

HM Young Offender Institution

HMP Eastwood Park: Mary Carpenter Unit

Summary of questionnaires and interviews

30 November 2011



HMP Eastwood Park – Mary Carpenter Unit

Survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the population of children and young people (17 years old) 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 30 November 2011, the population of young people at the Mary Carpenter Unit was nine. Questionnaires were offered to all 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. On this occasion, no respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, seven respondents completed and returned their questionnaires. This represented 78% of children and young people in the establishment at the time. As such, the response rate from the sample was also 78%.

One respondent refused to complete a questionnaire and one respondent did not return their survey.

Comparisons

Due to small numbers (fewer than 10), no comparisons have been carried out with the data.

Summary

A summary of the survey results has been included, which shows a breakdown of responses for each question. Percentages have not been included as the numbers are too small.

No questions have been filtered within the summary so all figures refer to responses from the entire sample.

SECTION 1: ABOUT YOU

| | | |
|-----------|---|---|
| Q1 | How old are you? | |
| | 15..... | 0 |
| | 16..... | 0 |
| | 17..... | 7 |
| | 18..... | 0 |
| Q2 | Are you a British citizen? | |
| | Yes..... | 7 |
| | No..... | 0 |
| Q3 | Is English your first language? | |
| | Yes..... | 6 |
| | No..... | 0 |
| Q4 | What is your ethnic origin? | |
| | <i>White - British</i> | 3 |
| | <i>White - Irish</i> | 1 |
| | <i>White - other</i> | 1 |
| | <i>Black or black British - Caribbean</i> | 1 |
| | <i>Black or black British - African</i> | 0 |
| | <i>Black or black British - other</i> | 0 |
| | <i>Asian or Asian British - Indian</i> | 0 |
| | <i>Asian or Asian British - Pakistani</i> | 0 |
| | <i>Asian or Asian British - Bangladeshi</i> | 0 |
| | <i>Asian or Asian British - other</i> | 0 |
| | <i>Mixed heritage - white and black Caribbean</i> | 1 |
| | <i>Mixed heritage - white and black African</i> | 0 |
| | <i>Mixed heritage - white and Asian</i> | 0 |
| | <i>Mixed heritage - other</i> | 0 |
| | <i>Chinese</i> | 0 |
| | <i>Other ethnic group</i> | 0 |
| Q5 | What is your religion? | |
| | <i>None</i> | 0 |
| | <i>Church of England</i> | 4 |
| | <i>Catholic</i> | 1 |
| | <i>Protestant</i> | 0 |
| | <i>Other Christian denomination</i> | 1 |
| | <i>Buddhist</i> | 0 |
| | <i>Hindu</i> | 0 |
| | <i>Jewish</i> | 0 |
| | <i>Muslim</i> | 1 |
| | <i>Sikh</i> | 0 |
| Q6 | Do you consider yourself to be Gypsy/Romany/Traveller? | |
| | Yes..... | 2 |
| | No..... | 5 |
| | <i>Don't know</i> | 0 |

| | | |
|------------|---|---|
| Q7 | Do you have any children? | |
| | Yes | 2 |
| | No | 5 |
| Q8 | Do you consider yourself to have a disability? | |
| | Yes | 1 |
| | No | 6 |
| Q10 | Have you ever been in local authority care? | |
| | Yes | 5 |
| | No | 2 |

SECTION 2: ABOUT YOUR SENTENCE

| | | |
|-----------|---|---|
| Q1 | Are you sentenced? | |
| | Yes | 6 |
| | No - unsentenced/on remand | 1 |
| Q2 | How long is your sentence (the full DTO sentence)? | |
| | Not sentenced | 1 |
| | Less than six months | 1 |
| | Six to twelve months | 2 |
| | More than twelve months, up to two years | 0 |
| | More than two years | 3 |
| | Indeterminate sentence for public protection (IPP) | 0 |
| Q3 | How long have you been in this establishment? | |
| | Less than one month | 2 |
| | One to six months | 4 |
| | More than six months, but less than twelve months | 1 |
| | Twelve months to two years | 0 |
| | More than two years | 0 |
| Q4 | Is this your first time in custody in a YOI, secure children's home or secure training centre? | |
| | Yes | 2 |
| | No | 5 |

SECTION 3: COURTS, TRANSFERS AND ESCORTS

| | | |
|-----------|---|---|
| Q1 | On your most recent journey here, was the van clean? | |
| | Yes | 4 |
| | No | 1 |
| | Don't remember | 1 |
| | Not applicable | 1 |
| Q2 | On your most recent journey here, did you feel safe? | |
| | Yes | 5 |
| | No | 0 |
| | Don't remember | 2 |

| | | |
|-----------|---|---|
| Q3 | On your most recent journey here, were there any adults (over 18) or people of a different gender, travelling with you? | |
| | Yes | 6 |
| | No | 1 |
| | Don't remember..... | 0 |
| Q4 | On your most recent journey here, how long did you spend in the van? | |
| | Less than two hours | 1 |
| | Two to four hours | 3 |
| | More than four hours | 2 |
| | Don't remember..... | 1 |
| Q5 | On your most recent journey here, were you offered a toilet break? | |
| | My journey was less than two hours | 1 |
| | Yes | 2 |
| | No | 4 |
| | Don't remember..... | 0 |
| Q6 | On your most recent journey here, were you offered anything to eat or drink? | |
| | My journey was less than two hours..... | 1 |
| | Yes | 3 |
| | No | 3 |
| | Don't remember..... | 0 |
| Q7 | On your most recent journey here, how did you feel you were treated by the escort staff? | |
| | Very well | 1 |
| | Well | 5 |
| | Neither | 1 |
| | Badly | 0 |
| | Very badly | 0 |
| | Don't remember..... | 0 |
| 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 | 5 |
| | Yes, I received written information | 0 |
| | No, I was not told anything | 2 |
| | Don't remember..... | 0 |

SECTION 4: FIRST DAYS

| | | |
|-----------|--|---|
| Q1 | How long were you in reception? | |
| | Less than two hours | 6 |
| | Two hours or longer..... | 1 |
| | Don't remember | 0 |
| Q2 | When you were searched, was this carried out in an understanding way? | |
| | Yes | 6 |
| | No | 1 |
| | Don't remember..... | 0 |

| | | | |
|-----------|--|---|---|
| Q3 | Overall, how well did you feel you were treated in reception? | | |
| | <i>Very well</i> | | 2 |
| | <i>Well</i> | | 3 |
| | <i>Neither</i> | | 2 |
| | <i>Badly</i> | | 0 |
| | <i>Very badly</i> | | 0 |
| | <i>Don't remember</i> | | 0 |
| 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.) | | |
| | <i>Not being able to smoke</i> | 3 | <i>Money worries</i> |
| | <i>Loss of property</i> | 0 | <i>Feeling low/upset/needing someone to talk to</i> |
| | <i>Housing problems</i> | 2 | <i>Health problems</i> |
| | <i>Needing protection from other young people</i> | 1 | <i>Getting phone numbers</i> |
| | <i>Letting family know where you are</i> ... | 4 | <i>Staff did not ask me about any of these</i> |
| | | | 1 |
| Q5 | When you first arrived here, did you have any of the following problems? (Please tick all that apply to you.) | | |
| | <i>Not being able to smoke</i> | 3 | <i>Money worries</i> |
| | <i>Loss of property</i> | 0 | <i>Feeling low/upset/needing someone to talk to</i> |
| | <i>Housing problems</i> | 1 | <i>Health problems</i> |
| | <i>Needing protection from other young people</i> | 0 | <i>Getting phone numbers</i> |
| | <i>Letting family know where you are</i> ... | 2 | <i>I did not have any problems</i> |
| | | | 1 |
| Q6 | When you first arrived here, were you given any of the following? (Please tick all that apply to you.) | | |
| | <i>A reception pack</i> | | 6 |
| | <i>The opportunity to have a shower</i> | | 4 |
| | <i>Something to eat</i> | | 4 |
| | <i>A free phone call to friends/family</i> | | 6 |
| | <i>Information about the PIN telephone system</i> | | 3 |
| | <i>Information about feeling low/upset</i> | | 4 |
| | <i>Don't remember</i> | | 0 |
| | <i>I was not given any of these</i> | | 0 |
| Q7 | Within your first 24 hours here, did you have access to the following people or services? (Please tick all that apply to you.) | | |
| | <i>Chaplain or religious leader</i> | | 5 |
| | <i>Peer support/peer mentor/Listener/Samaritans</i> | | 3 |
| | <i>The prison shop/canteen</i> | | 1 |
| | <i>Don't remember</i> | | 0 |
| | <i>I did not have access to any of these</i> | | 2 |
| Q8 | Before you were locked up on your first night, were you seen by a member of health care staff? | | |
| | <i>Yes</i> | | 6 |
| | <i>No</i> | | 1 |

| | | |
|------------|--|---|
| | <i>Don't remember</i> | 0 |
| Q9 | Did you feel safe on your first night at this establishment? | |
| | Yes | 5 |
| | No | 2 |
| | <i>Don't remember</i> | 0 |
| Q10 | Did the induction course cover everything you needed to know about the establishment? | |
| | <i>I have not been on an induction course</i> | 1 |
| | Yes | 3 |
| | No | 3 |
| | <i>Don't remember</i> | 0 |

SECTION 5: DAILY LIFE AND RESPECT

| | | |
|-----------|--|---|
| Q1 | Can you normally have a shower every day if you want to? | |
| | Yes | 7 |
| | No | 0 |
| | <i>Don't know</i> | 0 |
| Q2 | Is your cell call bell normally answered within five minutes? | |
| | Yes | 4 |
| | No | 2 |
| | <i>Don't know</i> | 1 |
| Q3 | What is the food like here? | |
| | <i>Very good</i> | 0 |
| | <i>Good</i> | 0 |
| | <i>Neither</i> | 2 |
| | <i>Bad</i> | 1 |
| | <i>Very bad</i> | 4 |
| Q4 | Does the shop/canteen sell a wide enough variety of products? | |
| | <i>I have not bought anything yet</i> | 1 |
| | Yes | 5 |
| | No | 1 |
| | <i>Don't know</i> | 0 |
| Q5 | How easy is it for you to attend religious services? | |
| | <i>I don't want to attend religious services</i> | 0 |
| | <i>Very easy</i> | 5 |
| | <i>Easy</i> | 2 |
| | <i>Neither</i> | 0 |
| | <i>Difficult</i> | 0 |
| | <i>Very difficult</i> | 0 |
| | <i>Don't know</i> | 0 |

| | | | | |
|-----------|---|-----|----|---|
| 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? | 7 | 0 | 0 |
| | Can you speak to a religious leader in private if you want to? | 6 | 0 | 1 |
| 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? | 6 | 1 | |
| | Do most staff treat you with respect? | 6 | 1 | |

SECTION 6: HEALTH SERVICES

| | | | | |
|-----------|---|-----|----|-------------------|
| Q1 | Did you have a full health assessment the day after your arrival? | | | |
| | Yes | | | 2 |
| | No | | | 4 |
| | <i>Don't know</i> | | | 1 |
| Q2 | What do you think of the overall quality of the health care? | | | |
| | <i>I have not been to health care</i> | | | 0 |
| | <i>Very good</i> | | | 2 |
| | <i>Good</i> | | | 3 |
| | <i>Neither</i> | | | 2 |
| | <i>Bad</i> | | | 0 |
| | <i>Very bad</i> | | | 0 |
| Q3 | Is it easy to see the following people if you need to? | | | |
| | | Yes | No | <i>Don't know</i> |
| | The doctor | 2 | 5 | 0 |
| | The nurse | 4 | 3 | 0 |
| | The dentist | 2 | 5 | 0 |
| | The optician | 2 | 5 | 0 |
| | The pharmacist..... | 2 | 4 | 1 |
| Q4 | If you are taking medication, are you allowed to keep it in your cell? | | | |
| | <i>I am not taking any medication</i> | | | 2 |
| | Yes | | | 1 |
| | No | | | 4 |
| | <i>Don't know</i> | | | 0 |
| Q5 | Please answer the following about alcohol: | | | |
| | | Yes | No | |
| | Did you have problems with alcohol when you first arrived here? | 2 | 5 | |
| | Have you received any help with alcohol problems in this prison? | 2 | 5 | |

| | | | |
|-----------|---|-----|----|
| Q6 | Please answer the following about drugs: | | |
| | | Yes | No |
| | Did you have problems with drugs when you first arrived here? | 2 | 5 |
| | Do you have problems with drugs now? | 0 | 7 |
| | Have you received any help with drug problems in this prison? | 2 | 5 |
| Q7 | How easy is it to get illegal drugs here? | | |
| | Very easy | | 0 |
| | Easy | | 1 |
| | Neither | | 0 |
| | Difficult | | 0 |
| | Very difficult | | 0 |
| | Don't know..... | | 6 |
| Q8 | Do you feel you have any emotional or mental health problems? | | |
| | Yes | | 4 |
| | No | | 3 |
| Q9 | If you feel you have emotional or mental health problems, are you being helped by anyone here (for example; a psychologist, doctor, counsellor, personal officer or another member of prison staff)? | | |
| | <i>I do not have any emotional or mental health problems</i> | | 3 |
| | Yes | | 3 |
| | No | | 1 |

SECTION 7: APPLICATIONS AND COMPLAINTS

| | | | |
|-----------|---|---|-------------|
| Q1 | Do you know how to make an application? | | |
| | Yes | | 7 |
| | No | | 0 |
| Q2 | Is it easy to make an application? | | |
| | Yes | | 7 |
| | No | | 0 |
| | Don't know..... | | 0 |
| 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? | 0 | 5 2 |
| | Do you feel applications are sorted out promptly? (Within seven days) | 0 | 6 1 |
| Q4 | Do you know how to make a complaint? | | |
| | Yes | | 6 |
| | No | | 0 |

Q5 Is it easy to make a complaint?
 Yes 7
 No 0
 Don't know 0

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? | 0 | 3 | 1 |
| Do you feel complaints are sorted out promptly? (Within seven days) | 0 | 3 | 2 |

Q7 Have you ever been prevented from making a complaint when you wanted to?
 Yes 0
 No 6

Q8 Can you speak to the following people when you need to?

| | Yes | No | Don't know |
|--|-----|----|------------|
| A peer mentor/peer support/Listener | 2 | 2 | 3 |
| A member of the IMB (Independent Monitoring Board) | 2 | 1 | 4 |
| An advocate (an outside person to help you) | 5 | 1 | 1 |

SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE

Q1 What level of the rewards and sanctions scheme are you on?
 Don't know what the rewards and sanctions scheme is 2
 Enhanced (top) 0
 Standard (middle) 3
 Basic (bottom) 1
 Don't know 1

Q2 Do you feel you have been treated fairly in your experience of the rewards and sanctions scheme?
 Don't know what the rewards and sanctions scheme is 2
 Yes 2
 No 2
 Don't know 1

Q3 Do the different levels of the rewards and sanctions scheme encourage you to change your behaviour?
 Don't know what the rewards and sanctions scheme is 2
 Yes 2
 No 3
 Don't know 0

Q4 Have you had a 'nicking' (adjudication) since you have been in this establishment?
 Yes 4
 No 3

Don't know..... 0

Q5 If you have had a 'nicking' (adjudication), was the process explained clearly to you?

I have not had an adjudication 3

Yes 4

No 0

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

I have not been restrained 5

Once 1

Twice 1

Three times 0

More than three times 0

Q7 If you have spent a night in the care and separation unit (CSU), how were you treated by staff?

I have not been to the care and separation unit 6

Very well 0

Well 0

Neither 1

Badly 0

Very badly 0

SECTION 9: SAFETY

Q1 Have you ever felt unsafe in this establishment?

Yes 3

No 4

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 4 *At meal times* 1

Everywhere 3 *At health care* 0

Care and separation unit 0 *Visits area* 0

Association areas 1 *In wing showers* 0

Reception area 1 *In gym showers* 0

At the gym 1 *In corridors/stairwells* 1

In an exercise yard 1 *On your landing/wing* 0

At work 0 *In your cell* 1

At education 1

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

Yes 4

No 3

| | | |
|------------|---|---|
| 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> | 4 <i>Because of drugs.....</i> 0 |
| | <i>Physical abuse (being hit, kicked or assaulted).....</i> | 0 <i>Having your canteen/property taken .</i> 0 |
| | <i>Sexual abuse.....</i> | 0 <i>Because you were new here</i> 1 |
| | <i>Because of your race or ethnic origin</i> | 0 <i>Because you are from a different part of the country</i> 1 |
| | <i>Because of your religious beliefs.....</i> | 0 <i>Because of gang related issues.....</i> 0 |
| | <i>Because you have a disability.....</i> | 0 <i>Because of my offence/crime</i> 2 |
| Q6 | Has a member of staff or group of staff victimised you in this establishment? | |
| | (E.g. insulted or assaulted you) | |
| | Yes | 3 |
| | No | 3 |
| 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> | 2 <i>Because of drugs.....</i> 0 |
| | <i>Physical abuse (being hit, kicked or assaulted).....</i> | 0 <i>Having your canteen/property taken .</i> 0 |
| | <i>Sexual abuse.....</i> | 0 <i>Because you were new here</i> 0 |
| | <i>Because of your race or ethnic origin</i> | 0 <i>Because you are from a different part of the country</i> 0 |
| | <i>Because of your religious beliefs.....</i> | 0 <i>Because of gang related issues.....</i> 0 |
| | <i>Because you have a disability.....</i> | 0 <i>Because of my offence/crime</i> 0 |
| Q9 | If you were being victimised who would you tell? | |
| | <i>No one</i> | 3 <i>Teacher/education staff.....</i> 0 |
| | <i>Personal officer</i> | 2 <i>Gym staff.....</i> 0 |
| | <i>Wing officer.....</i> | 2 <i>Listener/Samaritan/Buddy.....</i> 0 |
| | <i>Chaplain</i> | 0 <i>Another young person here</i> 1 |
| | <i>Health care staff.....</i> | 0 <i>Family/friends.....</i> 2 |
| Q10 | Do you think staff would take it seriously if you told them you had been victimised? | |
| | Yes | 2 |
| | No | 2 |
| | Don't know..... | 2 |
| Q11 | Is shouting through the windows a problem here? | |
| | Yes | 3 |
| | No | 4 |
| | Don't know..... | 0 |
| Q12 | Have staff checked on you personally in the last week to see how you are getting on? | |
| | Yes | 4 |
| | No | 3 |

SECTION 10: ACTIVITIES

- Q1 How old were you when you were last at school?**
14 or under 4
15 or over 3
- Q2 Please answer the following questions about school:**
- | | Yes | No | Not applicable |
|--|-----|----|----------------|
| Have you ever been excluded from school? | 5 | 2 | 0 |
| Did you used to truant from school? | 6 | 0 | 0 |
- Q3 Do you currently take part in any of the following activities?
(Please tick all that apply to you.)**
- | | |
|--|---|
| <i>Education</i> | 6 |
| <i>A job in this establishment</i> | 2 |
| <i>Vocational or skills training</i> | 1 |
| <i>Offending behaviour programmes</i> | 4 |
| <i>I am not currently involved in any of these</i> | 0 |
- Q4 If you have been involved in any of the following activities, in this establishment, do you think they will help you when you leave prison?**
- | | Not been involved | Yes | No | Don't know |
|--------------------------------|-------------------|-----|----|------------|
| Education | 0 | 2 | 4 | 1 |
| A job in this establishment | 1 | 0 | 1 | 1 |
| Vocational or skills training | 2 | 0 | 0 | 1 |
| Offending behaviour programmes | 1 | 2 | 1 | 1 |
- Q5 Do you usually have association every day?**
- | | |
|-----------------|---|
| Yes | 6 |
| No | 1 |
| Don't know..... | 0 |
- Q6 How many times do you usually go to the gym each week?**
- | | |
|-----------------------------------|---|
| <i>Don't want to go</i> | 0 |
| <i>None</i> | 2 |
| <i>One to two times</i> | 4 |
| <i>Three to five times</i> | 0 |
| <i>More than five times</i> | 0 |
| <i>Don't know</i> | 1 |
- Q7 Can you usually go outside for exercise every day?**
- | | |
|-------------------------------|---|
| <i>Don't want to go</i> | 1 |
| Yes | 5 |
| No | 1 |
| Don't know..... | 0 |

SECTION 11: FAMILY AND FRIENDS

- Q1 Are you able to use the telephone every day if you want to?**
Yes 6

| | | |
|-----------|---|---|
| | No | 1 |
| | Don't know..... | 0 |
| Q2 | Have you had any problems with sending or receiving mail (letters or parcels)? | |
| | Yes | 4 |
| | No | 2 |
| | Don't know..... | 1 |
| Q3 | How easy is it for your family and friends to visit you here? | |
| | Very easy | 0 |
| | Easy | 1 |
| | Neither | 2 |
| | Difficult | 1 |
| | Very difficult | 1 |
| | Don't know..... | 2 |
| Q4 | How many visits do you usually have each week, from family or friends? | |
| | Not been here a week yet..... | 0 |
| | I don't get visits..... | 4 |
| | Less than one a week | 2 |
| | About one a week | 0 |
| | More than one a week..... | 0 |
| | Don't know..... | 1 |
| Q5 | Do your visits usually start on time? | |
| | I don't get visits | 4 |
| | Yes | 0 |
| | No | 1 |
| | Don't know..... | 2 |
| Q6 | How are you and your family/friends usually treated by visits staff? | |
| | I don't get visits..... | 4 |
| | Very well..... | 0 |
| | Well | 1 |
| | Neither | 0 |
| | Badly | 0 |
| | Very badly | 0 |
| | Don't know..... | 2 |

SECTION 12: PREPARATION FOR RELEASE

| | | |
|-----------|---|---|
| Q1 | When did you first meet your personal officer? | |
| | I still have not met him/her..... | 0 |
| | In your first week..... | 5 |
| | After your first week..... | 2 |
| | Don't remember..... | 0 |
| Q2 | How often do you see your personal officer? | |
| | I still have not met him/her..... | 0 |
| | At least once a week | 5 |
| | Less than once a week | 1 |

| | | | | | |
|------------|---|----------------------------|-----|----|-------------------|
| Q3 | Do you feel your personal officer has helped you? | | | | |
| | <i>I still have not met him/her</i> | | | | 0 |
| | Yes | | | | 3 |
| | No | | | | 2 |
| Q4 | Do you have a training plan, sentence plan or remand plan? | | | | |
| | Yes | | | | 3 |
| | No | | | | 2 |
| | <i>Don't know</i> | | | | 2 |
| 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? | 2 | 3 | 0 | 2 |
| | Do you understand the targets that have been set in your plan? | 2 | 3 | 0 | 2 |
| Q6 | Has your YOT worker been in touch since you arrived at this establishment? | | | | |
| | Yes | | | | 7 |
| | No | | | | 0 |
| Q7 | Do you know how to get in touch with your YOT worker? | | | | |
| | Yes | | | | 5 |
| | No | | | | 1 |
| 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? | 5 | 2 | | 0 |
| | Are you planning on going to school or college after release? | 4 | 3 | | 0 |
| | Do you have a job to go to on release? | 0 | 7 | | 0 |
| 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> | | | | 3 |
| | <i>Getting into school or college</i> | | | | 3 |
| | <i>Getting a job</i> | | | | 2 |
| | <i>Help with money/finances</i> | | | | 2 |
| | <i>Help with claiming benefits</i> | | | | 1 |
| | <i>Continuing health services</i> | | | | 1 |
| | <i>Opening a bank account</i> | | | | 0 |
| | <i>Avoiding bad relationships</i> | | | | 1 |
| | <i>I don't know who to contact</i> | | | | 2 |
| 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> | | | | 4 |
| | <i>Getting into school or college</i> | | | | 0 |

| | |
|----------------------------------|---|
| Getting a job..... | 3 |
| Money/finances | 4 |
| Claiming benefits..... | 5 |
| Continuing health services | 0 |
| Opening a bank account..... | 2 |
| Avoiding bad relationships..... | 0 |
| I won't have any problems..... | 1 |

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

| | | | |
|--|---|---|---|
| Not sentenced | 1 | Having a mentor (someone you can ask for advice)..... | 0 |
| Nothing, it is up to me..... | 1 | Having a YOT worker or social worker that I get on with | 2 |
| Making new friends outside..... | 2 | Having children | 2 |
| Going back to live with my family | 2 | Having something to do that isn't crime | 3 |
| Getting a place of my own | 3 | This sentence..... | 3 |
| Getting a job..... | 2 | Getting into school/college..... | 3 |
| Having a partner (girlfriend or boyfriend) | 3 | Talking about my offending behaviour with staff | 0 |
| Staying off alcohol/drugs | 4 | Anything else..... | 1 |

Q12 Do you want to stop offending?

| | |
|---------------------|---|
| Not sentenced | 1 |
| Yes | 6 |
| No | 0 |
| Don't know..... | 0 |

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 | 1 |
| Yes | 3 |
| No..... | 3 |