

Report on an announced inspection of
HMP/YOI Eastwood Park
Mary Carpenter Unit

10 – 14 January 2011

by HM Chief Inspector of Prisons

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Introduction

The Mary Carpenter unit is a specialist unit for 17-year-old young women attached to Eastwood Park women's prison.

Overall, the unit is well run and therefore the key issues raised by this inspection are as much for the Youth Justice Board (YJB), NOMS and the Ministry of Justice as they are for the unit and prison themselves.

As the inspection began on 10 January there were 31 girls placed in three young women's units across the country, of whom 17 were unsentenced. During the inspection, the YJB decided to reduce the number of places in one of the units from 26 to nine. The Mary Carpenter unit held just seven young women.

It was therefore one of a small number of units providing a very specialised and resource-intensive service for young women with complex needs. In many ways, the unit was the last chance for the young women. They could receive intensive, individual support to address their offending behaviour and the issues that underlay it – support that they would be unlikely to receive in an adult women's prison. While it is welcome that the number of young women in Prison Service custody has reduced significantly since these specialist units were developed, the YJB and its replacement, NOMS and the Ministry of Justice must continue to ensure that the needs of an even smaller minority (and continually diminishing population) of young women are met.

The regime offered by the unit was positive; the young women were well treated and offered good education and resettlement support. Health provision was also good – particularly mental health and specialist services for young women dependent on drugs or alcohol. There was a high level of individual care, particularly in the early days, and good input from key workers. The internal youth offending team (YOT) were robust and effective in their efforts to ensure local authorities met their responsibilities to young women who were looked after. However, the home areas to which these young women were returned dealt with few similar cases and were sometimes unprepared to meet the needs of the individual young women.

The Mary Carpenter unit vividly illustrated the need for an approach tailored to the needs of young people. The unit worked best where its services and regime were tailored to the specific needs of young women – force was rarely used, the formal adult adjudication process was replaced by a much more age-appropriate graded card system (although the monitoring and governance of this left something to be desired). There was good education provision and staff dealt proportionately and confidently with normal adolescent behaviour.

Where we had most concerns was where the procedures were not fully appropriate or fully cognisant of the essential differences between the care and management of adult women prisoners and the young women on the unit. There were, for instance, serious frailties in the internal child protection arrangements. Visiting arrangements did not fully take account of the fact that many of the young women were far from home and families faced long journeys to see them. The heavy cell doors were an unnecessarily jarring note in a building that otherwise resembled typical student accommodation.

The government has announced its intention to abolish the YJB. The issues arising from this inspection illustrate that its replacement must maintain a distinct focus on the needs of young people, with appropriate governance arrangements to ensure that, over time, the needs of young offenders of either sex do not get lost in the adult estate.

Putting these national issues aside, the head of the unit and her staff are to be commended for the work they have done and the support they give to the young women, in a secure and respectful environment, to help them prepare for a better future.

Nick Hardwick
HM Chief Inspector of Prisons

March 2011

Fact page

Task of the establishment

Discrete unit for 17-year old young women. Remanded and sentenced young women are allocated by the Youth Justice Board placements team.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

South west region

Number held

Seven at 10 January 2011

Certified normal accommodation

17

Operational capacity

17

Date of last full inspection

May 2007

Brief history

The Mary Carpenter unit is a discrete unit located within the main establishment. The unit was opened as a dedicated part of Eastwood Park on 24 October 2005.

Short description of residential units

The unit has 15 single cells, one of which has been adapted for a young woman with a disability, and one double cell. Living, dining and association areas are on the upper floor. Education, youth offending team, young people's substance misuse service and administrative areas are on the lower floor.

Escort contractor

Reliance custodial services

Health service commissioner and providers

Bristol Community Health
North Bristol Trust CAMHS
Hanham Health
Serco Health

There is separate provision within the establishment health care contract that includes a designated nurse for the unit and dedicated mental health provision through the Child and Adolescent Mental Health Service (CAMHS).

Learning and skills providers

Norton Radstock College

Specific learning and skills provided to the unit are education, Connexions and enrichment activities (InfoBuzz). Substance misuse services (YPSMS), sentence management (provided by the Youth

Offending Team) are also specific to the unit. PE, catering, chaplaincy and library services are shared across the establishment.

Healthy prison summary

Introduction

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

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

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

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

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

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

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

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

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

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

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

Safety

HP3 Some young people arrived late after long, uncomfortable journeys. Reception staff dealt with new arrivals sensitively and, together with first night staff, produced good

initial assessments. First night procedures were thorough and young women said that they felt safe on their first night. Induction provided essential information straightaway. Aspects of the strategic management of safeguarding needed improvement and there were some serious frailties in the internal child protection arrangements. Good efforts were being made to meet the needs of young women who were looked after by a local authority. Young women who were at risk of self-harm were well cared for. Bullying or victimisation was not a significant problem but there was potential to develop mediation. Some components of the behaviour management strategy lacked proper governance. Aspects of care planning and the review process for young women who were separated from others because of poor behaviour needed to be improved. Staff used de-escalation well to avoid unnecessary use of force. Young women dependent on drugs and/or alcohol were well cared for. Outcomes for young women were reasonably good with regard to this healthy prison test.

- HP4 Young women frequently arrived after 7pm and some later. There were good procedures to deal with late arrivals, meet their immediate needs and carry out assessments before they were locked up. Personal escort records were checked by reception staff and they noted any concerns raised by new arrivals but there were no regular meetings to discuss concerns with the escort providers or the Youth Justice Board. There was very little use of the court video link but young women were properly prepared for court appearances.
- HP5 Pre-admission information was used to good effect to prepare for new arrivals who were treated well by reception staff. Searching procedures on reception were risk led and strip-searching was rarely carried out. The reception area was clean and comfortable. Staff were sensitive to the anxieties of new arrivals and immediate needs were dealt with efficiently. Referrals for specialist support were made as part of the reception and first night process.
- HP6 Most young women said that they felt safe on their first night on the unit. Vulnerability assessments were comprehensive and used to develop an action plan to manage identified concerns during the first few days. Young women were introduced to life on the unit with the support of staff, although there was too much written information to absorb properly. The majority of young women said that their induction covered everything they needed to know about the unit.
- HP7 There was a good working relationship between the prison and South Gloucestershire Safeguarding Children Board (SGSCB). The designated membership of the safeguarding committee was appropriate but internal attendance at the quarterly meetings was inadequate. In contrast, attendance by SGSCB was good. Detailed reports about the various safeguarding areas were presented to the safeguarding committee by the unit manager and any concerns were fully discussed. Weekly multi-disciplinary unit meetings provided an effective forum for discussion of safeguarding concerns for individual young women but care plans produced were inadequate. Following the departure of the unit social worker, looked-after children were being identified and their social services departments contacted to try to ensure that their needs for appropriate support during their time in custody and on release were met, unfortunately not always successfully. Staff benefitted from additional child protection training delivered by experienced staff from SGSCB.
- HP8 The procedures for the initial management of child protection referrals did not ensure that the child protection coordinator was alerted. Consequently the management of child protection as a whole was inconsistent and some referrals which should have

been sent to the local authority for their attention had instead been investigated internally.

- HP9 There were low levels of self-harm among the young women and those who caused concern in this regard were managed well with good support from unit staff and appropriate specialist input, particularly from mental health services. Assessments and care maps were of a good standard. Reviews were timely and there were good attempts to involve families and youth offending team (YOT) workers in the reviews, but less so to involve relevant specialist staff other than the unit community psychiatric nurse.
- HP10 There were no indications that bullying was a big problem, although clearly there were the usual adolescent tensions associated with communal living. The frequent use of the anti-social behaviour programme to tackle bullying and victimisation in the absence of an evaluation of its effectiveness was questionable. Mediation was used far less frequently and young women who victimised others did not have clear plans to address their behaviour.
- HP11 Dynamic security was effective and security measures were proportionate to risk. Unit staff used observation books and security information reports well to share relevant information. There was a comprehensive behaviour management policy which covered all aspects of maintaining discipline in the unit, using a wide range of measures. Commendably, measures did not include adult-orientated adjudication procedures and good efforts had been made to introduce more age-appropriate methods to tackle challenging behaviour, rather than simply administer punishments. However, over time procedural frailties had emerged in some areas. Instant punishments were administered through the use of a graded 'red and yellow' card system. The principle of the swift administration of justice was sound but some punishments administered through the card system were too severe and not subject to adequate monitoring for fairness and consistency.
- HP12 The graded card system informed the status of young women in the rewards and sanctions scheme in which the young women gained or lost privileges depending on their overall behaviour. Staff believed that young women were highly motivated to achieve the top 'gold' status in the rewards and sanctions scheme but some young women suggested otherwise. The scheme was complex and subjective and its fairness was questioned by young women. The lack of monitoring of the scheme was a particular weakness and made it difficult to demonstrate fairness. Although reviews of status were regularly carried out, young women were not involved which was a missed opportunity to make the process transparent and engage directly with young women about their progress.
- HP13 Care and reintegration plans for young women who were deemed to be a risk to the good order or discipline (GOOD) of the unit, and were separated as a consequence, were inadequate. Behaviour targets were set out in a standard format and were not specific to the individual young woman. The reviews were rarely multidisciplinary and not carried out daily. This did not ensure that the young women were given appropriate targets, had adequate specialist support, were separated for the shortest time possible and returned to the unit with a care plan to aid their reintegration. In the sample of GOOD documentation that we examined, the majority of young women were also being monitored for self-harm which highlighted the need for good coordination, daily reviews and multi-agency involvement in the planning and review process.

- HP14 Few young women were subjected to restraint. In the sample of use of force documentation that we examined, staff reports were detailed and there was good evidence of de-escalation prior to the use of force. All young women involved in the use of force were debriefed but records indicated that the process needed to improve to be more meaningful for the young women.
- HP15 Young women dependent on drugs and/or alcohol were safely managed on the Kinnon unit, the establishment's stabilisation/detoxification facilities, where unit officers and young people's substance misuse service (YPSMS) workers provided essential daily support. Specialist staff offered treatment regimes that were flexible, needs led and well coordinated. Mandatory drug testing procedures were age appropriate. There had been no positive results during the previous nine months and only one drugs find.

Respect

- HP16 Young women occupied a comfortable living environment and their relationships with staff were good. Key workers provided a high level of support to the young women. There was ready access to telephones and staff helped with family contact. Applications and complaints and legal rights were dealt with well. All meals were taken in the dining area, mostly with staff in a convivial atmosphere, and catering arrangements in general were good. Young women from minority groups, including foreign nationals, received good individual care but there was no monitoring of equality of treatment. Young women had unhindered access to religious services and a dedicated unit chaplain. Health care services were generally good, with particularly good mental health provision. Outcomes for young women were good in relation to this healthy prison test.
- HP17 The living environment was comfortable. Cells were en suite and communal areas were suitably furnished, clean and tidy. Young women were provided with adequate clothing and provided with equipment and additional incentives through a worthwhile credit system to maintain a good standard of hygiene. Access to telephones was good and mail was managed efficiently. All young women were encouraged to attend unit consultation meetings to discuss any issues of concern.
- HP18 Relationships between staff and the young women were good. Young women were comfortable approaching staff, who were responsive and appropriately tolerant of behaviour normal to the age group, at the same time successfully maintaining boundaries. Staff knew the young women well and showed an interest in them.
- HP19 All young women were allocated two key workers and introductions were made shortly after admission to the unit. They maintained regular contact and key workers attended relevant meetings about the needs of the young women they were responsible for. Key workers we spoke to demonstrated a good understanding of their needs. A significant number of young women spoke highly of the help they received from their key worker.
- HP20 Young women had a pleasant dining area in which to eat meals together and staff usually joined them. Menus were varied, provided enough to eat and included healthy choices. Young women had several avenues through which they could make complaints about the food or raise general catering issues with the catering manager.

Arrangements to manage the prison shop were efficient but new arrivals had to wait too long for their first order.

- HP21 There was a good system for dealing promptly with applications formally and informally. Young women did not make many formal complaints and some said that they did not think it was worth making a complaint. However complaints we examined had been dealt with promptly, thoroughly and courteously by the unit manager.
- HP22 There were no trained legal rights workers but young women were able to seek confidential advice quickly from their legal representatives or their community YOT workers by arrangement with the internal YOT workers. Remand management procedures were efficient as were early release arrangements for eligible young women.
- HP23 We came across some good examples of individual care provided to young women from a range of minority groups with different needs but there were some procedural weaknesses to ensure equality of treatment. Although there was a comprehensive, unit-specific, race and diversity policy, nominated staff diversity leads, and a young woman acting as unit representative, their roles lacked clarity. Young women had recently begun to take part in personal and social development services covering aspects of diversity but promotion of diversity generally needed development. There had been only two foreign national young women in the unit during the previous 10 months and case files and other records indicated that their needs were well understood and met on an individual basis.
- HP24 The race equality officer for the establishment offered advice to the unit, but otherwise his involvement was limited. There was no SMART monitoring nor had there been any impact assessments specific to the unit and there were no alternative systems to monitor equality. There were very few formal complaints relating to race issues but those that we examined did not adequately address the complaints raised and there had been no management oversight.
- HP25 Young women had easy access to religious services and ministers of their faith. There was a dedicated unit chaplain who offered individual support to young women who needed pastoral support, including bereavement issues. The new multi-faith room was an excellent resource.
- HP26 Health services were provided on an establishment-wide basis and the specific needs of young women were met within these arrangements. Health services were delivered by different providers and had been fragmented for some time. This had recently improved following the appointment of the primary care trust commissioner. However, prison staff remained unclear about responsibilities for the provision of services between the different providers. Health services for the young women were based on an up-to-date and active needs analysis. They had good access to all health care services and benefitted from a dedicated nurse who attended the unit regularly. The staff skill mix was appropriate and access to specialist services and secondary care was good. Medication was administered safely and young women had direct access to a pharmacist. Mental health provision was very good with access to all relevant services, although there had been difficulties in transferring a small number of young women to hospitals in Wales. Some health promotion was delivered but it was underdeveloped. Dental services were good.

Purposeful activity

- HP27 Young women enjoyed a good deal of time out of cell, most of it spent purposefully. They could go outside in the grounds every day and trained sports and games officers from the unit organised outdoor activities. Young women benefitted from good quality education, resulting in the achievement of high levels of accreditation, although there was considerable variation between subjects. Young women worked hard in lessons and behaved well. Standards of work were generally good. Provision met the needs of the young women well and they had good learning support. Young women had access to good quality PE and access to the library was satisfactory. Outcomes for young women were good in relation to this healthy prison test.
- HP28 Young women had plenty of time out of their cells on weekdays and were purposefully occupied for most of the time. Association took place in the communal areas on the unit, and a range of activities was available with unit staff involvement and some through an external voluntary agency.
- HP29 Young women could spend up to an hour outside each day during the week and more at the weekend. The time that young women spent outside was made more enjoyable by the efforts of unit staff who had been sports and games trained.
- HP30 Initial assessment of young women's literacy, numeracy and other educational needs was timely. They benefitted from effective learning support, although specialist support for young women diagnosed with dyslexia was lacking.
- HP31 Given the constraints of very low numbers, the curriculum met the needs of young women well. Punctuality had improved and attendance was good overall, although there were some interruptions to lessons caused by young women being taken out for other activities.
- HP32 Teaching and learning were good overall and young women's individual needs were taken into account. Young women enjoyed most of their lessons, worked hard and behaved well. In some, though not all lessons, officers engaged very well with young women and provided valuable additional support.
- HP33 While virtually the whole curriculum was linked to accreditation, there was some considerable variation in the volume of accreditation achieved in different subjects. Young women, whose length of stay allowed it, gained a good range of qualifications. A range of higher level qualifications had been introduced to cater for the needs of more able young women. Almost all young women gained qualifications in the key areas of literacy, numeracy and information and communications technology (ICT).
- HP34 Standards of work were good overall and young women took pride in their work. In hairdressing, beauty therapy and cookery young women produced work easily equivalent to that found in mainstream colleges. In English young women produced some excellent poetry and used ICT well to complete some complex activities.
- HP35 The introduction of more informal education provided by other prison services such as the chaplaincy and the young people's substance misuse service (YPSMS), together with some external partners such as the Willow Tree Centre, worked well and added variety to the week. The inter-agency tutorial slots designed to provide opportunities for different departments and agencies in the prison to undertake work with individual

young women were not always used effectively, resulting in periods of inactivity for young women.

- HP36 Educational leadership in the unit was very good and day-to-day operational management was effective.
- HP37 Young women made good use of the well stocked library, although there was no access to the library at weekends.
- HP38 Despite extremely low staffing levels, good access to high quality PE had been maintained. Young women said they enjoyed going to the gym and valued the support and encouragement they received from PE staff. A highly inclusive programme of activities was in place. Much of this provision was accredited and the levels of accreditation were high. Young women worked hard in sessions and PE made a good contribution to helping them maintain healthy lifestyles. Facilities included an adequate sports hall, a well-equipped fitness suite and a small artificial pitch in the grounds surrounding the unit.

Resettlement

- HP39 The strategic management of resettlement was improving following an excellent needs analysis and the involvement of South Gloucestershire Youth Offending Services. Training planning arrangements worked well and transition planning to the adult prison with ongoing support was commendable. Significant effort was put into finding suitable accommodation for young women prior to their release. Connexions offered a good quality, but limited, service. Almost all young women released had education, training and employment (ETE) placements in place but release on temporary licence (ROTL) was not used to its full potential. There was some support available for finance management. Planning for ongoing health services was too limited. A range of offending behaviour work was delivered by the YOT. Visits entitlements were good but some young women did not get visits. Outcomes for young women were good in relation to this healthy prison test.
- HP40 The recent resettlement needs analysis was excellent and informed the revised resettlement strategy, which focussed on the specific resettlement needs of the young women and relevant resettlement pathways. The involvement of the South Gloucestershire YOT who seconded a worker and involved themselves in the development of the resettlement strategy had been very effective. A new resettlement management committee had been established but it lacked involvement with relevant community agencies. Public protection arrangements were sound.
- HP41 Training plans contained thorough assessments of young women's needs and clear individualised targets with appropriate specialist support. Training planning meetings were well managed. Transition arrangements to the adult prison were conscientious and young women on detention and training orders continued to be supported by unit staff through the training planning review process.
- HP42 Accommodation issues were picked up quickly by the internal YOT workers who were robust in ensuring that relevant external agencies made accommodation arrangements for young women prior to their release. However, despite their best efforts, a significant number of young women were not aware of their release address

until shortly before they were released. The internal YOT workers made additional efforts to assess whether the accommodation that young women were being released to was suitable.

- HP43 Connexions offered a good quality service but it was only available for half a day per fortnight which was insufficient. Skills for work courses in education supported young women well in gaining helpful knowledge and understanding of the world of work. The education department contributed effectively to the training planning process. The majority of young women released had confirmed ETE placements. ROTL was not yet fully embedded as part of reintegration planning.
- HP44 There were no pre-discharge health clinics, nor was there routinely a representative from health care in attendance at pre-release training planning meetings.
- HP45 In our survey¹, approximately half the young women felt they would have financial problems when they were released. The education department delivered a seven-week financial capability course for all young women, which helped them with their specific financial circumstances. The internal YOT workers provided a range of offending behaviour work and the chaplain delivered an attitudes and beliefs session weekly.
- HP46 Visits entitlements were good but most young women lived more than 50 miles away, and some considerably further, so it was difficult for families to visit. YOT workers carried out some family conciliation work. Visits took place in a suitable setting on the unit and security procedures were proportionate. Family days were popular but did not take place often enough. Young women who were mothers could apply for extended visits with their children on the mother and baby unit. Young women without funds were treated sympathetically and permitted to make phone calls to their families without incurring a personal charge.
- HP47 Two experienced YPSMS workers provided a good range of age-appropriate interventions, including alcohol, to young women both on a group and a one-to-one basis. YPSMS workers were well integrated into the unit and contributed effectively to multi-agency meetings. They had established useful links with external agencies to co-deliver interventions. There was effective pre-release preparation for young women with substance use needs and good community links had been developed. YPSMS workers made good efforts to attend initial meetings in the community where

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from the *Dictionary of Forensic Psychology*: HM Inspectorate of Prisons.)

possible and appropriately prioritised their attendance for young women with the greatest need.

Main concerns and recommendations

HP48 Concern: Young women were put at risk because there were some serious frailties in the internal child protection arrangements.

Recommendation: Governance of child protection procedures should be improved. This should include the development of an efficient database and frequent quality assurance by a senior manager with child protection expertise, as well as independent oversight by the local authority designated officer.

HP49 Concern: Monitoring and governance of the disciplinary procedure was insufficient to ensure consistency and fairness.

Recommendation: All disciplinary procedures, including the yellow and red card system, rewards and sanctions, and GOOD should be monitored for fairness and consistency and robust governance arrangement should address any concerns.

HP50 Concern: Care and reintegration plans for young women who were separated for the good order and discipline (GOOD) of the unit, particularly those who were being monitored for self-harm, were insufficiently tailored to their individual needs and lacked sufficient multi-agency involvement to ensure they were separated for the shortest possible time and successfully reintegrated back into the unit.

Recommendation: Young women subject to GOOD procedures should have clear care plans, incorporating individualised targets aimed at changing their behaviour, and have adequate specialist support. They should be subject to daily reviews involving them and key staff involved in their care so that they are separated for the shortest time possible and are successfully reintegrated.

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 women sometimes arrived at the unit late in the evening after a long journey without a break. Most young women said that they had been treated well by escort staff and had been told where they were going before they left court. Personal escort records (PERs) were checked by reception staff and any concerns were immediately registered. However, there were no regular meetings to discuss concerns with the escort providers or others involved in escort arrangements, for example the Youth Justice Board (YJB). There was not much use of the video link but young women were properly prepared for court appearances.
- 1.2 Almost half the young women in our survey said that they had travelled for over two hours to get to the unit and one had travelled for over four hours. Not all who had travelled over two hours said they had been offered a toilet break. Staff said that it was common for young women to arrive on the unit after 7pm and in the previous six months five had arrived after 8.30pm.
- 1.3 In our survey, 10 of the 13 young women said they had been treated well or very well by escort staff and none said that she had been treated badly. All but one young woman had been told where they were going before they left court. Young women we spoke to told us that some of the vehicles were dirty and contained graffiti, but we were unable to verify this.
- 1.4 PERs were checked by reception staff who registered concerns immediately if processes had not been properly followed. However, although there was a regular establishment-wide meeting to discuss concerns with the escort providers, the unit was not represented at the meeting and there was no formal mechanism to obtain feedback from young women on their escort experience. Concerns were not routinely reported to the YJB.
- 1.5 During the previous year, the video link had been used five times for court appearances and once for a solicitor's conference. Staff told us that consideration was given to using the video link in all appropriate cases, but there were few occasions when it was considered appropriate. In a six-month period in 2010, 40 young women had been taken to court and records showed that they had all been presented to court on time.
- 1.6 Young women who had been produced for court said that they had been given breakfast before they left and clean clothes to travel in and they had been given all their belongings in case they did not return to the unit.

Recommendation

- 1.7 Staff should routinely ask young women about their escort experience. Relevant information should be regularly fed back to escort providers and others involved in escort arrangements, such as the Youth Justice Board, to resolve any concerns.

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.

1.8 Pre-admission information was not always complete, but what was available was used well to prepare for new arrivals and young women told us they were treated well by reception staff. Searching procedures at reception were based on assessed risk and strip-searching was rarely carried out. The reception area was clean and comfortable. Staff were sensitive to the anxieties of new arrivals and conducted the reception interview well, although the open plan setting sometimes compromised privacy. Immediate needs were dealt with efficiently and referrals for specialist support were made. Most young women said that they felt safe on their first night on the unit. Vulnerability assessments were comprehensive and included a clear action plan to manage immediate concerns. Young women received everything they needed to help them settle in on their first night. They received an individual induction to the unit within 24 hours of arrival and most said that their induction covered everything they needed to know about the unit.

Reception

- 1.9 Since July 2010, there had been 41 admissions and 34 young women had left the unit. Pre-admission information provided by the responsible youth offending team (YOT) and received via the YJB Placement and Casework Service was not always complete, but the unit were thorough in following up missing information. The information was used well by reception staff and there were frequent references to pre-admission material in the vulnerability assessments completed by reception staff. It was unusual for more than one young woman to arrive at the same time.
- 1.10 There was a comprehensive reception strategy, which reflected its main objective *'to reduce the worry and stress that could be felt upon entering the unit'*. The reception area was small but well maintained. There were good procedures to deal with young women who arrived late. Thorough immediate needs assessments were carried out, including a health screening, telephone calls were made to families and a hot meal provided. Referrals for specialist services were made there and then. All reception procedures were usually completed within two hours and the young women were thereafter taken upstairs to the communal living area.
- 1.11 Unit staff undertook reception duty on a rota basis and those we spoke to clearly understood the policy, although they had not received any specific training. There was a comprehensive quality assurance system to ensure that reception staff had completed their task effectively.
- 1.12 Searching procedures at reception were based on assessed risk and strip-searching was rarely carried out. The searching policy specified that a strip-search, if deemed necessary, could only be carried out with the permission of the duty governor, but this did not apply to searches on reception. Staff told us that it was custom and practice for permission to be

sought regardless. There had been no strip-searching using force but there was no guidance on what action to take if a young woman refused to have a strip-search.

- 1.13 Young women said they had been treated well by reception staff. The reception interview that we observed was conducted respectfully and gave the young woman ample opportunity to express her concerns and ask questions. Individual needs were identified. We observed sensitive questioning based astutely on the pre-admission information about the young woman. This was marred by the open plan setting of the reception which did not protect the young woman's privacy since cleaning was taking place in the vicinity at the same time.
- 1.14 There were good arrangements for storing young women's property, which they could retrieve by a written application. This could take up to three days to process, although we noted that most applications were dealt with within 24 hours.

Recommendations

- 1.15 Reception procedures should include detailed guidance on strip-searching which includes obtaining the authorisation of a governor and action to be taken if a young woman refuses to be strip-searched. This should prohibit the use of force.
- 1.16 Reception interviews should be carried out in private.

First night

- 1.17 Ten of the 13 young women who responded to our survey said that they felt safe on their first night. Most of the initial vulnerability assessments completed by reception staff were of a high quality and included an action plan if there were concerns over safety. There was a robust management quality check in place, which appropriately challenged identified deficiencies. Although there was no cell sharing, the initial cell-sharing risk assessments were completed satisfactorily and updated.
- 1.18 Young women received everything they needed to help them to settle in on their first night, including a reception pack, information about the unit and a telephone call to their family. Young women who arrived before 8.30pm were able to join in association. We observed officers introducing a young woman to others on the unit and making good efforts to integrate her quickly into the existing group of residents. Cells had been cleaned but the young women were given materials straightaway and some told us that they liked to clean for themselves.
- 1.19 Unit staff undertook night duty on a rota basis and knew the majority of the young women well. We observed a handover from day to night staff, which was very thorough and gave the night duty officer a clear indication of the needs of young women, including those who had just arrived. There were appropriate safeguarding and security procedures which allowed night officers to unlock young women if the need arose. All young women were frequently checked during their first 24 hours on the unit and observational recording was detailed. Frequent recorded observations continued until up-to-date information was received from YOTs, so that assessments were properly informed.

Induction

- 1.20 Young women received an individual induction from a residential officer within 24 hours of arrival and the majority of young women said that their induction covered everything they

needed to know about the unit. The induction pack included behaviour and race relations awareness compacts and a detailed outline of the establishment's rules and routines. Young women told us that there was too much information to absorb at once. Staff acknowledged this and made sure that young women's knowledge and understanding could be refreshed after the initial induction. Young women were given written information about the unit, including visits, and this was also sent to their families. There were notices in the communal areas with further information about unit rules. Unit managers had good oversight of the induction process.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 Communal areas were well equipped, well maintained and tidy and outside areas were pleasant. All cells were single and had integral sanitation and young women were able to maintain good standards of hygiene. Access to the laundry and telephones was good. All young women were encouraged to attend monthly consultation meetings to discuss issues of mutual interest and encourage informal resolution of common problems associated with community living.

Accommodation and facilities

- 2.2 The living area for the young women was on the upper storey of a two-storey unit. Communal areas consisted of a dining area and a relaxation area with sofas, board games and a television. Both of these areas were used during association periods. There were some age-appropriate notices in the communal areas displaying relevant information such as the laundry rota, minutes of the unit consultative meeting, products available from the canteen and rules of the unit. The lower floor contained classrooms, interview rooms, the reception area and offices for the agencies that worked with the young women. The outside areas were well kept with some seating and an astroturf area that could be used for supervised games.
- 2.3 Apart from the traditional cell doors, the 16 single cells with integral sanitation and showers resembled standard student accommodation. The cells were located on two corridors off the communal areas. Sightlines were good and CCTV in the communal areas fed into monitors in the unit office. The cells had curtains and duvets and young women were able to personalise them with pictures and artwork. There was no graffiti and the offensive displays policy was adhered to. One cell was bigger and suitable for a young woman with a physical disability. In practice, it was rarely required for this purpose and was usually used by a young woman on the highest level of the rewards and sanctions scheme. Young women were not allowed in each other's cells or the corridor they did not live on but could associate freely in the designated areas.
- 2.4 The unit had two PIN phones, each in a soundproofed booth which afforded privacy and access to the phones was good. Letters were usually handed out at lunch time which gave young women an opportunity to read their mail in private before their afternoon education sessions.
- 2.5 All young women were actively encouraged to attend the monthly unit consultative meetings called 'Listen Up'. Minutes of the meetings showed a wide range of discussion items. Action points were followed up and if requests could not be met, for example using the laundry facilities on the same day each week, an explanation was provided. Safety and bullying were standing agenda items, although the minutes did not show any detailed discussions of these issues. However, one meeting had focussed on the poor behaviour of one young woman at the

instigation of the young women, who were of the view that staff had not dealt with her harshly enough. This appeared to be an effective way to manage the tensions that inevitably arose within confined community settings.

Hygiene, clothing and possessions

- 2.6 Young women were expected to keep themselves, their cells and communal areas clean and tidy. Staff told us that some young women needed initial guidance on how to do this. Toiletry and sanitary products were readily available and young women could buy alternative toiletry items from the canteen. Motivation to keep cells clean and tidy was increased by daily cell checks which awarded a score out of 10 for each cell. This contributed to the allocation of points which underpinned the rewards and sanctions scheme. In addition, young women who achieved high scores were awarded credits which they could trade in once every two weeks for a toiletry or stationery item. They were highly motivated by this.
- 2.7 Young women were able to wear their own clothes and they could keep enough with them to last between laundry days. The unit had two washing machines and two tumble dryers which the young women could use on a rota basis every eight days.

Relationships between staff and children and young people

Expected outcomes:

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

- 2.8 Relationships between young women and staff were mutually respectful. Staff engaged with the young women on the unit at all times and challenged inappropriate behaviour. They showed an interest in the young women they were working with and knew them all well.
- 2.9 Relationships between young women and staff from all disciplines were good. First or preferred names were routinely used, staff wore their first names on their shirts and a picture board with their names was displayed in the main entrance to the unit. Young women appeared confident in approaching staff, who demonstrated an appropriate level of tolerance of behaviour normal to the age group, while at the same time successfully maintaining boundaries. Some members of staff had volunteered to train as sports and games officers so that they could play games with the young women on the astroturf pitch and undertake exercise and gym activities with them.
- 2.10 Rules, such as young women not entering the wing office, were enforced in a low key way and young women were reminded of their responsibilities. There was a high level of staff supervision and it was rare to see young women talking together without a member of staff in the vicinity.
- 2.11 NOMIS records contained good quality entries with a balance of positive and negative comments. Regular management checks of records were carried out and deficiencies in reporting acted on.

Key workers

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.

- 2.12 There was a comprehensive key worker policy with operational oversight by the unit senior officer team. Young women were allocated two key workers soon after they arrived whom they saw regularly. They also maintained contact with the young women's families. Key workers demonstrated a good understanding of the individual needs of the young women they were responsible for and maintained good contact records. A significant number of young women spoke highly of the help they had received from their key worker. There was good attendance by key workers at important meetings involving the young women they were responsible for.
- 2.13 Two key workers were allocated to each young woman on reception to ensure that she had access to one of them for most of the time, including weekends. Most young women said that they had met their key worker during the first week of their arrival and that they continued to see them at least once a week. Key workers whom we spoke to had a good understanding of the individual needs of the young women they were responsible for.
- 2.14 Young women were clear about the role of their key worker as described to them during their reception interview. A significant number spoke highly of the help they had received from their key worker and one young woman commented in her survey response that her key worker was one of the best things about the unit.
- 2.15 Key workers made at least weekly entries on young women's files. The majority of entries that we saw demonstrated good engagement with young women and those that did not were addressed by the senior officer's regular quality checks. Part of their role was to maintain an appropriate level of contact with families and young women reported that this happened regularly. There was effective liaison between the internal YOT and key workers to ensure that consistent messages were communicated to family members.
- 2.16 There was good attendance by key workers at important meetings involving the young women they were responsible for and if they were unable to attend they usually submitted a written contribution.

Section 3: Duty of care

Safeguarding children

Expected outcomes:

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

- 3.1 A range of detailed safeguarding information was presented to the safeguarding committee and in depth discussions took place to consider issues of concern. However, the quarterly meetings were not well attended and representation from key departments in the prison was frequently missing. Representation from South Gloucestershire Safeguarding Children Board was good. The unit weekly multidisciplinary meetings were well attended and they were an important facet of operational safeguarding for young women, but individual care plans were inadequate. In the absence of a dedicated social work post, the internal youth offending team (YOT) workers made contact with local authorities with responsibilities for looked-after children, with varying degrees of success in securing their engagement.
- 3.2 The safeguarding policy was subject to annual review, to which a representative of the South Gloucestershire Safeguarding Children Board (SGSCB) was invited to contribute. The safeguarding manager attended meetings of the SGSCB and secure estate sub-group meetings on behalf of the governor.
- 3.3 The safeguarding policy was linked to all associated policies and set out arrangements for consideration of safeguarding across the establishment by a safeguarding committee. The committee had an appropriate designated membership and met quarterly but, despite the efforts of the chair, attendance was inconsistent. Frequently key departments within the prison were not represented, including health care, security and chaplaincy. Although the escort manager for South Wales and West was included in the designated membership, he rarely attended (see section on courts and escorts). On the other hand, attendance by the SGSCB was good.
- 3.4 The safeguarding meetings agenda was reasonably comprehensive but did not include coverage of injuries, other than those caused by use of force. A range of detailed information was presented to the committee by the unit manager, including unit specific data on the use of the antisocial behaviour programme, incidents of self-harm, use of force, assaults, use of good order or discipline, complaints and use of special accommodation. Other areas of the establishment provided information on public protection, child protection and the mother and baby unit. Security information reports were not considered at the safeguarding committee meetings but the safeguarding manager attended security meetings to share relevant information. Staff recruitment and vetting was a standard agenda item on the safeguarding committee meetings and this was taken seriously. For example, management of detached staff from adult male prisons in the previous three months had received appropriate attention. All unit staff had been Criminal Records Bureau cleared to enhanced level.

- 3.5 The minutes of the safeguarding committee meetings demonstrated a good level of discussion about the data presented and, although numbers were low in most areas, potential patterns and trends were covered. For example, there had been an increase in the use of force during August and September. This had resulted from the difficulty in managing one young woman in particular and the approach that the unit had taken in that regard was discussed in some detail.
- 3.6 Information sharing, including safeguarding information, was significantly enhanced by the multidisciplinary Monday morning meeting where each young woman was routinely discussed. Attendance at the meetings was very good, discussions were detailed and all participants displayed an extensive knowledge of the young women and their personal circumstances. This provided a good opportunity for all staff involved in the care of the young women to get an updated overview of their progress and needs. It also provided a forum to identify and take forward opportunities for joint working. Actions arising from the meeting for individual young women were set out in what was described as a care plan for each young woman. While this was a good initiative, the care plans that we examined simply provided a record of what had been agreed at the meeting rather than a clear assessment of the young woman's needs and how they were to be addressed. These care plans were not linked with other plans and targets related to the young women's behaviour, in particular the rewards and sanctions scheme or young women being managed on good order or discipline.
- 3.7 There was no dedicated social work post. The two members of the internal YOT were responsible for ensuring that young women who were looked-after children maintained links with the relevant local authority. Responsible local authorities were contacted when a young woman arrived in custody, but we were told that some were more ready than others to meet their obligations.

Recommendations

- 3.8 Attendance by members of the safeguarding committee should be monitored and appropriate action taken following failures to attend.
- 3.9 All injuries to young women should be monitored by the safeguarding committee.
- 3.10 All young women should have individual care plans based on a thorough assessment of their needs which address all aspects of their care and behaviour management.

Child protection

Expected outcomes:

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

- 3.11 There were some serious frailties in the child protection arrangements. The whistle-blowing policy was not sufficiently explicit about child protection issues. There were effective links with the local authority and the local authority designated officer (LADO) attended safeguarding meetings. All staff received basic child protection training and some staff had benefitted from additional training delivered by the local authority.

- 3.12 The child protection policy, which covered the whole establishment, was comprehensive and reviewed annually and was signed off by the LADO representing the SGCSB. The policy set out the procedures for handling child protection referrals. These were referred to the duty governor rather than the child protection coordinator. While this course of action was appropriate in the absence of the child protection coordinator not all staff who acted as duty governor had received child protection training to enable them to make well informed decisions about the initial handling and ongoing management of a referral. Neither was the child protection coordinator alerted to new referrals to ensure that any necessary follow-up action was taken and that there was consistent management of child protection as a whole.
- 3.13 New child protection referrals were entered in a handwritten log. This was not helpful in assisting managers to identify emerging patterns or trends, for example repeated referrals involving the same members of staff. In discussion with the unit manager, it was clear that she had identified potential patterns based on her own detailed knowledge of the operation of the unit. However, in the absence of an electronic database, together with the referral system which circumvented the child protection coordinator, there were obvious risks that referrals might not be dealt with correctly. The child protection policy clearly stated that allegations against members of staff should be referred to the local authority for consideration by the LADO, but this had not always occurred. This was highly inappropriate. Complaints staff had subsequently been trained in child protection to enable them to identify child protection concerns arising from complaints.
- 3.14 Other referrals had been dealt with appropriately. One had resulted in a strategy meeting to deal with a serious allegation which had been dealt with well. The other had been investigated internally following agreement and liaison with the local authority. There had been eight other child protection referrals made in the previous three months relating to historic abuse or children in the community. These referrals were passed to the relevant local authority. The LADO and the safeguarding manager appropriately monitored the progress of the referrals but found it difficult to get feedback on the outcomes. Outcomes were recorded in the logs when the information was received. The safeguarding committee considered all outstanding child protection referrals at the quarterly meetings but there was no other ongoing monitoring and the governor had no role in signing off referrals when they had been concluded.
- 3.15 A whistle-blowing policy had been introduced, but it was not specific about raising child protection concerns. The instruction to report staff wrongdoing to the hotline number for the professional standards unit had the potential to circumvent the child protection referral procedures when members of staff were alleged to have behaved inappropriately towards children, including young women in the unit.
- 3.16 All staff had received basic child protection training through JASP (juvenile staff awareness programme). Staff training was organised regularly and training had recently been provided by the local authority with more to follow. Non-uniform staff who worked on the unit were trained alongside residential staff and training needs were kept under review by the safeguarding committee.

Recommendations

- 3.17 All governors involved in the initial handling of child protection referrals should be fully trained in child protection procedures.

- 3.18 The whistle-blowing policy should be revised so that it clearly states that concerns about staff behaviour towards young women should be reported through the agreed child protection procedures.

Self-harm and suicide prevention

Expected outcomes:

Children and young people at risk of self-harm and suicide are identified at an early stage, and supported through a care and support plan to meet their individual identified needs. Assessment of risk of self-harm and ongoing vulnerability is 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.

- 3.19 The unit had a clear suicide and self-harm policy and the safeguarding committee considered a good range of data and detailed reports provided by the unit manager. Incidents of self-harm were not frequent and generally minor. The assessment, care in custody and teamwork (ACCT) procedures were well managed and the quality of assessments and care maps was generally good. Young women subject to ACCT procedures were monitored and supported well. Families and YOT workers were invited to contribute to reviews but it was not always evident that reviews had been arranged to ensure that staff with a useful contribution to make had been invited to do so.
- 3.20 The detailed data and related reports provided by the unit manager to the safeguarding committee showed 20 incidents of self-harm between January and September 2010, involving 15 young women. Injuries sustained were usually minor, in the form of scratches or cuts. The safeguarding committee discussed individual incidents in detail and looked for patterns or trends. None of significance had been highlighted.
- 3.21 The unit had a comprehensive suicide and self-harm policy which contained clear guidance for staff on ACCT procedures. All staff had been trained in ACCT procedures and there were four trained assessors on the unit which ensured that all initial assessments were completed by suitably trained staff. The quality of initial assessments was generally good and it was evident that assessors had used all available written information well to inform their assessments. Young women were often placed on ACCT monitoring because staff were concerned about them rather than because they had actually self-harmed. Staff observations on ACCT documents that we examined showed good levels of engagement with the young women.
- 3.22 Care maps were detailed and usually listed actions that were specific to the young woman and assigned action points appropriately. Triggers which caused the young woman distress were clearly identified, as were the names and contact details of people who needed to be kept informed of the young woman's progress. These included family members and community YOT workers. Reviews took place on time but often involved only unit staff and the young woman. Attendance by the unit community psychiatric nurse was good but education staff or chaplains rarely contributed. There was evidence that family members and external YOTs were invited to contribute information for ACCT reviews, usually by telephone. Individual young women on ACCTs were also routinely discussed at the weekly unit multidisciplinary meeting. Young women were involved in the decision to remove them from ACCT procedures and post-closure reviews took place.

Recommendation

- 3.23 ACCT reviews should be planned so that all staff with a useful contribution to make are invited to attend or make a written contribution if it is appropriate to do so.

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.

- 3.24 Staff were alert to tensions on the unit which in the main gave rise to low level disputes and occasionally an assault. The effectiveness of the use of the antisocial behaviour programme to address bullying behaviour had not been evaluated and the use of mediation and restorative justice was inconsistent. Young women whose behaviour towards others was not acceptable were not managed through clear care plans, neither were victims of such behaviour. However, bullying and sustained victimisation did not appear to be a significant problem.
- 3.25 The management of bullying and victimisation was set out in a behaviour management policy (see also good order section). Bullying was dealt with as an aspect of antisocial behaviour. Staff and young women understood how bullying was dealt with which some young women referred to as an 'ASBO'.
- 3.26 The antisocial behaviour procedures provided three levels of intervention following an investigation of suspected bullying, ranging from different levels of staff monitoring to imposition of a staged anti-social behaviour programme. At the end of the monitoring period a multidisciplinary review decided whether to cease monitoring, extend it or place the young woman on the antisocial behaviour programme. Individual plans were not drawn up for young women who had been identified as a bully or a victim of bullying or intimidation.
- 3.27 The antisocial behaviour programme mainly involved the completion of a workbook, sometimes during a period of separation (see also good order section). There was no evidence that this was an effective way of addressing bullying or intimidating behaviour. The wing observation book and NOMIS records showed that some mediation work was undertaken occasionally by residential staff to resolve tensions between young women, but this was not undertaken consistently. All incidents of antisocial behaviour were brought to the attention of the safeguarding committee.
- 3.28 The unit had carried out a survey on bullying in March 2010 in which only six young women had participated. Five of the young women had said that they felt safe everywhere on the unit and one had said that she did not feel safe anywhere. Specific consultation arrangements about bullying were not part of the behaviour management policy.
- 3.29 Bullying and other aspects of communal living on the unit were routinely raised at the unit consultation meetings 'Listen Up', sometimes to good effect (see section on residential units). There were examples of name calling and arguments, threats and a small number of assaults,

usually involving the same small number of young women, but there was no evidence that bullying was a significant problem.

- 3.30 Good staffing levels minimised opportunities for bullying. Effective use was made of the weekly multidisciplinary meetings to share information on potential tensions between young women and agree ways of addressing it. Records of these meetings and the observations book showed that staff were quick to notice what was happening between the young women. In our survey, young women indicated that they would feel able to tell staff from a range of disciplines if they were being bullied but they were less positive in believing that staff would take it seriously.

Recommendations

- 3.31 The use of mediation and restorative justice by suitably trained staff should be routinely considered as part of individual plans to manage young women who bully or victimise others as well as those who are the victims of such behaviour.
- 3.32 The views of young women on the nature and extent of bullying and victimisation should be sought on a regular, confidential basis.

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.

- 3.33 There were good systems for dealing promptly with applications and complaints formally and informally. The complaints system was administered well but young women did not use the formal complaints system often. A few young women told us they felt that staff tried to deter them from making a formal complaint and some said they did not think it was worth making a complaint. The sample of complaints that we examined had been dealt with fairly and courteously. All complaints were routinely considered at the safeguarding meetings.

- 3.34 Young women told us they knew how to make an application and that it was easy to do so. The majority of young women who had made an application said they felt it had been dealt with fairly and promptly.
- 3.35 Young women told us that they could make a verbal request for most things to a residential officer and it would usually be acted on quickly. There was also a formal procedure for written applications, with a clear time limit for responding to different kinds of application up to a maximum of three days. The applications book showed that the majority of requests were dealt with within two days and that all applications had been signed by the young woman when they had been dealt with.
- 3.36 Efforts were correctly made to deal with complaints informally, but a few young women told us they felt that staff tried to deter them from making a formal complaint and some said they did not think it was worth making a complaint. Complaint forms were freely available and there

was a confidential complaints box, which was opened each day by the complaints clerk. We examined a sample of complaint forms which had all been dealt with promptly and courteously by the unit manager.

- 3.37 The establishment had a complaints policy, which was not specific to the unit, and the comprehensive data that were produced covered the whole establishment. Data showed that there were few formal complaints from young women, with the highest number of six in November 2010, while in some months there were no complaints at all. The head of unit prepared a summary of each complaint and the actions taken and these were discussed at quarterly safeguarding meetings.
- 3.38 The advocacy service told us that they rarely needed to support a young person with a formal complaint as issues were quickly dealt with by residential staff. During the previous six months, they had only supported one young woman who had made a formal complaint against a community YOT worker. Advocates felt that they were used appropriately for matters which unit staff could not progress.

Legal rights

Expected outcomes:

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

- 3.39 There were no trained legal rights staff but young women were assisted by YOT workers to get in touch with their solicitors who could visit them on the unit. In addition, remand management reviews were facilitated promptly and bail support plans were drawn up if appropriate with community YOTs. All remanded young women had a remand management plan. Early release arrangements for young women serving a detention and training order (DTO) were well managed.
- 3.40 There were no trained legal rights officers, but young women were permitted to make confidential telephone calls to their legal advisers by arrangement with the internal YOT workers. Visits from legal advisers took place on the unit and could be facilitated easily on any weekday. The library contained relevant legal texts.
- 3.41 Remand management reviews were facilitated promptly by the internal YOT workers and bail support plans were drawn up if appropriate with their community YOT counterparts. All remanded young women had a remand management plan and specific interventions were provided.
- 3.42 Early release arrangements were explained to young women at their first training planning meeting. Early release applications for young women serving a DTO were managed effectively.

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.

- 3.43 Young women had easy access to religious services and chaplains of their faith. A dedicated unit chaplain offered individual pastoral support to young women, including bereavement counselling. The new multi-faith room was an excellent resource.
- 3.44 Young women had easy access to chaplains of different faiths and the chaplaincy made good efforts to ensure that leaders of minority faiths were available when requested. Young women could attend religious services or faith groups by making a verbal request on the day and staff facilitated attendance. Young women attended the same services and faith groups as adult prisoners and the unit close supervision protocol described how to manage any potential risk associated with this.
- 3.45 A dedicated Christian chaplain offered individual pastoral care to young people, including bereavement counselling. The chaplain's duties included meeting all young women within 24 hours of their arrival on the unit, attending the weekly multidisciplinary meeting and leading a session as part of unit activities one evening a week. In our survey, all the young women to whom it was applicable said they felt their religious beliefs were respected and they could speak to a religious leader in private if they wished.
- 3.46 The establishment had a new multi-faith room, available for faith classes and discussion groups, which was an excellent resource. The chaplaincy had a significant quantity of religious literature in the most commonly used languages.

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.

- 3.47 Young women dependent on drugs or alcohol were safely managed in the specialist Kinnon unit of the adult prison. Their care was well coordinated and they received a high level of support. The young people's substance misuse service (YPSMS) offered a wide range of age-appropriate interventions, some of which they delivered jointly with internal and external service providers. Mandatory drug testing (MDT) procedures had been adapted to the needs of young women; no positive results had been recorded during the previous nine months.
- 3.48 The unit drug and alcohol strategy formed part of the establishment's overall policy, which was comprehensive and up to date and included an annual action plan. Drug strategy committee meetings took place bimonthly, but the unit had not been represented at the previous three

meetings. The YPSMS delivery plan contained annual performance targets and the service conducted an ongoing needs analysis.

- 3.49 Appropriate joint working protocols had been developed between departments and YPSMS workers attended the weekly multi-agency meeting to discuss and review care plans. Good communication and coordinated work between YPSMS and primary and mental health services was evident.
- 3.50 New arrivals received a health screen and urine test. The establishment substance misuse nurses provided reception cover and ensured that young women dependent on drugs and/or alcohol were immediately admitted to Kinnon unit, the establishment's newly built stabilisation/detoxification facility. The nurse in charge undertook a health care risk assessment to identify any issues of vulnerability and ensure that the risks of the young woman associating with adult prisoners were safely managed. First night treatment and symptom relief medication were administered in accordance with patient group directions.
- 3.51 Young women saw a specialist GP the following morning, including Saturdays. Treatment regimes were flexible to meet individual need. Appropriate clinical management protocols were in place and GPs could seek advice from the local substance misuse consultant. Young women's care was planned and reviewed at the unit weekly meetings which included a child and adolescent mental health service (CAMHS) nurse who saw young women with complex needs.
- 3.52 During the nine months prior to the inspection, 13 young women had been admitted to the Kinnon unit. Seven had been admitted for alcohol detoxification, three had been prescribed methadone and three had been admitted for observation. All were accommodated in single cells. Young women were monitored closely and received a high level of support. YPSMS workers visited daily and unit officers visited Kinnon during unlock times to offer additional support. Young women who were well enough participated in daytime activities on the unit. They left the unit as soon as they were stable or had completed detoxification. Another risk assessment was undertaken prior to relocation. A substance misuse link nurse for the unit ensured ongoing care on transfer and attended the weekly meetings.
- 3.53 Young women were offered smoking cessation support on arrival at and transfer from the unit. Nicotine replacement therapy was administered by the establishment's smoking cessation nurse in the form of patches or lozenges. YPSMS workers offered group and one-to-one intervention and follow-up support. In our survey, 49% of young women reported problems with not being able to smoke compared with 91% in the 2009 survey.
- 3.54 The YPSMS consisted of two very experienced workers and part-time administrative support. Management changes had resulted in a lack of formal staff supervision. A unit senior officer had very recently taken on the role of YPSMS line manager, but his skill mix did not include casework supervision. However, YPSMS workers were well integrated into the unit and felt supported by the governor. They worked closely with the CAMHS nurse who offered advice on young women with complex needs and contributed to unit care plans.
- 3.55 New arrivals were assessed within five days, but YPSMS workers usually saw them in the first two days. They had completed 49 assessments between April and December 2010 against an annual target of 45. Substance misuse awareness training was delivered to all young women on a one-to-one basis. The ongoing needs analysis showed that, during the previous nine months, two had required universal, 35 targeted and 13 specialist interventions.

- 3.56 Targeted work was undertaken on a group or individual basis and mainly focussed on alcohol, tobacco, cannabis and 'legal highs'. Workers used a wide range of age-appropriate materials to engage with young women, including games, bingo, goggles, quizzes, DVDs and videos, and visual aids. External youth agencies 'Solve It' and 'Inroads' co-facilitated some of the modules.
- 3.57 YPSMS workers provided information leaflets and contributed to all training planning meetings, attending most of them. They maintained contact with parents or carers of the young women they were working with to keep them up to date with their child's progress. Substance misuse interventions were well integrated with other work; joint sessions were conducted with the CAMHS nurse, and an alcohol and anger intervention was delivered with YOT workers. YPSMS workers took part in family days.
- 3.58 Young women could undertake voluntary drug testing (VDT): three had signed compacts and another three had recently been referred to the scheme. The establishment VDT coordinator conducted testing in each young woman's cell once a month with a unit officer. Appropriate protocols had been developed, which gave age-appropriate information about the scheme. Young women received certificates for providing negative tests and no positives had been recorded in recent times.
- 3.59 Mandatory drug testing (MDT) was carried out in the main prison with a unit officer present. Procedures did not include strip-searching and young women unable to provide a sample were held for a maximum of two hours before being returned to the unit. Testing facilities were satisfactory and young women never mixed with adults. During the previous nine months, 11 random, one suspicion and two risk assessment tests had been carried out with no positive results. During this time, two security information reports had been drug related, one involving a visitor and the other a drug find on the unit.

Recommendations

- 3.60 A representative from the unit should attend drug strategy committee meetings so that unit-specific issues are covered.
- 3.61 YPSMS workers should receive regular, professional casework supervision.

Good practice

- 3.62 *The YPSMS jointly delivered substance misuse interventions with external and internal young people's service providers.*

Section 4: Diversity

Diversity

Expected outcomes:

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

- 4.1 There were some good examples of individual care provided to young women with different needs, particularly foreign nationals. However, there were some gaps in aspects of the strategic management of diversity. An equality needs analysis had been carried out and there was a comprehensive, unit-specific, race and diversity policy, but there was no monitoring for equality of treatment. There were nominated staff diversity leads, and a young woman acted as unit representative but their roles were not clearly defined. Unit staff attended the establishment race and diversity meeting, where issues relating to the unit were discussed, but it was unclear if any subsequent actions were taken. Promotion of diversity was under-developed and greater liaison with the prison equalities officer was required.
- 4.2 Individual care provided to young women from minority groups was good and there was recognition of their different needs.
- 4.3 There was a detailed, unit-specific, race and diversity policy, but it did not include monitoring arrangements for diversity and race equality, and as a consequence no monitoring took place for equality of treatment, which was an important omission. The unit had two officer diversity leads, managed by a senior officer, and a young woman acted as a diversity representative. Thirty-two of the current staff group had attended the Challenge it Change it diversity training course.
- 4.4 There was no specific diversity meeting for the unit and a representative, usually the head of unit, attended the establishment-wide bimonthly race equality action team (REAT) meeting. An update was given on issues relating to the young women on the unit, but there was no evidence of any discussion of unit-specific issues raised or that the implementation of the unit policy was being monitored.
- 4.5 The unit diversity leads were committed to the role, but did not have a role description and lacked clear direction. It was unclear where responsibility lay for ensuring that effective services were offered to young women from minority groups or for promoting diversity on the unit. The young woman who acted as diversity representative had attended one of the REAT meetings and had commendably spoken on behalf of another young woman. However, she had not been told if the issues she had raised had been dealt with. She did not have a role description and was not adequately supported in this important role.
- 4.6 The equality needs analysis undertaken in 2010 was a good initiative, although it was not clear how the unit had responded to the one issue raised by the young women.

- 4.7 There was little promotion of diversity on the unit overall. The catering staff had provided multi-cultural food during Black History Month and young women had recently begun to take part in personal and social development sessions which covered some aspects of diversity.

Recommendations

- 4.8 There should be effective monitoring procedures in place to ensure that young women from minority groups have equivalent treatment and outcomes.
- 4.9 The diversity representative should have a role description and be supported in her role.
- 4.10 The communal life and activities of the unit should encourage all young women to take pride in their own cultural heritage and respect that of others.

Race equality

- 4.11 There was no evidence of racial tension on the unit. Young women told us that overtly racist behaviour was uncommon and, if it did occur, staff were quick to challenge it. There were very few formal complaints relating to race but those that we examined did not all address the complaints adequately and it was unclear whether the young women involved had been given any help to address the issues. The equalities officer was responsible for the investigations, but in the documentation that we saw, investigations had already been finalised by unit officers before his involvement. The unit manager was not involved in race complaints and the documentation was signed by a senior manager, but without further comment.
- 4.12 SMART monitoring specific to the unit was not being undertaken nor had there been any impact assessments relating to aspects of unit life. The equality officer for the establishment offered advice to the unit, but otherwise his involvement was limited.

Recommendation

- 4.13 The unit manager and the equalities officer should agree how race complaints will be investigated and dealt with. They should also establish a system to monitor equality of treatment and a robust system of governance of equality issues in general.

Foreign nationals

- 4.14 There was a comprehensive, unit-specific, foreign nationals policy, which described the services and entitlements available to foreign national young women. Young women had good access to Hibiscus, a female prisoners welfare project which addressed the needs of foreign national women imprisoned in the United Kingdom.
- 4.15 There had only been two foreign national young women on the unit in the previous six months and none during the inspection. Case files and minutes of meetings demonstrated that their needs were well understood and met. One case file demonstrated this well. The young woman had been provided with an interpreter for all training planning meetings, which were also attended by family members. Telephone interpretation services had also been used so that she could take part in offending behaviour work and other individual sessions with staff. A faith

leader had been found for her and the unit had made strong representations to outside agencies to provide an interpreter at external appointments.

Disability

- 4.16 There was a comprehensive disability policy, and staff guidance on identifying and caring for young women with disabilities. A senior officer had oversight of disability issues.
- 4.17 The unit had an adapted cell for a young woman with a physical disability, which had not been required for some time. No young women in our survey identified themselves as having a disability.
- 4.18 Assessment procedures were sufficiently robust to ensure that young women with a learning disability were identified and the unit weekly multidisciplinary meetings ensured that appropriate management and support could be provided.

Sexual orientation

- 4.19 There were no specific support groups or identified external support networks for young women who were lesbian. However, we found evidence that young women who were openly lesbian would receive a high level of support on personal issues relating to their sexual orientation.

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 Health care services were commissioned by NHS South Gloucestershire. There had been recent improvement in partnership working, but prison staff remained unclear about responsibilities for the provision of services between different providers. Health services were based on an up to date and active needs analysis. A dedicated nurse attended the unit regularly and young women had good access to all healthcare services although health education was limited and there were few clinics. Pharmacy services were adequate and young women had access to a pharmacist. Young women had good access to the GP and dental services. Child and adolescent mental health services (CAMHS) were very good. Young women in our survey were satisfied with access to, and the quality of, health care services.

General

- 5.2 Bristol Community Health (BCH) provided nursing services for primary care and the integrated drug treatment system (IDTS). Serco Health provided the nursing service for the administration of medicines. Medical services, including out-of-hours cover, were provided by Hanham Health, a local GP practice. Prison health partnership board and provider governance forums were in place and well attended. There was a draft health needs assessment specifically for young women. All clinical services had been commissioned in March 2010. Following initial difficulties, there was a stronger focus on integrating services more effectively across the establishment. There were good links between Eastwood Park, Leyhill and Ashfield prisons.
- 5.3 The unit had a small health care room with an adjoining examination room where young women received medication and nursing services. The room was occupied by the CAMHS nurse and the nurse lead for the unit. The room was clean and tidy and had suitable facilities to store medicines. Young women were seen by a GP or dentist in the main health care department, known as 'pathways', situated along a corridor in the main prison.
- 5.4 Care was observed to be respectful and appropriate for young women. There was evidence that staff regularly attended unit meetings involving the management of young women, particularly those with complex needs.

Clinical governance

- 5.5 There were a range of policies and procedures predominantly specific to each service provider. These did not always reflect prison practices and led to fragmented care. There was an information-sharing policy and we observed examples of good information sharing. An infection control audit had been carried out. Monitoring of clinical governance, complaints and incidents occurred at the provider governance group. We were told that action had been taken to consolidate the incident reporting system across health services in the establishment.

- 5.6 The BCH nursing establishment was divided into two teams, one for primary care and one for IDTS. Nursing services were provided over a 24-hour period. Two health care managers were supported by a team of registered nurses and health care assistants. The health care managers were an integral part of the establishment and were well supported by the head of women's services and the health care commissioner for prisons. Serco Health employed a lead nurse for medicines management. She was supported by a team of registered nurses and health care assistants. The service was provided between 7.30am and 8pm. Communication had improved over the past few months, but there was uncertainty about whom to approach if there was a clinical problem. This was beginning to be addressed.
- 5.7 There was no registered sick children's nurse, but this did not appear to have a detrimental effect on the overall delivery of care. A lead nurse for the young women in the unit was available in the department on Monday, Tuesday and Thursday mornings and Friday afternoons. Cover was provided in her absence by the nurses from the adult side, although this was limited during busy periods. Continuing professional development and clinical supervision were supported. The lead nurse had attended the juvenile awareness staff programme and level three child protection training, but did not access clinical supervision. The IDTS lead nurse for young women had recently left her post.
- 5.8 GP cover was good in terms of support and response times. Young women attended 'pathways' for appointments at a different time to adults. If necessary, a separate room was used for the young women to wait and they were always accompanied by an officer. Occupational therapy and medical equipment was available through local NHS facilities.
- 5.9 Emergency equipment, including oxygen, dressings and a defibrillator, was held in the main office of the unit. Unit staff were up to date with their resuscitation training but had not received training to use the defibrillator. Equipment was checked regularly but this was not recorded. First aid kits were checked regularly but the eye wash was out of date and staff were unsure who was responsible for replacing it.
- 5.10 All clinical records were held on SystmOne and were contemporaneous. F213s (forms used to report injuries to prisoners) were completed and scanned on to the young person's record. All F213s were held in the central department for two years, although there were no formal monitoring arrangements. Complaints were made using the prison complaints system and investigated by the health care manager. Unresolved complaints were referred to the patient advisory and liaison service (PALS).

Recommendations

- 5.11 **Policies and procedures should be reviewed to ensure they enhance partnership working and reflect the needs of young women and current practice in prisons.**
- 5.12 **The lead nurse should access regular clinical supervision.**
- 5.13 **All emergency equipment should be checked regularly and this should be recorded. There should be sufficient staff trained to use emergency equipment.**
- 5.14 **A system should be in place to monitor explained and unexplained injuries reported on an F213. This should be documented and reported to the safeguarding committee.**

Pharmacy

- 5.15 The contract for the provision of pharmacy services for HMP Eastwood Park was held by Serco Health and medication was supplied by a local pharmacy supplier. There was provision for 12 pharmacist hours per week and a full time registered pharmacy technician, however little of this time was allocated to oversee the pharmacy functions in the unit. There was a lack of clear procedures and written policies for staff to adhere to. A medicines and therapeutics committee met quarterly and was well attended. Thermolabile products could not be proved to have been stored in appropriate conditions as the fridge thermometer was not working at the time of the inspection and records for the previous month were poor.
- 5.16 Medication was administered three times a day by a nurse and consideration was given to patient confidentiality. Only Serco Health employed nurses could administer prescribed medication, although the remainder of the care was provided by Bristol Community Health (BCH) nurses. These arrangements hindered the continuity of care. Young women were able to access medication out of hours on the authority of the local out-of-hours doctors' service. Medical reference books were out of date. In-possession risk assessments were not seen to be documented. There were some clear written protocols for emergency treatment and patient group directions were used. There was a suitable list of medication for special sick.
- 5.17 Medicines were stored in a lockable metal cabinet and the amount of medication held was fairly low. The level of prescribing was low and appropriate to the population. There was appropriate provision of medication for young women being discharged or transferred.
- 5.18 Faxed orders were sent to the pharmacy on weekdays and supplies were usually made the same day. There was no agreed stock list for the unit. Medicine management checks did not appear to take place on the unit. Most medication was appropriately labelled.
- 5.19 Controlled drugs were obtained from the main prison by verbal order and records were maintained using a paper controlled drug register. There was no written requisition when controlled drugs were transferred to the unit from the main prison.

Recommendations

- 5.20 **Pharmacy staff should visit the unit frequently to assist with medicines management functions.**
- 5.21 **All procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. Relevant staff should read and sign the agreed procedures.**
- 5.22 **Arrangements for the administration of medicines should be reviewed to enable all registered nursing staff to administer medicines.**

Housekeeping point

- 5.23 Maximum and minimum temperatures should be recorded daily for the drug refrigerator to ensure that thermolabile items are stored within the 2-8°C range.

Dentistry

- 5.24 Dental services were good and provided by an experienced practitioner and dental nurse. Dental services were delivered from the main department in 'pathways' and were available for young women between 2 and 2.30pm on Tuesdays, Wednesdays and alternate Fridays. The room was clean, pleasant and well ventilated. The dental chair, unit, light and cabinetry were fairly modern and in good working order.
- 5.25 All young women were offered an initial assessment, dental examination and treatment. There were no delays in providing dental care. The range of treatments included oral health promotion, and dental health promotion literature was available. An oral health promotion event had been planned and educating the young women had been given priority. Dental emergencies were seen at the next available session and out-of-hours arrangements were provided by the same dentist. Cover was available during holidays.

Primary care

- 5.26 On arrival, young women were transferred directly to the unit where they received a comprehensive reception screen, which included assessment of mental health and substance use. Young women requiring IDTS support were transferred to Kinnon unit. All young women were seen within two hours of arrival. A second screen was completed the following day. Immunisation programmes were started if required. A consent form was completed to gain information from relevant community agencies. The unit nurse always spoke to unit staff if she had any concerns about a young woman and where necessary asked staff to observe them more closely. Telephone interpreting services were used when interviewing young women who could not communicate well in English.
- 5.27 A drop-in service was provided so that young women could see the practice nurse when she was on the unit. The nurse assessed and treated them accordingly, although there were no triage protocols. The nurse was usually able to address most of the young women's health needs, but if necessary they would be seen by the GP the following day or, if urgent, the same day. There was good access to a female doctor and we observed young women being asked their preference.
- 5.28 A six-weekly programme of contraception and pregnancy health education was provided by the Willow Tree Centre (a registered charity). Overall the quality was good and young women engaged well, although some said they found it repetitive. Across the department health promotion and health education were limited. Health promotion materials were generally age appropriate, although there were some leaflets that contained complicated information across all clinical services. A full range of health promotion and health care information was not available on the unit. A useful self-harm booklet had been developed in collaboration with the young women so that it was more age appropriate and user friendly for young women with reading difficulties.
- 5.29 Access to a full range of clinics was not well advertised on the unit. A full immunisation programme was offered which included age-appropriate vaccinations such as human papilloma virus, meningitis, diphtheria, tetanus, polio and hepatitis B. There was good access to sexual reproductive health services which included access to contraception and management of sexually transmitted diseases. The pharmacist ran a weekly asthma clinic.
- 5.30 Midwifery services were provided by visiting midwives who offered antenatal care once a week. Young women were transferred to the mother and baby unit at Rainsbrook secure

training centre for childbirth and postnatal care. There was no emergency childbirth equipment on the unit and not all nurses had received training in emergency childbirth.

Recommendations

- 5.31 Clinical triage algorithms should be used by nursing staff to ensure consistency of advice and treatment for young women.
- 5.32 More health education should be provided by primary care services working jointly with other departments, such as PE and catering.
- 5.33 Health promotion and health care information across all clinical services should be easily accessible and include age-appropriate information or pictorial information for young women with literacy difficulties.
- 5.34 Young women should have access to a full range of clinics and these should be advertised.
- 5.35 There should be emergency childbirth equipment and staff should be trained in emergency childbirth.

Good practice

- 5.36 *Consulting with young women to adapt self-harm information was good practice and should be encouraged for all health promotion literature.*

Secondary care

- 5.37 The management of external NHS appointments was efficient and there was no evidence that appointments were rearranged or cancelled due to staff shortages.

Mental health

- 5.38 Child and adolescent mental health services were provided by North Bristol NHS Trust. Overall, provision was very good. Cover and advice was available 24 hours a day. A community psychiatric nurse (CPN) was based on the unit two and a half days a week. She undertook targeted work with the young women. There was access to a psychologist and psychiatrist. A learning disabilities child psychiatrist or dual qualified learning disability nurses were available. Young women did not have to wait more than a week for mental health assessments. A focus group had been held with the young women. There were well-laid plans to provide groups with the occupational therapist on a Tuesday afternoon to help young women develop their coping skills, social interaction and ability to work with others.
- 5.39 The unit had a relaxation area which was used regularly for anxious or agitated young women. Where appropriate, the CPN used it to see young women on a one-to-one basis. Bereavement counselling was accessible in the establishment and, where required, specialist counselling was provided by Kingergy (a local charity) for young women who had been subjected to sexual abuse. The CPN offered dialectical behavioural therapy to young women, particularly those who had self-harmed, considered suicide or had borderline personality disorders.

- 5.40 Of the seven young women on the unit at the time of the inspection, four were on the caseload of the CPN. The CPN attended the weekly multidisciplinary team meetings where all young women were discussed. There was good multidisciplinary working with officers, IDTS and YOT workers. Mental health awareness training was available to unit staff. There were established links with the regional mental health forum.
- 5.41 Transfers to specialist inpatient hospitals were timely, with the exception of transfer to hospitals in Wales which had been delayed by the number of assessments required. This had happened once in the previous three months. The CPN attended relevant care programme approach meetings when young women were initially transferred to hospital.

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.

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 Young women benefitted from good support from the education department. In spite of the very low number of young women, the curriculum met their needs well. Teaching and learning were generally good. In most lessons young women worked hard and remained focussed throughout. Achievement and standards were good but there was considerable variation in the volume of accreditation achieved in different subjects. Attendance was good and punctuality had improved since the previous inspection. Access to the library was satisfactory. Leadership was very good and the operational management of the department effective.
- 6.2 Young women benefitted from good support as soon as they started education. Initial assessment was completed within five days of reception. It included a comprehensive review of previous educational attainment where available and a detailed assessment of young women's abilities in literacy and numeracy. This information was used to ensure that the young women were placed on suitable courses and to set targets for their learning goals. The quality of individual learning plans was variable. Many of them contained little more than a record of work and did not reflect the progress made in lessons. A pen portrait of each young woman was provided to ensure that tutors and learning support assistants (LSAs) offered an appropriate level of support in lessons. There was no support available for young women diagnosed with dyslexia.
- 6.3 In spite of the low number of young women, the curriculum met their needs well. Young women studied the key subjects of literacy, numeracy and information and communications technology (ICT), together with practical and vocational subjects such as cookery, hairdressing and beauty therapy. Life and social skills, personal and social development and preparation for work contributed to a balanced curriculum.
- 6.4 The unit had introduced one day a week of more informal education provided by other services such as the chaplaincy, young people's substance misuse service (YPSMS) and external partners such as the Willow Tree Centre (see section on primary care). This added variety and provided the opportunity for other work, such as drugs education, to be carried out as part of the overall activity timetable. Each young woman also had inter-agency tutorial slots as part of her individual timetable but the slots were not used effectively, resulting in periods of inactivity for young women (see section on time out of cell). Young women carried out homework to a relatively good standard.

- 6.5 Although there was some variation, teaching and learning were generally good overall. In most lessons young women worked hard and remained focussed. They were encouraged to do their best and most responded well to teachers' effective use of praise and encouragement. Relationships were good and mutually respectful. Most lessons took place in a calm and purposeful atmosphere. Young women enjoyed education and we observed them supporting each other and working well individually and in groups. Teachers designed individual tasks for young women, most of which were at appropriate levels, although in a few cases they were not sufficiently challenging. Young women made good progress in most lessons and paid appropriate attention to the presentation of their work but not always to the correction of spelling and grammar.
- 6.6 Achievement and standards were good. Young women whose length of stay allowed gained a good range of qualifications. Almost all gained qualifications in literacy, numeracy and ICT and many in practical and vocational subjects, such as cookery, hairdressing and beauty therapy. Most qualifications were significant and would enable young women to progress to employment or further education or training upon their release. Since the previous inspection, a range of higher level qualifications had been successfully introduced to cater for the needs of more able young women.
- 6.7 Almost all the curriculum was linked to accreditation, but there were considerable variations in the quantity of accreditation achieved in different subjects. For example, levels of accreditation in cookery, hairdressing, beauty therapy and skills for work were very high but they were low in art, personal, social and health education and business studies.
- 6.8 Standards of work were generally good and young women took pride in their work. In hairdressing and beauty therapy young women produced work easily equivalent to that found in mainstream colleges. In English one young woman had written some excellent poetry and young women had used ICT well to complete complex activities.
- 6.9 Attendance was good overall and the number of young women who refused to take part in education was extremely low. Punctuality had improved since the previous inspection and most lessons started on time. Some interruptions to lessons were caused because young women were required for other activities, such as training planning meetings and offending behaviour programmes. Better use of the inter-agency tutorial sessions was needed to remedy this.
- 6.10 Young women received good support from teachers and LSAs in lessons. In some lessons, officers engaged very well with young women and provided valuable additional support. On occasions, LSAs and officers were too directive and did not allow young women to solve problems for themselves. In other lessons, however, officers made little contribution.
- 6.11 Leadership was very good and the management of the unit was good with effective teamwork and flexibility to cover staff absences. There was a clear statement of the aims and philosophy of the unit which focussed on meeting the individual needs of young women. All staff were committed to helping young women to reach their educational potential and develop their personal and social skills. Strategic management was good with well informed planning, although some plans were not implemented quickly enough.
- 6.12 The self-assessment process was thorough and inclusive with contributions from all staff who demonstrated a good understanding of how provision could be improved. The quality improvement group was very effective in identifying areas for improvement and development and had made significant progress in many areas. However, progress was hampered by the fact that information on, for example, the feasibility of courses was not readily available. Data

were used reasonably effectively to monitor progress towards well planned targets for accreditation, although there were issues of timeliness and some discrepancies in data at the time of the inspection. The completion of observations of teaching and learning had reduced significantly due to shortages of staff. Opportunities for partnership working were used well. Various external organisations contributed courses or one-off events to broaden learning. Staff were well qualified, although several vacancies had yet to be filled.

- 6.13 The management of resources was good. Classrooms were light, airy and well equipped. They contained prominent displays of young women's work.

Recommendations

- 6.14 The quality and consistency of individual learning plans should be improved.
- 6.15 Young women diagnosed with dyslexia should have access to appropriate support.
- 6.16 The levels of accreditation in art, personal, social and health education and business studies should be improved.

Housekeeping point

- 6.17 The accuracy and timeliness of learning and skills data should be improved.

Library

- 6.18 Access to the library was satisfactory and young women had one hour per week timetabled access. There was no provision at the weekends. A good range of books, DVDs and other materials were available and the needs of young women had been considered in the acquisition of stock. Young women made good use of the library with most young women regularly borrowing several books and often requesting additional material. These requests were met in a timely fashion using the networked library resource.

Recommendation

- 6.19 There should be access to the library at weekends.

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.

- 6.20 Despite extremely low staffing levels, the unit had successfully maintained good access to PE which delivered a highly inclusive programme of activities. Gym facilities were good and young

women benefitted from the PE programme. Levels of accreditation were high. The sessions were motivational and made a good contribution to helping young women maintain a healthy lifestyle. There were few refusals to attend PE, although when they did occur the reasons were not recorded. Young women said they enjoyed going to the gym and the support they received from the enthusiastic PE staff.

- 6.21 Despite extremely low staffing levels, the unit had successfully maintained good access to PE for young women who benefitted from three hours a week educational PE and a small amount of optional recreational PE. A highly inclusive programme of activities included a range of individual activities and team sports, including minor games. PE took place in the open air on the small artificial pitch when the weather allowed.
- 6.22 Much of the PE provision was accredited and levels of accreditation were high. Sessions were often split between individual fitness training and team games and this was very successful in keeping young women motivated. Various aspects of young women's levels of fitness were monitored and recorded which young women also found motivating.
- 6.23 The PE department promoted positive behaviour very effectively. Young women worked hard in sessions and PE made a good contribution to helping them maintain healthy lifestyles.
- 6.24 The department reported that there were few refusals to PE although data on this, the number of young women sent back to the unit for poor behaviour and the reasons for refusals to attend PE were not available.
- 6.25 Young women located on the Kinnon unit (see section on substance use) took part in PE with their adult counterparts after appropriate risk assessments had been carried out. Remedial PE and PE for young women on good order or discipline were available.
- 6.26 A survey of young women's views on PE had been carried out but the results were not available at the time of the inspection. However, young women we spoke to said they enjoyed going to the gym and valued the support and encouragement they received from the enthusiastic PE staff.
- 6.27 Facilities included an adequate sports hall, a fitness suite containing good quality resistance and cardiovascular equipment and a small artificial pitch on the unit. Young women wore appropriate kit for PE and were able to shower in their own cells after sessions.

Recommendations

- 6.28 Information should be collected on why young women refuse to attend PE so that potential barriers to participation can be identified and addressed.
- 6.29 Young women's views on PE should be regularly surveyed to ensure that the programme continues to meet their needs.

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.

6.30 Young women had plenty of time out of their cells during the week, but less at weekends apart from young women on the highest level of the rewards and sanctions scheme. Time scheduled for inter-agency tutorials was not always used constructively. Association took place regularly in a relaxed setting involving staff. The young women had time each day in the fresh air in the pleasant grounds of the unit.

6.31 The majority of young women were unlocked on weekdays at 8am and locked up at 8.30pm. Those on the lowest level of the rewards and sanctions scheme were locked up at 6.30pm on Tuesday and Thursday evenings. The core day during the week included 90 minutes of in-cell study time around meal times when young women could do homework, get themselves ready for their meal or undertake domestic in-cell tasks. Although they were expected to work in their cells, they were not locked up during this period. Young women could have up to an hour outside each day, although they could opt to come back inside earlier if they wished. The time that young women spent outside was made more enjoyable by the efforts of unit staff who had been sports and games trained and supervised activities on the Astroturf pitch.

6.32 At weekends, young women were unlocked at 8am and locked up at 6pm with some notable exceptions. Young women on the highest rewards and sanctions level were unlocked until 8.30pm, but young women on the lowest level were locked up at 1pm and did not have any afternoon association until the tea meal began at 4.45pm. They were then locked up again at 6pm, but this was not excessively punitive. Any young woman on this regime who had an afternoon visit booked had her visit as planned. There was no education at weekends and activities included attendance at chapel, visits, sports and games, general domestic activities and activities facilitated by an external voluntary organisation.

6.33 The unit did not deliver any formal education session on Tuesdays. Instead, a programme of sessions run by internal and external agencies had been introduced, which was a positive initiative to use the time purposefully (see also paragraph 6.4). These included sexual health and discussion of faith issues. Each young woman had an individual timetable which included at least one hour for an interagency tutorial each weekday. These were designed to be used as slots where training planning meetings, sessions with health care or YOT workers or individual sessions with other agencies could take place, without having to miss an education session. The model of a programme of set times when young women could take part in work with other agencies, so as not to disrupt their education timetable, was sound but the logistics of integrating the sessions into each young woman's personal timetable had proved problematic. In practice, it was not always possible to schedule these meetings in line with the time set aside and young women were not always purposefully occupied during these sessions.

6.34 The association sessions we observed were relaxed. Young women spread themselves around the communal areas: some worked on art projects in the dining area while others watched television and chatted in the area with sofas. Staff were present throughout association, joining in as they saw fit or were asked to do so. Activities were facilitated by an external voluntary organisation on Wednesday evening and at weekends.

Recommendation

6.35 Inter-agency time should be used constructively.

Section 7: Good order

Behaviour management

Expected outcomes:

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

7.1 Security procedures were appropriately risk led and intelligence and information sharing was managed well. The behaviour management policy was a commendable effort to develop more age-appropriate methods of dealing with challenging behaviour. However, over time some procedural frailties had emerged in some areas. The rewards and sanctions scheme and related points system was complex and subjective and the absence of formal monitoring of this and other aspects of behaviour management for consistency and fairness was a weakness. The use of force had decreased and records indicated good staff de-escalation. The debrief process following restraint of a young woman needed to be improved. Young women separated under good order or discipline (GOOD) procedures were not provided with the level of support and direction that they required.

Security

- 7.2 Dynamic security was effective and underpinned by good relationships between staff and young people, with good supervision. Unit staff used observation books and other written records well to share relevant information. In addition to written accounts, well managed handover meetings took place between shifts and we observed detailed discussions of individuals at the weekly unit multidisciplinary meeting.
- 7.3 The head of the unit attended monthly meetings of the security department and submitted a detailed security report specific to the unit, although the minutes recorded no discussion of this report and conclusions drawn were prison wide.
- 7.4 Unit staff made good use of security information reports (SIRs) and records indicated a good level of vigilance by staff and alertness to potential problems between young women. SIRs specific to the unit were not subject to separate detailed analysis, although monthly security reports described the incidents in detail. Our own crude analysis indicated that the majority of SIRs related to poor behaviour or threats made by the young women to each other or to staff.
- 7.5 Aspects of the security policy had been suitably adapted (specifically in relation to strip-searching and visits) for the age group. There had been only three search finds during the previous six months, which had been intelligence led. None had involved drugs or the use of strip-searching.

- 7.6 Searching procedures were mainly intelligence led and strip-searching was rarely undertaken and only on the authorisation of a governor. However, there was an anomaly as far as strip-searching on reception was concerned. Although strip-searching was not routinely part of reception procedures, and could only take place following intelligence suggesting that the young woman was concealing something, reception staff could undertake a strip-search without further authority, although staff told us it was custom and practice to seek such authorisation (see also section on reception).

Rules and behaviour management

- 7.7 There was a comprehensive behaviour management policy which incorporated straightforward unit rules about acceptable and unacceptable behaviour. These were explained to young women as part of their induction and displayed on notice boards on the unit. Young women we spoke to were clear about what they could and could not do and did not find the rules onerous.
- 7.8 The behaviour management policy made reference to other policies and procedures such as the violence reduction policy, complaints procedures, antisocial behaviour procedures and the rewards and sanctions policy. It contained a good deal of detailed staff guidance which outlined a range of different measures available to tackle challenging behaviour. The behaviour management policy was a commendable effort to develop more age-appropriate methods to deal with challenging behaviour, rather than simply administer punishments.
- 7.9 The behaviour management policy referred to antisocial behaviour as an overarching category for all types of unacceptable behaviour which included violence, bullying and all forms of discrimination. A generic antisocial behaviour programme had been devised and was used to tackle the full range of antisocial behaviour described in the policy. Young women on the programme were required to complete a standard workbook, with or without the assistance of staff.
- 7.10 We examined a small sample of antisocial behaviour workbooks. Behavioural targets and the accompanying care plans were weak. Targets included 'prevent yourself from going on to GOOD' and 'participate in all work given'. Supervision and support records completed by staff lacked detail and reviews often recorded 'no concerns' rather than an up-to-date assessment of progress. The nature of the problem behaviour was unclear from the targets and it was difficult to see how going through the workbook would address the young woman's behaviour and effect change. The antisocial behaviour programme had not been evaluated for effectiveness.

Recommendation

- 7.11 **The antisocial behaviour programme should be properly evaluated and suitably revised in the light of the evaluation.**

Rewards and sanctions

- 7.12 The behaviour management policy stated that the rewards and sanctions policy was the primary means for addressing unacceptable behaviour by most young women. Commendably, adult orientated adjudication procedures had not been included in the range of measures to address challenging behaviour for several years.

- 7.13 Low-level misdemeanours were dealt with by administering instant punishment through the use of a graded card system, which also formed part of the rewards and sanctions scheme. The rewards and sanctions policy set out a list of 'offences' which would lead to the issue of a yellow card for less serious offences or a red card for more serious offences. All staff had the authority to issue a yellow or red card but any sanctions proposed required the approval of a senior officer. Cards were considered for the purpose of determining the level of points a young woman should have at her next review but they also carried an immediate punishment. Although developed as part of the rewards and sanctions scheme there was also a separate system of punishment.
- 7.14 The rewards and sanctions policy included a menu of available sanctions relating to the card system. For young women issued with a yellow card this included carrying out work on the unit remedying any damage caused and loss of evening activities for a period of 24 hours. Similar options were available for those issued with a red card but the sanctions could be imposed for up to 48 hours. This was inappropriate because these more severe punishments required due process, such as administration and approval at a more senior level, the right to make representations with appropriate support, or to lodge an appeal against the decision. The issuing of yellow and red cards was not formally monitored for consistency or fairness and it was not possible to ascertain the extent of their use.
- 7.15 New arrivals were all placed on the silver level of the rewards and sanctions scheme. This was beneficial to young women who had been transferred from another unit on bronze level since it gave them the opportunity for a fresh start but unfair to those who had already achieved gold status elsewhere.
- 7.16 Privilege levels were determined by a points system. Points were awarded using a prescribed formula set out in the policy and various departments contributed to the allocation of points, including education and PE. There was inevitably a good deal of subjectivity involved in the allocation of points and in the weekly review board that we observed we found the procedure far too complex to ensure fairness and consistency. Young women on the gold or silver level were reviewed weekly and those on the bronze level were reviewed every three days. However, young women were not involved in their own reviews and were simply told after the review if the points they had been awarded would result in any change to their level. This was a missed opportunity to engage directly with the young women about their progress. Their lack of involvement in their own review and decisions about their demotion or promotion may have contributed to the views that some young women expressed that they were not treated fairly. Young women were told of their right to appeal against decisions and some did.
- 7.17 A single incident involving a serious misdemeanour could result in a demotion to bronze without further warning or review. Young women placed on the bronze level were set targets relating to 'areas requiring improvement'. However, the targets followed a standard list and did not address the specific behaviour changes required for the individual. Although they were entitled to attend their usual daytime activities and have evening association every other week night, young women on the bronze level were not entitled to any weekend association which was excessively punitive. At the time of the inspection, there were no young women on the bronze level and records showed that the number of young women placed on the bronze level was generally low.
- 7.18 Staff believed that young women were highly motivated to achieve gold status in the rewards and sanctions scheme but young women we spoke to suggested that the earnable privileges were not particularly motivating and this view was also supported by our survey findings. The incentive of additional visits or being permitted to spend more private cash was unattainable for some, regardless of their level on the scheme.

- 7.19 There was no monitoring of the rewards and sanctions scheme or the credit system to ensure consistency and equality and this was a particular weakness.

Recommendations

- 7.20 Instant sanctions should be restricted to the day on which the misdemeanour occurs. If the behaviour is such that further sanctions are considered necessary, there should be a review and this should be within the context of the existing rewards and sanctions scheme.
- 7.21 Young women should be fully involved in the reviews of their status within the rewards and sanctions scheme.
- 7.22 Demotion within the rewards and sanctions scheme should only take place following a review involving the young woman.
- 7.23 Young women on the bronze level of the rewards and sanctions scheme should have access to some periods of association at the weekend.

Housekeeping point

- 7.24 Young women who transfer to the unit on the highest level of the rewards and sanctions scheme should be permitted to retain that status, subject to the usual reviews.

Use of force

- 7.25 The behaviour management policy contained explicit guidance that force was not to be used to gain compliance with a staff order unless there was a risk to the young woman involved or others. In the sample of use of force documentation that we examined, there was good evidence of de-escalation by staff and we came across no examples of force being used too readily or simply because the young woman would not obey staff instructions. Reports completed by staff following the use of force were very detailed and there was a robust system of quality assurance in place.
- 7.26 The use of force had decreased. Over the previous six months, it had been used on four occasions. This was a significant reduction over the first six months of the year when the number of young women on the unit had been higher and force had been used 18 times. There had only been one planned removal over the previous 12 months and it had been appropriately recorded on videotape. The example was an extreme and unusual one and the young woman involved was subsequently transferred to a secure mental health placement.
- 7.27 All young women who had been subjected to restraint were spoken to following the incident by a member of staff as part of a formal debrief session. However, records of the debrief sessions that we examined were not of the same high quality as the use of force documentation. The record was completed by the member of staff involved and there was very little evidence of meaningful engagement in the process by the young woman.
- 7.28 There was a special cell on the unit which was rarely used. The most recent occasion had been 16 months previously to locate a young woman who was making a dirty protest. The conditions of the cell were such that it was not appropriate to locate a young woman there in any circumstances.

Recommendations

- 7.29 Debrief sessions for young people following their restraint should involve their active participation and this should be subject to quality assurance by managers.
- 7.30 The use of the special cell should cease.

Care and separation

- 7.31 There was no separate segregation unit and young women whose behaviour was deemed to warrant their separation from others were managed on the unit using GOOD procedures.
- 7.32 The behaviour management policy mentioned Prison Service Order (PSO) 1700 relating to segregation and listed GOOD documentation when describing the importance of good record keeping. However, it did not adequately cover the use of GOOD as part of the range of measures to tackle challenging behaviour.
- 7.33 GOOD had been used on 16 occasions during the previous 11 months. Analysis of GOOD data was limited and there were no available data setting out the main reasons for the use of GOOD, the average length of time that young women were separated using GOOD procedures or highlighting any patterns or trends. The majority of the sample that we examined involved an incident of violence and most young women had been held for 72 hours.
- 7.34 Care and reintegration plans that we examined were inadequate for young women placed on GOOD. Behaviour targets were set out in a standard format, were not specific to the individual young woman and replicated those for young women on the basic level of the rewards and sanctions scheme.
- 7.35 On the whole, young women on GOOD spent too much time locked up since all had their meals in their cells and the majority did not go to education for the first 24 hours as a minimum restriction. The education department had raised the use of GOOD in a safer custody meeting, stating that it was having a significant impact on education input.
- 7.36 Reviews of young women placed on GOOD were in accordance with the PSO. All were reviewed within 24 hours but thereafter reviews took place at the 72-hour point. The reviews were rarely multidisciplinary. This did not ensure that the young women were given appropriate targets, had adequate specialist support, were separated for the shortest time possible and returned to the unit with a care plan to aid their reintegration.
- 7.37 In the sample that we examined, the majority of the young women were also being monitored for self-harm. This highlighted the need for good coordination, daily reviews and multi-agency involvement in the planning and review process.

Housekeeping point

- 7.38 The behaviour management policy should include guidance on the use of GOOD and its role as part of the continuum of disciplinary procedures set out in the policy.

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 Although young women were not complimentary about the food, there was a varied menu which included healthy options as well as snacks. The views of young women about the food were sought routinely. The servery was kept clean and tidy. The young women were able to eat together and staff often joined them in an informal atmosphere.
- 8.2 Meals were pre-ordered from a four-week menu cycle. Medical diets were notified to the catering manager by health care staff and there was sufficient choice on the menu to meet diverse dietary requirements.
- 8.3 Fresh fruit was available as an option at lunch and tea meals and a salad option was available at least once a day. A hot option was available at lunch and tea except on Friday and at the weekend when there was a hot option at lunchtime while the tea meal was cold. Young women seemed content with this level of choice. A different supper snack was available each evening. Second helpings were offered if available and shared between young women who wanted them. Young women who needed help with concerns about their weight were offered advice and support from the unit nurse who had worked with some young women in maintaining food diaries.
- 8.4 In our survey, none of the young women said the food was good or very good, but they did say during the inspection that they thought the food had improved. Young women had the opportunity to discuss their views at their unit consultation meetings, comment in the unit food comments book and take part in the annual food survey. While it was not always possible to meet their requests, frequently due to financial constraints, the catering manager responded to all points raised.
- 8.5 The unit servery was clean and properly equipped. Young women were not allowed unsupervised access to the servery and staff served the food at meal times. All young women were involved in tidying the dining area after meals and one young woman was employed to clean the servery and wash the plates and cutlery after each meal.
- 8.6 Young women were able to eat together in the communal area for all meals. A number of meals were ordered for staff so that they could sit and eat with the young women. Staff waited until all the young women had received their choice of meal before taking their food and the meals we observed were eaten in a relaxed atmosphere with a lot of conversation around the table involving young women and staff.

Prison 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.

- 8.7 Young women could place an order from the prison shop once a week but new arrivals had to wait too long for their first order. A reasonable range of goods were available to meet the needs of the young women and they were able to comment on the choice of goods available at unit consultative meetings. Arrangements to deliver ordered goods were efficient.
- 8.8 Young women were given individual canteen sheets showing the total of their funds on Monday and completed forms were handed in on Tuesday morning. Goods were delivered in sealed, see-through bags at Thursday lunchtime and mistakes had to be identified before the bags were opened. Staff supervised the collection of goods to reduce the potential for bullying and kept the goods of any young woman who was absent from the unit until her return. Unit staff checked the financial records of any young woman who wanted to know during the week how much money she had available to spend without delay.
- 8.9 New arrivals who arrived after the canteen sheets had been issued had to wait until the next canteen round to put in a first order. In a worst case scenario this could result in new arrivals waiting for up to 10 days to receive their first order. A reception pack was available to help mitigate this but we saw no reason why efforts could not be made to expedite the orders to reduce the potential for bullying.
- 8.10 As well as crisps, sweets and fizzy drinks, the canteen list offered a selection of healthy snack options, including fresh fruit, which were marked as such on the canteen sheet. There was a choice of toiletries and cosmetic products, including a few hair and skin products for black and minority ethnic young women, stationery items, cards and food items. Young women were able to give their views on the products available at their unit consultative meetings.
- 8.11 Young women on the highest level of the rewards and sanctions scheme were able to order from selected ranges in the Avon catalogue.

Recommendation

- 8.12 All young women should be able to place an order within 24 hours of arrival.

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 youth offending teams (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 release on temporary licence (ROTL).

- 9.1 The recently revised resettlement policy was comprehensive. It was based upon an excellent needs analysis. South Gloucestershire youth offending team (YOT) had participated in the development of the resettlement strategy and seconded a full-time worker to assist with its implementation. A resettlement strategy committee had been established but it lacked involvement from community agencies. Release on temporary licence (ROTL) was not yet fully used as part of the training planning process and there were no external training or work experience placements.
- 9.2 Until recently the strategic direction for resettlement work had been the responsibility of the establishment reducing re-offending strategy committee and minutes of the meetings showed very little focus on the resettlement issues facing young women. Little unit-specific statistical information had been collected and the data that had been gathered were not used to monitor resettlement outcomes for the young women. A unit quarterly resettlement strategy committee had been established to remedy these shortfalls.
- 9.3 A revised unit-specific resettlement policy had been finalised in December 2010. Based on an excellent needs analysis, the comprehensive policy described the areas in which the unit intended to focus its resettlement work and how it would monitor its effectiveness. All resettlement pathways were included, but the strategy also included two others, which were specific to the needs of young women: support for young women who had experienced sexual abuse or domestic violence, and support for young women who had been involved in prostitution.
- 9.4 The secondment by the South Gloucestershire YOT of an experienced YOT worker to the unit had enhanced the work of the internal YOT team and complemented the effective work of the resettlement officer which we had noted at the previous inspection in 2009. The YOT's involvement in the development of the new strategy and their participation in the resettlement strategy committee was a welcome development but it lacked contribution by relevant external agencies.
- 9.5 ROTL was not yet fully used as part of the training planning process. In 2010 only four young women had benefitted from ROTL. There were no work or training placements to enable young women to gain valuable experience prior to release.

Recommendations

- 9.6 Collaborative links should be developed with a range of voluntary, statutory and community organisations to assist with resettlement arrangements, including the development of post-release support.
- 9.7 The development of good quality training placements and employment opportunities through well-organised release on temporary licence arrangements should be part of the training planning process.

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.

9.8 Training plans contained good assessments of young women's needs and clear individual targets. Training planning meetings were well managed and there was effective transition planning and continuity of care for young women serving detention and training orders (DTOs) who transferred to the adult prison to complete their sentence. The internal YOT team were robust in their efforts to ensure that local authorities met their responsibilities to young women who were looked after. Public protection arrangements were sound.

9.9 Training planning documentation was completed to a high standard. The internal YOT team made sound initial assessments and set clear individualised targets for young women. Considerable efforts were made to facilitate a multidisciplinary approach to ensure that a range of services were available to meet the varied and complex needs of the young women. In the case of one young woman, the internal YOT worker had brought together the chaplaincy, external health care services, a specialist interpreter, family members, the education department and residential staff as part of her training plan.

9.10 Approximately 80% of the young women on the unit had previously been in the care of their local authority and the internal YOT team made rigorous efforts to ensure that local authorities fulfilled their responsibilities while the young women were in custody. Engagement with local authority children's services was good and it was estimated that approximately 50% of social workers attended all training planning meetings. The independent advocacy service reported that, due to the internal YOT team's competence, they rarely had to advocate on behalf of the young women as they were accustomed to doing in other establishments.

9.11 Overall, attendance at training planning meetings was good, with regular participation by education, residential staff, substance misuse and mental health services, but not from internal health care staff. Key workers attended meetings when available, otherwise an officer from the unit attended. At the training planning meeting we observed the absent key worker had produced an informative written report. The young woman was central to the meeting and was able to express her views, as was the family member who also attended. Young women were

consistently completing the relevant training planning consultation forms to ensure that their views were raised at their reviews. The participation of the internal YOT at training planning meetings was excellent and central to the development of plans to support young women on release. The internal YOT attended some post-discharge reviews, prioritising those that required follow-up work.

- 9.12 Young women serving long sentences who were to continue their sentence after the age of 18 years were either transferred to the adult side of Eastwood Park or to an establishment nearer to their home area. Transition arrangements to the adult side of the establishment were managed well. Although young women were expected to move when they reached their 18th birthday and the majority wished to, some young women continued to stay on the unit when it was in their best interests to do so. Young women who chose to move to the adult prison were taken across for at least one visit prior to their transfer. The internal YOT continued to manage the training planning and review process for young women serving a DTO in the adult prison, and continued to deliver interventions for some until they left the establishment. The young women benefitted from this continuity.
- 9.13 Public protection arrangements were sound. There was a unit-specific identified risk protocol and young women who had committed high-risk offences were identified on reception and details passed to the offender management unit. All young women who were identified as a potential risk to the public had a regular risk assessment at the establishment's fortnightly interdepartmental risk management meeting where attendance by core departments was mandatory. Attendance by representatives of the unit at these meetings was good. The public protection officer led on liaison with key parties in all multi-agency public protection arrangements (MAPPA) cases and the internal YOT attended community MAPPA meetings.

Good practice

- 9.14 *The internal YOT managed the training planning process for young women on detention and training orders and continued to deliver some interventions to young women who had been transferred to the adult side of Eastwood Park.*

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.15 Despite the best efforts of the YOT workers, post-release accommodation arrangements were often finalised very late. The Connexions service was effective, but it was delivered too infrequently. The majority of young women had an established education, training and employment (ETE) placement to go to on release. There were good examples of multidisciplinary discharge planning for young women with complex health needs or mental health problems but in general health discharge planning was fragmented. Young women received advice on managing their finances from the education department. A good range of offending behaviour work was carried out by the YOT.

Accommodation

- 9.16 Accommodation issues were picked up quickly by the internal YOT workers who were robust in attempting to ensure that relevant external agencies made accommodation arrangements for young women prior to their release. However, despite their best efforts, a significant number of young women were not aware of their address until shortly before they were due to be released. Internal YOT workers made additional efforts to assess whether the accommodation that young women were being released to was suitable. During 2010 it had been assessed that three young women had been released to unsuitable accommodation, although all young women had accommodation to go to when they were released from the unit.
- 9.17 The independent advocacy service acted on behalf of young women who were having difficulties securing accommodation prior to their release, but they confirmed that it was rare for a young woman to be released homeless. Their most common task was to advocate on behalf of young women who were not satisfied with the accommodation that had been provided.

Education, training and employment

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

- 9.18 The skills for work courses in education supported young women well in gaining knowledge and understanding of the world of work and the education department contributed effectively to the training planning process.
- 9.19 The Connexions worker attended the unit once a fortnight and offered an appointment to each young woman, with a focus on effective liaison with Connexions services and local YOTs to find education and training placements. The quality of service was good, but it was delivered too infrequently to meet the needs of all young women. Additional sessions to compensate for this and to enhance job skills were delivered by unqualified staff.
- 9.20 During 2010, 21 of the 32 young women had been released with confirmed ETE placements.

Recommendation

- 9.21 **The input from Connexions should be increased to meet the needs of the young women.**

Mental and physical health

- 9.22 Five days of medication was provided if needed and medical records were made available to the young woman's GP. There was no evidence that health promotion materials were provided and neither condoms nor dental dams were made available on release. There was no health care input into pre-release training planning meetings.
- 9.23 There were good working relationships between the child and adolescent mental health service and adult mental health teams when transferring young women to the adult side of the prison. A care programme approach was used for young women with enduring mental health problems. The community psychiatric nurse offered to attend a young woman's first community appointment if she had not been known previously to the mental health team. This had occurred three times during 2010.

Recommendation

- 9.24 Young women should be given information on how to access primary care services prior to their release and support in accessing services if required.

Finance, benefit and debt

- 9.25 In our survey, approximately half the young women felt they would have financial problems when they were released. The education department delivered a seven-week financial capability course for all young women covering budgeting and money management skills in preparation for their release and the Citizens' Advice Bureau service attended the quarterly family days.

Attitudes, thinking and behaviour

- 9.26 The internal YOT workers provided a range of individual interventions for young women. A wide range of offending behaviour programmes was available, the majority developed by the local YOT. The chaplain also delivered a weekly attitudes and beliefs session. However, none of these interventions or programmes had been evaluated for effectiveness and it was unclear if young women were benefitting from them.

Recommendation

- 9.27 Interventions and programmes should be subject to evaluation to measure their effectiveness.

Drugs and alcohol

- 9.28 Transition arrangements to the adult prison for young women with substance use needs were good. All young women received pre-release harm reduction information and overdose prevention advice and those requiring continuing treatment on release were well prepared. Some were supported post release.

- 9.29 A detailed protocol for the transition of young women from the young people's substance misuse service (YPSMS) to CARAT (counselling, assessment, referral, advice and throughcare) services was in place. On transfer to the adult prison, joint meetings and follow-up sessions were arranged.

- 9.30 Case files showed good quality transfer and release plans. All young women received pre-release harm reduction information and overdose prevention advice and this formed part of the initial screening for young women who were on remand. The YPSMS worked closely with substance misuse nurses and GPs to ensure continuity of treatment on release. Good links existed with community young people's substance misuse services and ROTL had been used so that a YPSMS worker could accompany a young woman to visit a community drug project.

- 9.31 There was regular contact with external YOTs and with integrated resettlement services, although this provision was patchy. YPSMS workers attended young women's first community review meeting whenever possible.

Children and families of offenders

- 9.32 Visits took place on the unit in a suitable setting and all the procedures for visits were straightforward. Visits entitlements were good but it was difficult for some families to visit and the visiting sessions were not long enough in these circumstances. Family days were held quarterly which was not frequent enough. Young women who had children could have longer visits with them on the mother and baby unit. Access to telephones was good and arrangements for mail were efficient.
- 9.33 Six of the 13 young women who responded to our survey said that it was difficult or very difficult for their family and friends to visit them. Two young women said that they did not get any visits. At the time of the inspection, only two of the young women on the unit lived within 50 miles of the unit, and three lived more than 100 miles from the unit. Getting to the prison by public transport was not easy and there had been discussions in the past about the viability of linking with Leyhill or Ashfield prisons to share assisted transport, but there had been no developments.
- 9.34 Social visits took place four times a week on Tuesday and Thursday evenings and weekend afternoons. Each visit lasted an hour, except for young women on the highest level of the rewards and sanctions scheme who could have a two-hour weekend visit once a month. Bearing in mind the long distances that some families had to travel, a one-hour visit was too short. Unconvicted young women had no restrictions on the number of visits they could receive and convicted young women were allowed four visits a month. Young women on the highest rewards and sanctions level received an additional visit each month. Booking arrangements were informal and required visitors to telephone the unit administrator or the unit office. We observed helpful conversations taking place with visitors as part of this process and useful information being shared.
- 9.35 A visitors' centre was available for weekend visitors but it was not open during weekday evenings when visits to the unit took place, since numbers could be low and outweigh the resource required to staff the visitors' centre. However, unit staff went across to the gate to collect visitors and they were not kept waiting. Property could be handed in on visits and young women could hand property out if they applied to do so in advance.
- 9.36 All visits took place on the unit in a suitable setting. A room with soft chairs was used if one young woman had a visit but, if more than one was booked at the same time, a large classroom was converted into a visits area. There was sufficient capacity to accommodate the number of visits requested. There was a box of toys for visiting children to use and hot and cold drinks were available in the room. Visitors were collected from the gate by unit staff and could buy sandwiches and snacks from vending machines to take across to the unit.
- 9.37 Visitors were checked by the drug dog in the main visitors' waiting room and were given a rub-down search. A positive indication by the dog did not automatically result in a closed visit. Instead the duty governor made a decision on whether the visit could continue based on all evidence available. There were no records of a closed visit or a visitor being banned since the previous inspection. Young women were subject to rub-down searches before and after visits, and there was no random strip-searching.
- 9.38 A visitors' survey had been carried out and the results were displayed on a notice board outside the visits room. The response rate to the survey had been low which made it difficult to draw conclusions, but staff continued to offer the survey to all social visitors.

- 9.39 Family days were held each quarter which was not frequent enough to encourage family contact bearing in mind the general infrequency of visits. Participation at family days was usually very good, although the event arranged for the week before Christmas had been poorly attended because of the bad weather. All young women were eligible to take part in family days and photo boards around the unit provided a record of previous successful events. Young women who had children could apply to have extended day visits with their children on the mother and baby unit. YOT workers helped young women to repair fractured relationships with their families when it was appropriate to do so.
- 9.40 In our survey, all young women said that they could telephone their family every day if they wanted to. There was evidence in young women's NOMIS records that they were allowed discretionary welfare telephone calls if they did not have any phone credit and needed to make a call and staff suitably encouraged and arranged inter-prison telephone calls. Staff sometimes made calls on behalf of the young women to pass on important information.
- 9.41 Arrangements for mail were effective. A random 5% of outgoing mail was read as well as correspondence where public protection or security concerns had been identified. All outgoing mail was processed overnight. Incoming mail came through the mail office on the main site and was on the unit for distribution at lunchtime. Each young woman was entitled to send two free letters a week and those on the highest level of the rewards and sanctions scheme could send one additional letter each week.

Recommendations

- 9.42 Visits should be for a minimum of one and a half hour's duration.
- 9.43 Efforts should be made to consult regularly with families and visitors to ascertain the reasons for the low take up of visits.
- 9.44 Family days should be organised at least monthly.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the Governor

-
- 10.1 Governance of child protection procedures should be improved. This should include the development of an efficient database and frequent quality assurance by a senior manager with child protection expertise, as well as independent oversight by the local authority designated officer. (HP48)
 - 10.2 All disciplinary procedures, including the yellow and red card system, rewards and sanctions, and GOOD should be monitored for fairness and consistency and robust governance arrangement should address any concerns. (HP49)
 - 10.3 Young women subject to GOOD procedures should have clear care plans, incorporating individualised targets aimed at changing their behaviour, and have adequate specialist support. They should be subject to daily reviews involving them and key staff involved in their care so that they are separated for the shortest time possible and are successfully reintegrated. (HP50)

Recommendations

To the Governor

Courts, escorts and transfers

- 10.4 Staff should routinely ask young women about their escort experience. Relevant information should be regularly fed back to escort providers and others involved in escort arrangements, such as the Youth Justice Board, to resolve any concerns. (1.7)

First days in custody

- 10.5 Reception procedures should include detailed guidance on strip-searching which includes obtaining the authorisation of a governor and action to be taken if a young woman refuses to be strip-searched. This should prohibit the use of force. (1.15)
- 10.6 Reception interviews should be carried out in private. (1.16)

Safeguarding children

- 10.7 Attendance by members of the safeguarding committee should be monitored and appropriate action taken following failures to attend. (3.8)
- 10.8 All injuries to young women should be monitored by the safeguarding committee. (3.9)

- 10.9 All young women should have individual care plans based on a thorough assessment of their needs which address all aspects of their care and behaviour management. (3.10)

Child protection

- 10.10 All governors involved in the initial handling of child protection referrals should be fully trained in child protection procedures. (3.17)
- 10.11 The whistle-blowing policy should be revised so that it clearly states that concerns about staff behaviour towards young women should be reported through the agreed child protection procedures. (3.18)

Self-harm and suicide prevention

- 10.12 ACCT reviews should be planned so that all staff with a useful contribution to make are invited to attend or make a written contribution if it is appropriate to do so. (3.23)

Bullying

- 10.13 The use of mediation and restorative justice by suitably trained staff should be routinely considered as part of individual plans to manage young women who bully or victimise others as well as those who are the victims of such behaviour. (3.31)
- 10.14 The views of young women on the nature and extent of bullying and victimisation should be sought on a regular, confidential basis. (3.32)

Substance use

- 10.15 A representative from the unit should attend drug strategy committee meetings so that unit-specific issues are covered. (3.60)
- 10.16 YPSMS workers should receive regular, professional casework supervision. (3.61)

Diversity

- 10.17 There should be effective monitoring procedures in place to ensure that young women from minority groups have equivalent treatment and outcomes. (4.8)
- 10.18 The diversity representative should have a role description and be supported in her role. (4.9)
- 10.19 The communal life and activities of the unit should encourage all young women to take pride in their own cultural heritage and respect that of others. (4.10)

Diversity: race equality

- 10.20 The unit manager and the equalities officer should agree how race complaints will be investigated and dealt with. They should also establish a system to monitor equality of treatment and a robust system of governance of equality issues in general. (4.13)

Health services: clinical governance

- 10.21 Policies and procedures should be reviewed to ensure they enhance partnership working and reflect the needs of young women and current practice in prisons. (5.11)
- 10.22 The lead nurse should access regular clinical supervision. (5.12)
- 10.23 All emergency equipment should be checked regularly and this should be recorded. There should be sufficient staff trained to use emergency equipment. (5.13)
- 10.24 A system should be in place to monitor explained and unexplained injuries reported on an F213. This should be documented and reported to the safeguarding committee. (5.14)

Health services: pharmacy

- 10.25 Pharmacy staff should visit the unit frequently to assist with medicines management functions. (5.20)
- 10.26 All procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. Relevant staff should read and sign the agreed procedures. (5.21)
- 10.27 Arrangements for the administration of medicines should be reviewed to enable all registered nursing staff to administer medicines. (5.22)

Health services: primary care

- 10.28 Clinical triage algorithms should be used by nursing staff to ensure consistency of advice and treatment for young women. (5.31)
- 10.29 More health education should be provided by primary care services working jointly with other departments, such as PE and catering. (5.32)
- 10.30 Health promotion and health care information across all clinical services should be easily accessible and include age-appropriate information or pictorial information for young women with literacy difficulties. (5.33)
- 10.31 Young women should have access to a full range of clinics and these should be advertised. (5.34)
- 10.32 There should be emergency childbirth equipment and staff should be trained in emergency childbirth. (5.35)

Learning and skills

- 10.33 The quality and consistency of individual learning plans should be improved. (6.14)
- 10.34 Young women diagnosed with dyslexia should have access to appropriate support. (6.15)
- 10.35 The levels of accreditation in art, personal, social and health education and business studies should be improved. (6.16)

Library

- 10.36 There should be access to the library at weekends. (6.19)

Physical education and health promotion

- 10.37 Information should be collected on why young women refuse to attend PE so that potential barriers to participation can be identified and addressed. (6.28)
- 10.38 Young women's views on PE should be regularly surveyed to ensure that the programme continues to meet their needs. (6.29)

Time out of cell

- 10.39 Inter-agency time should be used constructively. (6.35)

Behaviour management: rules and behaviour management

- 10.40 The antisocial behaviour programme should be properly evaluated and suitably revised in the light of the evaluation. (7.11)

Behaviour management: rewards and sanctions

- 10.41 Instant sanctions should be restricted to the day on which the misdemeanour occurs. If the behaviour is such that further sanctions are considered necessary, there should be a review and this should be within the context of the existing rewards and sanctions scheme. (7.20)
- 10.42 Young women should be fully involved in the reviews of their status within the rewards and sanctions scheme. (7.21)
- 10.43 Demotion within the rewards and sanctions scheme should only take place following a review involving the young woman. (7.22)
- 10.44 Young women on the bronze level of the rewards and sanctions scheme should have access to some periods of association at the weekend. (7.23)

Behaviour management: use of force

- 10.45 Debrief sessions for young people following their restraint should involve their active participation and this should be subject to quality assurance by managers. (7.29)
- 10.46 The use of the special cell should cease. (7.30)

Prison shop

- 10.47 All young women should be able to place an order within 24 hours of arrival. (8.12)

Strategic management of resettlement

- 10.48 Collaborative links should be developed with a range of voluntary, statutory and community organisations to assist with resettlement arrangements, including the development of post-release support. (9.6)
- 10.49 The development of good quality training placements and employment opportunities through well-organised release on temporary licence arrangements should be part of the training planning process. (9.7)

Resettlement pathways: education, training and employment

- 10.50 The input from Connexions should be increased to meet the needs of the young women. (9.21)

Resettlement pathways: mental and physical health

- 10.51 Young women should be given information on how to access primary care services prior to their release and support in accessing services if required. (9.24)

Resettlement pathways: attitudes, thinking and behaviour

- 10.52 Interventions and programmes should be subject to evaluation to measure their effectiveness. (9.27)

Resettlement pathways: children and families of offenders

- 10.53 Visits should be for a minimum of one and a half hour's duration. (9.42)
- 10.54 Efforts should be made to consult regularly with families and visitors to ascertain the reasons for the low take up of visits. (9.43)
- 10.55 Family days should be organised at least monthly. (9.44)

Housekeeping points

Health services: pharmacy

- 10.56 Maximum and minimum temperatures should be recorded daily for the drug refrigerator to ensure that thermolabile items are stored within the 2-8°C range. (5.23)

Learning and skills

- 10.57 The accuracy and timeliness of learning and skills data should be improved. (6.17)

Behaviour management: rewards and sanctions

- 10.58 Young women who transfer to the unit on the highest level of the rewards and sanctions scheme should be permitted to retain that status, subject to the usual reviews. (7.24)

Behaviour management: care and separation

- 10.59 The behaviour management policy should include guidance on the use of GOOD and its role as part of the continuum of disciplinary procedures set out in the policy. (7.38)

Examples of good practice

Substance use

- 10.60 The YPSMS jointly delivered substance misuse interventions with external and internal young people's service providers. (3.62)

Health services: primary care

- 10.61 Consulting with young women to adapt self-harm information was good practice and should be encouraged for all health promotion literature. (5.36)

Training planning and remand management

- 10.62 The internal YOT managed the training planning process for young women on detention and training orders and continued to deliver some interventions to young women who had been transferred to the adult side of Eastwood Park. (9.14)

Appendix I: Inspection team

Nick Hardwick
Fay Deadman
Angela Johnson
Ian Thomson

Chief Inspector
Team leader
Inspector
Inspector

Helen Carter
Sigrid Engelen
Sharon Monk
Martyn Rhowbotham
Charles Clark

Health care inspector
Substance use inspector
Pharmacist
Ofsted inspector
Ofsted inspector

Appendix II: Prison population profile

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

Population breakdown by:

Status	Number of young people	%
Sentenced	4	57.2
Recalls		
Convicted unsentenced		
Remand	3	42.8
Detainee		
Total	7	100

Age	Number of young people	%
15 years		
16 years		
17 years	7	100
18 years		
Total	7	100

Nationality	Number of young people	%
British	7	100
Foreign nationals		
Total	7	100

Ethnicity	Number of young people	%
White		
British	6	85.7
Irish		
Other white		
Mixed		
White and black Caribbean	1	14.3
White and black African		
White and Asian		
Other mixed		
Not stated		
Total	7	100

Religion	Number of young people	%
Baptist		
Church of England		
Roman Catholic	1	14.3
Other Christian denominations		

Muslim		
Sikh		
Hindu		
Buddhist		
Jewish		
Other		
No religion	6	85.7
Total	7	100

Sentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs +	Total
Age							
15 years							
16 years							
17 years			3				3
18 years							
Total			3				3

Unsentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs +	Total
Age							
15 years							
16 years							
17 years	1	3					4
18 years							
Total	1	3					4

Main offence	Number of young people	%
Violence against the person	5	71.4
Sexual offences		
Burglary		
Robbery	1	14.3
Theft and handling		
Fraud and forgery		
Drugs offences		
Other offences	1	14.3
Offence not recorded/holding warrant		
Total	7	100

Number of Section 53 (2)/91s (determinate sentences only) by age and sentence

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Total
Age						
15 years						
16 years						
17 years		1				1
18 years						
Total		1				1

Number of DTOs by age and sentence (full sentence length including the time in the community)

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Total
Age								
15 years								
16 years								
17 years						1	1	2
18 years								
Total						1	1	2

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						
16 years						
17 years	0	0	0	0	0	0
18 years						
Total						

Number of indeterminate sentences by age

Sentence	Section 90	Section 53 (1)	ISPPCJ03	Recall	HMP	Total
Age						
15 years						
16 years						
17 years	0	0	0	0	0	0
18 years						
Total						

Distance from home

Home address	Number of young people	%
Within 50 miles of the prison	2	28.6
Between 50 and 100 miles of the prison	2	28.6
Over 100 miles from the prison	3	42.8
Overseas		
NFA		
Total	7	100

Appendix III: Summary of young people's 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 13 December 2010, the population of young people at HMYOI Eastwood Park was 15. Questionnaires were offered to all 15 young people.

Completion of the questionnaire was voluntary. Refusals were noted.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was 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, 13 respondents completed and returned their questionnaires. This represented 87% of children and young people in the establishment at the time. Two questionnaires were not returned.

Comparisons

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

Presented alongside the results from this survey are the comparator figures for all children and young people surveyed in young offender institutions. This comparator is based on all responses from surveys carried out in the other three young women's units surveyed since 2009.

Also included are statistically significant differences between the responses of young women surveyed at HMYOI Eastwood Park 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. Some questions have been filtered according to the response to a previous question. Filtered questions are clearly identified and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

Summary

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

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

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

Summary Results

SECTION 1: ABOUT YOU

Q1	How old are you?	
	15.....	0 (0%)
	16.....	0 (0%)
	17.....	13 (100%)
	18.....	0 (0%)
Q2	Are you a British citizen?	
	Yes.....	12 (92%)
	No.....	1 (8%)
Q3	Is English your first language?	
	Yes.....	12 (92%)
	No.....	1 (8%)
Q4	What is your ethnic origin?	
	<i>White - British</i>	10 (83%)
	<i>White - Irish</i>	0 (0%)
	<i>White - other</i>	0 (0%)
	<i>Black or black British - Caribbean</i>	1 (8%)
	<i>Black or black British - African</i>	0 (0%)
	<i>Black or black British - other</i>	0 (0%)
	<i>Asian or Asian British - Indian</i>	0 (0%)
	<i>Asian or Asian British - Pakistani</i>	0 (0%)
	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)
	<i>Asian or Asian British - other</i>	0 (0%)
	<i>Mixed heritage - white and black Caribbean</i>	1 (8%)
	<i>Mixed heritage - white and black African</i>	0 (0%)
	<i>Mixed heritage - white and Asian</i>	0 (0%)
	<i>Mixed heritage - other</i>	0 (0%)
	<i>Chinese</i>	0 (0%)
	<i>Other ethnic group</i>	0 (0%)
Q5	What is your religion?	
	<i>None</i>	6 (55%)
	<i>Church of England</i>	2 (18%)
	<i>Catholic</i>	0 (0%)
	<i>Protestant</i>	0 (0%)
	<i>Other Christian denomination</i>	3 (27%)
	<i>Buddhist</i>	0 (0%)
	<i>Hindu</i>	0 (0%)
	<i>Jewish</i>	0 (0%)
	<i>Muslim</i>	0 (0%)
	<i>Sikh</i>	0 (0%)

Q6	Do you consider yourself to be Gypsy/Romany/Traveller?	
	Yes	1 (9%)
	No.....	10 (91%)
	Don't know.....	0 (0%)
Q7	Do you have any children?	
	Yes	4 (33%)
	No.....	8 (67%)
Q8	Do you consider yourself to have a disability?	
	Yes	0 (0%)
	No.....	11 (100%)
Q10	Have you ever been in Local Authority care?	
	Yes	9 (75%)
	No.....	3 (25%)

SECTION 2: ABOUT YOUR SENTENCE

Q1	Are you sentenced?	
	Yes	9 (69%)
	No - unsentenced/on remand	4 (31%)
Q2	How long is your sentence (the full DTO sentence)?	
	Not sentenced	4 (33%)
	<i>Less than six months</i>	3 (25%)
	<i>Six to twelve months</i>	2 (17%)
	<i>More than twelve months, up to two years</i>	2 (17%)
	<i>More than two years</i>	1 (8%)
	<i>Indeterminate sentence for public protection (IPP)</i>	0 (0%)
Q3	How long have you been in this establishment?	
	<i>Less than one month</i>	3 (23%)
	<i>One to six months</i>	8 (62%)
	<i>More than six months, but less than twelve months</i>	2 (15%)
	<i>Twelve months to two years</i>	0 (0%)
	<i>More than two years</i>	0 (0%)
Q4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	
	Yes	8 (62%)
	No.....	5 (38%)

SECTION 3: COURTS, TRANSFERS AND ESCORTS

Q1	On your most recent journey here, was the van clean?	
	Yes	7 (58%)
	No.....	4 (33%)
	Don't remember.....	1 (8%)
	Not applicable.....	0 (0%)

Q2	On your most recent journey here, did you feel safe?	
	Yes	11 (85%)
	No.....	2 (15%)
	Don't remember.....	0 (0%)
Q3	On your most recent journey here, were there any adults (over 18) or people of a different gender, travelling with you?	
	Yes	3 (23%)
	No.....	9 (69%)
	Don't remember.....	1 (8%)
Q4	On your most recent journey here, how long did you spend in the van?	
	Less than two hours	6 (50%)
	Two to four hours	5 (42%)
	More than four hours.....	1 (8%)
	Don't remember.....	0 (0%)
Q5	On your most recent journey here, were you offered a toilet break?	
	My journey was less than two hours	6 (50%)
	Yes	1 (8%)
	No.....	5 (42%)
	Don't remember.....	0 (0%)
Q6	On your most recent journey here, were you offered anything to eat or drink?	
	My journey was less than two hours	6 (50%)
	Yes	2 (17%)
	No.....	4 (33%)
	Don't remember.....	0 (0%)
Q7	On your most recent journey here, how did you feel you were treated by the escort staff?	
	Very well.....	1 (8%)
	Well	9 (75%)
	Neither	2 (17%)
	Badly	0 (0%)
	Very badly	0 (0%)
	Don't remember.....	0 (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	11 (85%)
	Yes, I received written information.....	0 (0%)
	No, I was not told anything.....	1 (8%)
	Don't remember.....	1 (8%)

SECTION 4: FIRST DAYS

Q1	How long were you in reception?	
	Less than two hours	10 (83%)
	Two hours or longer.....	2 (17%)

Don't remember 0 (0%)

Q2 When you were searched, was this carried out in an understanding way?
 Yes 10 (77%)
 No 2 (15%)
 Don't remember..... 1 (8%)

Q3 Overall, how well did you feel you were treated in reception?
 Very well 3 (23%)
 Well 9 (69%)
 Neither 1 (8%)
 Badly 0 (0%)
 Very badly 0 (0%)
 Don't remember..... 0 (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.)

Not being able to smoke.....	8 (67%)	Money worries.....	1 (8%)
Loss of property.....	0 (0%)	Feeling low/upset/need someone to talk to.....	9 (75%)
Housing problems.....	1 (8%)	Health problems.....	6 (50%)
Needing protection from other young people	1 (8%)	Getting phone numbers.....	5 (42%)
Letting family know where you are	8 (67%)	Staff did not ask me about any of these	1 (8%)

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.....	5 (45%)	Money worries.....	2 (18%)
Loss of property.....	5 (45%)	Feeling low/upset/need someone to talk to.....	3 (27%)
Housing problems.....	3 (27%)	Health problems.....	3 (27%)
Needing protection from other young people	1 (9%)	Getting phone numbers.....	6 (55%)
Letting family know where you are	6 (55%)	I did not have any problems...	2 (18%)

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

A reception pack	12 (92%)
The opportunity to have a shower.....	10 (77%)
Something to eat.....	10 (77%)
A free phone call to friends/family	12 (92%)
Information about the PIN telephone system	7 (54%)
Information about feeling low/upset	6 (46%)
Don't remember.....	0 (0%)
I was not given any of these	0 (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>	6 (55%)
	<i>Peer support/peer mentor/Listener/Samaritans</i>	1 (9%)
	<i>The prison shop/canteen</i>	2 (18%)
	<i>Don't remember</i>	0 (0%)
	<i>I did not have access to any of these</i>	5 (45%)
Q8	Before you were locked up on your first night, were you seen by a member of healthcare staff?	
	Yes	13 (100%)
	No	0 (0%)
	<i>Don't remember</i>	0 (0%)
Q9	Did you feel safe on your first night at this establishment?	
	Yes	10 (77%)
	No	3 (23%)
	<i>Don't remember</i>	0 (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 (8%)
	Yes	9 (69%)
	No	2 (15%)
	<i>Don't remember</i>	1 (8%)

SECTION 5: DAILY LIFE AND RESPECT

Q1	Can you normally have a shower every day if you want to?	
	Yes	13 (100%)
	No	0 (0%)
	<i>Don't know</i>	0 (0%)
Q2	Is your cell call bell normally answered within five minutes?	
	Yes	8 (67%)
	No	3 (25%)
	<i>Don't know</i>	1 (8%)
Q3	What is the food like here?	
	<i>Very good</i>	0 (0%)
	<i>Good</i>	0 (0%)
	<i>Neither</i>	5 (38%)
	<i>Bad</i>	4 (31%)
	<i>Very bad</i>	4 (31%)
Q4	Does the shop/canteen sell a wide enough variety of products?	
	<i>I have not bought anything yet</i>	1 (8%)
	Yes	5 (38%)
	No	5 (38%)
	<i>Don't know</i>	2 (15%)

Q5 How easy is it for you to attend religious services?

<i>I don't want to attend religious services</i>	2 (15%)
<i>Very easy</i>	3 (23%)
<i>Easy</i>	6 (46%)
<i>Neither</i>	1 (8%)
<i>Difficult</i>	0 (0%)
<i>Very difficult</i>	0 (0%)
<i>Don't know</i>	1 (8%)

Q6 Please answer the following questions about religion:

	Yes	No	Don't know/ not applicable
Do you feel your religious beliefs are respected?	6 (55%)	0 (0%)	5 (45%)
Can you speak to a religious leader in private if you want to?	5 (45%)	1 (9%)	5 (45%)

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?	9 (75%)	3 (25%)
Do most staff treat you with respect?	8 (67%)	4 (33%)

SECTION 6: HEALTH SERVICES

Q1 Did you have a full health assessment the day after your arrival?

<i>Yes</i>	9 (75%)
<i>No</i>	2 (17%)
<i>Don't know</i>	1 (8%)

Q2 What do you think of the overall quality of the healthcare?

<i>I have not been to health care</i>	0 (0%)
<i>Very good</i>	5 (38%)
<i>Good</i>	6 (46%)
<i>Neither</i>	1 (8%)
<i>Bad</i>	1 (8%)
<i>Very bad</i>	0 (0%)

Q3 Is it easy to see the following people if you need to?

	Yes	No	Don't know
The doctor	9 (69%)	4 (31%)	0 (0%)
The nurse	10 (77%)	2 (15%)	1 (8%)
The dentist	6 (50%)	5 (42%)	1 (8%)
The optician	3 (25%)	6 (50%)	3 (25%)
The pharmacist.....	5 (45%)	3 (27%)	3 (27%)

Q4 If you are taking medication, are you allowed to keep it in your cell?

<i>I am not taking any medication</i>	2 (17%)
<i>Yes</i>	5 (42%)

No..... 4 (33%)
 Don't know..... 1 (8%)

Q5 Please answer the following about alcohol:

	Yes	No
Did you have problems with alcohol when you first arrived here?	5 (42%)	7 (58%)
Have you received any help with alcohol problems in this prison?	5 (42%)	7 (58%)

Q6 Please answer the following about drugs:

	Yes	No
Did you have problems with drugs when you first arrived here?	5 (45%)	6 (55%)
Do you have problems with drugs now?	2 (18%)	9 (82%)
Have you received any help with drug problems in this prison?	5 (45%)	6 (55%)

Q7 How easy is it to get illegal drugs here?

Very easy 0 (0%)
 Easy 0 (0%)
 Neither 1 (8%)
 Difficult 1 (8%)
 Very difficult 2 (17%)
 Don't know 8 (67%)

Q8 Do you feel you have any emotional or mental health problems?

Yes 4 (33%)
 No 8 (67%)

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 do not have any emotional or mental health problems 8 (67%)
 Yes 2 (17%)
 No 2 (17%)

SECTION 7: APPLICATIONS AND COMPLAINTS

Q1 Do you know how to make an application?

Yes 11 (85%)
 No 2 (15%)

Q2 Is it easy to make an application?

Yes 11 (85%)
 No 0 (0%)
 Don't know 2 (15%)

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?	2 (20%)	6 (60%)	2 (20%)
	Do you feel applications are sorted out promptly (within seven days)?	2 (22%)	5 (56%)	2 (22%)
Q4	Do you know how to make a complaint?			
	Yes			11 (85%)
	No			2 (15%)
Q5	Is it easy to make a complaint?			
	Yes			10 (77%)
	No			0 (0%)
	Don't know.....			3 (23%)
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?	5 (38%)	5 (38%)	3 (23%)
	Do you feel complaints are sorted out promptly (within seven days)?	5 (45%)	5 (45%)	1 (9%)
Q7	Have you ever been prevented from making a complaint when you wanted to?			
	Yes			1 (8%)
	No			11 (92%)
Q8	Can you speak to the following people when you need to?			
		Yes	No	Don't know
	A peer mentor/peer support/listener	6 (50%)	2 (17%)	4 (33%)
	A member of the IMB (Independent Monitoring Board)	5 (42%)	2 (17%)	5 (42%)
	An advocate (an outside person to help you)	5 (42%)	2 (17%)	5 (42%)

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>			0 (0%)
	<i>Enhanced (top)</i>			5 (38%)
	<i>Standard (middle)</i>			7 (54%)
	<i>Basic (bottom)</i>			0 (0%)
	<i>Don't know</i>			1 (8%)
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>			0 (0%)
	Yes			5 (45%)
	No			6 (55%)

Don't know..... 0 (0%)

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..... 0 (0%)
 Yes 5 (45%)
 No 6 (55%)
 Don't know..... 0 (0%)

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

Yes 2 (18%)
 No 9 (82%)
 Don't know..... 0 (0%)

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

I have not had an adjudication..... 9 (82%)
 Yes 1 (9%)
 No 1 (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 have not been restrained..... 9 (82%)
 Once..... 2 (18%)
 Twice..... 0 (0%)
 Three times 0 (0%)
 More than three times 0 (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..... 7 (88%)
 Very well..... 0 (0%)
 Well 0 (0%)
 Neither 1 (13%)
 Badly 0 (0%)
 Very badly 0 (0%)

SECTION 9: SAFETY

Q1 Have you ever felt unsafe in this establishment?

Yes 2 (17%)
 No 10 (83%)

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 10 (91%) *At mealtimes*..... 1 (9%)
Everywhere 0 (0%) *At health care* 0 (0%)
Care and separation unit 0 (0%) *Visits area* 0 (0%)

Association areas.....	0 (0%)	In wing showers.....	0 (0%)
Reception area	0 (0%)	In gym showers.....	0 (0%)
At the gym.....	0 (0%)	In corridors/stairwells.....	0 (0%)
In an exercise yard	0 (0%)	On your landing/wing.....	1 (9%)
At work.....	0 (0%)	In your cell	0 (0%)
At education.....	0 (0%)		
Other please specify			0 (0%)

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

Yes..... 3 (27%)
 No..... 8 (73%) **If No, go to question 6**

Q4 If yes, what did the incidents involve/what were they about? (Please tick all that apply to you.)

Insulting remarks (about you, your family or friends).....	1 (9%)	Because of drugs.....	0 (0%)
Physical abuse (being hit, kicked or assaulted).....	0 (0%)	Having your canteen/property taken.....	0 (0%)
Sexual abuse.....	0 (0%)	Because you were new here.....	0 (0%)
Because of your race or ethnic origin	2 (18%)	Because you are from a different part of the country.....	0 (0%)
Because of your religious beliefs.....	0 (0%)	Because of gang related issues	0 (0%)
Because you have a disability ..	0 (0%)	Because of my offence/crime....	1 (9%)

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

Yes..... 1 (9%)
 No..... 10 (91%) **If No, go to question 9**

Q7 If yes, what did the incidents involve/what were they about? (Please tick all that apply to you.)

Insulting remarks (about you, your family or friends).....	1 (9%)	Because of drugs.....	0 (0%)
Physical abuse (being hit, kicked or assaulted).....	0 (0%)	Having your canteen/property taken.....	0 (0%)
Sexual abuse.....	0 (0%)	Because you were new here..	0 (0%)
Because of your race or ethnic origin.....	0 (0%)	Because you are from a different part of the country.....	0 (0%)
Because of your religious beliefs.....	0 (0%)	Because of gang related issues	1 (9%)
Because you have a disability	0 (0%)	Because of my offence/crime.	1 (9%)

Q9 If you were being victimised who would you tell?

No one	2 (20%)	Teacher/education staff.....	2 (20%)
Personal officer	4 (40%)	Gym staff.....	2 (20%)
Wing officer.....	6 (60%)	Listener/Samaritan/Buddy.....	1 (10%)
Chaplain	2 (20%)	Another young person here.....	1 (10%)
Health care staff.....	3 (30%)	Family/friends.....	5 (50%)

- Q10 Do you think staff would take it seriously if you told them you had been victimised?**
 Yes 3 (30%)
 No 5 (50%)
 Don't know..... 2 (20%)
- Q11 Is shouting through the windows a problem here?**
 Yes 1 (9%)
 No 9 (82%)
 Don't know..... 1 (9%)
- Q12 Have staff checked on you personally in the last week to see how you are getting on?**
 Yes 3 (27%)
 No 8 (73%)

SECTION 10: ACTIVITIES

- Q1 How old were you when you were last at school?**
 14 or under..... 7 (58%)
 15 or over 5 (42%)
- Q2 Please answer the following questions about school:**
- | | Yes | No | Not applicable |
|------------------------------------------|---------|---------|----------------|
| Have you ever been excluded from school? | 9 (82%) | 2 (18%) | 0 (0%) |
| Did you used to truant from school? | 7 (70%) | 3 (30%) | 0 (0%) |
- Q3 Do you CURRENTLY take part in any of the following activities? (Please tick all that apply to you.)**
- | | |
|-----------------------------------------------------------------|---------------|
| Education | 12 (100%) |
| A job in this establishment..... | 2 (17%) |
| Vocational or skills training..... | 0 (0%) |
| Offending behaviour programmes..... | 4 (33%) |
| <i>I am not currently involved in any of these</i> | 0 (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?**
- | | <i>Not been involved</i> | Yes | No | <i>Don't know</i> |
|--------------------------------|---------------------------------|---------|--------|-------------------|
| Education | 1 (13%) | 6 (75%) | 0 (0%) | 1 (13%) |
| A job in this establishment | 1 (14%) | 6 (86%) | 0 (0%) | 0 (0%) |
| Vocational or skills training | 1 (17%) | 5 (83%) | 0 (0%) | 0 (0%) |
| Offending behaviour programmes | 1 (17%) | 5 (83%) | 0 (0%) | 0 (0%) |
- Q5 Do you usually have association every day?**
 Yes 12 (100%)
 No 0 (0%)
 Don't know..... 0 (0%)

Q6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	0 (0%)
	<i>None</i>	2 (18%)
	<i>One to two times</i>	7 (64%)
	<i>Three to five times</i>	2 (18%)
	<i>More than five times</i>	0 (0%)
	<i>Don't know</i>	0 (0%)
Q7	Can you usually go outside for exercise every day?	
	<i>Don't want to go</i>	0 (0%)
	<i>Yes</i>	12 (100%)
	<i>No</i>	0 (0%)
	<i>Don't know</i>	0 (0%)

SECTION 11: FAMILY AND FRIENDS

Q1	Are you able to use the telephone every day if you want to?	
	<i>Yes</i>	12 (100%)
	<i>No</i>	0 (0%)
	<i>Don't know</i>	0 (0%)
Q2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	3 (27%)
	<i>No</i>	8 (73%)
	<i>Don't know</i>	0 (0%)
Q3	How easy is it for your family and friends to visit you here?	
	<i>Very easy</i>	1 (9%)
	<i>Easy</i>	4 (36%)
	<i>Neither</i>	0 (0%)
	<i>Difficult</i>	4 (36%)
	<i>Very difficult</i>	2 (18%)
	<i>Don't know</i>	0 (0%)
Q4	How many visits do you usually have each week, from family or friends?	
	<i>Not been here a week yet</i>	0 (0%)
	<i>I don't get visits</i>	2 (17%)
	<i>Less than one a week</i>	6 (50%)
	<i>About one a week</i>	1 (8%)
	<i>More than one a week</i>	0 (0%)
	<i>Don't know</i>	3 (25%)
Q5	Do your visits usually start on time?	
	<i>I don't get visits</i>	2 (20%)
	<i>Yes</i>	1 (10%)
	<i>No</i>	2 (20%)
	<i>Don't know</i>	5 (50%)

Q6	How are you and your family/friends usually treated by visits staff?	
	<i>I don't get visits</i>	2 (18%)
	<i>Very well</i>	2 (18%)
	<i>Well</i>	3 (27%)
	<i>Neither</i>	0 (0%)
	<i>Badly</i>	0 (0%)
	<i>Very badly</i>	0 (0%)
	<i>Don't know</i>	4 (36%)

SECTION 12: PREPARATION FOR RELEASE

Q1	When did you first meet your personal officer?				
	<i>I still have not met him/her</i>	0 (0%)			
	<i>In your first week</i>	9 (82%)			
	<i>After your first week</i>	1 (9%)			
	<i>Don't remember</i>	1 (9%)			
Q2	How often do you see your personal officer?				
	<i>I still have not met him/her</i>	0 (0%)			
	<i>At least once a week</i>	7 (64%)			
	<i>Less than once a week</i>	4 (36%)			
Q3	Do you feel your personal officer has helped you?				
	<i>I still have not met him/her</i>	0 (0%)			
	<i>Yes</i>	4 (40%)			
	<i>No</i>	6 (60%)			
Q4	Do you have a training plan, sentence plan or remand plan?				
	<i>Yes</i>	5 (42%)			
	<i>No</i>	6 (50%)			
	<i>Don't know</i>	1 (8%)			
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?	6 (55%)	3 (27%)	1 (9%)	1 (9%)
	Do you understand the targets that have been set in your plan?	6 (55%)	4 (36%)	0 (0%)	1 (9%)
Q6	Has your YOT worker been in touch since you arrived at this establishment?				
	<i>Yes</i>	11 (92%)			
	<i>No</i>	1 (8%)			
Q7	Do you know how to get in touch with your YOT worker?				
	<i>Yes</i>	9 (82%)			
	<i>No</i>	2 (18%)			

Q8 Please answer the following questions about your release:

	Yes	No	Don't know
Have you had a say in what will happen to you when you are released?	5 (50%)	3 (30%)	2 (20%)
Are you planning on going to school or college after release?	5 (56%)	3 (33%)	1 (11%)
Do you have a job to go to on release?	2 (20%)	6 (60%)	2 (20%)

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>	4 (44%)
<i>Getting into school or college</i>	5 (56%)
<i>Getting a job</i>	4 (44%)
<i>Help with money/finances</i>	5 (56%)
<i>Help with claiming benefits</i>	5 (56%)
<i>Continuing health services</i>	4 (44%)
<i>Opening a bank account</i>	5 (56%)
<i>Avoiding bad relationships</i>	5 (56%)
<i>I don't know who to contact</i>	3 (33%)

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 (44%)
<i>Getting into school or college</i>	3 (33%)
<i>Getting a job</i>	8 (89%)
<i>Money/finances</i>	5 (56%)
<i>Claiming benefits</i>	4 (44%)
<i>Continuing health services</i>	2 (22%)
<i>Opening a bank account</i>	2 (22%)
<i>Avoiding bad relationships</i>	2 (22%)
<i>I won't have any problems</i>	1 (11%)

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

<i>Not sentenced</i>	4 (40%)	<i>Having a mentor (someone you can ask for advice)</i>	1 (10%)
<i>Nothing, it is up to me</i>	2 (20%)	<i>Having a YOT worker or social worker that I get on with</i>	2 (20%)
<i>Making new friends outside</i>	1 (10%)	<i>Having children</i>	4 (40%)
<i>Going back to live with my family</i>	1 (10%)	<i>Having something to do that isn't crime</i>	3 (30%)
<i>Getting a place of my own</i>	2 (20%)	<i>This sentence</i>	3 (30%)
<i>Getting a job</i>	3 (30%)	<i>Getting into school/college</i>	1 (10%)
<i>Having a partner (girlfriend or boyfriend)</i>	1 (10%)	<i>Talking about my offending behaviour with staff</i>	1 (10%)
<i>Staying off alcohol/drugs</i>	3 (30%)	<i>Anything else</i>	1 (10%)

Q12 Do you want to stop offending?

<i>Not sentenced</i>	4 (36%)
Yes	7 (64%)

No..... 0 (0%)
Don't know..... 0 (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..... 4 (36%)
Yes..... 2 (18%)
No..... 5 (45%)

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



Survey responses from children and young people: HMYOI Eastwood Park - Mary Carpenter Unit 2010

Survey responses (missing data have 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

Any percentage highlighted in green is significantly better		Mary Carpenter Unit 2010	Young people's comparator	Mary Carpenter Unit 2010	Mary Carpenter Unit 2009
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in young people's background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		13	23	13	10
SECTION 1: ABOUT YOU					
1.1	Are you 18 years of age?	0%	4%	0%	0%
1.2	Are you a foreign national?	7%	4%	7%	0%
1.3	Is English your first language?	93%	96%	93%	82%
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other category)?	14%	22%	14%	50%
1.5	Are you Muslim?	0%	4%	0%	20%
1.6	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	9%	8%	
1.7	Do you have any children?	36%	13%	36%	0%
1.8	Do you consider yourself to have a disability?	0%	13%	0%	
1.9	Have you ever been in local authority care?	77%	46%	77%	
SECTION 2: ABOUT YOUR SENTENCE					
2.1	Are you sentenced?	67%	83%	67%	91%
2.2	Is your sentence 12 months or less?	43%	61%	43%	
2.3	Have you been in this establishment for one month or less?	20%	22%	20%	22%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	60%	39%	60%	40%
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?	57%	44%	57%	60%
3.2	Did you feel safe?	87%	73%	87%	78%
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	20%	44%	20%	10%
3.4	Did you spend more than four hours in the van?	7%	4%	7%	20%
For those who spent two or more hours in the escort van:					
3.5	Were you offered a toilet break if you needed it?	14%	0%	14%	0%
3.6	Were you offered anything to eat or drink?	29%	14%	29%	43%
3.7	Were you treated well/very well by the escort staff?	86%	65%	86%	60%
3.8	Before you arrived here (either from court or another establishment), were you told that you would be coming to this establishment?	87%	78%	87%	
3.9	Before you arrived here (either from court or another establishment), were you given written information about coming to this establishment?	0%	0%	0%	

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

Key to tables

	Any percentage highlighted in green is significantly better	Mary Carpenter Unit 2010	Young people's comparator	Mary Carpenter Unit 2010	Mary Carpenter Unit 2009
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in young people's background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		13	23	13	10
SECTION 4: YOUR FIRST FEW DAYS HERE					
4.1	Were you in reception for less than two hours?	86%	87%	86%	80%
4.2	When you were searched was this carried out in an understanding way?	80%	74%	80%	60%
4.3	Were you treated well/very well in reception?	93%	83%	93%	60%
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?	64%	74%	64%	27%
4.4b	Loss of property?	0%	30%	0%	9%
4.4c	Housing problems?	7%	26%	7%	0%
4.4d	Needing protection from other young people?	7%	26%	7%	0%
4.4e	Letting family know where you are?	64%	70%	64%	64%
4.4f	Money worries?	7%	22%	7%	9%
4.4g	Feeling low/upset/needing someone to talk to?	77%	48%	77%	36%
4.4h	Health problems?	50%	70%	50%	18%
4.4i	Getting phone numbers?	43%	44%	43%	36%
4.5	Did you have any problems when you first arrived?	83%	77%	83%	100%
When you first arrived, did you have problems with any of the following:					
4.5a	Not being able to smoke?	46%	55%	46%	91%
4.5b	Loss of property?	46%	14%	46%	18%
4.5c	Housing problems?	25%	18%	25%	27%
4.5d	Needing protection from other young people?	8%	5%	8%	9%
4.5e	Letting family know where you are?	54%	41%	54%	36%
4.5f	Money worries?	17%	14%	17%	9%
4.5g	Feeling low/upset/needing someone to talk to?	25%	23%	25%	18%
4.5h	Health problems?	25%	27%	25%	18%
4.5i	Getting phone numbers?	54%	36%	54%	64%
When you first arrived, were you given any of the following:					
4.6a	A reception pack?	93%	91%	93%	64%
4.6b	The opportunity to have a shower?	80%	87%	80%	36%
4.6c	Something to eat?	80%	83%	80%	91%
4.6d	A free phone call to friends/family?	93%	78%	93%	64%
4.6e	Information about the PIN telephone system?	53%	57%	53%	36%
4.6f	Information about feeling low/upset?	47%	44%	47%	27%
Within your first 24 hours, did you have access to the following people or services:					
4.7a	The chaplain or religious leader?	54%	77%	54%	36%
4.7b	A peer mentor, Listener or the Samaritans?	8%	32%	8%	27%
4.7c	Did you have access to the prison shop/canteen?	17%	18%	17%	9%

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

Key to tables

		Mary Carpenter Unit 2010	Young people's comparator	Mary Carpenter Unit 2010	Mary Carpenter Unit 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in young people's background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		13	23	13	10
4.8	Before you were locked up on your first night, were you seen by a member of health care staff?	100%	91%	100%	
4.9	Did you feel safe on your first night here?	80%	96%	80%	64%
4.10	For those who have been on an induction course: did it cover everything you needed to know about the establishment	77%	67%	77%	78%
SECTION 5: DAILY LIFE AND RESPECT					
5.1	Can you normally have a shower every day if you want to?	100%	100%	100%	91%
5.2	Is your cell call bell normally answered within five minutes?	64%	52%	64%	70%
5.3	Do you find the food here good/very good?	0%	18%	0%	27%
5.4	Does the shop/canteen sell a wide enough variety of products?	40%	55%	40%	20%
5.5	Is it easy/very easy for you to attend religious services?	67%	91%	67%	50%
5.6a	Do you feel your religious beliefs are respected?	54%	46%	54%	64%
5.6b	Can you speak to a religious leader in private if you want to?	46%	65%	46%	80%
5.7	Is there a member of staff you can turn to with a problem?	77%	86%	77%	73%
5.8	Do you feel that most of the staff here treat you with respect?	64%	62%	64%	75%
SECTION 6: HEALTH SERVICES					
6.1	Did you have a full health assessment the day after your arrival?	77%	91%	77%	
6.2	For those who have been to health care: Do you think the overall quality is good/very good?	87%	67%	87%	64%
6.3a	Is it easy for you to see the doctor?	67%	52%	67%	50%
6.3b	Is it easy for you to see the nurse?	80%	86%	80%	70%
6.3c	Is it easy for you to see the dentist?	50%	29%	50%	64%
6.3d	Is it easy for you to see the optician?	23%	14%	23%	30%
6.3e	Is it easy for you to see the pharmacist?	46%	19%	46%	30%
6.4	If you are taking medication, are you allowed to keep it in your cell?	50%	35%	50%	
6.5a	Did you have any problems with alcohol when you first arrived?	43%	14%	43%	18%
6.5b	Have you received any help with any alcohol problems here?	43%	19%	43%	9%
6.6a	Did you have any problems with drugs when you first arrived?	46%	23%	46%	36%
6.6b	Do you have any problems with drugs now?	17%	9%	17%	9%
6.6c	Have you received any help with any drug problems here?	46%	23%	46%	27%
6.7	Is it easy/very easy to get illegal drugs here?	0%	18%	0%	18%
6.8	Do you feel you have any emotional or mental health problems?	36%	32%	36%	27%
6.9	If you feel you have emotional or mental health problems, are you being helped by anyone here?	50%	71%	50%	

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

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Number of completed questionnaires returned		13	23	13	10
SECTION 7: APPLICATIONS AND COMPLAINTS					
7.1	Do you know how to make an application?	87%	86%	87%	73%
7.2	Is it easy to make an application?	87%	77%	87%	64%
For those who have made an application:					
7.3a	Do you feel applications are sorted out fairly?	78%	71%	78%	100%
7.3b	Do you feel applications are sorted out promptly (within seven days)?	75%	59%	75%	86%
7.4	Do you know how to make a complaint?	87%	91%	87%	82%
7.5	Is it easy to make a complaint?	80%	71%	80%	64%
For those who have made a complaint:					
7.6a	Do you feel complaints are sorted out fairly?	67%	50%	67%	80%
7.6b	Do you feel complaints are sorted out promptly (within seven days)?	86%	53%	86%	75%
7.7	Have you ever been prevented from making a complaint when you wanted to?	7%	10%	7%	
Can you speak to the following people when you need to:					
7.8a	A peer mentor or Listener?	50%	43%	50%	64%
7.8b	A member of the IMB (Independent Monitoring Board)	43%	25%	43%	33%
7.8c	An advocate (an outside person to help you)	43%	45%	43%	33%
SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE					
8.1	Are you on the enhanced (top) level of the reward scheme?	40%	36%	40%	18%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	46%	59%	46%	36%
8.3	Do the different levels make you change your behaviour?	46%	62%	46%	40%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	17%	41%	17%	0%
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	50%	73%	50%	
8.6	Have you been physically restrained (C and R) since you have been here?	17%	18%	17%	11%
8.7	For those who had spent a night in the segregation/care and separation unit: did the staff treat you well/very well?	0%	0%	0%	

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SECTION 9: SAFETY					
9.1	Have you ever felt unsafe in this prison?	14%	23%	14%	27%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	25%	14%	25%	18%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4a	Insulting remarks?	8%	5%	8%	9%
9.4b	Physical abuse?	0%	9%	0%	9%
9.4c	Sexual abuse?	0%	0%	0%	9%
9.4d	Racial or ethnic abuse?	17%	0%	17%	0%
9.4e	Your religious beliefs?	0%	0%	0%	0%
9.4f	Your disability?	0%	0%	0%	0%
9.4g	Drugs?	0%	0%	0%	0%
9.4h	Having your canteen/property taken?	0%	0%	0%	0%
9.4i	Because you were new here?	0%	0%	0%	9%
9.4j	Being from a different part of the country than others?	0%	0%	0%	0%
9.4k	Gang related issues?	0%	0%	0%	0%
9.4l	Your offence/crime?	8%	5%	8%	0%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	8%	14%	8%	36%
If you have felt victimised by a member of staff/group of staff members, did the incident involve:					
9.7a	Insulting remarks?	8%	10%	8%	9%
9.7b	Physical abuse?	0%	10%	0%	0%
9.7c	Sexual abuse?	0%	0%	0%	0%
9.7d	Racial or ethnic abuse?	0%	5%	0%	9%
9.7e	Your religious beliefs?	0%	0%	0%	0%
9.7f	Your disability?	0%	0%	0%	0%
9.7g	Drugs?	0%	0%	0%	0%
9.7h	Having your canteen/property taken?	0%	0%	0%	0%
9.7i	Because you were new here?	0%	0%	0%	0%
9.7j	Being from a different part of the country than others?	0%	0%	0%	0%
9.7k	Gang related issues?	8%	0%	8%	0%
9.7l	Your offence/crime?	8%	0%	8%	9%
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	82%	79%	82%	70%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	27%	46%	27%	36%
9.11	Is shouting through the windows a problem here?	8%	33%	8%	18%
9.12	Have staff checked on you personally in the last week to see how you are getting on?	25%	50%	25%	70%

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SECTION 10: ACTIVITIES					
10.1	Were you 14 or younger when you were last at school?	57%	45%	57%	30%
10.2a	Have you ever been excluded from school?	83%	86%	83%	91%
10.2b	Have you ever tranted from school?	73%	71%	73%	91%
Do you currently take part in any of the following:					
10.3a	Education?	100%	95%	100%	91%
10.3b	A job in this establishment?	14%	33%	14%	50%
10.3c	Vocational or skills training?	0%	33%	0%	36%
10.3d	Offending behaviour programmes?	36%	62%	36%	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?	88%	73%	88%	91%
10.4b	A job in this establishment?	100%	38%	100%	75%
10.4c	Vocational or skills training?	100%	44%	100%	88%
10.4d	Offending behaviour programmes?	100%	60%	100%	78%
10.5	Do you usually have association every day?	100%	86%	100%	91%
10.6	Do you go to the gym more than five times each week?	0%	59%	0%	0%
10.7	Can you usually go outside for exercise every day?	100%	82%	100%	91%
SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Are you able to use the telephone every day?	100%	86%	100%	91%
11.2	Have you had any problems with sending or receiving letters or parcels?	25%	68%	25%	50%
11.3	Is it easy/very easy for your family and friends to visit you here?	46%	41%	46%	27%
11.4	Do you usually have one or more visits per week from family and friends?	7%	27%	7%	
11.5	Do your visits start on time?	9%	41%	9%	36%
11.6	Are you and your visitors treated well/very well by visits staff?	46%	59%	46%	50%
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?	83%	81%	83%	80%
12.2	Do you see your personal officer at least once a week?	62%	67%	62%	90%
12.3	Do you feel your personal officer has helped you?	42%	67%	42%	78%
12.4	Do you have a training plan, sentence plan or remand plan?	43%	64%	43%	
For those with a training plan, sentence plan or remand plan:					
12.5a	Were you involved in the development of your plan?	60%	71%	60%	
12.5b	Do you understand the targets set in your plan?	83%	71%	83%	
12.6	Has your YOT worker been in touch with you since your arrival here?	93%	86%	93%	90%
12.7	Do you know how to get in touch with your YOT worker?	83%	73%	83%	90%

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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?	50%	41%	50%	60%
12.8	Are you going to school or college on release?	55%	68%	55%	80%
12.8	Do you have a job to go to on release?	18%	10%	18%	10%
Do you know who to contact for help with the following in preparation for your release:					
12.9	Finding accommodation	46%	58%	46%	78%
12.9	Getting into school or college	55%	42%	55%	67%
12.9	Getting a job	46%	42%	46%	89%
12.9	Help with money/finances	55%	42%	55%	67%
12.9	Help with claiming benefits	55%	26%	55%	67%
12.9	Continuing health services	46%	26%	46%	67%
12.9	Opening a bank account	55%	32%	55%	50%
12.9	Avoiding bad relationships	55%	42%	55%	50%
Do you think you will have a problem with the following, when you are released:					
12.10	Finding accommodation?	46%	39%	46%	30%
12.10	Getting into school or college?	30%	33%	30%	20%
12.10	Getting a job?	90%	67%	90%	40%
12.10	Help with money/finances?	55%	44%	55%	70%
12.10	Help with claiming benefits?	46%	33%	46%	30%
12.10	Continuing health services?	20%	22%	20%	20%
12.10	Opening a bank account?	20%	6%	20%	20%
12.10	Avoiding bad relationships?	20%	44%	20%	20%
For those who were sentenced:					
12.12	Do you want to stop offending?	100%	89%	100%	100%
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	25%	69%	25%	43%