Report on an announced inspection of

HMYOI Werrington

7 – 11 March 2011

by HM Chief Inspector of Prisons

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Introduction

Werrington Young Offender Institution, near Stoke-on-Trent, holds sentenced young people up to the age of 18 and has also recently begun receiving those on remand. We have previously commended the establishment and, on our return for this full announced inspection, we were pleased to find that it continued to be an essentially safe, respectful and purposeful place undertaking particularly good resettlement work with its young people.

Reception remained cramped and was inadequate to cope with the increased throughput arising from the introduction of a remand population. We were pleased that strip-searching on arrival was no longer routine, with the level of search for particularly vulnerable young people now based on a risk assessment. Safeguarding and child protection procedures were generally satisfactory and those at risk of self-harm were well cared for. Despite the arrival of a less settled and more disruptive remand population, violence had not increased but bullying and low level intimidation were significant issues requiring further work. Use of force was well managed and segregation was not overused, although the unit's environment, regime and reintegration planning needed improvement. Drugs were not a significant issue.

Accommodation was satisfactory but young people still did not have daily access to showers and phones. Relationships between staff and young people varied and personal officer work required improvement. Race issues were well managed and foreign nationals were well cared for but some other aspects of diversity were underdeveloped. Both the chaplaincy and health care provided much improved services.

Werrington remained a purposeful place. Young people spent plenty of time out of cell and were able to access a good range of education and vocational courses, leading to some useful qualifications. However, activities did not always start or finish on time, some teaching was weak and not all poor behaviour was well managed. There was a good library and excellent access to high quality PE.

The strategic management of resettlement had improved and was now underpinned by a useful needs analysis. Training and transition planning was generally sound, although target setting needed improvement. Public protection was well managed. Release on temporary licence was used imaginatively to support reintegration and included post-release support and follow-up. Access to visits had improved, although more needed to be done to support the maintenance of family ties. Substance use services were good.

Werrington has undergone a partial change of role to take remanded young people and adjusting to this new and less settled population has proved a challenge. However, the establishment has sustained the generally safe, respectful and purposeful environment that we have previously commended and it is particularly pleasing to see that resettlement work has continued to develop. There is scope for further improvement, but managers and staff deserve credit for what has been achieved.

Nick Hardwick
HM Chief Inspector of Prisons

May 2011

Fact page

Task of the establishment
Werrington is a young offender institution holding sentenced and remanded young men up to the age of 18, primarily serving a Detention and Training Order (DTO) of 4, 6, 8, 12, 18 or 24 months, but accepts those subject to Section 91 sentences.

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

Region/Department
West Midlands

Number held
136 (29 remand and 107 sentenced)

Certified normal accommodation
160

Operational capacity
168

Date of last full inspection
June 2009

Brief history
The institution started life in 1895 as an industrial school and was subsequently purchased by the Prison Commissioners in 1955. Two years later it opened as a Senior Detention Centre.

Following implementation of the Criminal Justice Act 1982 it converted to a Youth Custody Centre in 1985 and in 1988 it became a Juvenile Centre.

During more recent years, Werrington has been striving to become a leading resettlement establishment, creating excellent ROTL opportunities and engagement in restorative justice projects.

Short description of residential units
Werrington has two accommodation blocks, commonly referred to as the Doulton unit and the Denby unit.

The Doulton unit accommodation consists of two wings, A and B, each wing is split over two landings. A wing houses sentenced young people while B wing is home to a mix of remanded and sentenced young people.

The Denby unit accommodation is also split over two landings, C1 and C2. C1 contains the Reintegration and Support Unit while C2 holds young people who are on ROTL or enhanced status. C2 provides more relaxed and independent living arrangements.

Escort contractor
Reliance; GSL; SERCO

Health service commissioner and providers
NHS North Staffordshire provided by North Staffordshire Community Healthcare

Learning and skills providers
The Manchester College

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 There were good procedures to check young people's experience on escort but they generally described it in poor terms. New arrivals were treated well by reception staff,

but the reception facility was now too small. The majority of new arrivals were strip-searched but managers adopted a properly informed risk-assessed approach. New arrivals spent their first night and early days in custody co-located with less settled and more disruptive remanded young people. Induction was not sufficiently informative. Safeguarding arrangements and child protection procedures were generally sound but individual care planning needed improvement. Young people at risk of self-harm were well cared for. The changed population had not resulted in an increased level of fights and assaults, but bullying and intimidation were significant problems. Governance arrangements for the use of force were robust. Rewards and sanctions were generally managed well. The use of adjudications was high and some punishments inappropriate. The reintegration and separation unit was not overused and staff treated young people well but the environment, regime and reintegration plans were inadequate. Young people were not accessing illegal substances but there were still no clinical interventions for smoking cessation. Overall, outcomes for young people were reasonably good in relation to this healthy prison test.

HP4 A significant number of young people reported that they found their journeys distressing and highlighted lengthy journeys in dirty uncomfortable vans without refreshments or toilet breaks. The escort questionnaire completed by young people on induction was used well to identify safeguarding concerns which were shared with the local safeguarding children board. Discharges to court were managed efficiently.[1]

HP5 A significant number of young people arrived without the required documentation for staff to make informed initial assessments Young people reported that they were treated well in reception. Since the introduction of the remand population, the number of new receptions had almost doubled and the reception area was inadequate for the throughput. One consequence was long waits in vans outside reception, often after a lengthy journey. It was commendable that despite the national policy for routine strip-searching, managers had adopted a risk-assessed approach when particularly vulnerable young people had been identified in reception. Reception staff managed the needs of late arrivals well and we observed them ensuring that they were properly settled on to the first night unit. Initial vulnerability assessments were not completed to a sufficiently high standard, although cell-sharing risk assessments were good.

HP6 Dedicated first night officers were stretched when there were large numbers of new arrivals and they were sometimes deployed to carry out other duties. The first night wing held the remand population, which had proved to be particularly disruptive, and

[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 Towl et al (eds), *Dictionary of Forensic Psychology*.)

the co-location of new arrivals and the most unsettled young people was questionable.

HP7 Many young people said that they did not find the induction process helpful and they spent too much time locked up during the two-week induction period.

HP8 Attendance at monthly and quarterly safeguarding meetings remained inconsistent with some key areas of the establishment frequently not represented. External representation was better and there were good links with the local safeguarding children board (LSCB) and local authority children's services. Good data collection and analysis usefully informed the safeguarding committee which generally carried out its monitoring function efficiently, albeit hampered by low attendance at the meetings. The in-house social worker was proactive in work relating to looked-after children. The weekly referral meetings intended to address the needs of the most vulnerable or challenging young people were no longer effective. Young people identified as requiring specific intervention or support still did not have adequate care plans.

HP9 The child protection policy and related procedures were clear, but not all staff had a good understanding of child protection and relied heavily on the safeguarding department to deal with concerns. The specialist training available through the LSCB had only been taken up by a minority of staff, mostly managers rather than frontline staff. Previous weaknesses identified relating to the management of child protection referrals had been largely remedied with more effective communication with the local authority designated officer. However, internal procedures relating to concerns about staff were not sufficiently transparent or robust.

HP10 The number of reported incidents of violence, including fights and assaults, had not changed since the previous inspection, despite the more challenging population. However, young people spoke openly about high levels of bullying and in our survey just under a third of young people said that they had felt unsafe, which was significantly worse than the previous survey. The revised violence reduction policy was unpopular with many young people, but staff favoured its strong emphasis on punishment and maintaining control. In our view, this was not balanced with sufficient input to address underlying behaviour. Some victims received support from the safeguarding team, but residential staff did not always know who they were and they did not have coordinated plans to support them.

HP11 Levels of self-harm were generally low. Young people subject to the ACCT (assessment, care in custody and teamwork) procedure continued to be well cared for and benefitted specifically from the input of a dedicated safeguarding officer. ACCT reviews were well attended but the documentation associated with the process was not of a consistently high standard.

HP12 Security information reports were used well and security procedures were proportionate. Strip-searching, other than for new arrivals, was based on risk assessments. The use of adjudications was high and the use of minor reports was not embedded. Adjudications that we observed were conducted well, although documentation of previous hearings that we examined indicated some procedural frailties. Commendably, suspended awards and cautions were administered but some punishments were too harsh.

HP13 Data showed no increase in the use of force overall compared with the previous inspection, which was commendable in light of the changed population. Use of force documentation was completed to a high standard and there was evidence of good de-escalation. Data collection and analysis of the use of force were thorough and governance arrangements overall were robust. A member of health care staff saw all young people following an incident of restraint but their assessments were not always informed by a proper examination.

HP14 Separation was generally used for short periods and its use was monitored. Staff working in the reintegration and support unit (RSU) were caring but the cells were not well kept and remained poor as we reported previously. Showers and telephone calls were not offered daily to young people located in the RSU. RSU reviews were timely but not multidisciplinary. The quality of reintegration plans for young people located in the RSU was inadequate to cater for young people with such a high level of need.

HP15 The rewards and sanctions scheme database was comprehensive. It provided a useful record for staff and, commendably, was also available to young people so that they could check their progress. However, young people reported that they were not always told when they were given a demerit which they considered unfair. Governance arrangements and ethnic monitoring of the rewards and sanctions scheme were robust. Reviews were well managed and had improved considerably since the previous inspection, but behaviour targets were weak. Young people on the basic level were reviewed weekly and their regime was not excessively punitive.

HP16 Mandatory drug testing rates and other intelligence did not suggest that young people were accessing illegal substances. New arrivals were properly screened for substance use needs but there was no clinical stabilisation available. So far only one young person had presented with alcohol detoxification needs and he was quickly transferred and managed well on his return. There were still no clinical interventions available for smoking cessation.

Respect

HP17 The condition of the residential units varied although most were reasonably well maintained and clean. Young people did not always have the opportunity for a daily shower or telephone call. Catering arrangements were good. Young people expressed differing views on the quality of their relationships with staff but overall were less positive than previously. Personal officer work had not improved and did not meet the needs of young people or operate as described in the policy. Applications and complaints worked well. Progress had been made in some areas of diversity but in general it remained underdeveloped. Race issues continued to be well managed. The basic needs of young foreign nationals were well catered for. There had been improvement in services provided by the chaplaincy. Health care was an improved service. Overall, outcomes for young people were reasonably good in relation to this healthy prison test.

HP18 There was variation in the standards of day-to-day upkeep between the main residential wings which deteriorated as the day wore on. The single cells used as doubles were not suitable for two young people to share. Some young people took care to keep their cells clean but some cells were in a poor state of cleanliness. Arrangements for keeping young people supplied with clean kit and hygiene

equipment were good but they were not able to shower every day. Mail was managed efficiently but not all young people had access to a telephone every day. Staff did not ensure that young people complied with the facilities list, which had implications for bullying. Consultative arrangements with young people had improved.

HP19 We observed mixed interactions between staff and young people. Staff supervision and engagement with young people was good at mealtimes and during association and, although there were some exceptions, young people said that staff mostly responded to safety issues well. However, our survey indicated a general deterioration in the quality of relationships since the previous inspection. Wing records did not demonstrate a consistently good level of engagement between staff and young people. Many staff did not wear their names on their uniform which was a safeguarding issue as well as an important component of developing good relationships.

HP20 Young people, except those who had lost their association, were able to eat out for all meals. The majority of young people expressed negative views about the food. However, menus had been checked by a nutritionist and young people had a good choice of options at lunch and tea. Portions were plentiful and hot options were available at all meals, including breakfast. New arrivals waited too long before they were able to place their first canteen order which had implications for bullying.

HP21 Very little had changed with regard to personal officer work since the previous inspection and practice did not reflect the written policy. Young people described mixed experiences with their personal officers. Most said they had not met them or saw them rarely and case records supported this. Personal officers did not attend reviews or meetings to support the young people they were responsible for. In our survey, young people reported significantly less favourably about contact with their personal officer and their helpfulness against both the national comparator and the previous survey.

HP22 The process for making applications was simple and applications were managed efficiently. Despite some complex information on display, the majority of young people knew how to make a complaint and complaints were managed well. Effective quality assurance arrangements maintained a high standard of responses.

HP23 There was no specialist legal rights officer, which was a gap particularly for the remanded population. Case workers mitigated the lack of specialists to some extent. They interviewed all new arrivals within 24 hours and facilitated contact with their legal advisers if they needed it. Legal visits were more freely available than previously. There was an effective system to ensure that remand reviews took place within the required timescale.

HP24 There was an established diversity committee and a published policy. Race continued to be the main focus. Although there was evidence that homophobic behaviour was challenged, sexual orientation was not adequately addressed in the diversity policy. The diversity manager interviewed each young person identified as having a disability and automatically referred him to the weekly referral meeting, but we were not assured that the specific needs of young people with a disability were properly recorded or relevant information shared. Ethnic monitoring was carried out effectively and we found no evidence of discrimination or racial tension in the establishment. The number of racist incident report forms submitted had reduced by half since the previous inspection to about two a month. Investigations were carried out fairly and

promptly. Mediation and education were sometimes used to address racist behaviour. Young people who acted as diversity representatives were well supported and played an active role.

HP25 There had recently been a significant increase in the number of foreign nationals. Their needs and entitlements were adequately met. The foreign national coordinator maintained close contact with the UK Border Agency and the local immigration office, but there was no access to independent specialist advice or other support.

HP26 There had been a prolonged absence of a coordinating chaplain and the profile of the chaplaincy team in the establishment had declined. This had recently improved with the appointment of a new coordinating chaplain. Chaplains frequently attended ACCT reviews and provided a good level of pastoral support. There were continuing problems with young people getting to services on time. Young people located in the RSU were not permitted to attend communal worship. Provision for Muslims had improved.

HP27 The new health and wellbeing centre was well used and overall health care had improved. A health needs assessment had been refreshed recently and addressed some of the needs of the new remand population. Appropriate referrals were made following reception screening. Young people were complimentary about health services. We observed nurses and other health professionals engaging sensitively with young people. While there was some early evidence of health promotion, the links between health care and other departments such as gym and education were underdeveloped. Access to general practitioners was good but there were too many failures to attend appointments with no good reason. The waiting list to see the dentist was too long. Primary mental health nurses did not get protected time to see young people with low level mental health needs, which did not address the level of need as we reported in the previous inspection. However, the introduction of the new child and adolescent mental health service in January 2011 was a welcome development.

Purposeful activity

HP28 The majority of young people spent a good amount of time out of their cells during the week but fared worse at weekends. Association was daily, but there was still no scheduled time in the open air. Young people were properly assessed and allocated to courses that met their needs. They benefitted from good support in education and appropriate attention was given to those with low levels of literacy and numeracy. There was a wide range of courses that met their needs well. Young people's achievements and progress were generally good and they gained useful skills in the vocational workshops. There had been improvement in the qualifications that young people achieved. The quality of teaching and learning was variable and lessons were too long. Poor behaviour was not always managed well. Attendance was good but punctuality remained problematic. The library was a good resource and used well and access to high quality PE was outstanding. Overall, outcomes for young people were reasonably good in relation to this healthy prison test.

HP29 Time out of cell for the majority of young people remained good but the published core day was not adhered to, slippage was frequent and few young people benefitted from 10 hours a day out of cell. Association was regular and scheduled each

weekday evening. Time out of cell at weekends was very poor. A range of activities were shared fairly across the wings and attendance at off-wing evening activities, particularly the youth club, was high. Time in the fresh air was not scheduled.

HP30 Induction included a clear introduction to education and vocational training provision and good initial assessments. The outcomes of assessments were used well to allocate young people to appropriate courses. Young people with additional literacy and numeracy needs were supported well by the special educational needs coordinator and allocated to appropriate groups to meet their needs. Young people were also allocated a personal tutor who supported them in training planning reviews.

HP31 Attendance at education was satisfactory, although punctuality remained poor. The range of courses available met most young people's needs well. There was good provision for young people under school-leaving age. There were a small number of opportunities for young people to gain work skills and more needed to be done to expand and accredit this work. The curriculum was enhanced by a good range of additional opportunities provided by external partners, for example the successful Time for Families project and the falconry course.

HP32 The quality of teaching and learning varied from poor to very good. Some lessons were too long and some suffered from too many unnecessary interruptions. Young people made good progress in the vocational workshops where they progressed well to higher courses. They gained good vocational skills in tiling, painting and decorating and brickwork. Some young people made good progress in English and reading but the monitoring of this was underdeveloped.

HP33 The majority of young people gained some form of nationally recognised qualification during their time at Werrington in a wide range of subjects and in general employment and vocational skills. A small number of GCSEs were also achieved. While the volume of accreditation had remained approximately the same as at the previous inspection, qualifications gained by young people were more meaningful and most were recognised by colleges, training providers and employers. Higher level qualifications had also been introduced.

HP34 Young people had access to the library every week. It held a good range of age-appropriate books, DVDs and magazines. Young people made good use of the library which was promoted well by the library staff through reading programmes and project work. The library was well supported by the local authority.

HP35 Access to high quality PE was outstanding. Since the last inspection, a well planned programme of varied activities had been introduced. Levels of accreditation were generally low as the core PE programme was not accredited. The sports hall and gym were very well used. Behaviour in the gym was very good, underpinned by good relationships between staff and young people. The fitness suite contained good quality equipment and the sports hall was of a good size, but the football pitch and showers were poor quality and there were too few. The use of release on temporary licence (ROTL) in the PE department was outstanding and of great benefit to young people since some of the activities were accredited.

Resettlement

HP36 The strategic management of resettlement had improved. The recent needs analysis set a clear agenda for each resettlement pathway and appropriate services were in place in most areas. Training planning meetings were managed well and transition planning was thorough, although some targets in individual training plans and remand management plans were inadequate. Public protection arrangements were sound. Access to visits and facilities had improved. Although there had been no family days for some time, good initiatives were in place to help rebuild family relationships. Opportunities for release on temporary licence provision as part of reintegration planning was exceptional and included post-release support and follow-up work. Substance use services were good. Overall, outcomes for young people were good in relation to this healthy prison test.

HP37 The resettlement strategy was comprehensive and focused clearly on delivering the core resettlement pathways, but lacked a focus on the specific needs of remanded young people. The resettlement needs analysis had recently been updated. A number of youth offending teams (YOTs) were regularly represented at the resettlement committee but there were gaps in representation by other community agencies. The attendance of establishment staff was erratic. Public protection arrangements monitored by the resettlement committee were sound.

HP38 Records, including casework records and training and remand plans, did not reflect the detailed reintegration work that was undertaken. The training planning reviews we observed were well managed by case workers and appropriately focused on planning for the young person's release as well as addressing complex welfare issues.

HP39 There were designated leads for all resettlement pathways. Accommodation needs were identified and addressed by case workers and routinely addressed in training planning meetings. There were good links with housing providers in the community.

HP40 A number of young people accessed employment training and qualifications through high quality ROTL placements. A dedicated information and guidance worker provided good advice to young people about further education and employment. Almost all the young people who had left Werrington in the previous year had had an education placement or a job to go to. The recent initiative to provide mentoring support post release and track sustainability of placements was excellent.

HP41 There were no pre-discharge health clinics and health care staff did not attend training planning meetings to ensure that ongoing health care needs were addressed in good time prior to release. Good working relationships existed between the young people's substance misuse service (YPSMS) and community-based agencies, with protocols and referral pathways in place with several YOTs and Addaction in Derby.

HP42 There was a dedicated finance and debt caseworker, whose role was well publicised on the wings. The mentoring support included money management advice. Introduction to personal budgeting and money management was also provided in education and this was accredited.

HP43 The new refreshment facility in the visits hall was an improvement on the previous arrangements and visits staff were helpful. Entitlement to visits was good but in our survey just over a third of young people said they usually had at least one visit each

week and just under half said it was easy for their family and friends to visit them, which was significantly worse than reported in the previous survey. Family days had not taken place for some time. The Building Bridges course run by Time for Families was a positive intervention to help young people repair and sustain their relationships with families. There was no additional provision for young people who were fathers to help them to improve their parenting skills.

HP44 Dedicated resources had been established to deliver offending behaviour programmes. The assessment and referral procedures were sound and targeted appropriate young people.

HP45 The substance use strategy was up to date but the recent needs analysis did not include questions about use of the most modern drugs, despite evidence in assessments that young people were using them. Assessments and YPSMS care plans were good quality and appropriately shared with other departments. YPSMS workers and health care nurses co-facilitated relaxation and acupuncture sessions which were highly praised by young people. A good range of targeted, highly interactive YPSMS group work sessions were delivered.

Main concerns and recommendations

HP46 Concern: The reception area was no longer adequate to cope with the increased throughput of young people resulting from the re-role of the establishment. As a consequence new arrivals and young people returning from court sometimes had to wait outside the establishment in vans, after lengthy journeys and long waits in court. Interviews could not be conducted with suitable levels of privacy.

Recommendation: The reception area should be redesigned so that it is suitable to provide an appropriate environment for the increased throughput of young people.

HP47 Concern: Most young people said that they had little contact with their personal officer. Personal officers did not attend their meetings or provide reports to support them. Caseworkers carried out a limited part of the personal officer role but were not an adequate substitute for a personal officer readily available to assist with day-to-day issues as they occurred.

Recommendation: Each young person should have a designated officer on the residential unit in which they reside who is their central point of contact and support and takes responsibility for their day-to-day care and well being through frequent contact and by attending relevant meetings relating to their care.

HP48 Concern: The forum for discussing and planning for the needs of the most vulnerable and difficult to manage young people was not functioning effectively. The plans to manage the young people which resulted from the meeting were inadequate to ensure that the young person's needs were addressed.

Recommendation: Young people who have been identified as particularly vulnerable or who have been displaying difficult or challenging behaviour should have an individual care plan that addresses their assessed needs. The care plan should be assessed at least weekly by a multidisciplinary team.

HP49 Concern: Not enough was known about the extent and nature of bullying within the establishment to tackle it effectively. Young people reported that bullying was a significant problem and most staff that we spoke to said they believed that levels of violence and bullying had increased, although available data did not support this perception. Data collection and analysis on bullying were limited and regular surveys were not undertaken.

Recommendation: Systematic and frequent consultation should take place with young people about bullying and victimisation. Data collection and analysis relating to incidents of bullying and victimisation should be comprehensive and should be used alongside the results of consultation with young people to inform the management of bullying.

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 The number of receptions and discharges had increased significantly. It was not possible to deal with more than one escort van at a time so young people sometimes had to wait in vans after long journeys. A significant number of young people reported that they had found their journeys distressing. Some said that they had travelled with adult prisoners. A useful information leaflet had been produced by the establishment but it was not given to young people before they left court. Young people complained that escort vans were very cold and dirty, which was the case in vans that we examined. Young people reported that they did not receive a drink nor were they offered a toilet break during long journeys. The escort questionnaire completed by young people on induction and checked by the safeguarding team and the Staffordshire Safeguarding Children Board was a useful initiative. Discharges to court were managed efficiently but the video link was rarely used.

1.2 The number of receptions and discharges had increased significantly since January 2011, following the re-role of the establishment to include remanded young people. The external area for escort vans entering the establishment had not been expanded and could still take only one escort van at a time. As a consequence, vans bringing new arrivals or young people returning from court often had to wait outside the gate until there was space. This had a particularly detrimental impact on young people who had already experienced a long and distressing journey. We were advised that on occasions there had been up to 12 receptions at once, resulting in significant waiting times.

1.3 Following the previous inspection in 2009, we reported that some young people who arrived during a staff break had to wait in the van until staff were ready for them. This was no longer the case following changes to staffing arrangements.

1.4 In our survey, only 74% of young people said they felt safe on the journey against the national comparator of 82%. The safeguarding department had introduced a questionnaire which was completed by young people on induction. Each questionnaire was subsequently checked by a member of the safeguarding team so that individual safeguarding concerns were picked up quickly. The questionnaires were also routinely analysed for themes or general safety concerns. The analyses of the questionnaires were routinely shared with the Staffordshire Safeguarding Children Board. The questionnaire was an important initiative which retrieved information from young people more effectively than the reception comments book which it had replaced. Analysis of the questionnaires indicated that many young people found journeys in escort vans a distressing experience.

1.5 At our previous inspection, we reported that escort vans were not clean and this remained the case. A number of young people complained that escort vans were dirty with some graffiti, which was the case in those we examined. The vans were also very cold.

1.6 In our survey, 33% of young people said they had travelled with an adult against the national comparator of 24%. Young people also reported this in the establishment questionnaires they completed.

1.7 In a sample of 36 recent cases we found that the longest time a young person had remained in court after their hearing was five hours fifteen minutes, and a further seven young people had waited over three hours. Over a quarter of the young people had spent over two hours in the escort van and the longest journey had been four and a half hours. None of the prisoner escort records indicated that there had been a stop for a toilet break. In our survey, only 6% of young people who had travelled more than two hours said they had been offered a toilet break and only 24% said that they had been offered anything to eat or drink..

1.8 An information leaflet about the establishment had been issued to local courts but none of the young people we spoke to said they had received it. In our survey, only 2% of young people said that they had received written information before they arrived. The situation was unchanged since we reported similarly following the previous inspection.

1.9 Young people reported that they were always given a meal and clean clothes prior to leaving the establishment. Discharges we observed were managed well and were carried out in a relaxed and informal atmosphere. Young people were given individual attention and staff made sure that they understood where they were going and why. There was a video link but it was not used for court appearances.

Recommendations

1.10 Young people should be escorted in vehicles that are safe, secure, clean and comfortable and separate from adult prisoners.

1.11 Young people should be given information at court about the establishment so that they know what to expect when they arrive.

Good practice

1.12 *The escort questionnaire completed by young people on induction was a useful tool to collect and analyse relevant information which thereafter enabled useful collaboration between the establishment's safeguarding department and the local safeguarding children board relating to safeguarding 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.

1.13 A significant number of young people arrived without the required documentation to make informed initial assessments. The reception area was too small and lacked privacy, but staff had created a welcoming environment. It was standard procedure for new arrivals to be strip-searched. However, the procedure was carried out sensitively and exceptions had been made for young people who had been identified as particularly vulnerable, which was commendable. There was no peer support either in reception or on the first night unit. Initial vulnerability assessments were not completed to a sufficiently good standard but cell-sharing risk assessments were good. Dedicated first night officers were stretched and not always able to spend enough time with new arrivals before they were locked up. The first night unit was very noisy and potentially intimidating for new arrivals. There was a new induction booklet and first night officers made good efforts to ensure that young people understood it. However, young people on induction were not fully occupied and spent a lot of time locked up and generally reported that they did not find the induction process helpful.

Reception

1.14 There was a clear, up-to-date policy covering first days in custody procedures, including reception, first night and induction arrangements.

1.15 Records demonstrated that in February 2011, 16 of 69 new receptions did not have an Asset and/or pre-sentence report on arrival and one of four young people transferred from other establishments did not have the correct reports. There were good systems to report missing documentation to the Youth Justice Board to ensure that it arrived as soon as possible.

1.16 Most new receptions were strip-searched on arrival. However, we were given examples of exceptions to the standard procedure when reception staff had identified a particularly vulnerable young person and appropriately sought the governor's permission to waive the strip-search.

1.17 The strip-searching procedures that we observed were undertaken sensitively and this was confirmed by young people we spoke to. Young people returning from court, transferring from another establishment or returning from release on temporary licence were not routinely strip-searched and the risk assessed procedure that had been substituted was appropriate.

1.18 The reception area was small and lacked privacy and was unsuitable for managing the increased numbers of receptions and discharges effectively. There were two holding rooms, although one was rarely used as it was some distance from the reception staff office and difficult to supervise. The frequently used waiting room was small, with benches, cushions and a television. There was an electronic screen displaying information about the establishment but it was not working during the inspection week.

1.19 Despite the poor physical environment, the reception staff had created a welcoming and reassuring atmosphere, which was appreciated by young people. In our survey, 89% of young people said that they were treated well or very well in reception against the national comparator of 65%. We observed reception staff explaining clearly to young people what they needed to know at that point and asking young people questions in a sensitive manner about their needs and concerns. Efforts were made to identify disabilities at this stage. However, there was no space to conduct initial interviews in private and sensitive conversations could be overheard by other young people. There was no peer support either in reception or on the first night unit.

1.20 In reception young people were able to have a hot microwave meal and a drink and make a free telephone call. They were also set up with a pin phone account containing £2 credit. All young people were offered a shower after being searched. First night packs were provided in reception and included things to keep the young person occupied in their cell during their first night. All young people were seen by a nurse before going to the first night unit.

1.21 Initial vulnerability assessments were carried out in reception by a dedicated staff group, but were not completed adequately. In the sample we examined it was clear that in the majority of cases the assessor had considered the documentation provided about the young person together with information gleaned from the interview with the young person and had identified issues of concern, but none of the assessments contained management plans to deal with the identified concerns. A quality assurance process was in place, but it was not effective.

1.22 Late arrivals were rare but when they did occur reception staff stayed on duty to deal with them. We observed staff helpfully settling one young person into his cell on the first night unit. The allocated cell had not been properly prepared but reception staff rejected it and ensured that the young person was allocated to a suitable cell.

1.23 Cell-sharing risk assessments were completed competently by reception staff. Young people did not share a cell if the establishment had not received relevant documentation. Quality assurance for cell-sharing risk assessments was good and initial risk levels were regularly reviewed by a group of staff led by the head of residence. Identified risks were held on an accessible database which alerted staff to young people's assessed risks, when they were considered for a move to another cell.

1.24 Young people could apply to retrieve their stored property although the time this took was variable and was usually more than 24 hours after making the application depending on staff availability.

Recommendations

1.25 All relevant information about a young person should be available to the establishment prior to or at the point of their arrival.

1.26 New arrivals should have access to peer support as part of the reception and first night arrangements.

1.27 Initial vulnerability assessments should contain clear management plans to address identified issues of concern.

1.28 Cells for new arrivals should be properly prepared and equipped to meet their needs.

Housekeeping point

1.29 Young people should be able to access their property within 24 hours of making an application.

First night

1.30 New arrivals were located on B wing, which held 62 young people. Young people were brought to B wing from the reception area by reception staff and were introduced to one of the four dedicated first night officers.

1.31 B wing held new arrivals on induction but also young people who had completed their induction and held on remand. First night officers said that when there were a significant number of new arrivals or they had to manage difficult behaviour on the unit, they were not able to give the necessary time to new arrivals. On the evening we visited, the first night officer had been taken away from the unit to carry out other duties. Night staff conducted 30-minute observations of new arrivals throughout the first night and said that they called the duty senior officer if a young person was particularly distressed.

1.32 During our evening visit we observed high levels of noise and boisterousness on B wing which was potentially intimidating for new arrivals. Establishment data indicated that B wing was the most disruptive unit and we questioned its suitability as a co-location for new arrivals and remanded young people.

1.33 Depending on the time they arrived on the first night unit, new arrivals were offered a meal with other young people even if they had already had one in reception. The unit had scheduled association every evening and new arrivals were able to participate.

Recommendation

1.34 New arrivals should have the opportunity to speak privately with a first night officer to address any anxieties they may have, ensure that their immediate needs are met and provide essential information.

Induction

1.35 The rules of the establishment were clarified to young people on their first day in custody and they worked through a behavioural compact with one of the first night officers. Young people joined the two-week rolling induction programme on their second day. The programme covered all essential areas with a particular emphasis on an introduction to education and PE. There was a new induction booklet outlining key information and we observed first night officers making good efforts to ensure that young people understood it.

1.36 A number of young people we spoke to said that they did not find the induction process helpful and our survey indicated similar views. One young person wrote in his survey 'It's my last day of induction and there's still stuff I need to know'. The induction programme did not fully occupy young people for the two-week period and we found many young people on induction locked up on the wing when we made our random checks.

Recommendation

1.37 Young people should be kept fully occupied through a comprehensive, well structured, induction programme that informs them about the establishment and enables them to take part in the regime without delay.

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 Living conditions varied across the three residential wings. The communal areas were generally maintained to a reasonable standard. Some young people took care to keep their cells clean but some cells were in a poor state of cleanliness. The single cells used as doubles were not suitable for two young people to share. Staff supervision and engagement with young people was good at mealtimes and during association. Cell bells were not always responded to quickly. Good efforts had been made to improve arrangements for consulting with young people but the meetings needed to be more frequent. Mail was managed efficiently but not all young people had access to a telephone every day. Arrangements for keeping young people supplied with clean kit and hygiene equipment were good but they were not able to shower every day. Staff did not ensure that young people complied with the facilities list which had implications for bullying.

Accommodation and facilities

2.2 There were two residential units, divided into three wings: Doulton unit was the largest and was divided into A and B wings, with operational capacities of 66 and 62 respectively; Denby unit was a single wing (C wing) with an operational capacity of 32. The reintegration and support unit (RSU) was also located on the ground floor of C wing. All new receptions were located on B wing which also accommodated young people on remand. C wing was used to accommodate young people on the highest level of the rewards and sanctions scheme.

2.3 The three wings each had a mixture of single and shared accommodation. There were 14 cells used as doubles on A wing, 18 on B wing and 10 on C wing. The double cells were essentially single cells used to house two young people and were too small to accommodate two standard tables and chairs.

2.4 All cells had integral sanitation, with a toilet screened by a shower curtain, a sink and drinking water. Cells were supplied with curtains and duvets. The cell certification was dated 2008 and did not refer to the remand population. There was a clear offensive displays policy which was generally enforced. Young people each had a lockable cabinet and their own pinboard. Daily and weekly checks were carried out and any essential repairs such as damaged observation panels were quickly dealt with by the works department.

2.5 All cells had an emergency call bell. Records indicated that staff checked each day to ensure that they worked. In our survey, 20% of young people said their bells were answered within five minutes against the national comparator of 35%. Electronic records of response times for the answering of cell bells were only maintained for C wing. These indicated that the majority of cell bells were responded to within five minutes during the day, but others went unanswered for longer periods. Inspectors observed some bells on A and B wings going unanswered for several minutes, although the majority were responded to promptly.

2.6 The state of tidiness and cleanliness on the units was variable and tended to deteriorate during the day after each meal.

2.7 Levels of noise on the units varied and B wing was by far the noisiest. During our night visit we observed a lot of shouting out of windows. Some of the shouting we heard was aggressive (see also section on bullying).

2.8 Sightlines on the units were good and young people mixing together were supervised appropriately. During mealtimes staff were visible and interacting with young people. The arrangements for evening association activities off the wings for some young people each night meant that there were rarely large numbers together at any one time. The three residential units each had a table tennis table, a football table and a range of board games for use during association.

2.9 All young people were entitled to send two free letters each week. Incoming and outgoing mail was subject to 5% random monitoring but this did not interfere with the mail reaching young people each day at lunchtime. Each residential unit had three telephones with privacy hoods and an extra telephone had been installed in one of the youth clubs since the previous inspection. In our survey, only 52% of young people said they were able to use a telephone every day against the national comparator of 67%. Young people on the lowest level of the rewards and sanctions scheme were reliant on staff being available to unlock them for access to telephones when other young people had finished evening association, and young people located in the RSU did not have daily access to telephones.

2.10 Notices to young people displayed on the units were mostly colourful and presented information clearly. The large information screens on the wings contained a lot of detailed information on a continuous loop and it was impossible to read it at the pace at which it ran. Barnardo's provided the advocacy service and young people could put in an application to see them, ask a member of staff or approach an advocate when they visited the wings. There were similar arrangements to see a member of the Independent Monitoring Board.

2.11 The format of the consultation meetings about residential matters had changed since the previous inspection. There were no longer young people representatives and participants consisted of young people who had asked to attend and some whom staff had selected. The meetings were chaired by the head of residence. Diversity and rewards and sanctions were standing agenda items. A separate group for remanded young people had been established and met for the first time in February 2011. Induction had been added to the standing agenda items for this group. The groups met bimonthly on alternate months, which was not enough given the turnover of young people. Minutes of the meetings were displayed on unit notice boards.

Recommendations

2.12 Cells designed for one should not contain two young people.

2.13 The auditable system in place to monitor response to cell call bells should cover all wings and regular quality assurance checks should be carried out by managers.

2.14 Young people should be given the opportunity to make a telephone call every day.

Housekeeping points

2.15 Cell certifications should be up to date.

2.16 Consultation meetings should take place monthly for both remand and sentenced young people.

Clothing and possessions

2.17 Young people were issued with prison clothing which included socks, training shoes and underwear and an outdoor jacket. Those on standard or enhanced regime could wear their own clothes on association. Shirts were issued for young people to wear to visits. Young people were able to wear their own underwear and socks and many chose to do this. Some young people we spoke to appeared unsure of the process for exchanging prison issue underwear for clean items and others complained of receiving underwear that had not been properly washed.

2.18 A full kit change took place weekly, including towels and bedding, and there was also a mid-week kit change for anyone who needed to exchange clothing or underwear. We were told that clean underwear and socks were available in the gym. During the inspection we saw staff getting replacement kit for young people as they needed it. Clothing issued was generally of an adequate quality, although some young people said they did not always receive the right size. In the main, young people appeared to be wearing clothing that fitted them.

2.19 There was a clear facilities list which set out the quantity of property that young people could have in their cells. However, some young people had far more toiletries in possession than the list allowed and we were concerned about vast displays of shower gels which young people told us were often proceeds of bullying (see also bullying and canteen sections).

Recommendation

2.20 Limits on the number of toiletry items allowed in cell should be strictly enforced.

Hygiene

2.21 Cells contained a dustpan and brush, a toilet brush and a bin so that cells could be tidied whenever young people had time to do so. There was access to other cleaning materials at weekends or during association. The complaint made at the previous inspection by young people on basic regime that they had less opportunity to clean their cells was not raised. Some cells were very clean and tidy and their occupants clearly took a pride in their surroundings, but other cells had dirty toilets and were not well looked after.

2.22 The showers on the units were kept clean and essential toiletries were readily available for young people who did not have any of their own. Daily access to showers was not routinely available to young people. On the nights that young people attended youth club they were not able to shower on their wing. Young people not on association, including those on the basic level of the rewards and sanctions scheme, had to wait for access to showers and telephones until other young people had finished association activities and this did not happen every night. In our survey, 53% of young people said they could shower every day against the national comparator of 73%.

2.23 Young people were constantly out cleaning on the wings during the inspection, but communal areas deteriorated quickly during mealtimes when young people ate together. Some young people took little interest in keeping their living environment clean.

Recommendations

2.24 All young people should have daily access to showers.

2.25 Young people should be encouraged by residential staff to keep their cells and communal areas clean by offering appropriate incentives and practical help where necessary.

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.

2.26 Young people expressed very mixed views about relationships with staff and some responses in our survey indicated that relationships had deteriorated since the previous inspection. We observed examples of effective interaction between staff and young people and of staff dealing well with challenging situations but there were others when staff appeared less approachable. Young people were more positive about staff responses to safety issues. Not all staff displayed their names, which needed to be addressed. Records did not demonstrate consistently good levels of engagement between staff and young people.

2.27 Young people reported mixed and often polarised views about their relationships with staff. In response to a question about the best things in the establishment one young person wrote 'The staff are polite and always want to help'. Another young person in response to a question about what he would most like to see changed wrote 'Staff to treat me with more respect and stop ignoring me when I ask a question'.

2.28 Responses to a number of questions in our survey indicated a deterioration in the quality of relationships compared with the previous inspection survey including having a member of staff they could turn to if they had a problem, being treated with respect, and experiencing victimisation by a member of staff. Individual interviews with young people about safety issues elicited more positive than negative responses and the general view was that staff responded to safety issues appropriately, although some young people said that staff were too slow to respond.

2.29 Exchanges we observed between young people and staff were mostly respectful and we observed some potentially volatile situations being defused through calm discussion and an appropriate level of tolerance by staff of the young person's behaviour. Young people did not appear to have any qualms about approaching staff, but we did see some occasions when staff being addressed by a young person appeared uninterested.

2.30 Not all staff had their names printed on their shirts which had implications for safeguarding as well as developing good relationships. Young people tended to address staff as Mr or Miss when they knew the surname or as 'boss', 'miss' or 'gov' when they did not. Young people were addressed by staff by their first names.

2.31 Information about young people was held on P-Nomis. Records we sampled did not demonstrate a consistently good level of engagement between staff and young people. There were some examples of regular, informative entries on history sheets but others which gave details of warnings or merits issued with no detail of the possible causes of behaviour. There were few links to other, paper-based records of young people maintained in different parts of the establishment.

Recommendation

2.32 All wing history sheets should be comprehensive, with balanced comments reflecting positive and negative behaviour.

Housekeeping points

2.33 All staff should have their name clearly displayed on their uniform.

2.34 The various record systems in operation should be properly coordinated and relevant information made available to all staff.

Personal officers

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

2.35 The personal officer scheme was not being implemented satisfactorily. Most young people reported unfavourably about the help they received from their personal officers, although some spoke highly of their contact with their personal officer. Records indicated that personal officers had little formal contact with young people and did not attend their meetings or provide reports to support them. Caseworkers carried out a limited part of the personal officer role but were not an adequate substitute for a personal officer readily available to assist with day-to-day issues as they occurred.

2.36 A personal officer policy had been written, but it contained a mixture of policy, role descriptions and guidance. Some of the guidance was rudimentary and of dubious value. Personal officers had not been properly briefed or received any training about how to carry out their role.

2.37 The previous model of allocating personal officers by cell location rather than to individual young people had changed and young people retained their personal officer when they moved cells. However, this had not produced the continuity of care that had been intended since young people who moved cells generally moved to another wing but were not then allocated a personal officer from that wing.

2.38 Young people were given a leaflet describing the personal officer's role. In our survey, 33% of young people said that their personal officer had helped them against the national comparator of 58% and 57% at the previous inspection. Many young people told us that they saw their personal officer rarely, while others had mainly unplanned but nevertheless highly valued informal contact with their personal officers. Few had received any structured, private time with their personal officer.

2.39 Case records contained little evidence of personal officer work and we could find no examples of written information prepared by a personal officer for training planning and review meetings. It was not apparent from case records that management oversight of personal officer work was taking place, although we were assured by managers that it was. Staff told us that they did not have time to attend planning or review meetings and that, while they tried to have contact with the young people for whom they were responsible, they often struggled to find time to enter it on the case record.

2.40 While some of the specified personal officer role was undertaken by casework officers, including maintaining contact with families, it was unsatisfactory that young people were not provided with the service that was promised to them from residential officers who they spent most of their time with and were more readily accessible to them.

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 The comprehensive safeguarding strategy had been ratified by Staffordshire Safeguarding Children Board (SSCB). There were good working arrangements between the establishment and SSCB and the local authority children's services. Detailed data collection and analysis usefully informed the establishment's two safeguarding committees but attendance at the meetings was inconsistent and representation by some departments was often poor. Attendance by external members was better. Weekly multidisciplinary meetings intended to discuss young people who were causing concern were poorly attended and care plans emanating from the meeting were inadequate. The local authority continued to fund a dedicated social work post for the establishment which assisted in maintaining appropriate links to external child protection services as well as providing support to looked-after children.

3.2 The safeguarding strategy set out the core components of safeguarding, including child protection, suicide and self-harm prevention, violence reduction and anti-bullying, use of force, information sharing, staff recruitment and training. The strategy and associated policies were referred to the policy and procedures sub-group of SSCB for ratification after each annual review.

3.3 The governor and/or the head of safeguarding represented the establishment at the main meetings of SSCB. The head of safeguarding also attended the serious case review subgroup and 'Task to Finish' subgroups and acted as an independent panel member when required. A representative of SSCB confirmed to us that effective working relationships existed between the Board and the establishment.

3.4 The establishment held two regular safeguarding meetings, as set out in the strategy. Membership of the quarterly strategic safeguarding committee included the governor, all relevant departments in the establishment and a range of external partners. These included the head of safeguarding at Staffordshire County Council, the Staffordshire Youth Offending Service manager, a representative from the police child protection unit, the NSPCC and escort providers. Attendance at meetings by internal and external members was inconsistent as we reported at the previous inspection. Minutes of the meetings recorded discussion of patterns and trends identified in monitoring the core components of the strategy and local and national issues which affected safeguarding. The monthly safeguarding committee met regularly. It had a wider internal membership and external membership was limited to the in-house social worker and the independent advocates. Attendance at these meetings was also inconsistent and the young people's substance misuse service (YPSMS) and the education department were rarely represented.

3.5 The monthly committee considered a range of statistical data to identify patterns and trends and report to the quarterly strategic safeguarding committee. The data collection and analysis were detailed and usefully set out in a monthly statistical report prepared by the safeguarding team. Minutes of the meetings indicated detailed discussion of violence reduction issues and also individual young people subject to self-harm monitoring. Although information was provided on the number of child protection referrals, there was no analysis and the minutes did not record discussion of the nature or general progress of the referrals and it was unclear whether evidence of patterns or trends was considered outside discussions held by the safeguarding team (see child protection section). Recent safeguarding meetings had begun to include discussion on the introduction of a restraint minimisation strategy but very few of the actions contained in the strategy were being implemented.

3.6 The head of safeguarding managed a safeguarding team, which consisted of a deputy head of safeguarding who acted as the violence reduction coordinator, the child protection coordinator, and the suicide and self-harm coordinator, two safeguarding officers, a social worker and two administrators. Residential staff who we spoke to said they contacted the safeguarding team with any concerns about young people and it was clear that the team had a high profile and spent a lot of their time supporting individual young people and advising staff.

3.7 The safeguarding team examined all F213s (forms used to report injuries) and followed up any unexplained injuries which were then discussed at the monthly meetings. The safeguarding committee did not consider the full range of injuries sustained by young people – for example injuries sustained during restraint. During the previous six months there had been 20 incidents of minor injuries to young people reported following restraint. Eight injuries were recorded as minor requiring some medical treatment and 12 were minor and did not require treatment.

3.8 A weekly referral meeting took place at which young people who were causing concern for a variety of reasons or were particularly vulnerable were discussed. It offered an appropriate forum for information sharing and multidisciplinary care planning but the meetings were very poorly attended, particularly by key departments including resettlement and residential, and information sharing was weak. This significantly reduced the effectiveness of what was intended to be a multidisciplinary discussion of the management of the most challenging young people in the establishment. The plans to manage the young people which resulted from the meeting were inadequate to ensure that the young person's needs were addressed.

3.9 The social worker post in the team, which was funded and line managed by the local authority, had been vacant for several months but a new incumbent was getting to grips with the work. She had responsibility for looked-after children and initial processing of child protection referrals. The social worker or a safeguarding officer met all new young people on reception and identified looked-after children from this contact or from the information that accompanied them. There were 27 looked-after children at the establishment at the time of the inspection.

3.10 The social worker initiated contact with local authorities responsible for all looked-after children and reminded them of their statutory obligations while the young person was in custody. Some were more responsive than others but progress was being made and initiatives such as offering to host a statutory review were delivering results. Most looked-after children received financial support from their home authority, although several complained to the establishment social worker that it was not enough. Typically it was £5 per week. Some young people had asked if their clothing allowance could be used to provide a parcel for them to open on Christmas Day when other young people were opening their gifts from their families.

Recommendation

3.11 The monthly safeguarding strategy committee should monitor all injuries sustained by young people, particularly those relating to the use of force.

Housekeeping point

3.12 The designated members of the safeguarding committees should attend the meetings regularly.

Child protection

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

3.13 The child protection policy was comprehensive and child protection referrals were dealt with efficiently by the safeguarding team and responded to appropriately by the local authority with ongoing oversight of allegations against staff by the local authority designated officer (LADO). However, not all allegations against staff were being referred to the local authority first response team, a practice we criticised following the previous inspection. The safeguarding team monitored child protection referrals but there was a lack of an appropriate level of monitoring by the safeguarding committee. Staff had received basic child protection training but more detailed multidisciplinary training had been restricted to managers and specialist staff rather than residential officers who relied heavily on the safeguarding team to pick up any concerns.

3.14 There was a comprehensive child protection policy which had been ratified by SSCB and was subject to annual review. The policy was clear and included useful staff guidance and flowcharts to illustrate the referral process.

3.15 Eighteen child protection referrals had been made in 2010 and seven in the first three months of 2011. Of the seven referrals made to the local authority in 2011, three had related to allegations against staff, three to other young people and one to concerns for younger siblings in the community. There was a lack of detailed analysis of child protection referrals in order to easily identify any patterns or trends (see safeguarding section). The safeguarding team discussed the nature of referrals and monitored their progress as a team. They demonstrated a good level of knowledge of the referrals and carried out some analysis of referrals but this was not shared with the safeguarding committee.

3.16 Following the previous inspection we were concerned about procedural weaknesses relating to the referral system and in particular in relation to allegations against staff. Referral procedures had improved. The safeguarding team, which included the child protection coordinator, the head of safeguarding, the duty governor and the local authority social worker discussed initial referrals and determined whether the threshold for referral to the local authority first response team had been met. However, there were still some cases involving allegations against staff that were not referred to the local authority first response team. Instead the LADO was contacted for information purposes, a file was maintained internally and some were further investigated internally. Files retained internally that we examined were incomplete in some

cases and did not demonstrate the appropriate level of independent scrutiny that we considered to be necessary when young people make allegations of ill treatment by staff.

3.17 The establishment made a financial contribution to SSCB which gave staff the opportunity to attend multi-agency child protection training organised by the Board. Twelve members of staff had attended training since April 2010, principally managers or members of the safeguarding and resettlement teams. All staff had completed the first module of the juvenile awareness staff programme (JASP) training which included a basic child protection module, and the majority had completed the full programme. Despite this, some staff we spoke to seemed unsure how to act in relation to child protection issues and most reported that they would simply speak to the safeguarding team. We came across one complaint which should have been raised immediately as a child protection issue when the young person asked a member of staff what he should do about it. He had been advised to put in a complaint which was quickly recognised as a child protection issue and referred to the child protection coordinator. Plans were well advanced to reintroduce the rolling programme of child protection training to supplement JASP and to include a local authority trainer and a police child protection unit trainer. Criminal Record Bureau checks for all staff were up to date.

Recommendation

3.18 All allegations of ill treatment by staff should be referred to the local authority first response team.

Housekeeping point

3.19 The safeguarding team should submit detailed analysis of child protection referrals to the monthly safeguarding strategy committee which should also monitor the progress of all referrals.

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.

3.20 There was a comprehensive suicide and self-harm prevention policy and implementation of the policy was monitored efficiently by the safeguarding committee. Incidents of self-harm were infrequent and generally minor. The needs of young people identified as being at risk of suicide or self-harm were well met and they received a good level of individual support by a designated safeguarding officer. Attendance at assessment, care in custody and teamwork (ACCT) reviews was good, but the quality of ACCT documentation needed to be improved.

3.21 There was an up-to-date, comprehensive suicide and self-harm prevention policy which formed part of the safeguarding strategy. Helpful information had been published summarising the key responsibilities of duty governors and wing senior officers in relation to suicide and

self-harm prevention. The deputy head of safeguarding was the designated suicide prevention coordinator with responsibility for managerial oversight of this area.

3.22 A daily register was maintained of young people on open ACCT documents which was discussed at the daily morning meeting. Matters relating to suicide and self-harm were appropriately considered at the monthly safeguarding committee meeting. A report which outlined relevant patterns and trends was produced for each meeting by the safeguarding department. Some discussion took place about individual cases, particularly the more complex ones (see also safeguarding section).

3.23 The level of self-harm was low and minor in nature. Young people were placed on ACCT procedures most commonly as a result of comments made to staff indicating they might harm themselves. There were typically six young people on open ACCT documents at any one time, which was broadly similar to the previous inspection.

3.24 Young people had free access to cordless Samaritan telephones on each of the residential wings. There were no safer cells on the residential units although there were two ligature-free cells in the RSU. Most of the work carried out to support young people at risk of suicide or self-harm was undertaken by members of the safeguarding team. There were three safeguarding officers, one of whom had specific responsibility for suicide and self-harm prevention work. Her main role was to support young people being monitored through the ACCT process, attend reviews and ensure that actions agreed in individual care maps were carried out and her input was evident in all these areas.

3.25 Immediately prior to the inspection, one young person had made a serious attempt to take his own life. When we spoke to the young person, he was very positive about the way officers had handled the situation at the time and said that he continued to feel supported by staff in the aftermath of the incident.

3.26 ACCT reviews were chaired by wing senior officers, who had all received appropriate training. Changes to scheduling arrangements for reviews had taken account of the need to maintain consistency in the role of the chair which had been poor at the previous inspection. The reviews were well attended and always included a member of staff from the young person's wing and the designated safeguarding officer. Health care, education and chaplaincy staff often attended.

3.27 Despite the introduction of new quality assurance arrangements, the ACCT documentation we examined was of a variable standard. Care maps did not always contain sufficient detail and written entries in the ACCT file by night staff were often at predictable times and suggested routine checks rather than a good level of engagement with the young person.

3.28 All staff had received basic training in suicide and self-harm prevention. There was an ongoing programme of refresher training which about 10 staff participated in each month.

Recommendations

3.29 There should be at least one safer cell on each residential unit.

3.30 The quality of ACCT documentation should be improved. Care maps should set out all sources of help and support that have been agreed and clearly ascribe responsibility for delivering all aspects of the plan.

3.31 Staff should engage with young people subject to ACCT monitoring when carrying out their checks on them and records should clearly demonstrate the young person's response.

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.

3.32 Many young people said they felt unsafe and that bullying was a significant problem. More work needed to be done to identify the nature of bullying problems through data analysis and surveys. The violence reduction strategy relied mainly on punitive action to manage violent and aggressive behaviour and not enough work was done with the young person to address their behaviour. Coordinated and planned support for victims was lacking.

3.33 The violence reduction strategy had been revised in October 2010. The new strategy was popular with most staff, but extremely unpopular with many young people who considered it to be punitive and unfair. The strategy had a strong emphasis on maintaining control and managers agreed that the policy was punitive, but maintained that this was necessary to maintain a safe environment.

3.34 There were three levels of intervention in the new scheme. The first stage of intervention was applied when a young person was suspected of bullying, victimisation or other form of violent behaviour. The first stage involved staff monitoring the young person's behaviour for a period of 21 days at which point there was a review. The second stage was applied if concerns were confirmed. The young person was demoted to the basic level of the rewards and sanctions scheme immediately and was monitored and then reviewed after 14 days. The third stage was applied if unacceptable behaviour persisted or deteriorated and this often meant that the young person was placed in the RSU for a period.

3.35 There were safeguarding forms in the visitors' centre and a sealed box for them to be collected by safeguarding staff to encourage visitors to report any concern that they had about a young person. Members of staff were able to report incidents using violence information referrals (VIRs). About 80 referrals were generated each month, mostly consisting of reports from staff about low-level victimisation. One of the two violence reduction officers carried out a basic investigation and thereafter decided whether to implement violence reduction procedures. Violence reduction procedures included weekly reviews chaired by the wing senior officer at which targets were set and reviewed. The documentation that we examined showed that the reviews were very basic, and simple repetitive targets were set which were unlikely to address the problematic behaviour sufficiently.

3.36 The violence reduction officers told us that the system had worked well initially when they had both worked full time on violence reduction work and had sufficient time to carry out individual work with young people subject to violence reduction procedures. However both violence reduction officer posts had recently been made part time and in practice they now spent most of their time investigating the large numbers of VIRs being generated.

3.37 A daily list was published of all young people subject to the violence reduction strategy. At the time of the inspection, there were 11 young people on stage 1 and 13 on stage 2, which we were told was fairly typical. Residential staff we spoke to were aware of young people who had been identified for monitoring but were seldom aware of the identity of young people who had been the victims of bullying, as no equivalent record was kept. Young people who had reported bullying or victimisation were visited by a member of the safeguarding team and some received ongoing support from a safeguarding officer, but this was not part of a coordinated plan involving other staff to address the young person's difficulties and keep him safe.

3.38 We were told that mediation was occasionally carried out by the wing senior officer to avoid placing a young person on the violence reduction strategy. There was no record of this work and it was not possible to establish its effectiveness.

3.39 Young people openly reported to us during the inspection that bullying was a significant problem. This was evident in the results of our survey, our focus group discussions and in our safety interviews. In our survey, 30% of young people said they had felt unsafe at some time and 11% said that when they first arrived they needed protection from other young people against respective comparators of 17% and 0% at the previous inspection. Only 52% of young people said they would be able to tell a member of staff if they were being victimised by another young person and 27% that a member of staff would take them seriously if they reported being victimised, against respective comparators of 75% and 52% at the previous inspection. Our safety interviews showed that the three main concerns that young people identified as making them feel unsafe were bullying by other young people, young people being aggressive to one another and certain areas of the prison, the gym and showers. We also received anecdotal information about bullying relating to canteen products, in particular shower gels. Some young people had accumulated surprisingly large quantities of these items in their cells, without apparent challenge (see also residential section).

3.40 Most staff that we spoke to said they believed that young people admitted to the establishment had become more challenging and that levels of violence and bullying had increased. Available data on reported violent incidents did not support this perception. The average number of fights had reduced from approximately 17 a month to about eight a month. The average number of assaults on young people had doubled from an average of five a month to 10, while the number of reported assaults on staff remained stable at approximately 10 or 11 over a six-month period.

3.41 Changes had recently been made to the movement of young people to and from classes and workshops. Young people subject to the violence reduction strategy were moved separately and we were told that this had successfully reduced the number of incidents on the route, although it had resulted in delays in getting young people to their activities (see also learning and skills section).

3.42 A good range of information on violence and bullying was considered every month at the safeguarding committee but the data were not sufficiently detailed to distinguish between low-level victimisation and more serious or persistent bullying. Despite the significant changes to the population, no bullying survey had been carried out since 2009.

3.43 We were concerned that shouting out of windows was not being challenged. In our survey, 41% of young people said that shouting out of windows was a problem against 26% at the previous inspection. We also noted a good deal of shouting out of windows during our night visit.[2] In our safety interviews, one young person said: 'there is a lot of shouting between

[2] Fifteen young people at HMYOI Werrington were approached by the research team and responded to questions presented in a semi-structured interview format.

young people out of the windows. When they argue [out of the windows] they will then fight on the wing'. Another young person said in relation to young people identified by staff as bullies: 'the bullies are placed on VR2 (anti-bullying procedures) but they can still bully out the window'.

Recommendations

3.44 Young people who have been identified for intervention through the violence reduction strategy should have individual plans that include specific actions to address the problematic behaviour and underlying causes.

3.45 Young people who have been the victims of bullying should have a support plan that identifies specific action so that that they feel and are safe and protected from further victimisation.

3.46 Mediation should be developed as an integral part of the violence reduction strategy.

3.47 Staff should tackle robustly shouting out of windows.

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.

3.48 Applications were dealt with efficiently and often informally. Young people knew how to make a complaint but only just under two thirds said it was easy. Complaints were managed well, responses were timely, polite and addressed the issue. Analysis of complaints was passed to the senior management team but it was unclear whether this management information was used to good effect.

3.49 The applications procedure was clear and young people seemed to understand it. Information about the procedure and an adequate supply of forms were available. Young people and staff told us that many applications were made informally to staff, reducing the need for written applications. Applications were logged each day by wing staff, who checked after a day or two that applications forwarded to other departments had been dealt with, although this was not logged so there was no complete audit trail.

3.50 Information about making complaints was displayed in residential areas, but some of it was confusing and the procedure for making complaints on the grounds of discrimination appeared particularly complex and daunting. Complaints boxes had recently been moved to a busy area outside the residential unit offices which might have been off-putting for some young people. In our survey, 63% of young people said that it was easy to make a complaint against the comparator of 76% in the previous survey.

3.51 An independent advocacy service was supplied by Barnardo's. Advocates told us that they felt the applications and complaints system worked well and that young people had confidence in

it. They observed that residential staff facilitated its use but also appropriately encouraged informal resolution of complaints through discussion. Staff often asked advocates to help a young person to make a complaint. The introduction of focus groups attended by managers was an effective way of generating discussion of issues which might otherwise have been the subject of a complaint.

3.52 Complaints were processed efficiently and in accordance with the required time scales, which were diligently monitored by the complaints clerk. An effective quality assurance system had been introduced since the previous inspection and written responses were of an excellent standard. They were written in plain English and often contained an apology and appreciation of the effort the young person had made to set out his complaint. Most responses included a description of action to provide redress or an explanation of why the complaint had not been upheld. There were very few appeals against complaints. Complaints to the Independent Monitoring Board were rare.

3.53 Data on complaints were coordinated by the complaints clerk, analysed and regularly presented to the senior management team (SMT). However, some of the complaint categories were too wide to be useful, for example 'general/decency'. The SMT minutes recorded discussion of complaints with unfocused action points such as 'ensure full and fair investigation of complaints'.

Housekeeping points

3.54 The applications log books should show that each application has been fully processed.

3.55 The complaints category 'general/decency' should be clarified.

3.56 SMT discussion of complaints data should generate specific actions addressing measurable outcomes.

Legal rights

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

3.57 There was no specialist legal rights officer in the establishment, which was a gap in provision, particularly for the remand population. Case workers saw all young people within 24 hours of arrival and checked if they needed to seek legal advice. Young people were able to have free confidential telephone calls to their legal advisers, facilitated by case workers, but some young people said they were not aware of this service. Legal visits were more freely available than previously. There was an effective system to ensure that remand reviews took place within the required timescale. Young people were given clear information about the possibility of early release and this was managed well.

3.58 One of the case workers in the resettlement team had nominal responsibility for legal rights, but there was no specialist legal rights officer in the establishment. Caseworkers ensured that all young people were given a straightforward legal services questionnaire within 24 hours of arrival so that they could indicate if they needed to speak to a solicitor or wanted somebody to contact them on their behalf.

3.59 Young people were able to make free confidential telephone calls to their legal advisers from one of the three training planning rooms, but this could only be facilitated at the convenience of a case manager and when a room was available. Young people we spoke to were not aware they could make a free telephone call and thought that calls had to be made using their own PIN number.

3.60 Legal visits were available five days a week, which was an improvement from the previous inspection, and there was a facility for confidential interviews.

3.61 There was an effective system to ensure that remand reviews took place within the required timescale (see section on training planning and remand management).

3.62 Young people were given clear information about the possibility of early release from custody and this was managed in a timely fashion. Comprehensive reports were made to senior managers about the appropriateness of early release. If a young person was presumed ineligible for early release because of the serious nature of his offence, he was alerted to this early in his sentence.

Housekeeping point

3.63 Young people should be routinely informed at their initial interview with their caseworker that they are entitled to make free confidential telephone calls to their legal advisers.

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.

3.64 Having no coordinating chaplain for a period had affected chaplaincy services but they had improved following the appointment of a coordinating chaplain six months prior to the inspection. Chaplains attended relevant strategy meetings and prioritised ACCT reviews. There were still some difficulties in young people getting to religious services on time and timetable clashes with services. Young people located in the RSU were not permitted to attend communal services, although chaplains visited them daily. The spiritual and pastoral needs of young people were otherwise well catered for.

3.65 There had been a gap of about 18 months with no coordinating chaplain, but an appointment had been made in October 2010.This prolonged absence of a coordinating chaplain since the last inspection had had a negative impact on faith and religious activities and the profile of the chaplaincy team during this time had declined. The new full-time coordinating chaplain was an Anglican and the team comprised a further three Christian chaplains who were sessional staff. Since the previous inspection, attendance by the Muslim chaplain had increased from one day a week to two. Seventy-seven percent of Muslim young people said their religious beliefs were respected against 41% of non-Muslim young people.

3.66 The chaplains worked effectively as a team. The Muslim chaplain ran two faith classes and there were two Christian-based classes. There were well advanced plans to introduce the Sycamore Tree course within the next few months, which dealt with reconciliation and

mediation. All young people were interviewed by a member of the chaplaincy team the day after they arrived and were given information about the support available. The coordinating chaplain attended the governor's briefing every morning which enabled him to identify vulnerable young people who might benefit from a visit by a chaplain. A chaplain was present in the prison every day. They spent time on the wings and young people were free to approach them if they wanted help. Chaplains had good contacts with ministers in the community and were able to arrange contact for young people who followed a faith not represented in the chaplaincy team with a minister of their faith if they requested it. These arrangements usually worked well, as had recently been demonstrated in the case of a young person who was a Jehovah's Witness.

3.67 Young people were required to register which religion they belonged to on arrival but they did not have to apply in advance if they wanted to attend a service. The times of religious services were advertised on each of the wings. The coordinating chaplain and the Muslim chaplain told us that young people did not always get to services on time. The diversity officer often assisted in this task and tried to make sure that Muslim young people were able to have a shower before prayers. However, we were told that when the diversity officer was not present, wing staff could not be relied upon to ensure that young people were escorted to services on time. There continued to be problems with young people getting to services on time and there were clashes in the timetable with religious services and other activities on occasions. In our survey, 47% of young people said it was easy to attend religious services against the comparator of 59%

3.68 The chapel and the multi-faith room provided suitably quiet and private environments for worship. About eight young people attended the Christian service on a Sunday and there was a separate service on Tuesdays for young people on the enhanced C wing, about five of whom usually attended. About 20 young people attended Friday prayers which were usually held in the multi-faith room unless numbers were higher when the chapel was used. Shared use of the chapel had been agreed as suitable by members of the chaplaincy team.

3.69 Members of the chaplaincy team were becoming more integrated in the daily business of the establishment and chaplains participated in a number of different meetings. They attended safeguarding meetings regularly and frequently attended and played an active role in ACCT reviews. Chaplains were often involved in supporting young people who had suffered bereavements.

3.70 The chaplains visited young people located in the reintegration and support unit (RSU) daily. Young people located on the RSU were not permitted to attend communal services.

3.71 We received a report of one young person visited by the Muslim chaplain in his cell because he was concerned about being bullied in a group setting. This appeared to be a sensitive attempt to ensure that a young person's religious needs were met but it was concerning that he felt unable to attend group worship because he had a fear of bullying.

3.72 Young people who required religious items to help them worship, such as beads or prayer mats, had access to what they needed through the chaplaincy.

3.73 The major religious festivals were celebrated with various activities and special meals. Young people from different faiths were encouraged to participate in all of them.

Recommendations

3.74 Young people should be able to attend religious services as well as other activities rather than have to choose one over the other, and should be able to attend services on time.

3.75 Young people located in the RSU should be permitted to attend corporate worship subject to a risk assessment.

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.

3.76 The substance use strategy was up to date but the recent needs analysis did not include questions about use of the most modern drugs, despite evidence in assessments that young people were using them. Assessments and YPSMS care plans were good quality and appropriately shared with other departments. YPSMS workers and health care nurses co-facilitated relaxation and acupuncture sessions which were highly praised by young people. A good range of targeted, highly interactive YPSMS groupwork sessions were delivered.

3.77 The substance misuse strategy dated November 2010 was partly based on a needs analysis, also completed in November 2010, which highlighted the issues of cannabis and alcohol, but did not contain an assessment of young people's consumption of newer drugs or alternative substances. However, the YPSMS was familiar with the latest drugs and had relevant literature which they gave to, and discussed with, young people as needed. According to YPSMS assessments, approximately 13% of their current caseload had admitted to using these modern drugs.

3.78 Health care nurses conducted a full health screen and referred young people with identified drug and alcohol problems to the YPSMS. There were no arrangements for opiate substitute prescribing and no in-patient facilities for alcohol detoxification. Any young people identified as needing clinical substance use treatment were transferred to HMP/YOI Hindley where comprehensive clinical assessment and the initiation of clinical treatment took place.

3.79 The health care team was preparing to receive greater numbers of young people needing clinical treatment. The team of GPs were all trained to the Royal College of General Practitioners Level 1 in the clinical treatment of drug dependence, and two senior nurses had completed Level 2.

3.80 A joint working protocol between YPSMS and health care was in place dated 2 March 2011. Good joint working was evident through co-facilitated relaxation and acupuncture sessions for young people on the YPSMS caseload.

3.81 YPSMS care plans were shared with other departments on a need-to-know basis provided that the young person had signed a consent form. Protection and confidentiality were assured for young people who did not wish to have their details shared.

3.82 The induction process included the delivery of the drug and alcohol misuse awareness programme. Responsibility for the delivery of the programme had moved from YPSMS to the education department, with only 45 minutes of input from YPSMS, during which information on YPSMS services and a talk on the dangers of drugs overdose had to be delivered. There were subsequent opportunities for YPSMS workers to repeat the information either in groups or in one-to-one sessions. Alcohol issues were addressed in the awareness programme, in targeted groups and in one-to-one YPSMS sessions. There were no smoking cessation clinical interventions.

3.83 YPSMS delivered a good range of targeted groupwork sessions as needed, covering alcohol, cannabis, drug- and alcohol-related violence and crime, and a session on the dangers and consequences of drug dealing. The courses were highly interactive and contained well-devised quizzes to measure young people's learning. Additional harm reduction inputs were delivered one to one according to assessed needs.

3.84 The YPSMS staff team was exceptionally well trained, but their numbers had reduced to a manager and one officer plus two part-time workers. The team had been without any administrative support for several months and an additional previously full-time worker was due to change to part-time work. The team's caseload comprised 84 active clients with a further 32 suspended.

3.85 The health care department offered a good range of blood-borne virus interventions and a genito-urinary clinic, but there were no jointly coordinated health promotion activities undertaken by YPSMS and health care.

3.86 Since August 2010, the voluntary drug testing (VDT) programme had operated with sporadic numbers of compacts in place and even more sporadic numbers of tests completed. From January 2011, the number of tests had fallen further to just six. At the time of the inspection, we were told that staff shortages had made it impossible to run the scheme and to all intents and purposes VDT had been scrapped.

3.87 Young people told us that the availability of drugs in the establishment was low. This was supported by 0% mandatory drug test (MDT) results for the 11 months prior to the inspection, and only one VDT positive (for cannabis). Drug-related security information reports were also very low in number.

3.88 The MDT testing suite was reasonably clean but there were no hand drying facilities for young people.

3.89 Strip-searching was not regularly used for MDT. Level A (comprehensive rub-down) searches were authorised for random tests, but records of these searches in the MDT log book were intermittent.

3.90 Drug dogs were shared with Drake Hall and attended the establishment with their handlers as needed. Security staff told us that the main source of drugs and tobacco was through visits.

Recommendations

3.91 Smoking cessation advice and treatment should be made available to young people through an integrated health care and YPSMS programme.

3.92 The YPSMS team should comprise sufficient administrative support and therapeutic workers to deliver an effective service that includes cover for leave and sickness.

Housekeeping points

3.93 The needs analysis should be updated to include a full analysis of trends in the use of new and alternative substances.

3.94 Hand drying facilities should be made available for young people in the MDT suite.

3.95 All forms of search for MDT random and suspicion tests should be logged in the MDT log book.

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 The main emphasis within diversity continued to be on race and insufficient attention was paid to other diversity strands. Attendance at the diversity and race equality action team (DREAT) was good by internal departmental representatives but not external community representatives. Monitoring for equality of treatment did not cover all diverse groups. A range of impact assessments had been carried out well. Most of the diversity work was carried out by a small number of staff and there needed to be greater ownership across the establishment. The black and minority ethnic population had increased by almost 10% since the previous inspection. Race relations continued to be managed well, although young people from black and minority ethnic groups expressed worse views about staff treatment than their white counterparts. The number of racist incidents reported was low and none had been of a serious nature. The investigations carried out were thorough and young people who had complained received courteous feedback. The basic needs of young people who were foreign nationals were well met.

4.2 An equality and diversity policy had been published in May 2010. A diversity and equality action plan, which usefully combined the findings of inspection reports, Commission for Racial Equality investigations and internal audit assessments, had also just been produced. The main emphasis in both documents was on race relations and there was limited reference to any of the other diversity strands which reflected what we found in overall practice.

4.3 The diversity and race equality action team (DREAT) was chaired by the governor or the deputy governor and met monthly. Attendance at the committee was generally good with most functional heads present. Two of the committee members were external representatives from the local community, but they did not attend regularly. We were told that obtaining input from independent sources was a continuing problem and that recent attempts to recruit had proved unsuccessful. There were three young people representatives in post at the time of the inspection and they regularly attended the DREAT. They were all enthusiastic about their role and played an active part in discussions. They were allocated time at DREAT meetings to provide feedback from their peers. Most of the information which they presented concerned general prison issues. The representatives were critical of the lack of response to issues, although our observations suggested that their views were respected by staff.

4.4 Monitoring by ethnic background was carried out, but there was no monitoring by religion, disability or sexuality. The number of young people assessed as having a disability was noted at the DREAT meeting, but was not discussed in any detail. In our survey, 7% of the population described themselves as being from a Gypsy/Romany/Traveller background. Only one young person had been identified in this category by the establishment.

4.5 The full-time diversity manager had been in post since 2007. He enthusiastically led the establishment's diversity work, providing good support and training to a team of three young people who were the wings' diversity representatives. However, there was little evidence that many other staff shared responsibility for promoting diversity. He delivered a comprehensive session on all strands of diversity as part of the induction process for young people. He also provided the governor with a brief written weekly report on diversity matters which gave a useful update on race, disability and cultural and religious awareness issues.

4.6 There were few positive images in the establishment of different aspects of diversity, apart from the education department and one location on C wing where a poster was displayed featuring quotes from rap artists about the unacceptability of homophobia.

4.7 The young people focus groups which were held bi-monthly, known as Activ8, included a good level of discussion concerning diversity issues and there was a good deal of input from the diversity officer and the young people diversity representatives.

Recommendation

4.8 The equality and diversity policy should outline how the needs of young people from the full range of diverse groups in the establishment will be met, and ensure that appropriate equal treatment is monitored and diversity celebrated.

Race equality

4.9 Race relations continued to be managed well. Although we identified some negative perceptions from black and minority ethnic young people during the inspection and through our survey, particularly about staff treatment, there was no evidence that any serious racial tension existed.

4.10 Forty per cent of young people were from a black and minority ethnic background, approximately 10% higher than at the previous inspection. A number of our survey results were worse for young people from a Muslim background than for white young people. Young people from a black and minority ethnic background believed they were treated more harshly in relation to discipline matters and felt less trusting of staff. Negative survey findings were reinforced by the discussion group which we held with young people from a black and minority ethnic background.

Managing racist incidents

4.11 An average of two racist incident report forms were submitted each month and they were not of a serious nature. This was about half the number at the time of the previous inspection. Complaints usually concerned verbal abuse from one young person to another. Investigations were undertaken by the diversity officer in a thorough and impartial manner. In some instances we found evidence of the investigating officer challenging staff about how they had handled situations. Young people always received a courteous and helpful written reply to their complaints. The diversity officer referred young people who had been racially abusive to an eight-week diversity course run by the education department if he thought that it would be of value.

Race equality duty

4.12 A great deal of work had been carried out to complete impact assessments on a wide range of subjects, including complaints, racist incidents, use of force and catering. Young people had been consulted through focus groups to provide input.

4.13 Statistical data in relation to race were generated every month across a number of key areas using SMART (systematic monitoring and analysis template) and alerts outside the normal range were examined at the DREAT. No significant issues had been highlighted within the previous 12 months

4.14 For security purposes, a register was held of young people who had been convicted of a race-related crime. This information was displayed in the main administrative corridor and discreetly in residential areas. The young people on this list were encouraged to participate in the eight-week diversity course run by the education department.

4.15 Cultural events were usually celebrated each month, including the major religious festivals and Black History month. Over the previous year a number of stimulating events had been organised, including a Holocaust survivor exhibition, a diversity event involving sport and an Indian martial arts exhibition. There were few positive images of diversity on display apart from in the education department.

4.16 Challenge It, Change It diversity training for staff was being delivered and by December 2010, approximately three-quarters of the staff group had completed it.

Foreign nationals

4.17 There was a local foreign national policy containing guidance issued by the Prison Service. The needs of foreign national young people were considered briefly at the monthly DREAT meetings.

4.18 There were 12 foreign national young people at the time of the inspection which was double the number at the previous inspection. Four of these young people were on remand. The designated foreign national coordinator was a full-time caseworker in the resettlement team, but he did not have any protected time to carry out his duties relating to foreign nationals. He estimated that he spent one hour a week carrying out foreign national work but this was insufficient and a backlog of work was building up.

4.19 The coordinator interviewed all foreign national young people on admission. He used a foreign national induction pack and induction leaflet to ensure that they understood their rights and entitlements. In particular, he made sure that young people received their entitlement to free letters and free international telephone calls. There was no material in foreign languages and very little use had been made of interpretation or translation services apart from the recent case of a Romanian young person. The foreign national coordinator also routinely wrote to the young person's home embassy advising them that a young person was being held in custody, but he seldom received a response.

4.20 The foreign national coordinator maintained a database of all foreign national young people, together with individual files containing a brief pen picture of their circumstances. This information was held in the casework department. Foreign national young people were located throughout the establishment and it was clear from talking to wing-based staff that they did not

always know who they were or have an understanding of their needs. There were no support groups for young foreign nationals.

4.21 The foreign national coordinator maintained close contact with the UK Border Agency through a named contact. He also kept in touch with the local enforcement office and representatives occasionally visited the establishment to interview young people. Foreign national young people did not have access to independent support or advice.

4.22 Very little use was made of translation services. Although we did not come across any examples when translation services should have been used, we detected a reluctance on the part of staff who explained that it was a very expensive service. There was no material readily available in foreign languages but staff were able to have documents translated quickly if necessary and had done so recently.

Recommendations

4.23 All foreign national young people should have the opportunity to receive independent advice and guidance.

4.24 There should be regular support and information groups available for young people who are foreign nationals.

Housekeeping point

4.25 The summary information produced by the foreign national coordinator about individual young people should be available to wing staff in regular contact with them.

Disability

4.26 There was a database to record young people with a disability but there were no young people listed at the time of the inspection. In the previous month two young people had been recorded as having a disability. Personal evacuation plans were written when appropriate.

4.27 Young people were asked about disabilities during reception and the diversity manager carried out a further assessment interview with any young people who had disclosed a disability, including a learning disability. Many of the assessments simply recorded that there were 'no issues'. He had not received any training to carry out such assessments. A short summary, including specific needs, was circulated to all staff in the establishment. Each young person with a disability was discussed at the weekly referral meetings but this was not an effective forum for care planning or information sharing (see also safeguarding section).

4.28 No cells had been adapted for wheelchair users. The diversity manager was aware of the requirements of the Equality Act 2010. He had issued basic guidance to staff about the legislation and how to make reasonable adjustments for young people with disabilities. Our 2009 inspection report recommended that, following a needs assessment, the disability policy should be revised to include operational guidance for all functions in the establishment and that all young people with a disability should have a care plan. The policy was being revised and a programme of impact assessments was in progress. We were told that health care plans would address the needs of young people. Such plans were not readily available to residential staff who in the main were responsible for day-to-day care that was not medical. It was not

appropriate to assume that care planning for young people with disabilities should be the responsibility of health care services.

Recommendation

4.29 All young people with a disability should have a multidisciplinary care plan that sets out how their day-to-day needs, including social care needs, will be met and ensures equality of access to all aspects of the regime and services. The care plans should be readily available to all staff involved in the care of young people.

Religion

4.30 There was no policy or action plan describing how the religious needs of young people would be met. There was no formal monitoring of equality of treatment by religion. The diversity officer had started some informal monitoring by religion but it was in the form of a fairly basic spreadsheet and it was not considered at the DREAT meetings. We did not encounter any obvious examples of discrimination on the grounds of religion.

Sexual orientation

4.31 There was only one general action point in the diversity and equality action plan concerning sexual orientation but it did not describe how young people who were gay or bisexual would be supported and there was no reference in the plan to the need to challenge homophobic behaviour and attitudes. However, we came across an example of homophobic behaviour being very effectively challenged during an induction session. This appeared to be an appropriate spontaneous response to unacceptable behaviour but there was no evidence of a strategy for dealing with discrimination on the basis of sexual orientation.

4.32 We found little awareness that some young people might be troubled by issues of transgender and gender status. Nevertheless, transgender was the subject of two action points in the diversity and equality action plan, which was commendable.

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 The health needs assessment had been updated following the re-role. The recent opening of the new health and wellbeing centre had significantly enhanced delivery of health services. The skill mix was suitable to meet the needs of young people. Access to primary health care services was generally good, although there were too many wasted appointments. Some young people waited too long to see the dentist and health promotion was under-developed. Levels of prescribing were low and appropriate for the population. Controlled drugs could now be administered to meet specific needs such as attention deficit hyperactivity disorder (ADHD). Primary mental health care nurses still had no protected time to see young people. A new child and adolescent mental health service (CAMHS) had been introduced very recently. Young people spoke highly of their experience of health care and this was reflected in our survey.

General

5.2 Health care was commissioned by NHS North Staffordshire and provided by North Staffordshire Community Healthcare. Since the previous inspection, a new health and wellbeing centre had been built and equipped with funding from the Youth Justice Board.

5.3 The health needs assessment had been updated at the beginning of 2011, to reflect changes in the population including the recent re-role of the prison to accept remanded young people. There was a draft health delivery plan for 2011 which identified further service development needs. It was too early to judge whether the current services would meet the changed needs of the population.

5.4 North and South Staffordshire Prisons Health Partnership Board met quarterly. Representation from the establishment included the governor, health care manager, NHS commissioner and the provider primary care trust (PCT).

5.5 The health and wellbeing centre had been in operation since December 2010 and young people had most of their health care appointments there. The centre included a consulting room, treatment room, pharmacy room and dental suite with a large group room and separate consulting space for CAMHS patients. The centre had significantly improved confidentiality and infection control arrangements. There were also treatment rooms in reception and the three residential wings. All rooms had been refurbished to a high standard and now met infection control requirements except for the lack of a hand wash basin in the reception treatment room. There was a dedicated cleaner and formal cleaning schedules were used for the main centre. There were no formal arrangements for cleaning the wing or reception treatment rooms.

5.6 Health care was regularly represented at some establishment meetings, including public protection, safeguarding and diversity meetings. There was good evidence of health care attendance and contribution of information to ACCT reviews on the basis of assessed priority of the case but they did not regularly attend initial or pre-release training planning meetings to ensure that the young person's health care needs were discussed.

5.7 Young people were asked during health care reception screening whether they considered themselves to have a disability but this did not help to identify formally those young people with a mild to moderate learning disability who might not consider themselves as having difficulty. We understood there were plans to introduce a national learning disability screening tool in April 2011.

5.8 In our survey, 81% of young people against the national comparator of 60% said that health care was good or very good and this view was consistently supported by young people we spoke to in groups and individually. We observed nurses and other health professionals engaging very well and sensitively with young people.

Recommendation

5.9 Health care staff should attend relevant training planning meetings to ensure that young people's health care needs are properly catered for.

Housekeeping points

5.10 There should be appropriate hand washing facilities in the reception treatment room.

5.11 Formal arrangements for cleaning wing treatment rooms should be made.

Clinical governance

5.12 Clinical governance was reasonably good. Dedicated staffing included a health care manager who was a health visitor, six registered mental health nurses and two registered general nurses, supported by two health care support workers. There were no registered children's nurses but the skill mix was adequate to meet the needs of the population. There was a part-time administrator and a dedicated cleaner but nurses were still doing routine administration work such as typing referral letters. One of the support workers had a background in mental health and learning disabilities and had started to make links with education, to identify and better support young people with learning difficulties.

5.13 All nursing staff had up-to-date or booked appraisals and monthly group clinical supervision had just started. There was a training plan and staff had received relevant training within the previous year, including basic life support and defibrillation. We spoke to a range of prison officers on the residential wings who had not received basic life support training in the previous year. One officer who had received training told us that this training had enabled him to resuscitate a young person who had made a serious attempt to hang himself shortly before the inspection. All registered nurses and support workers had received child protection training at level 1 and one nurse had completed levels 2 and 3.

5.14 Young people we observed seemed engaged in their health care and staff explained interventions in helpful, clear language. There had been very few formal complaints in the previous year and responses we examined were clear, respectful and constructive. There was still no confidential system for health care complaints. There had previously been a patient advice and liaison service group but this had ceased. At the time of the inspection, some work was being done to reinstate this group.

5.15 Twenty-four adverse incidents had been reported in the previous year and one serious untoward event (self injury). Four near-miss incidents had also been reported. All incidents

were reported through the monthly clinical governance committee to the PCT. Incidents were also reported through the PCT clinical governance committee as a standing item on prison health. Incidents were also reported to the quarterly prison partnership board. Identified learning lessons were regularly emailed to health care staff for action and information.

5.16 Records showed that nurses usually attended planned use of control and restraint and incidents where there was resulting injury, although we noted four occasions in the previous three months where records showed that nurses had not been notified of the incident and had thus been unable to examine the young person at the time.

5.17 The SystmOne clinical records system had been implemented recently and was well used by all health professionals. One nurse had been trained as a trainer and was working with colleagues to embed good electronic recording including a bespoke assessment template for young people returning to the establishment within three months. We noted good quality records with appropriate and complete entries including scanned letters and identity photographs. There were no care plans for young people with chronic diseases such as asthma. All previous paper clinical records except current dental records were sealed and held centrally in the establishment to be filed with the core prison record on transfer or discharge.

5.18 There was no evidence of routine monitoring of equality of access to services among young people (see diversity section).

5.19 Resuscitation equipment, including a portable defibrillator, was kept in the main health care centre. A second defibrillator was kept in the prison information centre. There were also 'grab' bags in the wing and reception treatment rooms. A comprehensive, up-to-date check log which covered all the equipment and the refrigerator temperatures was kept in the health care centre.

5.20 There was a comprehensive range of up-to-date PCT/prison policies including communicable diseases and an outbreak plan. There was appropriate reference material and satisfactory evidence of child centred themes from national policy such as Every Child Matters and the Children Act 1989 incorporated within policies and literature. Staff were mindful of the age and particular needs of this population.

5.21 There were care pathways for young people in sexual health, substance misuse and mental health, and a diabetes pathway was being developed. There was a good range of in-house and externally produced health promotion leaflets together with nationally produced NHS and other health specialist literature. Most of the in-house leaflets included picture icons and were written in age-appropriate language and text.

5.22 There was a consent form for young people to agree for their community GP to share information with the prison health care staff and a second for health care staff to seek consent from young people to share information with other departments. It was not clear whether these were used routinely on or soon after arrival at the establishment. Both forms included a slot for staff to confirm that they had considered the competence of the young person to consent. Health care professionals also had to acknowledge competence of the young person to consent to immunisations.

Recommendations

5.23 All discipline staff should receive basic life support training.

5.24 There should be a confidential system for young people to make health care complaints.

5.25 Health care staff should be notified and attend every use of control and restraint.

5.26 All young people with a specific health care need such as asthma should have a care plan.

Housekeeping point

5.27 There should be routine monitoring of equality of access to services.

Pharmacy

5.28 Pharmacy services were provided by a local pharmacy supplier who had recently taken over the contract. There was a central pharmacy room in the main health centre with suitable compliant storage facilities including the controlled drug cupboard. Young people collected medication via a hatch. Access to the room was through a metal gate and locked door, to which only nursing staff had keys.

5.29 Drug cupboards in the wing treatment rooms contained small amounts of medication which were properly labelled and stored. All refrigerator temperatures were within appropriate range and there was regular recording of checked temperatures.

5.30 There were appropriately low levels of prescribing. There was a limited amount of in-possession medication including topical preparations, inhalers and antibiotics. The first controlled drug had been supplied the week of the inspection which had enabled a young person with ADHD to be appropriately treated. Most health care staff had recently received direct training in administration of controlled drugs and the two remaining staff had received cascade training from other staff members. Patient information leaflets were usually supplied with medication.

5.31 Standard HR 013 paper prescription/administration charts were used and photographs were always attached. There were some instances where an in-possession risk assessment had been attached but had not been completed prior to administration of the medication. None of the risk assessments had a signature to indicate who had done the assessment or the date. There were instances where medication had been omitted but no reason had been recorded.

5.32 Nurses were able to administer medication using the special sick facility and the homely remedies list. Some of the Ibuprofen for special sick was being supplied from pharmacy only packs instead of the general sales list packs.

5.33 If medication was required out of hours, the out-of-hours GP service faxed a prescription.

5.34 The pharmacist visited the prison monthly and prescriptions were supplied promptly. The pharmacist said that there were monthly audits of out-of-date medication but these records were not available at the inspection. The pharmacist was in the process of setting up a pharmacist-led clinic and this was clearly advertised in the treatment rooms.

5.35 The monthly medicines management meeting had recently restarted but there was no representation from the PCT. The in-possession policy and risk assessment did not include a

list of drugs allowed for in possession. There was no prescribing formulary and we were told that patient group directions for some medications were awaiting ratification by the PCT.

5.36 Stock levels were monitored regularly but there was no audit of the stock medication supplied. Pharmacy and prescribing data were not collated.

Recommendations

5.37 The in-possession risk assessment of each drug and patient should be properly documented and the reasons for the decision provided.

5.38 All medication records should be fully completed, including a record of occasions when a patient has missed or refused a dose, with the reason for the omission.

5.39 The medicines management forum should develop a formulary.

Housekeeping points

5.40 The standard operating procedure (SOP) for controlled drugs should comply with current legal requirements, and staff handling controlled drugs should read and be trained in the SOP.

5.41 Controlled drugs registers should comply with the Misuse of Drugs Regulations.

5.42 The use of general stock should be audited and reconciled against prescriptions issued.

5.43 Prescribing data should be collated to demonstrate value for money and promote effective medicines management.

Dentistry

5.44 The dental contractor had withdrawn just before the inspection. The commissioners had made interim arrangements with a dentist already contracted to other local prisons to attend the two sessions per month. This interim arrangement was planned to continue pending the award of a new contract through a current tender process. A new specification had been developed which included a full NHS service along with oral health promotion and leave cover. A proxy for dental needs had been referenced in the updated health needs assessment using the relatively high incidence of dental pain dealt with by nurse triage. Appropriate arrangements were already in place for emergency/out-of-hours cover through a local dental access clinic.

5.45 There was a new dental surgery in the health and wellbeing centre. The surgery was modern and clean and met infection control requirements regarding separation of clean and dirty equipment and we were told that compliance with recent Department of Health requirements (HTM:01-05) regarding decontamination was almost complete. Neither the locum dentist nor the dental surgery assistant had attended the establishment previously and were unfamiliar with the set-up and layout. Some equipment had not yet been unpacked. In our previous report we had noted the need for specific pieces of equipment to be available and we were advised that the PCT was aware of this. Statutory notices regarding X-ray equipment local rules were not displayed. Oxygen, emergency drugs and other resuscitation equipment was readily accessible in a room next to the surgery. We were advised that the PCT was due to conduct a full commissioning/dental reference visit in April 2011.

5.46 There was a dental pathway and young people could self refer. We observed a clinic run by the locum dentist with nine patients booked in and treated which was an increase from the usual seven or eight patients in one session. There were 37 young people on the waiting list, with the longest wait being eight weeks. There was some informal evidence of distinguishing which young people had an urgent need. Primary care nurses determined the order of appointments without the use of a formal triage protocol which could result in inconsistent decisions about clinical priority. Approximately 20% of all dental appointments over the previous year had been wasted due to young people cancelling; nurses told us that they tried to 'call down' other young people on the list wherever possible.

5.47 The current and previous dentists used both paper records and summaries on SystmOne. Paper records were kept in a locked cabinet in the health care administration office.

Recommendations

5.48 The prison should liaise with the PCT to ensure that the surgery and equipment meet all required standards and regulations.

5.49 Action should be taken to address the high level of cancelled dental appointments.

Housekeeping points

5.50 Young people should be provided with treatment planning/consent forms FP17DC or equivalent as per NHS regulations.

5.51 There should be a dental triage protocol which enables nurses to determine clinical need and priority.

Primary care

5.52 There was 24-hour nursing cover with access to GP cover both in and out of hours via the local practice and the PCT out-of-hours service. There was no inpatient unit. The range of primary care services was appropriate for young people and included access to GPs from a local practice, dentist and optician. In addition, there was a visiting specialist clinic for genito-urinary medicine from the local hospital.

5.53 All young people arriving at the establishment were seen promptly by a nurse for a first reception health screen; a slightly shortened version was used for young people returning to the establishment within three months. The initial screen included asking young people about their own GP and outstanding hospital appointments. Nurses made relevant and timely referrals to other services and we observed sensitive handling of difficult issues by nurses. Young people consistently described nurses as 'good' and 'approachable' and appeared to feel quite comfortable disclosing their health concerns. Our survey showed that 87% of young people, compared with 70% at similar establishments, said that they found it easy to see a nurse.

5.54 Young people with difficulties from sudden tobacco withdrawal were not offered nicotine replacement therapy. We were told that a business case for a service had been submitted to the commissioning PCT.

5.55 There had been a recent case of a young person arriving at reception with indications of acute alcohol withdrawal and the nurse had made arrangements for him to be transferred quickly to an establishment with an inpatient unit for the acute phase of his detoxification.

5.56 All young people were given a secondary health screen within two days which identified issues such as vaccination status and whether the young person was a parent. Young people were routinely asked about and offered childhood and hepatitis B vaccinations and screening for chlamydia. There was a small backlog of hepatitis vaccinations caused by a national supply problem.

5.57 Nurses visited the residential wings four times a day, including an evening visit, to administer medication, assess young people reporting sick and carry out simple procedures such as minor wound checks. There were no triage protocols and we were told that these were being developed.

5.58 Appointments for primary care services were made by speaking to a nurse or completing a simple application with picture icons. Young people were then given a slip with the appointment date and time.

5.59 There was a daily GP clinic from Monday to Friday between 8.30 and 10am. Young people waited no more than two days to see the GP. We observed one clinic where five out of nine appointments were lost. Approximately 9% of all GP appointments had been lost in the previous year because young people had cancelled their appointments. Health care staff made proportionate and fair use of the demerit system if a young person had missed his appointment without good reason, but there was no formal policy. Young people usually came to their health care appointments en route to training or education sessions but we were told that this did not always work smoothly. We observed one instance where a young person arrived late for an important appointment with the GP after the nurse had made several attempts to get discipline staff to bring him to health care and collect him afterwards.

5.60 There was out-of-hours GP cover from the local PCT service and on the occasions when an ambulance had been called, we were told the response was quick and there was no problem with access across the 24-hour period.

5.61 Young people with chronic diseases such as asthma were reviewed regularly by nurses but there was no formal chronic disease register.

5.62 Primary mental health nurses did not have protected time to see young people with low/moderate level mental health needs (tier 1 and 2 child and adolescent mental health criteria). This did not address the needs of the population and we had noted this at the previous inspection.

5.63 Young people were given an information leaflet telling them about health services. At the previous inspection we drew attention to a lack of strategic approach to health promotion across the establishment. There was some early evidence of health promotion activities, including a new relaxation and acupuncture session run jointly with the young people's substance misuse service. There were ad hoc links for referrals to the gym for remedial gym and weight loss support but no structured collaborative approach between health care and other departments. There was a draft health promotion policy awaiting agreement and adoption by the establishment.

Recommendations

5.64 Triage protocols should be introduced without delay.

5.65 A review of all primary care appointments should be conducted and action taken to reduce lost appointment time.

5.66 A chronic disease register should be developed on SystmOne which enables regular monitoring and review of young people with chronic conditions.

5.67 Mental health nurses should have protected time to carry out their mental health work.

Secondary care

5.68 Young people with continuing treatment or existing local hospital appointments were taken out under escort. There was no evidence of external appointments being inappropriately delayed or cancelled during the previous year. The administrator dealt with all appointments with support from nursing staff in determining clinical priority. Appointments were recorded in a paper diary and there were usually one or two appointments per week. We were told there had been no problems with escorts in the previous year. We were told of one young person deemed to be an escape risk, who had still been able to attend an appointment despite special arrangements having to be made.

Mental health

5.69 A new child and adolescent mental health service (CAMHS) had started in January 2011 commissioned from the Engage service (South Staffordshire and Shropshire Foundation Trust). The new specification included care for young people fulfilling the criteria for tiers 2 and 3 services. The specification was based on a mental health needs assessment completed in 2009 and included some projections of likely need in the remand population. Three psychologists provided the equivalent of one full-time psychologist between 9am and 5pm, Monday to Friday. A CAMHS psychiatrist held one session a month. At the time of the inspection, four young people were being seen by the psychologists and a further seven were waiting to be seen.

5.70 While it was too early to assess the impact of this service, we were told that an important element of the model was to provide wider training and support for prison staff in identifying and dealing with young people with mental health and learning disability needs. Several of the discipline staff we spoke to had not received mental health awareness training.

5.71 A mental health pathway was used to trigger a full mental health assessment and referral to the CAMHS team. A weekly multidisciplinary referral meeting was being developed to screen and discuss cases.

5.72 CAMHS staff recorded on their own Trust record and on SystmOne.

5.73 The new specification indicated that outside normal working hours young people already on the mental health caseload and identified as having an acute/ significant mental health need would be initially assessed by the primary care nurses and, if necessary, they could then be referred to the out-of-hours GP supported by a crisis management plan developed by the CAMHS team.

5.74 There had been no referrals under the Mental Health Act in the previous year.

Recommendations

5.75 All discipline staff should receive mental health awareness training.

5.76 The mental health needs assessment should be updated to take account of the new and expanding remand population.

Section 6: Activities

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.

6.1 Time out of cell for the majority of young people was good during the week, but not as good at weekends. Young people on induction were not fully occupied during the day and spent more time than most locked up. Association took place every night and there were interesting activities for young people to take part in during evening association, and the youth club was popular, but there was no scheduled time for outside exercise which was a constant source of complaint for young people.

6.2 Adherence to the core day offered young people on standard or enhanced levels of the rewards and sanctions scheme over 10 hours out of their cells each weekday. Young people were unlocked at 7.45am and locked up at 8pm. During the day they were locked up for an hour at lunchtime and half an hour at teatime. However, we observed young people returning from their activities early and spending a short period of time locked up before their meal was served and also being promptly locked up after they finished their meal which meant that they spent more time in their cells during the day than the core day suggested. That said, the majority of young people enjoyed good amounts of time out of cell on weekdays.

6.3 Time out of cell was not so good at weekends. Organised activities at the weekend were limited. There were visits and religious services, some PE and association. The best case scenario offered 8 1/2 hours out of cell. However, it was particularly poor for young people on the basic level of the rewards and sanctions scheme who only had one period of association each day at weekends rather than the two sessions available to other young people. If they chose not to attend a religious service or PE and did not have a visit, they could spend as little as 3.75 hours a day out of their cell.

6.4 We carried out two random checks of the residential wings, one in the morning and one in the afternoon, to see how many young people were in their cells during the core day. The majority of young people were off their wing attending their allocated activity but a number of young people on induction (13) were in their cells on both checks (see also induction section).

6.5 Association took place on all wings every evening. The organisation of association was good with a variety of activities in which young people could participate on different evenings. A rota was in place to give young people fair access by landing to gym, youth clubs and wing-based association sessions. The youth clubs had computers, pool tables, video games and telephones. The ability to split young people into smaller groups and give them a range of facilities removed some of the pressure of managing large groups of young people while still enabling them to spend time together.

6.6 Exercise was not included in the core day and the exercise areas were not used. In our survey, no young people said they could go outside for exercise every day against the national comparator of 44%. It was not surprising that some young people walked slowly when outside

in the fresh air moving to and from activities. The lack of time in the fresh air was raised frequently by young people during the inspection.

Recommendations

6.7 All young people should spend at least 10 hours a day out of their cells.

6.8 All young people should have at least one hour in the open air each day in a suitably equipped area with seating and good recreational facilities.

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.

6.9 Young people benefitted from good initial assessments and support in education and appropriate attention was given to those with low levels of literacy and numeracy. There was a good range of courses that met young people's needs well, including those under school-leaving age. Young people's achievements were generally good as was their progress. They gained good skills in the vocational workshops. Higher-level qualifications had been introduced since the previous inspection. The quality of teaching and learning was too variable but satisfactory overall and good in the vocational workshops. Some lessons were too long. The reflections room was used well for young people who behaved badly but poor behaviour was not always managed well. Punctuality remained poor. Very good use was made of release on temporary licence (ROTL) for the development of vocational skills. The library was a good resource and used well.

6.10 Induction included an introduction to education and vocational training and an initial assessment of young people's abilities in literacy and numeracy. The information from the initial assessment and the initial tutorials was used at the well-managed allocation board meeting to help young people choose an appropriate course and to identify any barriers to learning. This process had strengthened links with training planning and resettlement processes. Each young person was allocated a personal tutor who supported him throughout his time at the establishment. The personal tutor attended training planning reviews and held personal tutorials with young people to review their progress.

6.11 The range of courses met most young people's needs. All young people were allocated to an education or vocational training course. Most young people were able to study vocational courses as well as improving their levels of literacy and numeracy. Foundation level courses met the needs of young people with very low levels of literacy and/or numeracy and the 'Integr8' course for young people under school-leaving age focused well on an appropriately adapted version of the national curriculum, although more vocational provision would have

benefited this group. The remand population were well catered for. There were a small number of opportunities for young people to gain work skills through work-related learning in areas of the establishment such as the kitchen, 'greening' (recycling and waste management) and the laundry but opportunities for accreditation in these areas were under-developed. The curriculum was enhanced by a range of additional opportunities provided by external partners, for example the successful 'Time for Families' project, the falconry course and the financial awareness project which had enabled a number of young people to open bank accounts.

6.12 Young people with very low levels of literacy and numeracy were supported well by the special educational needs coordinator (SENCO) and by a specialist course to meet their needs as well as receiving individual support in lessons from learning support practitioners (LSPs). Staff had received training in a range of disabilities such as dyslexia, autism, Aspergers syndrome and attention deficit hyperactivity disorder (ADHD) but there was no specialist support for young people with dyslexia.

6.13 The quality of teaching and learning was variable but satisfactory overall. For example, in the vocational workshops, teachers set clear boundaries for young people and had high expectations, as demonstrated by the challenging tasks and activities they set. In these lessons, young people remained on task, behaved very well and their good, and often very good, progress and achievements were monitored and recorded rigorously. Particular features of these successful lessons were the range of challenging activities that young people found relevant and interesting. Teachers and LSPs ensured that young people remained focused and received constant feedback on their progress. Activities were sufficiently varied to ensure that these lessons had pace and purpose. The 'virtual campus' enabled young people to access assessments and on-line examinations.

6.14 However, in some lessons tasks and content were too simplistic and involved young people copying from whiteboards or working through pre-printed worksheets which were not contextualised. Young people failed to see the relevance of such activities, became bored and their behaviour deteriorated, sometimes to unacceptable levels. Despite some changes made to lesson times some lessons were still too long. We also observed too many lessons interrupted for non-urgent matters.

6.15 While the volume of accreditation had remained at approximately the same level as the previous inspection, qualifications gained by young people were more significant and most were recognised by colleges, training providers and employers. Further higher level qualifications had also been introduced, for example in ICT, cookery and vocational subjects, allowing young people whose length of stay permitted to progress. Young people gained qualifications in a wide range of subjects and in general employment and vocational skills. For example, 118 young people had gained accreditation at Level 1 in team working skills during the previous year and 30 young people had obtained painting and decorating qualifications at levels 1 or 2. A total of 103 qualifications in numeracy were achieved at level 1 or 2 and a similar number were achieved in literacy. Levels of accreditation in ICT were much lower. Many young people obtaining qualifications had progressed from more basic qualifications during their time at the establishment. A small number of GCSEs were also achieved. Young people on foundation level courses made good progress and achieved well. During the previous year, well over 90% of young people, whose length of stay allowed, left the establishment with some form of nationally recognised qualification. For many, this was their first experience of educational success.

6.16 While we observed little confrontational behaviour, we did observe some lessons in which there was too much swearing and young people refused to focus on their work or listen to the teacher. This was managed inadequately and virtually no learning took place. Relatively few

young people were returned to the residential wings for poor behaviour. Young people whose behaviour was poor were offered time in the 'reflection room' to prevent them from being returned to the residential units. The use of this facility had been successful. Its use was effectively monitored, resulting in most young people returning to lessons. Young people behaved very well in the vocational workshops and knew how to work safely.

6.17 Significant changes had been made to the provision since the previous inspection. Under the previous Offender Learning and Skills Service (OLASS) contract, the Youth Justice Board (YJB) required the establishment to deliver 25 hours of purposeful activity to each young person in custody. OLASS hours fed into this but there was no minimum requirement. Under the new OLASS contract, which was in place at the time of the inspection, the YJB required the establishment to deliver 10 hours of constructive activity and the OLASS provider was required to deliver a minimum of 15 hours per learner, per week. There had been little impact on the quantity of education and training available to young people. Staffing levels were now stable. The day-to-day management of the provision was good with clear communication and flexibility to cover most staff absence.

6.18 The self-assessment process was thorough and inclusive. The self-assessment report was well written and largely accurate, identifying key strengths and areas for improvement. The quality and development calendar was used to raise standards. A system for observations of teaching and learning had been established but the grading of the observations was in some cases over generous with too little emphasis on the quality of the learning. Good use was made of focus groups and feedback from courses.

6.19 Opportunities for partnership working were used very well. The relationship between the establishment and the local authority was very good with effective partnership working. The use of work experience placements on ROTL for young people was well developed and was being enhanced with the introduction of accredited employability qualifications (see also ETE pathway). Placements included a local zoo, an equestrian centre and a training provider. Support from the placement staff was excellent and well coordinated by the newly appointed employability skills tutor.

6.20 The management of resources was good. The classroom accommodation was limited but used to good effect. There were good displays of young people's work around the establishment and young people's achievements were celebrated well. The vocational training workshops were in a satisfactory condition with the exception of the catering workshop which was poor and not fit for purpose.

6.21 Punctuality to lessons had not improved since the previous inspection and remained poor, preventing prompt starts, especially when young people did not all arrive at the same time as occurred frequently. Attendance was satisfactory at about 90%. Young people were encouraged to attend their allocated activity and there were few refusals. One young person wrote in his survey: 'You can get GCSEs here and you have to go to college here so when you get out you will still be in the mood to go'.

Recommendations

6.22 Access to vocational training should be improved for young people under school-leaving age.

6.23 Opportunities for accreditation in work in the kitchens and recycling/waste management should be further developed.

6.24 There should be specialist support for young people with dyslexia.

6.25 Lessons should be shorter and not interrupted unnecessarily.

6.26 The lesson observation scheme should be applied rigorously to ensure that the quality of the less effective teaching and behaviour management is improved.

6.27 The facilities in the catering workshop should be improved.

6.28 Punctuality should be improved.

Library

6.29 The library had been relocated into good accommodation since the previous inspection. The new accommodation was bright and airy and more spacious.

6.30 Access to the library was satisfactory. Young people had a minimum of 30 minutes' scheduled access time per week, although most had additional time. The library was open on Saturday mornings and attendance at this session was good. A range of books, DVDs and other materials were available and these had been selected carefully to meet the needs of young people. Young people made good use of the library which was promoted well by the library staff through reading programmes and project work. Requests for additional materials and for books in languages other than English were met in a timely fashion from the local libraries network. A range of magazines and newspapers and four computers were available. The library was supported well by the local authority.

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.

6.31 Access to PE was outstanding and attendance was good. The PE programme was well balanced and young people were regularly asked for their views on PE provision. PE facilities were well used but the outdoor football pitch was in poor condition and showers were inadequate. Young people behaved well and worked hard in the gym. The use of ROTL to offer young people the experience of sports activities in the community was outstanding. Accreditation in PE was low.

6.32 Young people had six hours a week of core PE and optional recreational PE was available every weekday evening and at the weekend. This meant that young people could have 10 hours of PE a week.

6.33 Since the previous inspection, a well planned programme of activities had been introduced which provided young people with the opportunity to experience a good range of team sports as well as individual activities and fitness training. Although minor games were not formally scheduled, they were often included as warm-up or warm-down activities. An appropriate

policy had been introduced to reduce the time that young people were able to use free weights. The maximum weights allowed had also been reduced.

6.34 At the time of the inspection, the sports hall and fitness suite were very busy with well over 40 young people using the facilities on some occasions. Behaviour in the gym was very good. Relationships between staff and young people were mutually respectful. PE staff provided a relaxed and professional ethos in which to work. Young people worked hard and with enthusiasm in the gym and enjoyed their time there. It was very rare for young people to be returned from the gym for poor behaviour. Gym bans could only be imposed by a governor's award at adjudication and then only for recreational gym.

6.35 Although attendance at the gym was good, there was no formal process for monitoring refusals and the reasons for them, although the number of refusals to attend gym was very low. A quarterly forum was held to seek young people's views on PE.

6.36 The use of RoTL in the department was outstanding with 280 young people experiencing RoTL activities during the previous year. These had included swimming, mountain biking and hill walking and some of this work was accredited. For example, young people who participated in swimming gained a life-saving qualification.

6.37 Levels of accreditation were generally low as the core PE programme was not accredited, although 62 young people gained the Community Sports Leaders Award in the previous year and 55 gained football coaching awards.

6.38 The fitness suite contained good quality equipment and the sports hall was of a good size. The showers were of poor quality, had no modesty boards and were too few in number. The outdoor football pitch was of poor quality.

6.39 The prison football team played successfully in a local league, helping young people to maintain contact with the outside world.

Recommendations

6.40 Formal accreditation should be introduced to the core PE programme.

6.41 Showers for young people to use after PE should be sufficient in number to allow young people to take a shower after their activity. Showers should be brought up to a good standard with a particular emphasis on making them safe for young people to use.

Housekeeping point

6.42 Refusals to PE should be monitored and appropriate action taken.

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.

Security

7.1 The security department was supplied with a good flow of security information from staff of all departments which they managed well. Suitable adaptations had been made to the searching procedures since the previous inspection. It was standard procedure for young people to be strip-searched on arrival, although exceptions were made and in other contexts strip-searching required a risk assessment. Strip-searching was monitored by the safeguarding department. Allocation to activities was proportionate as was cell searching. Discipline moves out of the establishment were rare. Young people understood the rules and regime and their application by staff was fair.

7.2 Information supplied to the security department was good and staff were appropriately reporting matters of significance. An average of 165 security information reports (SIRs) was submitted monthly, with the most common theme inappropriate behaviour such as threats, fights and tobacco. The security committee was multidisciplinary and met monthly with good dissemination of relevant information recorded in the minutes.

7.3 It was standard procedure for young people to be strip-searched on arrival (see section on reception). Searching procedures otherwise took place following a risk assessment and agreed by the duty governor. The risk assessments that we examined were limited and contained insufficient detail. During 2010, 18 young people had been subject to a strip-search through a risk assessment, but only two of these had resulted in a find of contraband. Young people were not strip-searched using force. Data on strip-searching were collated by the security department and analysed by the safeguarding committee. The establishment had revised the searching policy and young people were no longer required to squat during a strip-search.

7.4 All young people were given a grading of green, amber or red for allocation to activities following a risk assessment by the security department on arrival at the establishment. Young people given a green or amber grading could access the full range of activities, those deemed red were restricted on what activities they could undertake. A weekly multidisciplinary activity allocation meeting took place when all young people assessed as red were reviewed and further reviewed monthly by the security committee. This was a proportionate response to risk and work allocation.

7.5 The approach to cell searching was proportionate with every cell searched twice during a six-month cycle. All cell searching outside this cycle was based on intelligence. Eighteen target cell searches had been carried out in the previous six months with significant levels of contraband found, mostly tobacco, indicating that the intelligence was sound and the process of target searching balanced.

7.6 The security department efficiently maintained a database of discipline transfer moves in and out of the establishment. During the previous six months, 22 young people had been moved out but only three had been for discipline issues; the others were recorded as age, transfer from court, compassionate and medical reasons.

7.7 Young people were informed of the rules and regime during the induction process and this was reinforced by a detailed information booklet. We observed a consistent application of the rules by staff and those young people we spoke to said that they understood the rules and that staff applied them fairly.

Recommendation

7.8 Strip-searching should only be carried out after a thorough and detailed risk assessment.

Rewards and sanctions

7.9 The rewards and sanctions scheme was generally managed fairly and consistently and all information was collated on to an excellent management tool. Some young people complained that staff did not inform them when a demerit had been issued (the equivalent of a warning), although they were provided with a copy of their records from the database on request. Systems to review young people whose behaviour fell below the required level were good but those who were subsequently downgraded were not helped by way of a care plan or useful targets to change their behaviour. The regime for young people on the basic level was not over punitive. Differentials between the levels were adequate and appropriate management checks were in place.

7.10 The rewards and sanctions scheme had been reviewed in October 2010. All new arrivals who had previously achieved enhanced status and had been transferred from another establishment kept their enhanced status once checks had verified this.

7.11 Young people were given merits or demerits depending on their behaviour and these were taken into account when considering the three levels of the scheme. Young people consistently told us that they were often not informed when they had been given a demerit. An excellent database provided a chronology of events for each young person on the scheme, including merits and demerits awarded, reviews and applications for upgrade of level. Young people could see a copy of their individual record on request.

7.12 In our survey, black and minority ethnic young people reported more negatively on their treatment through the scheme. Governance and ethnic monitoring arrangements were robust and there was no evidence of discriminatory treatment. In February 2010 only four black and minority ethnic young people were on basic and 10 were on enhanced.

7.13 Young people who attained three or more demerits in a month were subject to a review which included input from all departments involved with the young person. The young person was involved in the review board. Any young person downgraded to the basic level was reviewed every seven days. The regime for basic young people was not over punitive but the targets set were limited and mechanistic and did not adequately address the behaviour that had caused the young person to fall below the required standard. There was no evidence of behaviour contracts or care plans for young people whose behaviour had fallen below that expected to help them to make the required improvements.

7.14 Young people could achieve enhanced status if they had had no demerits in the previous two months and were conforming to all aspects of their training plan. At the time of the inspection 41 young people were on the enhanced level.

7.15 An adequate appeals procedure was in place and young people who appealed had been dealt with fairly and consistently. The residential manager quality checked 20% of young people and all upgrades and downgrades monthly.

7.16 Differentials between the three levels were adequate. C wing was a designated enhanced wing with extra association facilities. Some young people we spoke to saw this unit as elitist which discouraged them from attaining enhanced status. Other young people we spoke to who were enhanced had asked to stay on the residential wings. One young person wrote in his survey: 'If you are on enhanced you have to go onto C wing. I have problems with some lads on C Wing'.

Recommendations

7.17 Young people should be kept up to date with their progress within the rewards and sanctions scheme. In particular staff should always inform them when they have been given a demerit and explain the reasons for it.

7.18 Clear targets should be set for young people whose behaviour is likely to result in a downgrade within the rewards and sanctions scheme. Targets for young people on basic level should specifically address the problematic behaviour.

Good practice

7.19 *Young people were able to see a detailed record of merits and demerits awarded to them on request.*

Adjudications

7.20 The behaviour management strategy lacked focus and the level of adjudications was high and had increased considerably following the introduction of the remand population. The minor report system had not been embedded. The adjudication room was not fit for purpose. Although suspended awards and cautions were evident, there were still too many excessive punishments.

7.21 There was a behaviour management strategy but it was insufficiently detailed and only contained a synopsis of each policy available in the establishment. It did not describe a scaled approach to the use of the different disciplinary policies available. There was no staff guidance and no mention of minor reports in the strategy.

7.22 The level of adjudications was high and had risen since the previous inspection to an average of 135 per month. In our survey, 57% of young people said that they had experienced an adjudication. Minor reports were not embedded into the disciplinary procedures with only 29 minor reports issued during the previous six months, of which 38% were procedurally incorrect. Since the introduction of young people on remand, the number of adjudications for young people on B wing (the remand wing) had increased by 100% compared to A wing.

7.23 One quarter of respondents in our survey said that the adjudication process had not been explained clearly to them. The adjudication that we observed was well managed with explanations given at each stage to the young people. The documentation used was not age appropriate and was the same as that used in adult prisons.

7.24 There had been eight referrals to the independent adjudicator within the previous six months, all of which had been heard within one month of the charge being laid. Adjudications were heard either in the reintegration support unit (RSU) or on the wings. The adjudications we observed took place in the RSU office. The office telephone was not disabled and rang throughout proceedings, cell call bells were constantly ringing and the noise levels from young people awaiting a hearing was unacceptable.

7.25 A quarterly adjudications standardisation meeting took place in which previous adjudications, the tariff document and punishments were analysed. Some of the adjudication documentation that we examined indicated procedural frailties, for example, the young person had not been allowed to question the reporting officer, witnesses had not been called and no reason given, and there was limited exploration of the evidence before a guilty finding. Suspended awards and cautions were routinely used but we considered many punishments to be excessive, for example 75% stoppage of earnings for up to three weeks, which had the potential to affect the young person's ability to maintain contact with his family.

Recommendations

7.26 Minor reports should be embedded into the behaviour management strategy and staff trained to use them appropriately.

7.27 Adjudications should take place in a suitable setting.

Housekeeping point

7.28 Young people should be given information about their disciplinary charge in an age-appropriate format.

Use of force

7.29 There was no local use of force policy and the policy that was in place was not specific to young people. However, use of force was used as a last resort and written records of all incidents were good. De-escalation techniques were often used well and all young people were spoken to after they had been restrained, usually by a member of the safeguarding team. Governance arrangements concerning the use of force were robust and appropriately linked to safeguarding. Health care examinations following restraint were not sufficiently thorough.

7.30 Use of force was used appropriately, with a monthly average of 29 incidents involving force over the previous six months, 10 of which had involved control and restraint (C&R) techniques. C&R was employed predominantly to prevent fights and assaults. In our survey, 29% of young people said they had been physically restrained which had increased from 19% at the 2009 inspection. The prison recorded all aspects of restrictive physical intervention (RPI) including restriction of the movement of limbs to prevent further incident, and unrestrictive physical intervention (UPI) which included walking young people by the arm away from an incident.

7.31 Use of force documentation was completed in all incidents of C&R, RPI and UPI. The quality was good and demonstrated that staff de-escalated incidents quickly where appropriate. There had been eight planned interventions since the previous inspection and all but one had been videoed. Some of the videos did not clearly show what was happening in the cell because of the position of the camera and the lack of light in the cell. The videos demonstrated that de-escalation was always deployed as soon as practical during the incident.

7.32 Health care staff attended all planned interventions but their examination of the young person was perfunctory, often taking place at the door some six feet away from the young person. A F213 healthcare form was completed in every incident.

7.33 A use of force committee met quarterly to analyse all aspects of the data for use of force, including the staff involved. A good report was produced which was disseminated to relevant departments, including safeguarding. The deputy governor carried out weekly management checks of all incidents, compiling action points as necessary and learning points or issues to be addressed for any staff involved. Data specific to the new remand population had not been analysed and our analysis of this indicated that B wing, which was the remand wing, had three times as many incidents as A wing. However overall there had been no increase in the use of force compared with the previous inspection following the introduction of the remand population.

7.34 Post-incident de-briefs took place with all young people involved in a use of force incident and these were always carried out by a member of staff independent of the incident, usually by a member of the safeguarding team.

7.35 There was no local use of force policy and the establishment used the generic West Midlands policy, which was inappropriate for this age group. Over 90% of uniformed staff had been trained in C&R techniques.

Recommendations

7.36 Health care staff should carry out a full examination of all young people involved in an incident of the use of force.

7.37 The establishment should produce an age-appropriate, local use of force policy.

7.38 All staff should have up to date training in C and R.

Housekeeping points

7.39 Videos of planned interventions should always show what is happening at every point of a C&R incident.

7.40 Data analysis of C&R incidents should include patterns and trends specifically for the remand population.

Care and separation

7.41 Staff in the RSU displayed a caring approach but they had received limited training to equip them to deal with the most troubled and troublesome young people in the establishment. The cells in the RSU were dirty and there was graffiti throughout, and there had been no improvement in this regard since the previous inspection. Young people did not spend long periods of time in the RSU but reintegration plans were inadequate and the regime was limited. Exercise and showers were not offered daily and this was unacceptable.

7.42 The RSU was located on the ground floor of the Denby unit and consisted of eight cells, two of which were ligature free. Cells we observed were unkempt, graffiti was evident on walls and furniture and the sinks and toilets were dirty. There was a shower room, one telephone and a small selection of books. Exercise took place on the adjacent Doulton unit yard.

7.43 In the previous six months, 72 young people had been held in the RSU for reasons of good order or discipline, six for their own protection and five as part of the violence reduction policy (see bullying section). The average length of stay in the RSU was four days. The RSU was no longer used as a calm-down facility.

7.44 Staff working in the RSU displayed a caring approach to young people and had a good knowledge of them. Staff training was limited to an adjudication course and did not cover the management of the most challenging young people in the establishment. There had been no mental health awareness training. There was an RSU policy document in place which was well understood by staff.

7.45 The published regime stated that showers and telephone calls were allowed every other day dependent on behaviour. Misbehaviour could result in only one shower and telephone call a week, which was unacceptable. The RSU policy indicated that young people could attend off-the-wing activities as part of the core regime but staff we spoke to said this rarely happened.

7.46 Authorisation documentation that we observed was completed to a good standard and demonstrated appropriate authority for location in the RSU. Reviews were timely, usually included the young person but were not multidisciplinary. A good database recorded all young people who had resided in the RSU, the reasons and any other relevant information. Reintegration plans had been introduced but these were inconsistent and limited to basic information which did not support the reintegration of the most challenging and vulnerable young people.

Recommendations

7.47 The RSU should be maintained in a clean and tidy condition at all times.

7.48 Training for RSU staff should include managing difficult and challenging young people and mental health awareness.

7.49 Young people in the RSU should be allowed a daily shower and telephone call irrespective of their behaviour.

7.50 Young people located in the RSU should have an individual care plan that identifies their problem behaviour and the underlying causes. The plans should clearly outline how the behaviour is to be addressed, include a suitable regime that meets their needs and lead to an appropriately staged reintegration to normal location. Reviews should be multidisciplinary.

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 Most young people ate out of their cells for all meals. Wing serveries and the main kitchen were kept clean and food hygiene and safety requirements were adhered to. Menus had been checked by a nutritionist. There were good arrangements in place to seek young people's views about the food and the catering department responded appropriately. The menus provided reasonable choice and identified items suitable for particular diets to aid selection of choices. A hot option was available at most meals, including breakfast, and fruit was provided daily but young people were not complimentary about the food, in particular portion sizes. Opportunities for young people to work in the main kitchen were limited.

8.2 Young people, with the exception of those on loss of association or subject to violence reduction procedures, were able to eat together at each meal. The seats at the tables on the wings were numbered to correspond with cell numbers but young people were not routinely required to sit according to their cell location.

8.3 Wing serveries were kept clean and tidy and were checked regularly by kitchen staff. Young people involved in serving food wore 'whites' and used the appropriate utensils. We were told there had been an issue with portion control which was being more tightly managed by staff supervising the serving of food.

8.4 In our survey, 22% of young people said they thought the food was good or very good against the 2009 survey result of 38% and several young people we spoke to complained about portion sizes. The meal servings that we observed were plentiful but were evidently not sufficient to satisfy adolescent appetites. Comments books were available on the residential wings and were checked regularly and responded to by the catering manager. Quarterly consultation meetings were held and a number of changes had been made to the menus in response to requests by young people at these meetings. A food survey was carried out every six months. The catering manager had a high profile among the young people and was frequently in communication with them.

8.5 Young people selected from a four-week menu cycle which catered for the main dietary and religious requirements. Other special diets, either religious or medical, could be catered for on request. Medical diets were rare but the arrangements to cater for them were well established. Choices on the menus were clearly identified as vegetarian, halal, vegan or healthy and also featured pictures of the animal that provided the meat for each option. Summer and winter menus were in operation and a nutritionist external to the National Offender Management Service was consulted about the menus. Fruit and fruit juice were provided daily.

8.6 Breakfast was served each morning on the wings, and included the option of porridge Monday to Saturday, with a cooked breakfast on Sundays. Lunch during the week included a hot

accompaniment to the chosen sandwich and was a hot meal at weekends. The tea meal was hot during the week and a cold sandwich meal at weekends. This included a pack of noodles for young people to make, as well as crisps, fruit, juice and a flapjack. A supper snack was provided each evening with the tea meal.

8.7 The kitchen where all the food was prepared was well equipped and properly maintained. Good standards of hygiene and food safety were adhered to. There was scope for up to three young people to work in the kitchen but only one was doing so during the inspection. Qualifications were gained via the vocational training kitchen, with the main kitchen providing an opportunity for practical application of the skills learnt there. Links with other departments such as education, health care and PE in relation to healthy lifestyles were underdeveloped.

Housekeeping point

8.8 The catering department should develop links with other departments in the establishment to promote healthy lifestyles.

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.

8.9 Young people did not raise many issues about canteen. The range of goods was adequate with some economy range products available. Healthy eating choices were limited, but there were opportunities for young people to contribute their views on the goods available. Some newly arrived young people had a lengthy wait to receive their first ordered goods because of the weekly ordering cycle. Bullying for canteen items was raised as an issue by young people and in some cells the displays of toiletries far exceeded the maximum number allowed.

8.10 Young people raised few issues about the canteen arrangements. Young people were consulted when quarterly reviews of the product list were carried out. The list contained a mix of toiletry, snack and stationery items, but the only healthy snacks identified on the list were apples and almonds. There were some economy range goods available as well as brand name items. Newspapers and magazines could be ordered for four weeks at a time and there were also arrangements in place for young people to order CDs, CD players, radios, shavers and other items allowed in possession. Young people could also order items from an approved supplier of Muslim religious items. None of these arrangements attracted administration charges, although young people were responsible for the delivery charges for the items they ordered.

8.11 New arrivals were issued with a free reception pack which contained toiletries, writing materials and some snacks, and they also had the option to purchase a pack which included extra telephone credits. Weekly order sheets were issued on Fridays and collected on Sundays. New arrivals could not order any further items after their reception pack until the next weekly cycle. A young person who arrived on Monday would not receive any further items for 11 days. This had implications for bullying.

8.12 Goods were distributed in sealed bags the following Friday afternoon when the young people were in their cells. This helped to some extent to reduce the risk of bullying, and staff

described needing to be aware of what young people were ordering from canteen in this context. However, the quantity of belongings some young people had on display in their cells did raise concerns about coercion, and published limits on the amount of each item young people could have on display were not being enforced. In our safety interviews young people talked about their awareness of bullying for shower gels and other canteen items and one young person said: 'a couple of fights have happened over bullying for canteen items' (see also bullying and residential sections)

Recommendation

8.13 Young people should be able to order items from the prison shop within 24 hours of their arrival at the establishment.

Housekeeping point

8.14 There should be a greater choice of healthy snacks available through the canteen.

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 2009 resettlement strategy was comprehensive and focused on delivering the core resettlement pathways, but the planned review did not include strategies for remanded young people and the findings of the needs analysis. It was not clear how the resettlement committee monitored the implementation of the strategy. The recent resettlement needs analysis and the subsequent action plan was a promising initiative, although not yet implemented. A number of youth offending teams (YOTs) were regularly represented at the resettlement committee, but there were gaps in representation by other community agencies and the attendance of establishment staff was erratic. Release on temporary licence (ROTL) opportunities were exceptional.

9.2 The strategic management of resettlement had improved since the previous inspection. The resettlement and reducing re-offending strategy had been refined in December 2009 and now set out comprehensively the resettlement objectives for sentenced young people, but had not been amended to take account of the needs of remanded young people. It appropriately focused on the delivery of the seven resettlement pathways, public protection, community engagement, safeguarding children and young people, and ROTL. Each area of work was led by a senior manager and case worker/coordinator. The strategy was due to be reviewed in 2011. The establishment did not collect any resettlement data, over and above that required by the Youth Justice Board which mainly focused on inputs and outputs. Thus they were unable to monitor the effectiveness of their resettlement strategy against outcomes, which was a weakness.

9.3 The resettlement needs analysis was based upon 116 responses to a questionnaire completed by young people in November 2010. It included questions about their home areas, accommodation needs, education, training and employment aspirations, health and substance misuse concerns, family relationships, financial advice required and their understanding and access to opportunities available on ROTL. Their responses were analysed and an action plan to address the issues that had been highlighted was in the process of being developed.

9.4 The resettlement management committee met monthly and monitored the key objectives set out in the 2009 strategy. Commendably, meetings were attended by a number of YOT managers, but there was no regular representation from other community agencies and the attendance from internal staff members was erratic. A standard agenda included all areas of work, but they were not always reported on or discussed and it was not clear from the minutes how the actions in the reports would enable the key objectives to be met. However, there was evidence of a great deal of activity to support the establishment's resettlement agenda, including the November 2010 resettlement fair attended by numerous external organisations

and 77% of young people, plans for an employment road show and numerous ongoing links with external organisations providing services for young people.

9.5 The exceptional range of work experience placements, training opportunities and restorative justice projects available for young people who were granted ROTL was a core component of the establishment's resettlement strategy. There were an impressive number of high quality work experience and training placements and the involvement of a local independent training provider meant that all young people eligible for ROTL had a suitable placement. There was an effective system to ensure that all eligible young people were aware of opportunities and could apply. Applications and ROTL boards were managed well and involved the young person in the decision making and those who were initially refused were given targets to achieve, which encouraged and supported them to apply at a later date. Although the number of young people benefitting from ROTL placements was relatively low, risk was appropriately assessed and managed for individual young people and there were efficient procedures in place to deal with the growing number of applications.

Recommendations

9.6 The revised resettlement strategy should include a section on remanded young people and incorporate the findings of the needs analysis.

9.7 Relevant voluntary, statutory and community agencies should be invited to attend the resettlement management committee meetings.

Housekeeping points

9.8 The resettlement strategy should identify relevant outcome data that should be collected as part of a range of measures to assess the effectiveness of the resettlement strategy.

9.9 Attendance by internal members of the resettlement management committee should be monitored and appropriate action taken to ensure improvement.

Good practice

9.10 *The high quality of placements and the support young people received to achieve success and gain recognised accreditations for their learning were excellent.*

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.

9.11 The quality of training plans for sentenced young people was variable and some lacked clear assessments. Some individual targets were well defined and specific to the individual, but others were too generic. In the sample of remand plans that we examined, the quality was consistently poor. Although the recording of individual casework was generally weak, case workers spent a lot of time with young people to understand their needs and worked hard to meet them. A recently developed quality assurance process for training and remand management documentation was ready to be implemented. The training planning reviews we observed were well managed by case workers and appropriately focused on planning for the young person's reintegration into the community while addressing complex welfare issues. Public protection arrangements were sound and young people were regularly and appropriately monitored.

9.12 Training planning was undertaken by six case workers, directly managed by a senior officer. Training planning documentation that we examined varied in quality and some lacked sufficient detail to be informative. Individual assessment of need was weak. In the majority of cases, it was unclear why the young person had been given the specific targets set out in their training plan.

9.13 All training plans had written objectives and related targets and for some young people they were well defined and specific to their needs. Others, however, were too generic and followed a repeated formula. In all cases, training planning targets were reviewed and updated, but the quality of entries varied and in some cases it was unclear what the young person had achieved or what his next target was. Young people were encouraged and if necessary assisted to complete the children's and young people's consultation form. Case workers were responsible for reviewing the initial vulnerability assessments (T1Vs) and associated action plans as part of the training planning process. However, the initial assessments did not contain plans to address vulnerabilities (see section on reception) and the reviews we examined added little to the original assessment of vulnerability. At the previous inspection, we identified the same weaknesses in the recording of training plans and recommended improvements, which had not been achieved. There was a newly developed procedure for quality assurance of training plans but this had not been implemented.

9.14 The establishment's records indicated that the vast majority of training planning meetings took place within the required timescales. At the previous inspection we observed high quality training planning meetings. This had continued and the reviews that we observed were well managed by the caseworker and appropriately focused on planning for the young person's reintegration into the community and addressing complex welfare issues. The inadequate records did not reflect the quality of work that had obviously taken place. It was evident that caseworkers had assessed and understood the needs of individual young people, had significant contact with them and worked hard to help them meet their needs.

9.15 Records indicated that the majority of training reviews were attended by the young person's YOT worker, although in our survey only 75% of young people said that they had been in touch with their YOT worker since they had been in the establishment, against the national comparator of 84%. Attendance by internal departments at training planning reviews was erratic and, although we had recommended at the previous inspection that personal officers and health care staff should attend reviews, this has not been achieved. The education department attended more frequently and YPSMS workers attended when relevant. The establishment reported that families attended approximately 50% of reviews.

9.16 The case management team had not been given additional resources to manage remand work. We examined a sample of remand management plans. The average time in custody of

the sample was approximately four weeks. All young people had had their bail review completed within five days, 10 had had their remand management plan meeting within 10 days, and all within 15 days. None of the cases gave detailed information about the young person or described properly how their needs would be addressed. All remand plans contained individual targets but, in only two cases were the targets found to have taken account of the individual needs of the young person. For example, one young person had been identified by his YOT worker as requiring assessment by the child and adolescent mental health service. He had recently suffered a family bereavement and also had substance misuse issues. There was no mention in the initial vulnerability assessment or the remand management plan of how these risks were going to be managed, particularly on the first night.

9.17 Young people serving long sentences received similar support to those on shorter sentences and were mostly managed by one caseworker who was trained to complete life sentence planning documentation for young people serving indeterminate sentences. There was an effective system to ensure that the transition between Werrington and young offender institutions at the age of 18 was completed smoothly.

9.18 The establishment had a public protection policy and public protection arrangements were sound. Young people who had committed serious offences and/or were high risk were identified on reception and details passed to the resettlement department. All young people who were identified as a potential risk to the public had their risk regularly assessed at the establishment's monthly risk management meeting, which took place after the resettlement strategy meeting and was attended by the same people. Caseworkers attended multi-agency public protection arrangements (MAPPA) meetings and records indicated good involvement. The head of safeguarding attended MAPPA meetings when significant safeguarding issues were being discussed.

Recommendation

9.19 Training plans and remand management plans should set specific, measurable, achievable, realistic and time-bound targets based on a comprehensive assessment of risk and need and consultation with the young person. This should be clearly recorded on the appropriate documentation.

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

9.20 Young people's accommodation needs were identified quickly by caseworkers who routinely raised the issues in training planning meetings. Young people received good advice on education and training opportunities although the service offered by Connexions was poor. Young people benefitted from good work experience placement through ROTL, gaining accreditation and useful skills. A significant number left Werrington with an appropriate ETE placement. Discharge arrangements for young people's health needs were inadequate. There were excellent working relationships between YPSMS and community-based drug agencies.

There was good financial advice available to young people. It was difficult for families to visit but visits staff were helpful. Family days no longer took place but there were initiatives to work with young people and their families to help them to sustain or improve relationships. There was no additional support for young people who were fathers. A range of offending behaviour programmes had been introduced.

Accommodation

9.21 The resettlement needs analysis identified that only 48% of young people planned to return to their parent/carer. In our survey, 24% of young people said that they did not know who to contact for help with accommodation, against the national comparator of 37% and 38% in our 2009 survey.

9.22 Accommodation issues were identified at the initial training planning meeting and we observed one such meeting. Case workers addressed accommodation needs on an individual basis and records showed that accommodation was routinely raised in training planning meetings.

9.23 The establishment had established good links with housing providers in their core catchment area and, while they did not make direct referrals, they were able to advise YOTs of suitable accommodation for young people who required supported accommodation. The independent criminal justice organisation Catch 22 worked in the establishment to assist young people making housing applications.

9.24 There was no evidence that young people left custody without accommodation to go to but the establishment did not carry out any follow-up work to establish whether the young person remained in the accommodation they went to for any significant period. Such follow-up data would have provided useful management information to assess whether accommodation provided was suitable and sustainable which in turn would be of benefit in informing the resettlement strategy.

Recommendation

9.25 The establishment should collect data about the sustainability of the accommodation that young people have been released to. This should be analysed and used to identify the most suitable accommodation for young people on release.

Housekeeping points

9.26 The establishment should record judgements of suitable and sustainable accommodation against agreed criteria.

9.27 Information about sources of help available within the establishment to assist young people with accommodation problems should be provided to all young people as part of their induction and also be well publicised.

Education, training and employment

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

9.28 Good quality information advice and guidance (IAG) was provided by the newly appointed IAG worker and a comprehensive service was provided to young people. Connexions provision was inadequate.

9.29 Particularly good use was made of ROTL for education and the development of work-related skills. We observed a number of young people on work placements and they all spoke highly of the experience and how they had gained confidence as well as new skills. All young people received a high level of individual support from a YMCA worker, who ensured that the young person settled into his placement and that it was appropriate for him. The formal accreditation of the skills learned on work experience and training placements was an excellent innovation, which enabled young people to demonstrate their skills and experience to prospective employers. ROTL was also used well for restorative justice and Community Payback purposes and young people were also temporarily released to attend college and accommodation appointments and go on family town visits.

9.30 The recent initiative to provide mentoring support post release and track sustainability of placements was innovative.

9.31 Ninety per cent of young people who had left Werrington in the previous three months had had an ETE placement to go to and 6% had left with a job.

Mental and physical health

9.32 All young people leaving the establishment on discharge or transfer were seen in reception by a nurse but there were no structured discharge arrangements for seeing young people in advance of their departure to provide them with information about local health services. Health care did not regularly attend pre-release training planning meetings to ensure that plans for the young person's health care needs on release were in place (see training planning section).

9.33 Young people on prescribed medication were given seven days' supply.

9.34 Young people under the establishment CAMHS team were linked with their local CAMHS team.

Recommendation

9.35 All young people being released or transferred should be seen in advance of their discharge and given information about local health services and health promotion advice.

Finance, benefit and debt

9.36 In our survey, 37% of young people said that they needed help with their finances compared with 21% in 2009.

9.37 There was a dedicated finance and debt caseworker, who gave individual young people financial advice. She was not trained to give benefits advice or deal with complex financial

issues but accessed external specialist services if necessary. The role was well publicised on the wings and highlighted in training planning meetings, where a financial literacy form (an assessment) was completed at the initial meeting. Despite this, in our survey, only 17% of young people against the national comparator of 28% and 39% in our 2009 survey said that they knew where to get help with claiming benefits.

9.38 Catch 22 offered a 'through the gate' mentoring service, focusing on providing financial support and advice up to nine months after the young person was released and longer if required. Since November 2008, 57 young people had been matched with a financial literacy mentor, of whom 15 had been recalled to custody or reconvicted during the period of the mentoring relationship. Catch 22 had also trained eight members of staff to give financial advice and had worked with the programmes team to deliver sessions on economic wellbeing as part of the personal health and social education course, which was being piloted. The education department delivered an accredited course in personal budgeting and money management.

9.39 Significant efforts were made to help young people open a bank account and since June 2010 27 bank accounts had been opened.

Drugs and alcohol

9.40 There was evidence of excellent working relationships between YPSMS and community-based agencies, with protocols and referral pathways in place with several YOTs and Addaction in Derby (providing support to young drug-using ex/offenders).

Children and families of young people

9.41 Our survey indicated that families found it less easy to visit compared with the previous survey findings. Entitlements to visits for young people on the basic level of the rewards and sanctions scheme were inadequate. Visits were managed efficiently in a rather cramped visits room but the atmosphere was relaxed and the facility had been enhanced by a new snack bar. Staff treated visitors well but visits did not always start on time. Family days had not taken place for several months, but some work was being undertaken to improve relationships between young people and their families/carers. Decisions relating to closed visits or banned visitors were proportionate and properly reviewed. There was still no additional support for young people who were fathers.

9.42 In our survey, 45% of young people said that it was easy or very easy for family and friends to visit them, against 64% at the 2009 inspection. Remanded young people were entitled to have a visit at each visits session if they wished. Sentenced young people were entitled to one visit a week with the exception of young people on the basic level of the rewards and sanctions scheme who were entitled to only two visits each month. All domestic visits sessions were two hours long and took place in the afternoons on Wednesday, Friday, Saturday and Sunday. There was an efficient visits booking line. There was almost always adequate capacity to accommodate requests for visits on the visitor's preferred day but if all young people had taken their full entitlement to visits, capacity in the visits room would have been a problem, particularly with the growing remand population.

9.43 The visits room provided space for up to 17 visits at any one time, with facilities for two closed visits at the same time. The seating was fixed to the floor with three seats for each set of visitors. These seats were very close to one another and, if three adult visitors were

accompanied by three child visitors, it was cramped. There were toys for children, but no play area. A high chair and some baby carriers were available for smaller children. Young people reported that staff treated their visitors well but complained that visits did not always start on time.

9.44 A snack bar offering hot and cold snacks had been opened in the visits room since the previous inspection, something that young people had raised several times in the past as an improvement they would like to see. There were toilets and baby changing facilities in the visits room and in the visitors' centre. The facilities in both locations were clean. Notices on the walls of the visits room and the visitors' centre provided useful information, including assistance with the cost of travel and organisations offering other support to families of young people in custody. A complaints and comments box was available in the visitors' centre and a visitors' survey had been carried out in June 2010. Most visitors were generally satisfied with the visiting arrangements.

9.45 There was a relaxed atmosphere in the visits room and, although several members of staff were on duty, they were not intrusive. Staff were helpful when there were problems. We observed one young person whose visitor had not arrived offered the opportunity to make two telephone calls in the visits room to find out what had happened. A visitor who had turned up with his visiting order but without appreciating that he needed to book a visit was able to have his visit with his son who had recently been remanded to Werrington. Searching procedures for young people after visits were based on risk assessment.

9.46 Any visitor placed on no contact or closed visits was notified in writing and given an opportunity to appeal the decision. The position of each visitor on these lists was reviewed each month at the security meeting. Similar arrangements were in place for visitors banned from the establishment.

9.47 Family days had not taken place for several months, although there were plans to reinstate them with a particular focus on young men who were, or were about to become, parents. A parenting course was being developed to run alongside the family days. A separate initiative for young people and their families/carers was attracting positive feedback from participants. The four-week course, run by 'Time for Families', provided an opportunity for young people and their parents/carers to improve their relationships.

Recommendations

9.48 All young people should be entitled to one visit each week irrespective of rewards and sanctions levels.

9.49 Visits should start in accordance with the published time.

9.50 Family days should be held each month.

9.51 Young people with children should be provided with additional visits and support to help them build and maintain family contact and improve their parenting skills.

Attitudes, thinking and behaviour

9.52 At our previous inspection, we recommended that 'a range of effective offending behaviour programmes should be developed to address the identified needs of all young people'. This had been achieved and a dedicated programmes team delivered a core group work offending

behaviour programme and also carried out the same offending behaviour work with individual young people if they were not suited to group work. Access to the course was through referrals managed by the casework team and agreed at training planning meetings. All young people were interviewed by the programmes team to assess their suitability for either individual or group work and if they needed additional support to complete the course.

9.53 The personal health and social education course, which covered subjects such as conflict resolution, becoming a parent, alcohol and drug awareness and personal wellbeing, was being piloted.

9.54 Priority to attend courses was based on the time young people had to complete them and the seriousness of their offence. Young people subject to public protection measures were prioritised. None of the programmes had been evaluated.

Recommendation

9.55 There should be a systematic evaluation of the effectiveness of programmes.

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 recommendation

To NOMS

10.1 The reception area should be redesigned so that it is suitable to provide an appropriate environment for the increased throughput of young people. (HP46)

Main recommendations

To the governor

10.2 Each young person should have a designated officer on the residential unit in which they reside who is their central point of contact and support and takes responsibility for their day-to-day care and well being through frequent contact and by attending relevant meetings relating to their care. (HP47)

10.3 Young people who have been identified as particularly vulnerable or who have been displaying difficult or challenging behaviour should have an individual care plan that addresses their assessed needs. The care plan should be assessed at least weekly by a multidisciplinary team. (HP48)

10.4 Systematic and frequent consultation should take place with young people about bullying and victimisation. Data collection and analysis relating to incidents of bullying and victimisation should be comprehensive and should be used alongside the results of consultation with young people to inform the management of bullying. (HP49)

Recommendations

To the Youth Justice Board and NOMS

10.5 Young people should be escorted in vehicles that are safe, secure, clean and comfortable and separate from adult prisoners. (1.10)

10.6 Young people should be given information at court about the establishment so that they know what to expect when they arrive. (1.11)

Recommendations

To the Youth Justice Board

10.7 All relevant information about a young person should be available to the establishment prior to or at the point of their arrival. (1.25)

10.8 There should be a systematic evaluation of the effectiveness of programmes. (9.55)

Recommendation

To NOMS

10.9 There should be at least one safer cell on each residential unit. (3.29)

Recommendations

To the governor

First days in custody

10.10 New arrivals should have access to peer support as part of the reception and first night arrangements. (1.26)

10.11 Initial vulnerability assessments should contain clear management plans to address identified issues of concern. (1.27)

10.12 Cells for new arrivals should be properly prepared and equipped to meet their needs. (1.28)

First night

10.13 New arrivals should have the opportunity to speak privately with a first night officer to address any anxieties they may have, ensure that their immediate needs are met and provide essential information. (1.34)

Induction

10.14 Young people should be kept fully occupied through a comprehensive, well structured, induction programme that informs them about the establishment and enables them to take part in the regime without delay. (1.37)

Residential units

10.15 Cells designed for one should not contain two young people. (2.12)

10.16 The auditable system in place to monitor response to cell call bells should cover all wings and regular quality assurance checks should be carried out by managers. (2.13)

10.17 Young people should be given the opportunity to make a telephone call every day. (2.14)

Clothing and possessions

10.18 Limits on the number of toiletry items allowed in cell should be strictly enforced. (2.20)

Hygiene

10.19 All young people should have daily access to showers. (2.24)

10.20 Young people should be encouraged by residential staff to keep their cells and communal areas clean by offering appropriate incentives and practical help where necessary. (2.25)

Relationships between staff and children and young people

10.21 All wing history sheets should be comprehensive, with balanced comments reflecting positive and negative behaviour. (2.32)

Safeguarding children

10.22 The monthly safeguarding strategy committee should monitor all injuries sustained by young people, particularly those relating to the use of force. (3.11)

Child protection

10.23 All allegations of ill treatment by staff should be referred to the local authority first response team. (3.18)

Self-harm and suicide prevention

10.24 The quality of ACCT documentation should be improved. Care maps should set out all sources of help and support that have been agreed and clearly ascribe responsibility for delivering all aspects of the plan. (3.30)

10.25 Staff should engage with young people subject to ACCT monitoring when carrying out their checks on them and records should clearly demonstrate the young person's response. (3.31)

Bullying

10.26 Young people who have been identified for intervention through the violence reduction strategy should have individual plans that include specific actions to address the problematic behaviour and underlying causes. (3.44)

10.27 Young people who have been the victims of bullying should have a support plan that identifies specific action so that that they feel and are safe and protected from further victimisation. (3.45)

10.28 Mediation should be developed as an integral part of the violence reduction strategy. (3.46)

10.29 Staff should tackle robustly shouting out of windows. (3.47)

Faith and religious activity

10.30 Young people should be able to attend religious services as well as other activities rather than have to choose one over the other, and should be able to attend services on time. (3.74)

10.31 Young people located in the RSU should be permitted to attend corporate worship subject to a risk assessment. (3.75)

Substance use

10.32 Smoking cessation advice and treatment should be made available to young people through an integrated health care and YPSMS programme. (3.91)

10.33 The YPSMS team should comprise sufficient administrative support and therapeutic workers to deliver an effective service that includes cover for leave and sickness. (3.92)

Diversity

10.34 The equality and diversity policy should outline how the needs of young people from the full range of diverse groups in the establishment will be met, and ensure that appropriate equal treatment is monitored and diversity celebrated. (4.8)

Diversity: foreign nationals

10.35 All foreign national young people should have the opportunity to receive independent advice and guidance. (4.23)

10.36 There should be regular support and information groups available for young people who are foreign nationals. (4.24)

Diversity: disability

10.37 All young people with a disability should have a multidisciplinary care plan that sets out how their day-to-day needs, including social care needs, will be met and ensures equality of access to all aspects of the regime and services. The care plans should be readily available to all staff involved in the care of young people. (4.29)

Health services: general

10.38 Health care staff should attend relevant training planning meetings to ensure that young people's health care needs are properly catered for. (5.9)

Health services: clinical governance

10.39 All discipline staff should receive basic life support training. (5.23)

10.40 There should be a confidential system for young people to make health care complaints. (5.24)

10.41 Health care staff should be notified and attend every use of control and restraint. (5.25)

10.42 All young people with a specific health care need such as asthma should have a care plan. (5.26)

Health services: pharmacy

10.43 The in-possession risk assessment of each drug and patient should be properly documented and the reasons for the decision provided. (5.37)

10.44 All medication records should be fully completed, including a record of occasions when a patient has missed or refused a dose, with the reason for the omission. (5.38)

10.45 The medicines management forum should develop a formulary. (5.39)

Health services: dentistry

10.46 The prison should liaise with the PCT to ensure that the surgery and equipment meet all required standards and regulations. (5.48)

10.47 Action should be taken to address the high level of cancelled dental appointments. (5.49)

Health services: primary care

10.48 Triage protocols should be introduced without delay. (5.64)

10.49 A review of all primary care appointments should be conducted and action taken to reduce lost appointment time. (5.65)

10.50 A chronic disease register should be developed on SystmOne which enables regular monitoring and review of young people with chronic conditions. (5.66)

10.51 Mental health nurses should have protected time to carry out their mental health work. (5.67)

Health services: mental health

10.52 All discipline staff should receive mental health awareness training. (5.75)

10.53 The mental health needs assessment should be updated to take account of the new and expanding remand population. (5.76)

Time out of cell

10.54 All young people should spend at least 10 hours a day out of their cells. (6.7)

10.55 All young people should have at least one hour in the open air each day in a suitably equipped area with seating and good recreational facilities. (6.8)

Learning and skills

10.56 Access to vocational training should be improved for young people under school-leaving age. (6.22)

10.57 Opportunities for accreditation in work in the kitchens and recycling/waste management should be further developed. (6.23)

10.58 There should be specialist support for young people with dyslexia. (6.24)

10.59 Lessons should be shorter and not interrupted unnecessarily. (6.25)

10.60 The lesson observation scheme should be applied rigorously to ensure that the quality of the less effective teaching and behaviour management is improved. (6.26)

10.61 The facilities in the catering workshop should be improved. (6.27)

10.62 Punctuality should be improved. (6.28)

Physical education and health promotion

10.63 Formal accreditation should be introduced to the core PE programme. (6.40)

10.64 Showers for young people to use after PE should be sufficient in number to allow young people to take a shower after their activity. Showers should be brought up to a good standard with a particular emphasis on making them safe for young people to use. (6.41)

Behaviour management: security

10.65 Strip-searching should only be carried out after a thorough and detailed risk assessment. (7.8)

Behaviour management: rewards and sanctions

10.66 Young people should be kept up to date with their progress within the rewards and sanctions scheme. In particular staff should always inform them when they have been given a demerit and explain the reasons for it. (7.17)

10.67 Clear targets should be set for young people whose behaviour is likely to result in a downgrade within the rewards and sanctions scheme. Targets for young people on basic level should specifically address the problematic behaviour. (7.18)

Behaviour management: adjudications

10.68 Minor reports should be embedded into the behaviour management strategy and staff trained to use them appropriately. (7.26)

10.69 Adjudications should take place in a suitable setting. (7.27)

Behaviour management: use of force

10.70 Health care staff should carry out a full examination of all young people involved in an incident of the use of force. (7.36)

10.71 The establishment should produce an age-appropriate, local use of force policy. (7.37)

10.72 All staff should have up to date training in C and R. (7.38)

Behaviour management: care and separation

10.73 The RSU should be maintained in a clean and tidy condition at all times. (7.47)

10.74 Training for RSU staff should include managing difficult and challenging young people and mental health awareness. (7.48)

10.75 Young people in the RSU should be allowed a daily shower and telephone call irrespective of their behaviour. (7.49)

10.76 Young people located in the RSU should have an individual care plan that identifies their problem behaviour and the underlying causes. The plans should clearly outline how the behaviour is to be addressed, include a suitable regime that meets their needs and lead to an appropriately staged reintegration to normal location. Reviews should be multidisciplinary. (7.50)

Prison shop

10.77 Young people should be able to order items from the prison shop within 24 hours of their arrival at the establishment. (8.13)

Strategic management of resettlement

10.78 The revised resettlement strategy should include a section on remanded young people and incorporate the findings of the needs analysis. (9.6)

10.79 Relevant voluntary, statutory and community agencies should be invited to attend the resettlement management committee meetings. (9.7)

Training planning and remand management

10.80 Training plans and remand management plans should set specific, measurable, achievable, realistic and time-bound targets based on a comprehensive assessment of risk and need and consultation with the young person. This should be clearly recorded on the appropriate documentation. (9.19)

Resettlement pathways: accommodation

10.81 The establishment should collect data about the sustainability of the accommodation that young people have been released to. This should be analysed and used to identify the most suitable accommodation for young people on release. (9.25)

Resettlement pathways: mental and physical health

10.82 All young people being released or transferred should be seen in advance of their discharge and given information about local health services and health promotion advice. (9.35)

Resettlement pathways: children and families of young people

10.83 All young people should be entitled to one visit each week irrespective of rewards and sanctions levels. (9.48)

10.84 Visits should start in accordance with the published time. (9.49)

10.85 Family days should be held each month. (9.50)

10.86 Young people with children should be provided with additional visits and support to help them build and maintain family contact and improve their parenting skills. (9.51)

Housekeeping points

First days in custody

10.87 Young people should be able to access their property within 24 hours of making an application. (1.29)

Residential units

10.88 Cell certifications should be up to date. (2.15)

10.89 Consultation meetings should take place monthly for both remand and sentenced young people. (2.16)

Relationships between staff and children and young people

10.90 All staff should have their name clearly displayed on their uniform. (2.33)

10.91 The various record systems in operation should be properly coordinated and relevant information made available to all staff. (2.34)

Safeguarding children

10.92 The designated members of the safeguarding committees should attend the meetings regularly. (3.12)

Child protection

10.93 The safeguarding team should submit detailed analysis of child protection referrals to the monthly safeguarding strategy committee which should also monitor the progress of all referrals. (3.19)

Applications and complaints

10.94 The applications log books should show that each application has been fully processed. (3.54)

10.95 The complaints category 'general/decency' should be clarified. (3.55)

10.96 SMT discussion of complaints data should generate specific actions addressing measurable outcomes. (3.56)

Legal rights

10.97 Young people should be routinely informed at their initial interview with their caseworker that they are entitled to make free confidential telephone calls to their legal advisers. (3.63)

Substance use

10.98 The needs analysis should be updated to include a full analysis of trends in the use of new and alternative substances. (3.93)

10.99 Hand drying facilities should be made available for young people in the MDT suite. (3.94)

10.100 All forms of search for MDT random and suspicion tests should be logged in the MDT log book. (3.95)

Diversity: foreign nationals

10.101 The summary information produced by the foreign national coordinator about individual young people should be available to wing staff in regular contact with them. (4.25)

Health services: general

10.102 There should be appropriate hand washing facilities in the reception treatment room. (5.10)

10.103 Formal arrangements for cleaning wing treatment rooms should be made. (5.11)

Health services: clinical governance

10.104 There should be routine monitoring of equality of access to services. (5.27)

Health services: pharmacy

10.105 The standard operating procedure (SOP) for controlled drugs should comply with current legal requirements, and staff handling controlled drugs should read and be trained in the SOP. (5.40)

10.106 Controlled drugs registers should comply with the Misuse of Drugs Regulations. (5.41)

10.107 The use of general stock should be audited and reconciled against prescriptions issued. (5.42)

10.108 Prescribing data should be collated to demonstrate value for money and promote effective medicines management. (5.43)

Health services: dentistry

10.109 Young people should be provided with treatment planning/consent forms FP17DC or equivalent as per NHS regulations. (5.50)

10.110 There should be a dental triage protocol which enables nurses to determine clinical need and priority. (5.51)

Physical education and health promotion

10.111 Refusals to PE should be monitored and appropriate action taken. (6.42)

Behaviour management: adjudications

10.112 Young people should be given information about their disciplinary charge in an age-appropriate format. (7.28)

Behaviour management: use of force

10.113 Videos of planned interventions should always show what is happening at every point of a C&R incident. (7.39)

10.114 Data analysis of C&R incidents should include patterns and trends specifically for the remand population. (7.40)

Catering

10.115 The catering department should develop links with other departments in the establishment to promote healthy lifestyles. (8.8)

Prison shop

10.116 There should be a greater choice of healthy snacks available through the canteen. (8.14)

Strategic management of resettlement

10.117 The resettlement strategy should identify relevant outcome data that should be collected as part of a range of measures to assess the effectiveness of the resettlement strategy. (9.8)

10.118 Attendance by internal members of the resettlement management committee should be monitored and appropriate action taken to ensure improvement. (9.9)

Resettlement pathways: accommodation

10.119 The establishment should record judgements of suitable and sustainable accommodation against agreed criteria. (9.26)

10.120 Information about sources of help available within the establishment to assist young people with accommodation problems should be provided to all young people as part of their induction and also be well publicised. (9.27)

Examples of good practice

Courts, escorts and transfers

10.121 The escort questionnaire completed by young people on induction was a useful tool to collect and analyse relevant information which thereafter enabled useful collaboration between the establishment's safeguarding department and the local safeguarding children board relating to safeguarding concerns. (1.12)

Rewards and sanctions

10.122 Young people were able to see a detailed record of merits and demerits awarded to them on request. (7.19)

Strategic management of resettlement

10.123 The high quality of placements and the support young people received to achieve success and gain recognised accreditations for their learning were excellent. (9.10)

Appendix I: Recommendations from 2009 report

Main recommendations

To the governor

All care plans should be of good quality, based on a multidisciplinary assessment of the young person's individual needs. They should be frequently reviewed and revised. YOTs and parents/carers should be involved in the care planning process. (HP42)
Not achieved.

Managers should ensure that there is clarity about the roles of the safeguarding team and personal officers, to ensure a planned and integrated approach to the care of young people. (HP43)
Not achieved.

All young people should have at least one hour in the open air each day in a suitably equipped area with seating and good recreational facilities. (HP44)
Not achieved.

Visits should be organised to meet the needs of young people's families, including sufficient capacity at weekends. (HP45)
Achieved.

Recommendations

To the Youth Justice Board

Young people in transit should be offered regular drinks and comfort breaks as necessary. (1.11)
Not achieved.

Young people should be given information at court about what is going to happen to them when they arrive at Werrington. (1.14)
Not achieved.

Recommendations

To the governor

Courts, escorts and transfers

The prisoner escort record booklets and the comments book in reception should be regularly scrutinised to identify any action points. (1.10)
Achieved.

There should be no delay in admitting young people into the establishment if they arrive during a staff break. (1.12)
Achieved.

Young people should be transported in clean vehicles in which they feel safe and reasonably comfortable. (1.13)
Not achieved.

Young people who are transferred for discipline reasons should, subject to risk assessment, be given adequate notice to prepare for their departure, including the opportunity to make a telephone call to their family and check their property for onward transfer. (1.15)
Achieved.

First days in custody

There should be age-appropriate and easy to read posters or displays in reception waiting areas, providing useful and reassuring information. (1.36)
Partially achieved.

A robust quality assurance system should ensure that cell-sharing risk assessments and initial vulnerability (T1V) assessments are completed to a consistently high standard. (1.37)
Not achieved.

Young people should not be routinely strip-searched. (1.38)
Not achieved.

Young people located on the induction unit should have association periods every evening. (1.39)
Achieved.

Residential units

Double cells should be suitably equipped for two young people to share. (2.25)
Not achieved.

Routine cell checks should be made specifically to ensure that cells are free from graffiti, that the quality of furniture, curtains, mattresses and duvets is adequate and window vents are free from obstruction. Checks should be recorded and monitored for regularity and efficiency. (2.26)
Achieved.

All parts of residential areas, including stairwells, railings and upstairs carpeting should be properly cleaned. (2.27)
Partially achieved.

All cells should have adequate ventilation. (2.28)
Achieved.

All young people should be permitted to clean their cell regularly regardless of their regime level. (2.29)
Achieved.

All young people should have daily access to showers. Arrangements should be made for young people attending youth club activities to have time for a shower so that they do not have to make a choice of one or the other. (2.30)
Not achieved.

The auditable system in place to monitor response to cell call bells should cover all wings and regular quality assurance checks should be carried out by managers. (2.31)
Not achieved.

In-cell emergency call bells should be responded to within five minutes. (2.32)
Not achieved.

Young people should be issued with an outdoor jacket. (2.33)
Achieved.

Relationships between staff and young people

All staff should have their name clearly printed on their clothing. (2.41)
Not achieved.

The various individual record systems in operation should be properly coordinated and relevant information made available to all staff. (2.42)
Not achieved.

All wing history sheets should be comprehensive, with balanced comments reflecting positive and negative behaviour. (2.43)
Not achieved.

Personal officers

There should be a personal officer policy which contains an implementation and training strategy. (2.51)
Partially achieved.

Personal officers should be allocated to individual young people, not to a group of cells. (2.52)
Achieved.

Young people should be introduced to their personal officer within 24 hours of arrival. (2.53)
Partially achieved.

Young people should be given information about the personal officer scheme and what they can expect from their personal officer. (2.54)
Partially achieved.

Personal officers should maintain at least weekly contact with the young people for whom they have responsibility to check on them generally and discuss their progress overall. Substitute officers should take on the role when the primary officer is not available. (2.55)
Not achieved.

There should be regular supervision and managerial oversight of personal officers. (2.56)
Partially achieved.

Personal officers should attend all meetings and reviews relating to the care and management of the young people for whom they are responsible and share information appropriately. (2.57)
Not achieved.

Safeguarding

The remit of the monthly safeguarding strategy committee should be extended to include public protection. (3.12)
Not achieved.

The designated members of the safeguarding strategy committees should attend the meetings regularly. (3.13)
Not achieved.

Data analysis submitted to the monthly safeguarding strategy committee should include the use of force and child protection referrals. (3.14)
Partially achieved.

The monthly safeguarding strategy committee should monitor all injuries sustained by young people. (3.15)
Not achieved.

There should be a system of initial screening to ensure that children and young people who require the services of the resident social worker are identified and their needs addressed. (3.16)
Achieved.

Bullying

The increase in the number of VIFs should be examined in an effort to ascertain the reasons for the rise and a report should be submitted to the safeguarding committee for appropriate action. (3.34)
Achieved.

Data analysis relating to bullying should be improved to provide an accurate breakdown of VIFs submitted and to ensure that it highlights important patterns and trends in the different categories. (3.35)
Not achieved.

Reviews for young people subject to any stage of the violence reduction scheme should be multidisciplinary and should be scheduled to accommodate attendance of all appropriate people. Those unable to attend should provide a written submission. (3.36)
Partially achieved.

Records of staff observations of young people being monitored through the violence reduction procedures should be sufficiently detailed to provide an insight into their behaviour so that accurate assessments of their progress may be made. (3.37)
Partially achieved.

Procedures should be put in place to ensure that residential staff are informed about young people who have been bullied so that they are made fully aware of their needs and appropriate action taken. (3.38)
Not achieved.

Care plans for young people who have been bullied and perpetrators of bullying should be of good quality based on a multidisciplinary assessment of the young person's individual needs. They should be reviewed and revised frequently. YOTs and parents/carers should be involved in the care planning process. (3.39)
Partially achieved.

Staff who carry out mediation should receive appropriate training. (3.40)
Partially achieved.

Self-harm and suicide

Assessment, care in custody and teamwork (ACCT) reviews should be properly planned in advance so that relevant specialist staff are invited to attend or submit a written report. (3.55)
Achieved.

ACCT reviews should be scheduled so that attendance by case managers is consistent. (3.56)
Achieved.

Review meetings should be held in a suitable venue which is conducive to engaging young people. (3.57)
Partially achieved.

Care maps should address individual needs and explore all sources of support. (3.58)
Partially achieved.

The quality assurance procedures should be revised to ensure that the quality of the ACCT documentation is examined and the related work to support the young person is checked. (3.59)
Achieved.

Child protection

Child protection referrals which relate to allegations of abuse by members of staff should always be referred to the First Response Team of Staffordshire's Vulnerable Children Service. (3.69)
Not achieved.

The establishment should agree a robust system of monitoring individual child protection referrals with Staffordshire Safeguarding Children Board. (3.70)
Partially achieved.

Discussions should take place with the LADO with regard to allegations of abuse by members of staff, to agree an appropriate course of action as prescribed in the child protection policy. (3.71)
Achieved.

Child protection referrals should be routinely analysed to identify and take appropriate action on patterns or trends. (3.72)
Partially achieved.

Race equality

Efforts should be made to recruit external community representatives as members of the diversity and race equality action team. (3.97)
Partially achieved.

Following a needs assessment, the disability policy should be revised to include operational guidance for all functions in the establishment. (3.98)
Achieved.

All young people with a disability should have a care plan which should be retained or cross referenced on their wing file. (3.99)
Not achieved.

Foreign nationals

Up-to-date records of developments in the cases of foreign national young people should be available to all residential staff in regular contact with the young people. (3.109)
Not achieved.

Contact with the outside world

Arrangements should be made to ensure that young people are given the opportunity to make a telephone call every day. (3.119)
Not achieved.

The establishment should conduct a survey of visitors, to include questions about refreshments, facilities and adequacy of visiting times. (3.120)
Achieved.

There should be a children's activity area in the visits room, supervised by trained staff. (3.121)
Not achieved.

Refreshments, including snacks and sandwiches, should be available for visitors. (3.122)
Achieved.

Young people should be able to receive their first visit within two working days of admission. (3.123)
Not achieved.

A comment book for visitors should be freely available in the visits hall and in the visitors' centre. (3.124)
Partially achieved.

Complaint forms should be freely available in the visits room and the visitors' centre. (3.125)
Partially achieved.

Applications and complaints

There should be a simple log of applications submitted and responses issued. (3.134)
Achieved.

Managers above the grade of principal officer should regularly attend the monthly focus meetings. (3.135)
Achieved.

Senior managers should ensure that written replies to complaints are age appropriate. (3.136)
Achieved.

There should be regular monitoring of patterns and trends in complaints and managers should commission further analysis and action as appropriate. (3.137)
Achieved.

Legal rights

Additional staff should be trained to ensure that there is a sufficient number of trained staff to provide the level of legal services required. (3.143)
Partially achieved.

Health services

There should be a service level agreement for the provision of dental services. (4.44)
Achieved.

There should be a confidential system for young people to make healthcare complaints. (4.45)
Not achieved.

There should be hand washing facilities, which conform with infection control standards, in all treatment areas. (4.46)
Partially achieved.

Health services staff should work more closely with staff working in other areas of the establishment to develop a health promotion programme. (4.47)
Partially achieved.

All clinical areas should have appropriate flooring that can be cleaned to satisfy infection control standards. (4.48)
Achieved.

There should be a suitable seating area for young people waiting for their healthcare appointments. (4.49)
Achieved.

Dental services should be accessible to all young people. (4.50)
Achieved.

Emergency oxygen should be available in the dental surgery. (4.51)
Achieved.

Nurses should not carry out routine administrative duties. (4.52)
Not achieved.

An electronic clinical management system should be introduced. (4.53)
Achieved.

There should be provision for immediate first night relief such as nicotine relief therapy for young people who have difficulties with tobacco withdrawal. (4.54)
Not achieved.

Young people's GPs should be contacted with appropriate consent at the start of their sentence to provide continuity of care. (4.55)
Achieved.

Age-appropriate triage algorithms should be developed to ensure consistency of advice and treatment to all young people. (4.56)

Not achieved.

Urgent dental applications should be prioritised. (4.57)
Achieved.

The number of dental sessions should be sufficient to ensure young people have appropriate access to dental services. (4.58)
Partially achieved.

A system should be introduced for the effective management of secondary care appointments. (4.59)
Achieved.

Patient group directions should be introduced to enable supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the doctor. (4.60)
Not achieved.

Young people should have access to CAMHS. (4.61)
Achieved.

Mental health nurses should have protected time to carry out their mental health work. (4.62)
Not achieved.

Education, training and library provision

Greater efforts should be made to integrate literacy and numeracy within all subjects so that the individual needs of all young people are met. (5.15)
Partially achieved.

Punctuality should be monitored and action taken to address late starts to lessons.(5.16)
Not achieved.

The length of lessons should be tailored to match the requirements of the subject and take account of the needs of the learners. (5.17)
Not achieved.

Higher level qualifications should be introduced where appropriate. (5.18)
Achieved.

Opportunities for training in the kitchen, laundry and on the wings should be maximised. (5.19)
Achieved.

The use of the reflection room should be promulgated among all staff. (5.20)
Achieved.

Good practice identified through the lesson observation scheme should be shared across the establishment. (5.21)
Partially achieved.

Physical education and health promotion

All young people should experience a good balance of fitness training and acquisition of skills. (5.30)
Achieved.

A formal programme for core PE should be implemented which enables young people to experience a range of individual and team sports. (5.31)
Achieved.

The PE department should develop links with other departments in the establishment to coordinate activities and programmes for young people, including health promotion, and to ensure input into individual care planning arrangements. (5.32)
Partially achieved.

Accreditation for PE activities should be introduced. (5.33)
Partially achieved.

There should be a policy for the reduction in the use of free weights. (5.34)
Achieved.

The use of ROTL for PE activities should be investigated. (5.35)
Achieved.

Consideration should be given to external teams visiting the establishment for competitive matches. (5.36)
Achieved.

Time out of cell

All young people should spend at least 10 hours a day out of their cells. (5.54)
Not achieved.

Security and rules

Young people should not be routinely strip-searched. A strip-search should only take place based on a comprehensive, written risk assessment that identifies serious risk of harm to the young person or others. Young people should never be strip-searched using force. (6.11)
Partially achieved.

Data relating to all incidents of strip-searching should be collated and regularly analysed to identify patterns or trends. Reports should be overseen by the safeguarding committee. (6.12)
Achieved.

The local searching policy should be amended to reflect that young people should never be asked to squat during a strip-search. (6.13)
Achieved.

Discipline

The use of minor reports should be included in the behaviour management strategy. There should be accompanying staff guidance which describes a scaled and proportionate approach to the use of the range of disciplinary procedures. (6.36)
Not achieved.

There should be clear guidance on disciplinary procedures for young people. (6.37)
Not achieved.

Adjudication documentation issued to young people should be age appropriate. (6.38)
Not achieved.

Analysis of the use of force data should include members of staff involved in spontaneous use of force. (6.39)
Achieved.

There should be a procedure agreed by the use of force committee to ensure that learning points from observation of planned videos are passed on to staff. (6.40)
Achieved.

All planned use of force should be recorded. (6.41)
Partially achieved.

Cells in the ISU should be properly cleaned and regularly checked to ensure that they are free of graffiti. (6.42)
Not achieved.

There should be a register of the use of the ISU for all categories, which should be used for monitoring purposes and to provide monthly reports for submission to the safeguarding committee. (6.43)
Achieved.

There should be a clear policy with accompanying staff guidance concerning the use of the ISU for calm down purposes. The policy should include robust governance arrangements. (6.44)
No longer applicable.

Staff guidance relating to the management of young people located in the ISU to calm down should include a requirement for observation and ongoing staff engagement to assist the young person to regain control and return to normal location at the earliest opportunity. (6.45)
Not achieved.

There should be a quality assurance system in place to ensure that young people placed in the ISU are being correctly risk assessed for their suitability to attend activities off the unit. (6.46)
Not achieved.

Young people located in the ISU, other than for brief periods to calm down, should have an individual care plan which identifies their problem behaviour and underlying difficulties. Appropriate resources should be put in place during the period of separation to address these and facilitate a return to normal location as quickly as possible. (6.47)
Achieved.

Incentives and earned privileges

Managers should commission research into the emerging evidence of a disproportionate number of black and minority ethnic young people being placed on the basic regime and act on the conclusions. (6.56)
Achieved.

IEP policy and practice should be aligned and the scheme monitored by senior managers to check that it is being administered correctly and fairly. (6.57)
Achieved.

If there is likely to be a change in IEP level, a discussion should take place with the young person before it is applied. (6.58)
Achieved.

There should be frequent and regular reviews between key staff, including personal officers, and young people concerning their behaviour and progress in the IEP scheme. Clear targets should be set to encourage promotion and assist those at risk of demotion. (6.59)
Achieved.

Young people should be kept up to date with their progress on the IEP scheme and given access to reports made about them and opportunities to comment. (6.60)
Achieved.

Young people should be encouraged to make some written comments in advance of and following their review and sign their contribution. (6.61)
Achieved.

A behaviour compact should be drawn up for every young person placed on the basic regime. This should include support from staff to help them make progress and opportunities to demonstrate improvement in their behaviour. (6.62)
Achieved.

Replies to appeals against IEP review decisions should always give reasons for the outcome. (6.63)
Achieved.

Canteen/shop

Young people should be able to order items from the prison shop within 24 hours of their arrival at the establishment. (7.12)
Not achieved.

Resettlement strategy

A range of effective offending behaviour interventions should be developed to address the identified needs of all young people. (8.15)
Achieved.

Young people with children of their own should be provided with additional visits and support to help them build and maintain family contact and improve their parenting skills. (8.16)

Not achieved.

Training planning

Personal officers should attend training planning reviews. (8.24)
Not achieved.

A member of the healthcare team should attend initial and pre-release planning meetings. (8.25)
Not achieved.

Training plans should set specific, measurable, achievable, realistic and time-limited (SMART) targets based on a comprehensive assessment of risk and need and consultations with the young person. (8.26)
Not achieved.

Substance use

The substance misuse strategy should contain detailed action plans and performance measures. (8.45)
Partially achieved.

Information about young people's involvement with the Young People's Substance Misuse Service (YPSMS) recorded on e-Asset should be comprehensive to facilitate good information sharing. (8.46)
Achieved.

Appendix II: Inspection team

Fay Deadman	Team leader
Ian Macfadyen	Inspector
Angela Johnson	Inspector
Ian Thomson	Inspector
Kevin Parkinson	Inspector
Peter Dunn	Inspector
Nicola Rabjohns	Health services inspector
Paul Roberts	Substance use inspector
Richard Chapman	Pharmacy inspector
Martin Wedgwood	Dentist inspector
Martyn Rhowbotham	Ofsted inspector
Charles Clark	Ofsted inspector
Malcolm Stannard	Ofsted visitor
Adam Altoft	Researcher

Appendix III: 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	112	78.5
Recalls	6	4
Convicted unsentenced	7	5
Remand	18	12.5
Detainee		
Total	143	100

Age	Number of young people	%
15 years	13	9
16 years	35	24.5
17 years	76	53.2
18 years	19	13.3
Total	143	100

Nationality	Number of young people	%
British	131	92
Foreign nationals	12	8
Total	143	100

Ethnicity	Number of young people	%
White		
British	80	56
Irish	2	1
Other white	4	3
Mixed		
White and black Caribbean	11	8
White and black African	1	0.5
White and Asian	1	0.5
Other mixed	4	3
Asian or Asian British		
Indian	2	1
Pakistani	7	5
Bangladeshi	0	0
Other Asian	4	3
Black or black British		
Caribbean	11	8
African	8	6
Other black	6	4
Chinese or other ethnic group		
Chinese	0	0
Other ethnic group	2	1
Not stated		
Total	143	100

Religion	Number of young people	%
Baptist	0	0
Church of England	14	10
Roman Catholic	15	10
Other Christian denominations	8	6
Muslim	22	15
Sikh	1	0.5
Hindu	0	0
Buddhist	1	0.5
Jewish	0	0
Other	2	1
No religion	80	56
Total	143	99

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	1	5	2		1		9
16 years		2	17	7	2		28
17 years		17	9	26	6	6	64
18 years		2	2	20	4		28
Total	1	26	30	53	13	6	

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							
18 years							
Total							

Not completed due to not knowing the length of stay for remands/unsentenced

Main offence	Number of young people	%
Violence against the person	22	15
Sexual offences	2	1
Burglary	24	17
Robbery	52	36
Theft and handling	13	9
Fraud and forgery	0	0
Drugs offences	3	2
Other offences	20	14
Offence not recorded/holding warrant	7	5
Total	143	98

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		1				1
16 years		2				2
17 years		2	6	2	2	12
18 years		1	3			4
Total		6	9	2	2	

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	4				2			6
16 years	1	6	3	2	6	4		22
17 years	6	8	5		4	10	8	41
18 years	1	1			2	3	5	12
Total	12	15	8	2	14	17	13	

1x 17 year old – 14 Months
2x 17 year old – 16 Months
2x 17 year old – 22 Months
1x 18 year old – 14 Months
1x 18 year old – 20 Months
1x 18 year old – 22 Months

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						
18 years						
Total						0

Number of indeterminate sentences by age

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

Appendix IV: 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 7th February 2011, the population of young people at HMYOI Werrington was 124. Questionnaires were offered to all 124 young people.

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

Interviews were carried out with any respondents with literacy difficulties. In total, 5 respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 107 respondents completed and returned their questionnaires. This represented 86% of children and young people in the establishment at the time. The response rate from the sample was 86%.

Four respondents refused to complete a questionnaire, four questionnaires were not returned and nine were returned blank.

Comparisons

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

Presented alongside the results from this survey are the comparator figures for all children and young people surveyed in young offender institutions. This comparator is based on all responses from surveys carried out in the other eight male establishments (including four specialist units) surveyed since 2010.

An additional document shows significant differences between the responses of young people from black and minority ethnic backgrounds, and young people from white backgrounds and significant differences between young Muslims and young non-Muslims.

Also included are statistically significant differences between the responses of young people surveyed at HMYOI Werrington in 2009 and the responses of this 2011 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 indented 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 is excluded). The actual numbers will match up as the data is 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 has been weighted for comparison purposes.

SECTION 1: ABOUT YOU

Q1 How old are you?

15	10 (9%)
16	25 (23%)
17	53 (50%)
18	19 (18%)

Q2 Are you a British citizen?

Yes	97 (93%)
No	7 (7%)

Q3 Is English your first language?

Yes	93 (93%)
No	7 (7%)

Q4 What is your ethnic origin?

White - British	56 (52%)
White - Irish	3 (3%)
White - other	1 (1%)
Black or black British - Caribbean	13 (12%)
Black or black British - African	3 (3%)
Black or black British - other	0 (0%)
Asian or Asian British - Indian	1 (1%)
Asian or Asian British - Pakistani	6 (6%)
Asian or Asian British - Bangladeshi	1 (1%)
Asian or Asian British - other	0 (0%)
Mixed heritage - white and black Caribbean	13 (12%)
Mixed heritage - white and black African	1 (1%)
Mixed heritage - white and Asian	4 (4%)
Mixed heritage - other	2 (2%)
Chinese	1 (1%)
Other ethnic group	2 (2%)

Q5 What is your religion?

None	38 (39%)
Church of England	15 (15%)
Catholic	19 (19%)
Protestant	3 (3%)
Other Christian denomination	8 (8%)
Buddhist	0 (0%)
Hindu	0 (0%)
Jewish	2 (2%)
Muslim	12 (12%)
Sikh	1 (1%)

Q6 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes	7 (7%)
No	87 (85%)
Don't know	8 (8%)

Q7 Do you have any children?

Yes	13 (13%)
No	89 (87%)

Q8 Do you consider yourself to have a disability?

Yes	5 (5%)
No	99 (95%)

Q10 Have you ever been in local authority care?

Yes	24 (23%)
No	80 (77%)

SECTION 2: ABOUT YOUR SENTENCE

Q1 Are you sentenced?

Yes	90 (84%)
No - unsentenced/on remand	17 (16%)

Q2 How long is your sentence (the full DTO sentence)?

Not sentenced	17 (16%)
Less than six months	18 (17%)
Six to twelve months	25 (24%)
More than twelve months, up to two years	26 (25%)
More than two years	18 (17%)
Indeterminate sentence for public protection (IPP)	1 (1%)

Q3 How long have you been in this establishment?

Less than one month	40 (38%)
One to six months	45 (42%)
More than six months, but less than twelve months	14 (13%)
Twelve months to two years	5 (5%)
More than two years	2 (2%)

Q4 Is this your first time in custody in a YOI, secure children's home or secure training centre?

Yes	57 (53%)
No	50 (47%)

SECTION 3: COURTS, TRANSFERS AND ESCORTS

Q1 On your most recent journey here, was the van clean?

Yes	43 (40%)
No	39 (36%)
Don't remember	25 (23%)
Not applicable	0 (0%)

Q2 On your most recent journey here, did you feel safe?

Yes	79 (74%)
No	26 (24%)
Don't remember	2 (2%)

Q3 On your most recent journey here, were there any adults (over 18) or people of a different gender, travelling with you?

Yes	35 (33%)
No	58 (55%)
Don't remember	13 (12%)

Q4 On your most recent journey here, how long did you spend in the van?

Less than two hours	60 (57%)
Two to four hours	36 (34%)
More than four hours	6 (6%)
Don't remember	3 (3%)

Q5 On your most recent journey here, were you offered a toilet break?

My journey was less than two hours	60 (58%)
Yes	3 (3%)
No	39 (38%)
Don't remember	2 (2%)

Q6 On your most recent journey here, were you offered anything to eat or drink?

My journey was less than two hours	60 (58%)
Yes	10 (10%)
No	31 (30%)
Don't remember	3 (3%)

Q7 On your most recent journey here, how did you feel you were treated by the escort staff?

Very well	20 (19%)
Well	42 (40%)
Neither	31 (30%)
Badly	4 (4%)
Very badly	3 (3%)
Don't remember	5 (5%)

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	80 (77%)
Yes, I received written information	2 (2%)
No, I was not told anything	19 (18%)
Don't remember	4 (4%)

SECTION 4: FIRST DAYS

Q1 How long were you in reception?

Less than two hours	82 (77%)
Two hours or longer	15 (14%)
Don't remember	10 (9%)

Q2 When you were searched, was this carried out in an understanding way?

Yes	83 (78%)
No	14 (13%)

Don't remember		10 (9%)

Q3 Overall, how well did you feel you were treated in reception?

Very well	36 (34%)
Well	59 (55%)
Neither	7 (7%)
Badly	4 (4%)
Very badly	1 (1%)
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	47 (49%)	*Money worries*	17 (18%)
Loss of property	21 (22%)	*Feeling low/upset/needing someone to talk to*	40 (42%)
Housing problems	19 (20%)	*Health problems*	50 (52%)
Needing protection from other young people	17 (18%)	*Getting phone numbers*	44 (46%)
Letting family know where you are	51 (53%)	***Staff did not ask me about any of these***	18 (19%)

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	44 (46%)	*Money worries*	11 (12%)
Loss of property	11 (12%)	*Feeling low/upset/needing someone to talk to*	18 (19%)
Housing problems	14 (15%)	*Health problems*	10 (11%)
Needing protection from other young people	10 (11%)	*Getting phone numbers*	25 (26%)
Letting family know where you are	13 (14%)	***I did not have any problems***	29 (31%)

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

A reception pack	85 (82%)
The opportunity to have a shower	51 (49%)
Something to eat	83 (80%)
A free phone call to friends/family	87 (84%)
Information about the PIN telephone system	56 (54%)
Information about feeling low/upset	36 (35%)
Don't remember	2 (2%)
I was not given any of these	3 (3%)

Q7 Within your first 24 hours here, did you have access to the following people or services? (Please tick all that apply to you.)

Chaplain or religious leader	23 (23%)
Peer support/peer mentor/Listener/Samaritans	19 (19%)
The prison shop/canteen	12 (12%)
Don't remember	23 (23%)
I did not have access to any of these	46 (46%)

Q8 Before you were locked up on your first night, were you seen by a member of health care staff?

Yes	94 (90%)
No	6 (6%)
Don't remember	5 (5%)

Q9 Did you feel safe on your first night at this establishment?

Yes	84 (82%)
No	15 (15%)
Don't remember	4 (4%)

Q10 Did the induction course cover everything you needed to know about the establishment?

I have not been on an induction course	10 (10%)
Yes	55 (53%)
No	24 (23%)
Don't remember	15 (14%)

SECTION 5: DAILY LIFE AND RESPECT

Q1 Can you normally have a shower every day if you want to?

Yes	56 (53%)
No	42 (40%)
Don't know	7 (7%)

Q2 Is your cell call bell normally answered within five minutes?

Yes	21 (21%)
No	68 (67%)
Don't know	13 (13%)

Q3 What is the food like here?

Very good	1 (1%)
Good	21 (20%)
Neither	42 (40%)
Bad	20 (19%)
Very bad	20 (19%)

Q4 Does the shop/canteen sell a wide enough variety of products?

I have not bought anything yet	9 (9%)
Yes	44 (42%)
No	49 (47%)
Don't know	3 (3%)

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

I don't want to attend religious services	21 (20%)
Very easy	19 (18%)
Easy	30 (29%)
Neither	11 (11%)
Difficult	7 (7%)

Very difficult 6 (6%)
Don't know 10 (10%)

Q6 Please answer the following questions about religion:

	Yes	*No*	*Don't know/ Not applicable*
Do you feel your religious beliefs are respected?	47 (46%)	14 (14%)	41 (40%)
Can you speak to a religious leader in private if you want to?	56 (55%)	5 (5%)	41 (40%)

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?	61 (61%)	39 (39%)
Do **most** staff treat you with respect?	59 (60%)	39 (40%)

SECTION 6: HEALTH SERVICES

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

Yes 63 (63%)
No 18 (18%)
Don't know 19 (19%)

Q2 What do you think of the overall quality of the health care?

I have not been to health care 6 (6%)
Very good 33 (33%)
Good 43 (43%)
Neither 14 (14%)
Bad 2 (2%)
Very bad 2 (2%)

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

	Yes	*No*	*Don't know*
The doctor	59 (60%)	17 (17%)	23 (23%)
The nurse	85 (87%)	6 (6%)	7 (7%)
The dentist	31 (32%)	33 (34%)	34 (35%)
The optician	24 (24%)	26 (26%)	49 (49%)
The pharmacist....	27 (28%)	23 (23%)	48 (49%)

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

I am not taking any medication 48 (51%)
Yes 19 (20%)
No 17 (18%)
Don't know 10 (11%)

Q5 **Please answer the following about alcohol:**

	Yes	*No*
Did you have problems with alcohol when you first arrived here?	12 (12%)	90 (88%)
Have you received any help with alcohol problems in this prison?	6 (6%)	95 (94%)

Q6 **Please answer the following about drugs:**

	Yes	*No*
Did you have problems with drugs when you first arrived here?	33 (33%)	68 (67%)
Do you have problems with drugs now?	12 (12%)	89 (88%)
Have you received any help with drug problems in this prison?	14 (14%)	86 (86%)

Q7 **How easy is it to get illegal drugs here?**

Very easy	10 (10%)
Easy	8 (8%)
Neither	9 (9%)
Difficult	4 (4%)
Very difficult	11 (11%)
Don't know	55 (57%)

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

Yes	20 (20%)
No	78 (80%)

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	78 (79%)
Yes	5 (5%)
No	16 (16%)

SECTION 7: APPLICATIONS AND COMPLAINTS

Q1 **Do you know how to make an application?**

Yes	85 (83%)
No	18 (17%)

Q2 **Is it easy to make an application?**

Yes	73 (71%)
No	12 (12%)
Don't know	18 (17%)

Q3 **Please answer the following questions about applications:**

	I have not made an application	*Yes*	*No*
Do you feel applications are sorted out fairly?	33 (32%)	51 (49%)	20 (19%)

Do you feel applications are sorted out promptly (within seven days)?	33 (32%)	48 (46%)	23 (22%)

Q4 Do you know how to make a complaint?

Yes 82 (79%)
No 22 (21%)

Q5 Is it easy to make a complaint?

Yes 65 (63%)
No 8 (8%)
Don't know 30 (29%)

Q6 Please answer the following questions about complaints:

	I have not made a complaint	*Yes*	*No*
Do you feel complaints are sorted out fairly?	58 (56%)	21 (20%)	24 (23%)
Do you feel complaints are sorted out promptly (within seven days)?	58 (56%)	20 (19%)	26 (25%)

Q7 Have you ever been prevented from making a complaint when you wanted to?

Yes 20 (21%)
No 77 (79%)

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

	Yes	*No*	*Don't know*
A peer mentor/peer support/Listener	27 (26%)	25 (25%)	50 (49%)
A member of the IMB (Independent Monitoring Board)	26 (25%)	24 (24%)	52 (51%)
An advocate (an outside person to help you)	36 (36%)	17 (17%)	48 (48%)

SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE

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

Don't know what the rewards and sanctions scheme is 7 (7%)
Enhanced (top) 30 (29%)
Standard (middle) 44 (43%)
Basic (bottom) 15 (15%)
Don't know 6 (6%)

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

Don't know what the rewards and sanctions scheme is 7 (7%)
Yes 47 (47%)
No 40 (40%)
Don't know 7 (7%)

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

Don't know what the rewards and sanctions scheme is 7 (7%)

Yes 53 (53%)
No 27 (27%)
Don't know 13 (13%)

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

Yes 59 (57%)
No 41 (40%)
Don't know 3 (3%)

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

I have not had an adjudication 41 (42%)
Yes 42 (43%)
No 15 (15%)

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 73 (71%)
Once 13 (13%)
Twice 7 (7%)
Three times 2 (2%)
More than three times 8 (8%)

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 80 (78%)
Very well 5 (5%)
Well 7 (7%)
Neither 4 (4%)
Badly 1 (1%)
Very badly 5 (5%)

SECTION 9: SAFETY

Q1 Have you ever felt unsafe in this establishment?

Yes 31 (30%)
No 72 (70%)

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	72 (73%)	*At mealtimes*	10 (10%)
Everywhere	12 (12%)	*At healthcare*	4 (4%)
Care and separation unit	3 (3%)	*Visits area*	4 (4%)
Association areas	6 (6%)	*In wing showers*	14 (14%)
Reception area	3 (3%)	*In gym showers*	13 (13%)
At the gym	14 (14%)	*In corridors/stairwells*	7 (7%)
In an exercise yard	2 (2%)	*On your landing/wing*	7 (7%)
At work	5 (5%)	*In your cell*	3 (3%)

At education 17 (17%)

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

Yes 30 (31%)
No ..... 68 (69%) **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)	16 (16%)	*Because of drugs*	4 (4%)
Physical abuse (being hit, kicked or assaulted)	11 (11%)	*Having your canteen/property taken*	8 (8%)
Sexual abuse	2 (2%)	*Because you were new here* ..	12 (12%)
Because of your race or ethnic origin	4 (4%)	*Because you are from a different part of the country*	8 (8%)
Because of your religious beliefs	2 (2%)	*Because of gang related issues*	9 (9%)
Because you have a disability	3 (3%)	*Because of my offence/crime* .	5 (5%)

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

Yes 28 (28%)
No ..... 71 (72%) **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)	16 (16%)	*Because of drugs*	2 (2%)
Physical abuse (being hit, kicked or assaulted)	1 (1%)	*Having your canteen/property taken*	2 (2%)
Sexual abuse	2 (2%)	*Because you were new here*	5 (5%)
Because of your race or ethnic origin	6 (6%)	*Because you are from a different part of the country*	2 (2%)
Because of your religious beliefs	3 (3%)	*Because of gang related issues*	2 (2%)
Because you have a disability ..	1 (1%)	*Because of my offence/crime*	1 (1%)

Q9 If you were being victimised who would you tell?

No one	43 (48%)	*Teacher/education staff*	4 (4%)
Personal officer	24 (27%)	*Gym staff*	5 (6%)
Wing officer	24 (27%)	*Listener/Samaritan/Buddy*	6 (7%)
Chaplain	8 (9%)	*Another young person here*	9 (10%)
Health care staff	5 (6%)	*Family/friends*	21 (23%)

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

Yes 27 (27%)
No 30 (30%)
Don't know 43 (43%)

Q11 Is shouting through the windows a problem here?

Yes	40 (41%)
No	50 (51%)
Don't know	8 (8%)

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

Yes	36 (39%)
No	57 (61%)

SECTION 10: ACTIVITIES

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

14 or under	39 (40%)
15 or over	59 (60%)

Q2 Please answer the following questions about school:

	Yes	*No*	*Not applicable*
Have you ever been excluded from school?	92 (92%)	7 (7%)	1 (1%)
Did you used to truant from school?	64 (66%)	31 (32%)	2 (2%)

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

Education	74 (75%)
A job in this establishment	25 (25%)
Vocational or skills training	24 (24%)
Offending behaviour programmes	18 (18%)
I am not currently involved in any of these	9 (9%)

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

	Not been involved	*Yes*	*No*	*Don't know*
Education	3 (3%)	60 (66%)	16 (18%)	12 (13%)
A job in this establishment	15 (21%)	26 (37%)	16 (23%)	14 (20%)
Vocational or skills training	14 (20%)	28 (39%)	10 (14%)	19 (27%)
Offending behaviour programmes	11 (15%)	29 (41%)	15 (21%)	16 (23%)

Q5 Do you usually have association every day?

Yes	61 (63%)
No	32 (33%)
Don't know	4 (4%)

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

Don't want to go	6 (6%)
None	5 (5%)

	One to two times	29 (29%)
	Three to five times	51 (52%)
	More than five times	4 (4%)
	Don't know	4 (4%)

Q7 Can you usually go outside for exercise every day?

	Don't want to go	3 (3%)
	Yes	0 (0%)
	No	86 (87%)
	Don't know	10 (10%)

SECTION 11: FAMILY AND FRIENDS

Q1 Are you able to use the telephone every day, if you want to?

	Yes	51 (52%)
	No	41 (42%)
	Don't know	6 (6%)

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

	Yes	35 (35%)
	No	56 (57%)
	Don't know	8 (8%)

Q3 How easy is it for your family and friends to visit you here?

	Very easy	12 (12%)
	Easy	33 (33%)
	Neither	11 (11%)
	Difficult	16 (16%)
	Very difficult	14 (14%)
	Don't know	13 (13%)

Q4 How many visits do you usually have each week, from family or friends?

	Not been here a week yet	9 (9%)
	I don't get visits	16 (16%)
	Less than one a week	23 (24%)
	About one a week	35 (36%)
	More than one a week	2 (2%)
	Don't know	12 (12%)

Q5 Do your visits usually start on time?

	I don't get visits	16 (18%)
	Yes	28 (31%)
	No	32 (36%)
	Don't know	14 (16%)

Q6 How are you and your family/friends usually treated by visits staff?

	I don't get visits	16 (17%)
	Very well	14 (15%)
	Well	36 (39%)
	Neither	9 (10%)

Badly 0 (0%)
Very badly 2 (2%)
Don't know 15 (16%)

SECTION 12: PREPARATION FOR RELEASE

Q1 When did you first meet your personal officer?

I still have not met him/her 26 (27%)
In your first week 32 (33%)
After your first week 22 (22%)
Don't remember 18 (18%)

Q2 How often do you see your personal officer?

I still have not met him/her 26 (29%)
At least once a week 22 (24%)
Less than once a week 42 (47%)

Q3 Do you feel your personal officer has helped you?

I still have not met him/her 26 (28%)
Yes 22 (24%)
No 45 (48%)

Q4 Do you have a training plan, sentence plan or remand plan?

Yes 46 (46%)
No 27 (27%)
Don't know 26 (26%)

Q5 Please answer the following questions about training plans, sentence plans or remand plans:

	I don't have a plan	*Yes*	*No*	*Don't know*
Were you involved in the development of your plan?	27 (30%)	30 (33%)	5 (5%)	29 (32%)
Do you understand the targets that have been set in your plan?	27 (30%)	40 (44%)	3 (3%)	21 (23%)

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

Yes 74 (75%)
No 25 (25%)

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

Yes 44 (45%)
No 54 (55%)

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?	42 (43%)	44 (45%)	11 (11%)

Are you planning on going to school or college after release?	60 (61%)	26 (27%)	12 (12%)
Do you have a job to go to on release?	25 (26%)	53 (55%)	19 (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.)

Finding accommodation	21 (24%)
Getting into school or college	37 (43%)
Getting a job	35 (41%)
Help with money/finances	27 (31%)
Help with claiming benefits	15 (17%)
Continuing health services	14 (16%)
Opening a bank account	25 (29%)
Avoiding bad relationships	17 (20%)
I don't know who to contact	38 (44%)

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.)

Finding accommodation	21 (24%)
Getting into school or college	22 (25%)
Getting a job	41 (46%)
Money/finances	33 (37%)
Claiming benefits	18 (20%)
Continuing health services	11 (12%)
Opening a bank account	11 (12%)
Avoiding bad relationships	15 (17%)
I won't have any problems	31 (35%)

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

Not sentenced	17 (18%)	*Having a mentor (someone you can ask for advice)*	6 (6%)
Nothing, it is up to me	17 (18%)	*Having a YOT worker or social worker that I get on with*	13 (14%)
Making new friends outside	14 (15%)	*Having children*	19 (20%)
Going back to live with my family	20 (21%)	*Having something to do that isn't crime*	29 (31%)
Getting a place of my own	16 (17%)	*This sentence*	33 (35%)
Getting a job	51 (54%)	*Getting into school/college*	24 (26%)
Having a partner (girlfriend or boyfriend)	33 (35%)	*Talking about my offending behaviour with staff*	7 (7%)
Staying off alcohol/drugs	22 (23%)	*Anything else*	7 (7%)

Q12 Do you want to stop offending?

Not sentenced	17 (18%)
Yes	70 (73%)
No	5 (5%)
Don't know	4 (4%)

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	17 (18%)
Yes	39 (42%)
No	37 (40%)

Survey responses from children and young people: HMYOI Werrington 2011

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
	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

		HMYOI Werrington 2011	Young people's comparator		HMYOI Werrington 2011	HMYOI Werrington 2009
	Number of completed questionnaires returned	107	945		107	75
SECTION 1: ABOUT YOU						
1.1	Are you 18 years of age?	**18%**	**14%**		**18%**	**12%**
1.2	Are you a foreign national?	**7%**	**6%**		**7%**	**3%**
1.3	Is English your first language?	**93%**	**91%**		**93%**	**93%**
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other category)'	**44%**	**38%**		**44%**	**28%**
1.5	Are you Muslim?	**12%**	**16%**		**12%**	**7%**
1.6	Do you consider yourself to be Gypsy/Romany/Traveller?	**7%**	**6%**		**7%**	
1.7	Do you have any children?	**13%**	**13%**		**13%**	**20%**
1.8	Do you consider yourself to have a disability?	**5%**	**10%**		**5%**	
1.9	Have you ever been in local authority care?	**23%**	**27%**		**23%**	
SECTION 2: ABOUT YOUR SENTENCE						
2.1	Are you sentenced?	**84%**	**73%**		**84%**	**100%**
2.2	Is your sentence 12 months or less?	**41%**	**33%**		**41%**	
2.3	Have you been in this establishment for one month or less?	**37%**	**19%**		**37%**	**28%**
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	**53%**	**53%**		**53%**	**46%**
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?	**40%**	**42%**		**40%**	**46%**
3.2	Did you feel safe?	**74%**	**82%**		**74%**	**69%**
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	**33%**	**24%**		**33%**	**33%**
3.4	Did you spend more than four hours in the van?	**6%**	**7%**		**6%**	**4%**
For those who spent two or more hours in the escort van:						
3.5	Were you offered a toilet break if you needed it?	**6%**	**16%**		**6%**	**10%**
3.6	Were you offered anything to eat or drink?	**24%**	**35%**		**24%**	**36%**
3.7	Were you treated well/very well by the escort staff?	**59%**	**52%**		**59%**	**51%**
3.8	Before you arrived here (either from court or another establishment), were you told that you would be coming to this establishment	**77%**	**79%**		**77%**	
3.9	Before you arrived here (either from court or another establishment), were you given written information about coming to this establishment	**2%**	**3%**		**2%**	

Comparison with young people's comparator and previous survey results

Key to tables

	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	HMYOI Werrington 2011	Young people's comparator	HMYOI Werrington 2011	HMYOI Werrington 2009
	Number of completed questionnaires returned	**107**	**945**	**107**	**75**
SECTION 4: YOUR FIRST FEW DAYS HERE					
4.1	Were you in reception for less than two hours?	**77%**	**78%**	**77%**	**68%**
4.2	When you were searched was this carried out in an understanding way?	**77%**	**79%**	**77%**	**80%**
4.3	Were you treated well/very well in reception?	**89%**	**65%**	**89%**	**85%**
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?	**49%**	**52%**	**49%**	**40%**
4.4b	Loss of property?	**22%**	**21%**	**22%**	**27%**
4.4c	Housing problems?	**20%**	**19%**	**20%**	**23%**
4.4d	Needing protection from other young people?	**18%**	**24%**	**18%**	**13%**
4.4e	Letting family know where you are?	**53%**	**61%**	**53%**	**63%**
4.4f	Money worries?	**18%**	**17%**	**18%**	**14%**
4.4g	Feeling low/upset/needing someone to talk to?	**41%**	**39%**	**41%**	**43%**
4.4h	Health problems?	**52%**	**59%**	**52%**	**53%**
4.4i	Getting phone numbers?	**46%**	**43%**	**46%**	**33%**
4.5	Did you have any problems when you first arrived?	**69%**	**76%**	**69%**	**70%**
When you first arrived, did you have problems with any of the following:					
4.5a	Not being able to smoke?	**46%**	**49%**	**46%**	**48%**
4.5b	Loss of property?	**12%**	**17%**	**12%**	**18%**
4.5c	Housing problems?	**15%**	**13%**	**15%**	**16%**
4.5d	Needing protection from other young people?	**11%**	**7%**	**11%**	**0%**
4.5e	Letting family know where you are?	**14%**	**22%**	**14%**	**17%**
4.5f	Money worries?	**12%**	**18%**	**12%**	**18%**
4.5g	Feeling low/upset/needing someone to talk to?	**19%**	**17%**	**19%**	**7%**
4.5h	Health problems?	**11%**	**12%**	**11%**	**4%**
4.5i	Getting phone numbers?	**26%**	**32%**	**26%**	**10%**
When you first arrived, were you given any of the following:					
4.6a	A reception pack?	**82%**	**72%**	**82%**	**80%**
4.6b	The opportunity to have a shower?	**49%**	**33%**	**49%**	**33%**
4.6c	Something to eat?	**80%**	**80%**	**80%**	**81%**
4.6d	A free phone call to friends/family?	**84%**	**74%**	**84%**	**87%**
4.6e	Information about the PIN telephone system?	**54%**	**59%**	**54%**	**51%**
4.6f	Information about feeling low/upset?	**35%**	**28%**	**35%**	**33%**
Within your first 24 hours, did you have access to the following people or services:					
4.7a	The chaplain or religious leader?	**23%**	**48%**	**23%**	**36%**
4.7b	A peer mentor, Listener or the Samaritans?	**19%**	**23%**	**19%**	**17%**
4.7c	Did you have access to the prison shop/canteen?	**12%**	**15%**	**12%**	**12%**

Key to tables

	Any percentage highlighted in green is significantly better	HMYOI Werrington 2011	Young people's comparator		HMYOI Werrington 2011	HMYOI Werrington 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	107	945		107	75
4.8	Before you were locked up on your first night, were you seen by a member of health care staff?	89%	70%		89%	
4.9	Did you feel safe on your first night here?	82%	78%		82%	90%
4.10	For those who have been on an induction course: did it cover everything you needed to know about the establishment	59%	67%		59%	67%
SECTION 5: DAILY LIFE AND RESPECT						
5.1	Can you normally have a shower every day if you want to?	53%	73%		53%	50%
5.2	Is your cell call bell normally answered within five minutes?	20%	35%		20%	26%
5.3	Do you find the food here good/very good?	22%	17%		22%	38%
5.4	Does the shop/canteen sell a wide enough variety of products?	42%	44%		42%	45%
5.5	Is it easy/very easy for you to attend religious services?	47%	59%		47%	49%
5.6a	Do you feel your religious beliefs are respected?	46%	56%		46%	44%
5.6b	Can you speak to a religious leader in private if you want to?	55%	66%		55%	59%
5.7	Is there a member of staff you can turn to with a problem?	61%	63%		61%	80%
5.8	Do you feel that most of the staff here treat you with respect?	60%	63%		60%	74%
SECTION 6: HEALTH SERVICES						
6.1	Did you have a full health assessment the day after your arrival?	63%	61%		63%	
6.2	For those who have been to health care: Do you think the overall quality is good/very good?	81%	60%		81%	82%
6.3a	Is it easy for you to see the doctor?	60%	51%		60%	63%
6.3b	Is it easy for you to see the nurse?	87%	70%		87%	91%
6.3c	Is it easy for you to see the dentist?	32%	32%		32%	33%
6.3d	Is it easy for you to see the optician?	24%	24%		24%	25%
6.3e	Is it easy for you to see the pharmacist?	27%	26%		27%	25%
6.4	If you are taking medication, are you allowed to keep it in your cell?	42%	33%		42%	
6.5a	Did you have any problems with alcohol when you first arrived?	12%	15%		12%	10%
6.5b	Have you received any help with any alcohol problems here?	6%	9%		6%	7%
6.6a	Did you have any problems with drugs when you first arrived?	33%	33%		33%	29%
6.6b	Do you have any problems with drugs now?	12%	9%		12%	8%
6.6c	Have you received any help with any drug problems here?	14%	23%		14%	29%
6.7	Is it easy/very easy to get illegal drugs here?	19%	18%		19%	12%
6.8	Do you feel you have any emotional or mental health problems?	20%	21%		20%	18%
6.9	If you feel you have emotional or mental health problems, are you being helped by anyone here?	24%	52%		24%	

Key to tables

		HMYOI Werrington 2011	Young people's comparator	HMYOI Werrington 2011	HMYOI Werrington 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		**107**	**945**	**107**	**75**
SECTION 7: APPLICATIONS AND COMPLAINTS					
7.1	Do you know how to make an application?	**83%**	**87%**	**83%**	**86%**
7.2	Is it easy to make an application?	**71%**	**76%**	**71%**	**87%**
For those who have made an application:					
7.3a	Do you feel applications are sorted out fairly?	**72%**	**66%**	**72%**	**72%**
7.3b	Do you feel applications are sorted out promptly (within seven days)?	**68%**	**62%**	**68%**	**60%**
7.4	Do you know how to make a complaint?	**79%**	**85%**	**79%**	**88%**
7.5	Is it easy to make a complaint?	**63%**	**65%**	**63%**	**76%**
For those who have made a complaint:					
7.6a	Do you feel complaints are sorted out fairly?	**46%**	**33%**	**46%**	**54%**
7.6b	Do you feel complaints are sorted out promptly (within seven days)?	**43%**	**38%**	**43%**	**57%**
7.7	Have you ever been prevented from making a complaint when you wanted to?	**21%**	**17%**	**21%**	
Can you speak to the following people when you need to:					
7.8a	A peer mentor or Listener?	**26%**	**32%**	**26%**	**41%**
7.8b	A member of the IMB (Independent Monitoring Board)	**25%**	**30%**	**25%**	**29%**
7.8c	An advocate (an outside person to help you)	**36%**	**37%**	**36%**	**41%**
SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE					
8.1	Are you on the enhanced (top) level of the reward scheme?	**29%**	**29%**	**29%**	**32%**
8.2	Do you feel you have been treated fairly in your experience of the rewa scheme?	**47%**	**47%**	**47%**	**69%**
8.3	Do the different levels make you change your behaviour?	**53%**	**53%**	**53%**	**81%**
8.4	Have you had a 'nicking' (adjudication) since you have been here?	**57%**	**53%**	**57%**	**51%**
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	**74%**	**82%**	**74%**	**92%**
8.6	Have you been physically restrained (C and R) since you have been here?	**29%**	**34%**	**29%**	**19%**
8.7	For those who had spent a night in the segregation/care and separation unit: did the staff treat you well/very well'	**54%**	**48%**	**54%**	**75%**

Comparison with young people's comparator and previous survey results

Key to tables

		HMYOI Werrington 2011	Young people's comparator	HMYOI Werrington 2011	HMYOI Werrington 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		107	945	107	75
SECTION 9: SAFETY					
9.1	Have you ever felt unsafe in this prison?	30%	27%	30%	17%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	31%	23%	31%	20%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4a	Insulting remarks?	17%	14%	17%	10%
9.4b	Physical abuse?	11%	11%	11%	8%
9.4c	Sexual abuse?	2%	1%	2%	2%
9.4d	Racial or ethnic abuse?	4%	3%	4%	0%
9.4e	Your religious beliefs?	2%	3%	2%	0%
9.4f	Your disability?	3%	1%	3%	2%
9.4g	Drugs?	4%	3%	4%	5%
9.4h	Having your canteen/property taken?	8%	5%	8%	2%
9.4i	Because you were new here?	12%	8%	12%	5%
9.4j	Being from a different part of the country than others?	8%	5%	8%	3%
9.4k	Gang related issues?	9%	6%	9%	3%
9.4l	Your offence/crime?	5%	4%	5%	0%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	28%	24%	28%	13%
If you have felt victimised by a member of staff/group of staff members, did the incident involve:					
9.7a	Insulting remarks?	17%	15%	17%	6%
9.7b	Physical abuse?	1%	5%	1%	2%
9.7c	Sexual abuse?	2%	1%	2%	0%
9.7d	Racial or ethnic abuse?	6%	5%	6%	3%
9.7e	Your religious beliefs?	3%	3%	3%	0%
9.7f	Your disability?	1%	1%	1%	2%
9.7g	Drugs?	2%	2%	2%	2%
9.7h	Having your canteen/property taken?	2%	3%	2%	0%
9.7i	Because you were new here?	5%	4%	5%	2%
9.7j	Being from a different part of the country than others?	2%	3%	2%	2%
9.7k	Gang related issues?	2%	2%	2%	0%
9.7l	Your offence/crime?	1%	3%	1%	0%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it	52%	56%	52%	75%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	27%	32%	27%	52%
9.11	Is shouting through the windows a problem here?	41%	40%	41%	26%
9.12	Have staff checked on you personally in the last week to see how you are getting on?	39%	36%	39%	34%

Comparison with young people's comparator and previous survey results

Key to tables

		HMYOI Werrington 2011	Young people's comparator		HMYOI Werrington 2011	HMYOI Werrington 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	**107**	**945**		**107**	**75**
SECTION 10: ACTIVITIES						
10.1	Were you 14 or younger when you were last at school?	**40%**	**42%**		**40%**	**39%**
10.2a	Have you ever been excluded from school?	**92%**	**86%**		**92%**	**88%**
10.2b	Have you ever truanted from school?	**66%**	**69%**		**66%**	**70%**
Do you currently take part in any of the following:						
10.3a	Education?	**75%**	**74%**		**75%**	**40%**
10.3b	A job in this establishment?	**25%**	**32%**		**25%**	**22%**
10.3c	Vocational or skills training?	**24%**	**19%**		**24%**	**17%**
10.3d	Offending behaviour programmes?	**18%**	**22%**		**18%**	**13%**
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?	**69%**	**64%**		**69%**	**84%**
10.4b	A job in this establishment?	**46%**	**57%**		**46%**	**80%**
10.4c	Vocational or skills training?	**49%**	**47%**		**49%**	**62%**
10.4d	Offending behaviour programmes?	**49%**	**50%**		**49%**	**54%**
10.5	Do you usually have association every day?	**63%**	**71%**		**63%**	**33%**
10.6	Do you go to the gym more than five times each week?	**4%**	**11%**		**4%**	**9%**
10.7	Can you usually go outside for exercise every day?	**0%**	**44%**		**0%**	**9%**
SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS						
11.1	Are you able to use the telephone every day?	**52%**	**67%**		**52%**	**40%**
11.2	Have you had any problems with sending or receiving letters or parcels?	**36%**	**41%**		**36%**	**27%**
11.3	Is it easy/very easy for your family and friends to visit you here?	**45%**	**43%**		**45%**	**64%**
11.4	Do you usually have one or more visits per week from family and friends?	**38%**	**38%**		**38%**	
11.5	Do your visits start on time?	**31%**	**42%**		**31%**	**63%**
11.6	Are you and your visitors treated well/very well by visits staff?	**54%**	**42%**		**54%**	**56%**
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?	**45%**	**52%**		**45%**	**35%**
12.2	Do you see your personal officer at least once a week?	**35%**	**65%**		**35%**	**54%**
12.3	Do you feel your personal officer has helped you?	**33%**	**58%**		**33%**	**57%**
12.4	Do you have a training plan, sentence plan or remand plan?	**47%**	**47%**		**47%**	
For those with a training plan, sentence plan or remand plan:						
12.5a	Were you involved in the development of your plan?	**47%**	**55%**		**47%**	
12.5b	Do you understand the targets set in your plan?	**62%**	**68%**		**62%**	
12.6	Has your YOT worker been in touch with you since your arrival here?	**75%**	**84%**		**75%**	**73%**
12.7	Do you know how to get in touch with your YOT worker?	**45%**	**58%**		**45%**	**55%**

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

Key to tables

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	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		**107**	**945**	**107**	**75**
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?	**43%**	**42%**	**43%**	**49%**
12.8	Are you going to school or college on release?	**61%**	**60%**	**61%**	**74%**
12.8	Do you have a job to go to on release?	**26%**	**20%**	**26%**	**25%**
Do you know who to contact for help with the following in preparation for your release:					
12.9	Finding accommodation	**24%**	**37%**	**24%**	**38%**
12.9	Getting into school or college	**43%**	**45%**	**43%**	**68%**
12.9	Getting a job	**41%**	**43%**	**41%**	**62%**
12.9	Help with money/finances	**31%**	**33%**	**31%**	**44%**
12.9	Help with claiming benefits	**17%**	**28%**	**17%**	**39%**
12.9	Continuing health services	**16%**	**23%**	**16%**	**29%**
12.9	Opening a bank account	**29%**	**32%**	**29%**	**52%**
12.9	Avoiding bad relationships	**20%**	**26%**	**20%**	**29%**
Do you think you will have a problem with the following, when you are released:					
12.10	Finding accommodation?	**23%**	**27%**	**23%**	**16%**
12.10	Getting into school or college?	**25%**	**26%**	**25%**	**16%**
12.10	Getting a job?	**46%**	**49%**	**46%**	**40%**
12.10	Help with money/finances?	**37%**	**39%**	**37%**	**21%**
12.10	Help with claiming benefits?	**20%**	**25%**	**20%**	**18%**
12.10	Continuing health services?	**13%**	**13%**	**13%**	**6%**
12.10	Opening a bank account?	**13%**	**16%**	**13%**	**9%**
12.10	Avoiding bad relationships?	**17%**	**19%**	**17%**	**12%**
For those who were sentenced:					
12.12	Do you want to stop offending?	**89%**	**92%**	**89%**	**88%**
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	**51%**	**47%**	**51%**	**53%**

Diversity comparator: ethnicity/religion HMYOI Werrington 2011

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.

Key to tables

	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	**47**	**60**		**12**	**86**
1.2	Are you a foreign national?	**12%**	**3%**		**18%**	**5%**
1.3	Is English your first language?	**86%**	**99%**		**75%**	**97%**
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?				**100%**	**35%**
1.5	Are you Muslim?	**29%**	**0%**			
1.6	Do you consider yourself to be Gypsy/Romany/Traveller?	**4%**	**9%**		**0%**	**8%**
1.9	Have you ever been in local authority care?	**19%**	**25%**		**7%**	**27%**
2.1	Are you sentenced?	**82%**	**87%**		**86%**	**85%**
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	**51%**	**55%**		**64%**	**51%**
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	**30%**	**35%**		**50%**	**29%**
3.7	Were you treated well/very well by the escort staff?	**58%**	**60%**		**36%**	**64%**
3.8	Before you arrived here, were you told that you would be coming to this establishment?	**67%**	**85%**		**57%**	**80%**
4.2	When you were searched was this carried out in an understanding way?	**75%**	**80%**		**64%**	**78%**
4.3	Were you treated well/very well in reception?	**89%**	**88%**		**86%**	**88%**
4.8	Before you were locked up on your first night, were you seen by a member of health care staff?	**87%**	**91%**		**93%**	**91%**
4.9	Did you feel safe on your first night here?	**76%**	**86%**		**73%**	**83%**
4.10	Did the induction course cover everything you needed to know about the establishment?	**51%**	**64%**		**30%**	**61%**
5.1	Can you normally have a shower every day if you want to?	**46%**	**59%**		**36%**	**59%**
5.2	Is your cell call bell normally answered within five minutes?	**20%**	**21%**		**8%**	**24%**
5.3	Do you find the food here good/very good?	**19%**	**22%**		**8%**	**24%**
5.4	Does the shop/canteen sell a wide enough variety of products?	**33%**	**49%**		**14%**	**46%**
5.6a	Do you feel your religious beliefs are respected?	**54%**	**41%**		**77%**	**41%**
5.7	Is there a member of staff you can turn to with a problem?	**47%**	**71%**		**50%**	**66%**
5.8	Do you feel that most of the staff here treat you with respect?	**48%**	**69%**		**36%**	**67%**
6.3a	Is it easy for you to see the doctor?	**53%**	**66%**		**36%**	**62%**
6.3b	Is it easy for you to see the nurse?	**86%**	**87%**		**100%**	**85%**
6.7	Is it easy/very easy to get illegal drugs here?	**21%**	**16%**		**36%**	**18%**
6.8	Do you feel you have any emotional or mental health problems?	**20%**	**20%**		**0%**	**24%**
7.2	Is it easy to make an application?	**60%**	**79%**		**77%**	**73%**
7.5	Is it easy to make a complaint?	**53%**	**71%**		**46%**	**65%**

Black and minority ethnic young people | White young people | Muslim young people | Non-Muslim young people

Children and Young People: Diversity Analysis

Key to tables

		Black and minority ethnic young people	White young people	Muslim young people	Non-Muslim young people
	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		47	60	12	86
8.1	Are you on the enhanced (top) level of the reward scheme?	18%	38%	7%	34%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	31%	58%	14%	51%
8.3	Do the different levels make you change your behaviour?	40%	64%	25%	60%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	69%	48%	77%	54%
8.6	Have you been physically restrained (C and R) since you have been here?	39%	22%	36%	28%
9.1	Have you ever felt unsafe in this prison?	31%	29%	36%	30%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	25%	35%	25%	31%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4d	Racial or ethnic abuse?	4%	3%	0%	5%
9.4e	Your religious beliefs?	4%	0%	0%	2%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	36%	22%	62%	25%
If you have felt victimised by a member of staff/group of staff, did the incident involve:					
9.5d	Racial or ethnic abuse?	15%	0%	25%	3%
9.5e	Your religious beliefs?	6%	0%	8%	2%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it?	47%	57%	50%	54%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	14%	36%	0%	31%
Do you currently take part in any of the following:					
10.3a	Education?	85%	68%	83%	75%
10.3b	A job in this establishment?	17%	30%	39%	24%
10.3c	Vocational or skills training?	20%	28%	25%	23%
10.3d	Offending behaviour programmes?	26%	13%	25%	19%
10.5	Do you usually have association everyday?	52%	70%	62%	63%
10.6	Do you go to the gym more than five times each week?	7%	2%	0%	5%
10.7	Can you usually go outside for exercise every day?	0%	0%	0%	0%
11.1	Are you able to use the telephone every day?	47%	56%	54%	54%
11.2	Have you had any problems with sending or receiving letters or parcels?	37%	34%	62%	34%
11.3	Do you usually have one or more visits per week from family and friends?	31%	43%	46%	35%
12.3	Do you feel your personal officer has helped you?	26%	37%	14%	36%
12.4	Do you have a training plan, sentence plan or remand plan?	34%	55%	46%	46%
12.5b	Do you understand the targets set in your plan?	50%	69%	75%	62%
12.6a	Have you had a say in what will happen to you when you are released?	35%	49%	25%	46%
12.6b	Are you going to school or college on release?	72%	54%	83%	57%
12.14	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future?	50%	52%	46%	56%