Getting into school or college?	20%	25%	20%	33%
12.10	Getting a job?	48%	46%	48%	55%
12.10	Help with money/finances?	47%	35%	47%	53%
12.10	Help with claiming benefits?	26%	24%	26%	42%
12.10	Continuing health services?	13%	10%	13%	21%
12.10	Opening a bank account?	14%	13%	14%	23%
12.10	Avoiding bad relationships?	22%	19%	22%	24%
For those who were sentenced:					
12.12	Do you want to stop offending?	98%	91%	98%	91%
12.13	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future?	50%	49%	50%	49%



Diversity comparator: **Ethnicity HMYOI Ashfield 2010**

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

Key to tables

	Any percentage highlighted in green is significantly better than the comparator	Black & minority ethnic young people	White young people
	Any percentage highlighted in blue is significantly worse than the comparator		
	Any percentage highlighted in orange shows a significant difference in demographic details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		41	84
1.2	Are you a foreign national?	20%	2%
1.3	Is English your first language?	74%	96%
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other category)?		
1.5	Are you Muslim?	23%	0%
2.1	Are you sentenced?	82%	80%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	63%	48%
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	28%	27%
3.7	Were you treated well/very well by the escort staff?	55%	51%
3.8	Before you arrived here, were you told that you would be coming to this establishment?	70%	86%
4.2	When you were searched was this carried out in an understanding way?	81%	80%
4.3	Were you treated well/very well in reception?	66%	75%
4.8	Before you were locked up on your first night, were you seen by a member of healthcare staff?	62%	69%
4.9	Did you feel safe on your first night here?	88%	82%
4.10	Did the induction course cover everything you needed to know about the establishment?	75%	84%
5.1	Can you normally have a shower everyday if you want to?	75%	76%
5.2	Is your cell call bell normally answered within five minutes?	43%	36%
5.3	Do you find the food here good/very good?	34%	46%
5.4	Does the shop/canteen sell a wide enough variety of products?	63%	65%
5.6a	Do you feel your religious beliefs are respected?	61%	62%
5.7	Is there a member of staff you can turn to with a problem?	74%	83%
5.8	Do you feel that most of the staff here treat you with respect?	68%	71%
6.3a	Is it easy for you to see the doctor?	67%	68%
6.3b	Is it easy for you to see the nurse?	89%	80%
6.7	Is it easy/very easy to get illegal drugs here?	15%	33%
6.8	Do you feel you have any emotional or mental health problems?	13%	21%
7.2	Is it easy to make an application?	89%	83%
7.5	Is it easy to make a complaint?	72%	60%

Children and Young People: Diversity Analysis

Key to tables

		Black & minority ethnic young people	White young people
	Any percentage highlighted in green is significantly better than the comparator		
	Any percentage highlighted in blue is significantly worse than the comparator		
	Any percentage highlighted in orange shows a significant difference in demographic details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		41	84
8.1	Are you on the enhanced (top) level of the reward scheme?	27%	24%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	50%	45%
8.3	Do the different levels make you change your behaviour?	62%	52%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	54%	52%
8.6	Have you been physically restrained (C and R) since you have been here?	18%	28%
9.1	Have you ever felt unsafe in this prison?	18%	22%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	15%	24%
If you have felt victimised by another young person/group of young people, did the incident involve:			
9.4d	Racial or ethnic abuse?	3%	5%
9.4e	Your religious beliefs?	0%	2%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	32%	30%
If you have felt victimised by a member of staff/group of staff, did the incident involve:			
9.5d	Racial or ethnic abuse?	16%	2%
9.5e	Your religious beliefs?	11%	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?	68%	54%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	34%	39%
Do you currently take part in any of the following:			
10.3a	Education?	92%	87%
10.3b	A job in this establishment?	42%	22%
10.3c	Vocational or skills training?	31%	27%
10.3d	Offending behaviour programmes?	42%	43%
10.5	Do you usually have association everyday?	81%	75%
10.6	Do you go to the gym more than five times each week?	15%	6%
10.7	Can you usually go outside for exercise every day?	74%	79%
11.1	Are you able to use the telephone every day?	74%	64%
11.2	Have you had any problems with sending or receiving letters or parcels?	34%	34%
11.3	Do you usually have one or more visits per week from family and friends?	27%	44%
12.3	Do you feel your personal officer has helped you?	58%	47%
12.4	Do you have a training plan, sentence plan or remand plan?	66%	60%
12.5b	Do you understand the targets set in your plan?	81%	76%
12.6a	Have you had a say in what will happen to you when you are released?	42%	47%
12.6b	Are you going to school or college on release?	62%	60%
12.14	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future?	54%	50%



Key questions (disability analysis) HMYOI Ashfield 2010

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

Key to tables

	Any percentage highlighted in green is significantly better than the comparator	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse than the comparator		
	Any percentage highlighted in orange shows a significant difference in demographic details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		12	109
1.2	Are you a foreign national?	0%	7%
1.3	Is English your first language?	100%	90%
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other category)?	15%	35%
1.5	Are you Muslim?	0%	9%
2.1	Are you sentenced?	60%	85%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	25%	56%
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	50%	26%
3.7	Were you treated well/very well by the escort staff?	44%	54%
3.8	Before you arrived here, were you told that you would be coming to this establishment?	83%	79%
4.2	When you were searched was this carried out in an understanding way?	83%	81%
4.3	Were you treated well/very well in reception?	63%	72%
4.4e	When you first arrived, did staff ask if you needed help or support with letting family know where you were?	59%	69%
4.4g	When you first arrived, did staff ask if you needed help or support with feeling low/upset/needing someone to talk to?	59%	39%
4.4h	When you first arrived, did staff ask if you needed help or support with health problems?	50%	66%
4.5	Did you have any problems when you first arrived?	83%	79%
4.8	Before you were locked up on your first night, were you seen by a member of healthcare staff?	60%	67%
4.9	Did you feel safe on your first night here?	60%	86%
4.10	Did the induction course cover everything you needed to know about the establishment?	56%	84%
5.1	Can you normally have a shower everyday if you want to?	63%	77%
5.2	Is your cell call bell normally answered within five minutes?	50%	38%
5.3	Do you find the food here good/very good?	40%	43%
5.4	Does the shop/canteen sell a wide enough variety of products?	35%	68%
5.6a	Do you feel your religious beliefs are respected?	60%	63%
5.7	Is there a member of staff you can turn to with a problem?	85%	80%
5.8	Do you feel that most of the staff here treat you with respect?	56%	70%
6.3a	Is it easy for you to see the Doctor?	60%	68%
6.3b	Is it easy for you to see the Nurse?	85%	83%
6.4	If you are taking medication, have you had any problems getting your medication?	20%	33%
6.8	Do you feel you have any emotional or mental health problems?	85%	10%
6.9	If you feel you have emotional or mental health problems, are you being helped by anyone here?	81%	59%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better than the comparator		
	Any percentage highlighted in blue is significantly worse than the comparator		
	Any percentage highlighted in orange shows a significant difference in demographic details		
	Percentages which are not highlighted show there is no significant difference		
7.2	Is it easy to make an application?	75%	85%
7.5	Is it easy to make a complaint?	60%	66%
8.1	Are you on the enhanced (top) level of the reward scheme?	0%	29%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	60%	51%
8.6	Have you been physically restrained (C and R) since you have been here?	35%	24%
9.1	Have you ever felt unsafe in this prison?	72%	17%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	60%	16%
9.4f	Has another young person or group of young people victimised (insulted or assaulted) you because you have a disability?	15%	0%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	28%	33%
9.7f	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	17%	0%
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?	72%	57%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	59%	34%
9.12	Have staff checked on you personally in the last week to see how you are getting on?	59%	41%
10.3a	Do you currently take part in education?	72%	89%
10.3b	Do you currently have a job in this establishment?	28%	29%
10.3c	Do you currently take part in vocational or skills training?	17%	28%
10.3d	Do you currently take part in offending behaviour programmes?	37%	41%
10.5	Do you usually have association every day?	71%	77%
10.6	Do you go to the gym more than five times each week?	0%	11%
10.7	Can you usually go outside for exercise every day?	56%	79%
11.1	Are you able to use the telephone every day?	35%	71%
12.3	If you have a personal officer, do you feel your personal officer has helped you?	50%	49%
12.5a	For those with a training plan, sentence plan or remand plan: Were you involved in the development of your plan?	50%	63%
12.5b	For those with a training plan, sentence plan or remand plan: Do you understand the targets set in your plan?	70%	78%
12.8	Have you had a say in what will happen to you when you are released?	28%	48%