

Report on an announced inspection of

HMYOI Feltham (children and young people)

by HM Chief Inspector of Prisons

11- 15 August 2014

Glossary of terms

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Printed and published by:
Her Majesty's Inspectorate of Prisons
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Introduction

In common with all establishments holding young people under the age of 18, and reflecting the status, risk and additional accountability that is entailed in holding young people in custody, HMYOI Feltham is routinely inspected on an annual basis. In addition, this inspection followed on a week after a separate inspection of the young adult facility co-located at Feltham. HMYOI Feltham constitutes Feltham B, which holds just under 400 young adults, and Feltham A, which holds up to 240 boys between the ages of 15 and 18. They are managed as a whole but operate separately. This report looks at Feltham A.

At this inspection we observed some deterioration in outcomes – particularly concerning the establishment's work to provide purposeful activity and in its approach to resettlement – but this did not describe the whole picture at what is a complicated establishment. As we observed last year, Feltham A remains operationally very challenging and is a facility subject to considerable scrutiny and accountability. We found a staff group who were working very hard to deal with a significant number of very troubled young people. For the most part they seemed to be doing this in a calm, patient and sometimes courageous way.

Most boys arrived at the prison from courts in the London area. It was striking how many boys were left waiting in court cells long after their cases had concluded, causing them to arrive late at the prison. In contrast to this, reception, first night and induction arrangements were generally swift and effective and some facilities, notably reception and the induction unit, were in a better condition than when we last saw them. Risks were managed appropriately and most boys reported feeling safe on their first night.

Feltham's approach to safeguarding was thorough and staff generally understood their responsibilities in respect of child protection. We observed good, well-integrated working relationships with the local authority which had strengthened and the institution was working constructively with them to ensure the replacement of social workers they had recently lost and which had left some gaps in coverage. However, behaviour management arrangements were too layered and overly complex, leading to confusion that was in danger of undermining effectiveness and legitimacy.

The institution had gone to considerable lengths to address violence and bullying behaviour. Strategies were comprehensive, analysis was meaningful and responses were broad, including policies on anti-bullying, restraint minimisation, gang recognition and mediation. The coordination and case management of the most challenging young people was reasonably good. The number of fights and assaults had reduced since we last visited but despite this violence still remained too high and there had been more assaults on staff than we normally see: 79 in the preceding six months. A concerning amount of the violence which young people perpetrated on each other was serious, being both unpredictable and reckless in its intent.

A significant amount of the conflict evident was gang-related and about 26% of the population were being managed at the time of our visit on either restricted regimes or 'keep apart' lists, partly as a response to this. This approach, while unavoidable in our view, was very dynamic, requiring constant staff vigilance. However, it also undermined relationships, stability and the normal routines of the institution, such as access to amenities, learning and skills or work. Use of force had increased dramatically and while much included the application of full restraint techniques, again indicative of the seriousness of many incidents, the supervision of, and accountability for, use of force was good.

The number of boys segregated had reduced and their length of stay in separation had similarly reduced. The physical environment in the segregation unit, located on the young adult side, had improved but it was still unsuitable for young people. We were concerned about the number of times boys had been placed in special accommodation, although a small number of boys with very acute mental health and behavioural needs, who were placed on this measure, were better cared for

in the establishment's Albatross unit. The number of self-harm incidents had reduced, but the management of these cases was just adequate, and too many boys in crisis were left locked up for too long with not enough to do. Illicit drug use in the prison was minimal.

Living conditions had improved since we last inspected. Communal areas were cleaner and there was less graffiti. Cells were also better, although there were some concerning exceptions. In our survey, only just over half of boys indicated they felt respected by staff, although our own observations reflected broadly respectful behaviour from staff towards boys. We reached the conclusion that staff remained calm and constructive and were not thrown by challenging behaviour. Staff shortages and aspects of the restricted regime reduced contact time, but we observed a generally good group of staff doing their best. Work to promote diversity was reasonable, supported by a visible equalities team. The identification of young people from minorities and outcomes experienced by such groups were generally satisfactory. Young people had good access to health care and in particular mental health care.

Most boys had limited time unlocked, but for a significant minority it could be as little as an hour a day and this amounted to solitary confinement. During roll checks we typically found about a quarter of boys locked up during the working day. Attendance at activities was too low and absences often occurred for unjustified reasons. Far fewer training hours were delivered than planned. The range of courses on offer had increased and included the development of some interesting educational outreach work but this needed to develop further. A better focus on individual need remained a priority and both achievements and the quality of teaching overall required improvement. However, staff were good at helping boys overcome barriers to learning, and it was evident that work was being done to motivate boys, most of whom were progressing.

Feltham now operated a separate case management and resettlement function for young people distinct from the young adult provision. Consultation had taken place with young people to underpin this work and a full needs analysis was planned. Boys were allocated to an individual caseworker who took responsibility for the preparation of training plans. Those plans we reviewed were of a reasonable quality, despite the repetition and over-reliance on some quite generic targets for young people. Review meetings were timely and there was some effort made to engage families. However, attendance by relevant departments was poor. Transition arrangements for boys who had reached their 18th birthday were developing and the delivery of resettlement services was organised efficiently. Public protection work was sound and the needs of looked after children were attended to. Work carried out under the resettlement pathways was adequate but securing suitable accommodation and employment, education and training placements on release continued to be difficult.

Overall we found this inspection encouraging. There remained, however, some significant problems which Feltham needs to put right. Our judgements are reflected in the markings we have given to Feltham A and this clearly identifies that too many outcomes for young people are not good enough. However, a reading of the report shows that this is not an institution that is passive or overwhelmed in the face of these challenges. We were impressed by the commitment of the Feltham staff group and there was evidence of improvement on a broad front. As we have indicated in other reports concerning similar institutions, there also needs to be some new thinking about how to tackle the debilitating and seemingly intractable problem of gangs, violence and anti-social behaviour among this group of young people. This new thinking, in our view, should not be left to the institution alone but needs to include commissioners and providers as well as those from other sectors who can contribute to more effective interventions that can, in turn, facilitate greater stability, balancing both control and care.

Nick Hardwick
HM Chief Inspector of Prisons

January 2015

Fact page

Task of the establishment

To keep in custody young people aged 15 to 18 years who are on remand or have been convicted by the courts, and young adults aged 18-21 years placed in custody by the courts.

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

Public

Region/Department

Young people's estate

Number held

180

Certified normal accommodation

240

Operational capacity

240

Date of last full inspection

21 January 2013

Brief history

The original Feltham was built in 1854 as an industrial school and was taken over in 1910 by the Prison Commissioners as their second Borstal institution. The existing building opened as a remand centre in March 1988.

HMP/YOI Feltham was formed by the amalgamation of Ashford Remand Centre and Feltham Borstal in 1990/91.

Short description of residential units

There are eight units, each holding 30 young people. Almost all cells are single occupation. All cells have integral sanitation and television.

Bittern - first night and induction

Curlew - full-time workers

Dunlin - normal location

Eagle - normal location

Falcon - normal location

Grebe - normal location

Heron - normal location

Jay - normal location

Name of governor

Glenn Knight

Escort contractor

Serco

Health service commissioner and providers

Provider: Care UK

Commissioner: NHS England

Learning and skills providers

CfBT

Independent Monitoring Board chair

Marion Rider

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons 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 tests are:

Safety	prisoners, particularly 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 effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: 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.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
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.**
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.**
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: 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 and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and II respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ 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.

Summary

Safety

- S1 Boys' experience on arrival was generally positive. Good work was being done to develop the use of video-link. Safeguarding and child protection arrangements were sound. Self-harm was managed effectively. Security was proportionate and staff tried to achieve an effective balance between care and control. The number of fights and assaults remained high and the unpredictable and reckless nature of the violence was very concerning. Although staff dealt with these incidents well, the risk of serious injury continued to be ever present. Use of force remained high but was well managed. The rewards and sanctions scheme was only partially effective. Less use was made of the segregation unit than we had found previously and conditions there had improved. **Outcomes for children and young people were not sufficiently good against this healthy prison test.***
- S2 At the last inspection in January 2013, we found that outcomes for children and young people in Feltham were not sufficiently good against this healthy prison test. We made 17 recommendations on safety. At this follow-up inspection we found that six of the recommendations had been achieved, four had been partially achieved and seven had not been achieved.*
- S3 Monitoring of boys' experience of court and on escort was good and had been used effectively to help develop greater use of the video-link facilities as an alternative to going to court.
- S4 The facilities in reception had improved since the previous inspection, and boys did not spend too long there. Boys' views on their experience of reception were sought regularly through focus groups.
- S5 First night cells were properly prepared for new arrivals and the presence of a specially trained officer through the night was helpful. Survey results indicated that boys were less positive than at similar establishments about induction telling them everything they needed to know about the establishment, and they told us that they were locked up for too long during the process.
- S6 The safeguarding policy was comprehensive and there were strong links between the safeguarding department and the local authority. The child protection arrangements were well managed and efficient.
- S7 The behaviour management group (BMG) continued to be effective, with active multidisciplinary involvement. Wherever possible, staff used constructive methods such as mediation to deal with conflict. However, shortages of staff often meant that decisions made at BMG meetings could not be implemented quickly enough.
- S8 There were a number of parallel structures for risk management and progression planning, and sometimes this created confusion. The overall approach towards managing behaviour was designed to reinforce positive behaviour, but so far this was only working effectively in the education department and on Curlew unit.

- S9 The STAR project², despite the first running of the programme having to be curtailed for security and logistical reasons, offered the potential for staff and boys to gain useful new skills in understanding negative behaviour and supporting change.
- S10 Methods of identifying bullying were good and information sharing between departments was very good.
- S11 There had been a reduction in the number of fights and assaults since the last inspection but the overall level of violence remained high and assaults against staff were higher than we usually see. Some incidents were serious and, concerningly, many involved groups of boys attacking a single victim. The violence was often unpredictable and reckless.
- S12 The weekly BMG meetings helped to ensure that the needs of vulnerable boys were addressed but there was an over-reliance on the BMG to manage individual cases. Many of the individuals in the establishment were very difficult to manage on normal residential units and the various restricted types of regime which had been introduced to deal with them had become confusing.
- S13 Data on self-harming behaviour were analysed effectively. The screening arrangements to assess vulnerability were good. The number of ACCT³ documents opened had reduced and the number of actual incidents of self-harm had also reduced. We noted that a few boys accounted for a disproportionate number of incidents.
- S14 The quality of ACCT documents was reasonably good but entries in some lacked detail and attendance at reviews was often limited. Care mapping was sometimes inadequate and we found examples of boys on ACCTs who were locked up for too long without constructive input.
- S15 In our survey, only about a third of boys said that they had been treated fairly under the rewards and sanctions scheme, or that it made them change their behaviour. The recent use of Curlew unit to create a positive environment was constructive, but 15% of the total population were on the basic level, and the general regime remained restrictive for too many boys. In general, the rewards and sanctions scheme was perceived by boys as punitive.
- S16 The security department was well organised and made a constructive contribution to managing behaviour. Links between the establishment and the police had improved and there were now very effective channels for communication which resulted in action being taken. The 'keep apart' system helped to limit violence, but at the same time it reduced regime opportunities for many boys. The impact of this was severe for around a quarter of the boys, who would get an hour out of their cell each day at most.
- S17 The number of adjudications had risen sharply, 60% arising from acts or threats of violence. The adjudication process was generally sound, though enquiry into some charges was cursory.
- S18 Recorded use of force was much higher than at the last inspection. This partly reflected incidents involving several boys and over-representation of a few individuals who were persistently refractory. Governance of use of force was sound. There was consistent evidence of de-escalation at every opportunity, and correct practice on almost all occasions.

² A local collaboration funded by NHS England and delivered by the South London and Maudsley Mental Health Trust. Its aim is to help young people who are at risk of being involved in violent offending and participation in street gangs.

³ Assessment, care in custody and teamwork - case management for prisoners at risk of self-harm

- S19 Removal from unit was no longer used as a punishment; the use of formal separation had reduced by a further 20% since the last inspection. The average length of stay in the separation unit had fallen to just over half the average at the last inspection. The physical condition of the separation unit had improved, but it still remained an unsuitable environment for children.
- S20 The substance misuse service was not well enough staffed to provide a full service. Boys with the highest levels of need were prioritised, but up to 50% of those with the lowest level needs were not given even basic drug and alcohol awareness. Illicit drug use in the establishment was minimal.

Respect

- S21 *The living environment had improved significantly, but further improvements were still necessary. Refurbished areas were of a good standard but too many cells were still dirty. Efforts to remove graffiti had been very successful. Relationships between staff and boys were consistently good. Diversity continued to receive careful consideration but the quality of discrimination incident report forms was not always good enough. Faith provision for boys who were able to attend religious services was good, but too many did not get this opportunity. Boys had good access to reasonable health provision. Boys still expressed very negative views about the food. **Outcomes for children and young people were reasonably good against this healthy prison test.***
- S22 *At the last inspection in January 2013, we found that outcomes for children and young people in Feltham were reasonably good against this healthy prison test. We made 22 recommendations on respect.⁴ At this follow-up inspection we found that five of the recommendations had been achieved, five had been partially achieved and 12 had not been achieved.*

- S23 There had been a number of improvements to the environment since the last inspection. Many communal areas were cleaner than they had been and concerted efforts had been made to remove graffiti from cells and furniture. However, some communal areas remained grubby and the flooring was in a poor condition. Some cells were dirty and poorly furnished and conditions in shower rooms were poor.
- S24 In our survey, only 55% of boys said that most staff treated them with respect, against the comparator of 74%. On the whole the interactions that we saw between staff and children were positive and respectful, with occasional examples of offhand behaviour by staff.
- S25 Despite negative survey responses, some personal officers did good work in that role, but many found it difficult to make time for this.
- S26 Equality work was well managed and a dedicated and visible team of staff carried this work out. There were good procedures to identify boys from most of the minority groups.
- S27 Unusually, more staff than boys were using the discrimination incident report form process to challenge racist behaviour. Investigations, especially against staff, were sometimes inadequate and dismissive.

⁴ This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S28 In our survey, Muslim and black and minority ethnic boys reported less positively about respectful treatment and we were not confident that there had been adequate consultation or investigation to develop an understanding of this.
- S29 Provision for most foreign national boys was reasonable, with good access to immigration surgeries. However, security restrictions prevented boys from attending foreign national support groups. A needs analysis had been undertaken.
- S30 There was good identification of boys with disabilities and evidence of some good multidisciplinary support. However, accessibility remained an issue, with no adapted cells or showers.
- S31 The chaplaincy team was well integrated within the establishment and boys were mostly positive about the support they received. Religious provision was good and catered for a wide range of faiths. Attendance at corporate worship was low. In our survey, only a minority of boys felt it was easy to attend religious services. Most boys who said they wanted to attend religious services were unable to, for reasons of discipline and security. Only limited alternatives were provided.
- S32 We received a number of complaints from boys about the provision made for Ramadan, in particular the quality of the food provided.
- S33 Survey results indicated that most boys had more faith in the complaints system and found it easier to use. Complaints were analysed and there was some good investigation of recurring trends. Responses were mostly polite and addressed the issues raised but were not always prompt enough.
- S34 The governance of health care was reasonable and did-not-attend rates at primary care clinics had reduced significantly since our last inspection. Boys had good access to nurses, doctors and the dentist.
- S35 The Albatross unit was the prison in patient facility and was run on a multidisciplinary basis.
- S36 An effective mental health referral pathway enabled boys to see an appropriate clinician quickly; the range of interventions reflected the needs of this young, troubled population.
- S37 Boys were mostly negative about the quality and quantity of food, describing it as bland, of poor quality and repetitive. However, the food that we sampled was adequate and of sufficient quantity. Lunches and dinners were served too early. Since the last inspection, dining out had been introduced on Curlew and there were plans to extend this.
- S38 Consultation arrangements for catering were in place but there was little evidence of regular, meaningful change.

Purposeful activity

- S39 *Boys had limited time out of their cell. A significant number were locked up for most of the day. Outcomes for those attending vocational training were good but only satisfactory for education. Attendance at education was too low. Planning arrangements between the education department and the regime needed improvement. **Outcomes for children and young people were not sufficiently good against this healthy prison test.***

S40 *At the last inspection in January 2013, we found that outcomes for children and young people in Feltham were reasonably good against this healthy prison test. We made seven recommendations about purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, three had been partially achieved and two had not been achieved.*

- S41 Survey results in relation to association and exercise were better than the comparator and most boys could have just over seven hours unlocked each day. Boys on Curlew, the worker unit, were out for most of the day, however, for just over a quarter of the boys on various types of restricted regime, it could be as little as one hour a day which was unacceptable.
- S42 The strategic planning and coordination of attendance at education was not given enough priority and planning between the education department and those running the regime was not sufficiently dovetailed. As a result, a large proportion of learning hours were lost due to regime issues and poor strategic planning. The figures for lost hours for the current year were worse than the last.
- S43 Education staff were skilled at helping young people overcome barriers to learning. The environment in education and training was calm and conducive to learning.
- S44 Education managers were alert to areas which required further improvement and took action accordingly. The self-assessment report was accurate. However, good leadership and management in education were undermined by poor planning between the prison and the education department.
- S45 Education managers made a good contribution to wider issues such as behaviour management. The potential in education to contribute to the wider prison was otherwise not being realised. The management of the OLASS (Offenders' Learning and Skills Services) provision was good; CfBT had made a number of recent improvements.
- S46 The initial assessment of boys was effective, particularly in supporting those with additional needs.
- S47 The range of courses had expanded following a recent curriculum review. Greater refinement and personalisation was needed to enable boys to optimise their time in education. The 15-hour a week programme limited the range of subjects that could be offered.
- S48 Well-considered curriculum developments had recently been introduced. The principles underpinning the outreach work on the wings were good but we were not confident that key outcomes were being achieved.
- S49 Achievement in vocational training was good but only satisfactory in education. Success rates in functional maths, IT and hospitality required improvement. Progress in lessons was satisfactory. Teachers and learning support assistants created good relationships and a constructive learning environment and tried to 'build on the positive'. There were instances of good teaching but overall it required improvement. Some learning objectives were not reviewed frequently enough.
- S50 The previous inspection had identified that boys' progress should be better monitored and recorded. This remained a weakness. There was insufficient monitoring and analysis of non-attendance at education.

- S51 Boys' access to the library was very limited. Library staff were flexible and provided a trolley and ordering service to the residential units, which were well received. Competitions and challenges to involve boys in books were not promoted well enough. Better coordination between the education department and library had the potential to support broader initiatives to reduce boredom and inactivity across the population.
- S52 Most boys had good access to the gym, including now at weekends. A broad range of team activities, sports and games was provided. Qualifications such as Heart start and manual handling were offered. Health and wellbeing were well promoted through remedial programmes for boys with injuries or disabilities and healthy eating was promoted.
- S53 Formerly strong links with community partners had weakened as a result of organisational problems.

Resettlement

S54 *The strategic management of resettlement had improved and there was now a dedicated policy. The planning arrangements remained sound. Public protection work was thorough and the needs of looked-after children were identified clearly. Use of release on temporary licence had decreased. Pathway work was generally adequate but securing suitable accommodation and education, training and employment placements continued to be difficult. Visiting arrangements were good. A reasonable range of interventions was available for boys with complex needs. **Outcomes for children and young people were reasonably good against this healthy prison test.***

S55 *At the last inspection in January 2013, we found that outcomes for children and young people in Feltham were reasonably good against this healthy prison test. We made eight recommendations about resettlement. At this follow-up inspection we found that two of the recommendations had been achieved, four had been partially achieved and two had not been achieved.*

- S56 The reducing reoffending policy was now specific to boys at Feltham.
- S57 Very few boys received release on temporary licence; this was an area that needed development.
- S58 Boys serving longer or indeterminate sentences received appropriate sentence management by experienced staff. The continuing contribution of resettlement brokers was positive but there was no follow up of boys post release
- S59 All boys had training and remand management plans, based on their identified needs. Training planning and remand management meetings were timely. Boys were encouraged to share their views at reviews, but other internal departments rarely attended. More needed to be done to place casework and reducing reoffending at the heart of boys' care.
- S60 Public protection cases were properly identified, and the risk management committee met regularly to discuss boys identified to be a risk.
- S61 Systems to identify children with looked-after status were effective. Good efforts had been made to ensure they received support from their local authority. The temporary absence of social workers from the establishment had had a negative impact on the help available for looked-after children, although caseworkers were doing their best to alleviate this pending the arrival of replacement social workers.

- S62 Reintegration planning was well organised. Transition work was carried out to ensure that boys were given help to prepare to move to an adult or young adult prison. Good efforts were made to ensure that boys who turned 18 while on remand were not moved until their transition work was completed.
- S63 Accommodation needs continued to be identified early and discussed at planning meetings. During the three months before the inspection, despite considerable efforts by prison staff to identify accommodation in advance, two boys had been released with no fixed abode.
- S64 Education staff provided boys with appropriate information, advice and guidance and responded well to need. However, links with community agencies to support boys into training and employment on release were inconsistent.
- S65 There were adequate arrangements for following up boys with continuing health care needs on release, but provision for boys with substance misuse problems was not consistent.
- S66 In our survey, a third of boys thought they would have a problem with money and finances when they were released, and 22% knew who to contact for help with this, an improvement since the previous inspection. A money management course was offered as part of the pathway provision for boys involved in education.
- S67 The visitors' centre provided a relaxed and positive environment. The visits hall was bright and spacious with a well-stocked play area for children. Vending machines, which had replaced a snack bar, were unpopular. The visits process generally ran smoothly, although lengthy delays could arise for visitors of boys on the 'keep apart' list, sometimes resulting in visits being cut to 30 minutes.
- S68 The Building Bridges course offered good regular support, but the popular family days were not being run at the time of the inspection.
- S69 A wide range of relevant programmes, including anger management courses, was available, organised with community organisations to give advice and support to the boys. Access to these courses was limited to boys with the most complex needs and other boys who might have benefited were disadvantaged.

Main concerns and recommendations

- S70 Concern: Although there had been a small reduction in the levels of violence since the previous inspection, we remained concerned about the number of fights and assaults, some of them very serious. The number of assaults on staff was higher than we see at similar establishments. Many of the boys were very difficult to manage on residential units. The different types of restricted regime which had been introduced to deal with them had become confusing and were not addressing the causes of disruptive and/or violent behaviour. Levels of violence at too many young offender establishments are high and staff struggle to manage very challenging behaviour safely. We therefore repeat the recommendation that we made to the Youth Justice Board in our March 2014 report on HM YOI Hindley.

Recommendation: The YJB should instigate an independent expert review of its policies and resources to prevent bullying and support victims across all YOIs that hold children and young people.

S71 Concern: Too many boys were on restricted regimes which allowed far too little time out of cell each day. Some boys were on restricted regimes because of their violent or disruptive behaviour and others because they were unwilling to leave their cells. The establishment's attempts to balance care and control to keep the whole population safe had resulted in unintended consequences for time out of cell for all the boys at Feltham A. In particular, it was not acceptable that a quarter of boys were in effect experiencing solitary confinement on their residential units.

Recommendation: NOMS and the YJB should work with Feltham to determine how reasonable amounts of time unlocked can be achieved for all boys. Boys should have access to appropriate, purposeful activity while unlocked without compromising their, or others' safety.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Children and young people transferring to and from the establishment are treated safely, decently and efficiently.

- 1.1** *Most boys felt safe on escort vehicles but too many boys spent many hours in court cells. Good records were kept of late arrivals and waits at court, and the use of video-link was being promoted.*
- 1.2** Most boys reported feeling safe on escort vans, although in our survey only 44% said they were treated well by escort staff against the comparator of 56%. Most boys said they had journeys of less than two hours. Vans that we inspected were reasonably clean, with a little graffiti. Escort vans between courts and the establishment carried drinking water and gel toilet bags, but no food.
- 1.3** The establishment kept very good records of late arrivals and waits at court. These showed that some boys continued to have long waits at court after their case had been heard and too many arrived late in the evening. During July 2014, the latest recorded arrival was at 9.15pm; one boy's case had finished at court at 10.20am but he did not arrive until 7.50pm. Boys often shared escort vans with adults for part of the journey.
- 1.4** Feltham was making good efforts to increase the use of the court video-link facility.

Recommendations

- 1.5** **Boys should not be transported with adult prisoners.** (Repeated recommendation 1.4)
- 1.6** **Boys should not be held in court cells for unnecessarily long periods.** (Repeated recommendation 1.5)

Early days in custody

Expected outcomes:

Children and young people are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Children and young people's individual needs are identified and addressed, and they feel supported on their first night. During a young person's induction he/she is made aware of the establishment routines, how to access available services and how to cope with being in custody.

- 1.7** *The reception area had been improved since the previous inspection, and boys were consulted about their experience of reception. New arrivals were dealt with promptly and courteously. The first night cells had improved and were properly equipped for new arrivals. First night procedures were sound. Boys said that they felt bored during induction and spent too much time locked up.*

- I.8** Reception had been improved since the previous inspection. It was brighter, with more pictures, posters and information displayed, and it was cleaned regularly. There was no routine strip-searching and searches took place in a private area.
- I.9** In our survey, only 47% of boys said they were treated well in reception against the comparator of 72%. Our observations and comments boys made to us during the inspection were more favourable. The reception procedure was quick but thorough. All new arrivals saw a health care practitioner and could speak to a member of reception staff in private. Any concerns were clearly identified on a handover sheet given to the first night unit. Microwave meals were provided for boys who arrived too late for the evening meal. These were not popular with the boys and we were concerned that this was not an adequate diet for boys who went to court each day during their trials. Regular focus groups were held with newly arrived boys to seek their views on their arrival and first night.
- I.10** First night procedures were sound, and three-quarters of boys said in our survey that they felt safe on their first night. Boys were allowed to make a telephone call and were able to buy a pack of canteen goods (paid for over a number of weeks), unless they had transferred in from another establishment (see section on purchases). Boys who arrived in the evening were unlikely to be able to have a shower. A first night officer was on duty throughout the day and night and had a private interview with each new arrival. Risk assessment management documentation was completed during this interview. Most documents in the sample that we looked at showed that boys' records had been read to inform the interview and that boys had been listened to, but a few documents did not identify follow-up actions. A cell-sharing risk assessment was carried out, although boys did not share on their first night. There were systems in place to ensure that additional observations were made for boys who arrived without any information. Staff told us this did not happen often, but that information was sometimes out of date.
- I.11** The induction unit was in better condition than at the previous inspection and graffiti on walls and cell furniture was no longer a problem. Cells were prepared for new arrivals with clean bedding, hygiene products, writing materials, envelopes and a recent information booklet. Trained peer supporters were present on the first night unit, but were not available to see boys who arrived after 7.30pm.
- I.12** New arrivals usually stayed on the induction wing for less than a week while they completed induction. Good attention was paid to moving them to a unit where they would be safe, particularly in the context of gang allegiances. In our survey, 44% of boys said that induction told them everything they needed to know against the comparator of 65% and 55% at the previous inspection. The induction programme was under review at the time of the inspection. Boys said they spent too much time locked up during induction, which they found boring and frustrating, and that they learnt most important things through experience. The induction passport, which ensured that boys completed all components of induction, did not reflect the delivery of induction and was out of date.

Recommendation

- I.13** **Boys should be involved in making the induction programme more useful to them.** (Repeated recommendation I.14)

Housekeeping points

- I.14** Boys on lengthy trials should be given proper meals on their return from court each evening.

- I.15** The induction passport should be updated.

Care and protection of children and young people

Safeguarding

Expected outcomes:

The establishment promotes the welfare of children and young people, particularly those most at risk, and protects them from all kinds of harm and neglect.

- I.16** *There was a comprehensive and well managed safeguarding strategy and the establishment had strong links with the local authority.*

- I.17** The safeguarding strategy remained comprehensive and included all associated policies. It had been agreed with the local safeguarding children board (LSCB).

- I.18** The governor chaired a quarterly safeguarding meeting at which safeguarding data and issues were discussed. Staff from key areas of the establishment and the local authority attended.

- I.19** There were clear protocols if information came to the attention of staff that a boy at risk had been abused or injured while in custody. These incidents were monitored by the LSCB and at monthly safer custody meetings. Staff we spoke to were familiar with these protocols and were focused on their personal responsibility to protect children. All had received formal training.

- I.20** Safer custody meetings were chaired by the deputy governor and were very well attended. Separate data for boys and young adults were presented to enable informed discussions to take place.

- I.21** The weekly meeting facilitated by the behaviour management group was an effective forum for discussing boys of particular concern and for agreeing actions. Staff attended from all areas concerned with the management and care of children. Boys did not attend but were seen individually after the meeting for a discussion.

Child protection

Expected outcomes:

The establishment protects children and young people from maltreatment by adults or other children and young people.

- I.22** *Staff had a good awareness of child protection issues, and work practice in the establishment was efficient. Links with the local authority had strengthened and community colleagues showed interest and concern about the issues being raised.*

- I.23** The child protection policy was up to date and had been endorsed by Hounslow Safeguarding Children Board. Helpful guidance on how looked-after children in custody should be supported had been issued by Hounslow to the other London boroughs.

- I.24** All new staff received basic awareness training on child protection and a number of key staff had received more intensive training, including dealing with referrals. Referrals continued to come from a range of sources and most related to restraint.
- I.25** When a boy made a complaint about a child protection issue, he was interviewed by a member of the safeguarding team. All referrals were passed to the local authority and the police. Information was shared by e-mail and community workers responded promptly. There had been no strategy meetings since the beginning of the year. Internal investigations since the previous inspection had resulted in the dismissal of one member of staff.
- I.26** General complaints made by boys were checked to identify any child protection concerns. The head of safeguarding had identified a learning need among staff and arrangements were being made for additional training and the introduction of staff supervision.
- I.27** The prison was represented at the LSCB and, since the previous inspection, a subgroup of the LSCB had been set up to consider issues arising at Feltham. It was an indication of the commitment to the establishment by the local authority that the Director of Children's Services chaired this meeting. The subgroup had identified that staff shortages were affecting service delivery adversely and they were monitoring this.
- I.28** The local authority designated officer described working relationships with the prison as good and said he found prison staff open and transparent in dealing with child protection matters.
- I.29** No social workers had been based at the establishment in recent weeks, but the local authority had worked closely with the establishment to recruit suitable replacements and they were due to take up post in September 2014.
- I.30** During the week before the inspection, a child had sustained a very serious injury during an assault. The local authority and the police were investigating the case.

Victims of bullying and intimidation

Expected outcomes:

Everyone feels safe from bullying and victimisation. Children and young people at risk/subject to victimisation are protected through active and fair systems known to staff, young people and visitors which inform all aspects of the regime.

I.31 *Procedures to support victims of bullying and intimidation were better but still required further improvement. Our survey showed that not all boys had the confidence to report incidents to staff.*

- I.32** Systems for identifying bullying and the victims of bullying were effective, and information-sharing among departments through the behaviour management group (BMG) was very good. Informal communication between residential managers, education staff and the security department continued to help identify incidents of bullying that had not been reported through formal channels, such as security information reports.
- I.33** We observed very good supervision on all units which was supported by CCTV coverage of nearly all areas. Residential staff remained alert to signs of bullying and emerging issues which they identified were recorded in wing observation books and electronic history files. These were followed up by officers from the BMG.

- I.34** The quality of investigations into alleged incidents of bullying was good, but it was not clear if boys always had the confidence to report incidents to staff. In our survey, only 18% of boys said they would tell a member of staff if they felt intimidated and 20% that they thought staff would take their complaint seriously against respective comparators of 29% and 34%.
- I.35** Formal support for victims of violence had improved through the use of individual support plans but there remained an over-reliance by residential officers on the BMG managing nearly all individual cases. A few boys told us they were too frightened of other boys to leave their cells, which was concerning. They were managed on restricted regimes by residential staff and were not unlocked with other boys. They remained in their cells for about 23 hours a day.

Suicide and self-harm prevention

Expected outcomes:

The establishment provides a safe and secure environment which reduces the risk of self-harm and suicide. Children and young people are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

I.36 *The analysis of data to identify patterns and trends of self-harming behaviour was effective. The number of ACCT⁵ documents had reduced since the previous inspection and the number of incidents of self-harm had also reduced. The quality of ACCT documents was reasonable but some entries lacked detail and attendance at reviews was often poor. Care mapping was sometimes inadequate and we found examples of boys on ACCTs locked up for too long with nothing to occupy them.*

- I.37** Procedures and protocols in the safeguarding policy were managed by the safeguarding team, who were responsible for ensuring that the management of boys at risk of self-harm was effective. The head of safeguarding provided a central point for advice and guidance for staff. Staff we spoke to were aware of their responsibilities and where to go for advice.
- I.38** There had been 34 incidents of self-harm by 19 boys in the six months from February to July 2014, 20 incidents less than the previous inspection. Nearly all the recent incidents had been minor. The nature and extent of self-harm was monitored by the safeguarding committee and the monthly safer custody meeting, informed by data patterns or trends.
- I.39** Over the same period, 51 ACCT documents had been opened, half the number at the previous inspection. There had been no serious self-inflicted injuries or deaths in custody since the previous inspection. There were three open ACCT documents at the time of the inspection. The quality of ACCTs that we examined was generally good. Some entries lacked detail and care mapping did not always reflect identified needs. Case reviews were timely but attendance was sometimes inconsistent.
- I.40** Care planning was reasonably good, but we saw boys on open ACCT documents who had been locked in their cells for long periods with nothing to occupy their time.
- I.41** Our observations showed that staff knew and cared about the circumstances of boys in crisis and helped them to deal with their situation. All the boys on ACCTs told us that officers treated them well and were responsive to their needs.

⁵ Assessment, care in custody and teamwork - case management for prisoners at risk of self-harm

Recommendation

- I.42 Boys on ACCTs should have a regime which maximises time out of cell and keeps them engaged in constructive activity.**

Behaviour management

Expected outcomes:

Children and young people live in a safe, well-ordered and motivational environment where their good behaviour is promoted and rewarded. Unacceptable behaviour is dealt with in an objective, fair and consistent manner.

I.43 *The behaviour management group led the work effectively on reducing and containing difficult behaviour, in spite of staff shortages. However, too many overlapping case management approaches had accumulated over time and an emphasis on positive behaviour had been lost in the effort to address harmful behaviour. Some new approaches, such as Curlew unit and the STAR project, showed that promising possibilities for positive behaviour management were being pursued.*

- I.44** Challenging behaviour remained a consistent feature of daily life and the behaviour management group had been retained in spite of staff shortages to lead the response to such behaviour, which they did effectively. At least a fifth of the population were discussed at the group's weekly multidisciplinary case review meetings. Useful contributions were made, including by education, casework and chaplaincy staff, and representatives at the meetings dealt constructively with the difficulties of managing complex interpersonal dynamics among the boys. Increased arrivals and departures had added to the volatility of the population: only half had been at Feltham for at least three months, compared to 86% at the previous inspection.
- I.45** Mediation was used frequently, although this and other interventions decided at the weekly meetings were sometimes delayed for several weeks because staff were not available. There was a range of different systems, each with its own documentation, for managing risk and helping boys to improve their behaviour: one involved three tiers of regime level, including no association and activities on the wing only; others used short-term incentives, work with perpetrators of intimidation or violence, conflict resolution, and support for boys returning from separation. Each system had clearly been introduced to address a specific need, but the overall outcome was a confusing multiplicity of overlapping arrangements.
- I.46** The general approach to managing behaviour was effective in containing risk and reducing the level of violence, especially by application of the 'keep apart' system. However, it lacked practical expression of the stated aim of reinforcing and encouraging positive behaviour. The use of commendations in the education department, and the new role of Curlew unit (see section on rewards and sanctions) were the only exceptions. The STAR project⁶, had made a tentative start and, despite the first running of the programme having to be curtailed for security and logistical reasons, showed real promise in offering new ways to enhance communication and working relationships between staff and boys.

⁶ A local collaboration funded by the South London Maudsley NHS Trust. It aims to help young people who are at risk of being involved in violent offending and participation in street gangs.

Recommendation

- I.47 Systems for managing individual boys to reduce risk and foster positive behaviour should be simplified so that all staff and boys can understand and make effective use of them.**

Rewards and sanctions

Expected outcomes:

Children and young people are motivated by an incentives scheme which rewards effort and good behaviour and applies sanctions appropriately for poor behaviour. The scheme is applied fairly, transparently and consistently, and is motivational.

- I.48** *The system of rewards and sanctions was weighted towards sanctions against poor behaviour, with little focus on positive reinforcement. A fuller regime on one unit was beginning to create genuine incentives, but boys did not regard the scheme as fair or effective, and many of the relatively large number on basic level had too restricted a regime.*

- I.49** The rewards and sanctions scheme was not working effectively amid the complexity of behaviour management systems noted in the previous section. In our survey, only 32% of boys said that they had been treated fairly in their experience of the rewards scheme, against the comparator of 55%. Only 35% against the comparator of 52% said that the different levels made them change their behaviour.
- I.50** A new initiative to provide a fuller regime on Curlew unit for boys who had proved their trustworthiness, most of whom were in full-time work, had made a good start. However, in a substantial sample of individual case notes there were very few positive entries on behaviour, but a large number of warnings and negative entries.
- I.51** Fifteen per cent of the population were on the basic level. The basic regime had been modified for boys whose downgrading was not due to violent behaviour, to enable them to attend education sessions. However, the opportunities for involvement in constructive activity remained too limited for them, and especially for those who had been involved in violence: this group only came out of their cells for about an hour each day, and often suffered additional disciplinary sanctions. Many boys on the basic level were still effectively isolated for long periods.

Recommendation

- I.52 The regime for boys on basic level of the rewards and sanctions scheme should be improved and not lead to boys being effectively isolated for long periods.**
(Repeated recommendation I.49)

Security and disciplinary procedures

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive relationships between staff and children and young people. Disciplinary procedures are

applied fairly and for good reason. Children and young people understand why they are being disciplined and can appeal against any sanctions imposed on them.

I.53 *An effective security operation played an appropriate part in maintaining safety. Much attention was given to keeping apart boys who might be incompatible, and this necessary caution restricted access to activities. Heavy use of the formal disciplinary system, designed primarily for adults, was not well integrated into overall behaviour management.*

I.54 The security team worked efficiently and contributed appropriately to the multidisciplinary work of managing risk and reducing harm in the establishment. Liaison with the police had greatly improved in respect of crime prevention and response both in and outside the establishment. This included well-coordinated measures to address any risk of radicalisation, in close liaison with the chaplaincy.

I.55 Information reports from staff had reduced to 183 a month, but security staff still had a good grasp of issues among the boys and their involvement in criminal activity more widely, tracking gang affiliations and dynamics in detail. The 'keep apart' system identified for each boy those from whom he should be kept separate to avoid trouble. This resulted in a constant juggling to keep boys apart, since 48 gangs were represented in Feltham A at the time of the inspection. These measures, while necessary, restricted many boys' access to activities.

I.56 Routine strip-searching had ceased, but a considerable number of boys were forbidden for a period from attending corporate worship on the basis of risk – more than were banned from other forms of activity.

I.57 The number of adjudications had risen very sharply since the previous inspection to an average of 126 a month, most arising from acts or threats of violence. The procedures were carried out properly in most cases, although there was not enough evidence of thorough investigation in some cases.

I.58 This heavy use of formal disciplinary procedures, designed for use with adults, added to the proliferation of institutional responses to poor behaviour. Boys at Feltham were less likely than those at similar establishments to feel that the adjudication process had been clearly explained to them. Adjudication outcomes were not analysed separately for the boys' and young adults' sites at Feltham, and managers could not discern and address any patterns among the boys.

Recommendation

I.59 **Managers should analyse the impact of the formal adjudications system on the basis of evidence, and ensure that it plays a clear and constructive part in the management of behaviour.**

Bullying and violence reduction

Expected outcomes:

Active and fair systems to prevent and respond to bullying behaviour are known to staff, children and young people and visitors.

- I.60** *There had been a reduction in the number of fights and assaults since the previous inspection but the number remained high and there were more assaults against staff than we usually see. Some violent incidents were serious and many still involved groups of boys attacking a single victim. Restricted regimes for perpetrators of violence were clearly difficult to manage on normal residential units.*
- I.61** A full review of the behaviour management strategy had been carried out since the previous inspection. A comprehensive strategy, including policies to manage antisocial behaviour, had been published. Policies on anti-bullying, restraint minimisation, gang recognition, mediation and behaviour intervention, were based on a detailed analysis of the patterns of violence in the establishment.
- I.62** The collection of data on the number and nature of violent incidents remained very good and monitoring of the implementation of protocols to manage violence was better than we see at other establishments.
- I.63** Individual plans were used to manage antisocial behaviour according to individual need through interventions such as one-to-one work, counselling, conflict intervention and victim awareness. Work with boys with challenging behaviour was still organised through the BMG. Cases were reviewed weekly by an effective multidisciplinary staff group at well-attended meetings.
- I.64** Nearly all boys under formal measures were on a restricted regime managed on residential units. They were not unlocked with other boys and were not allowed to attend activities such as education, work or corporate worship. Different unlocking arrangements for individual boys were confusing and difficult for staff to manage and it was not easy for boys to access the interventions they needed. At the time of the inspection, 26% of the population were being managed on units under a restricted regime which excluded them from activities and meant that they were unlocked for less than an hour each day (see section on time out of cell).
- I.65** The number of violent incidents remained high although it had reduced in the last year. There had been 262 fights and assaults in the six months before the inspection compared with 300 over the same period in 2013. This included 79 assaults on staff which was much higher than we usually see at other establishments.
- I.66** Some of these incidents were very serious and involved gangs of boys attacking a single boy or member of staff in a very determined way. We watched CCTV recordings showing groups of boys kicking and punching each other. Much of the violence was unpredictable and reckless.

The use of force

Expected outcomes:

Force is used only as a last resort and if applied is used legitimately and safely by trained staff. The use of force is minimised through preventive strategies and alternative approaches and this is monitored through robust governance arrangements.

I.67 *Use of force had increased sharply and this was due, in part to the difficult behaviour of a small number of individuals. Force was used responsibly and its use was generally checked and controlled well.*

I.68 The incidence of use of force had increased sharply – the rate over the previous six months was 79% higher than the same period at the last inspection. On 41% of these occasions, control and restraint techniques had been used. The high recorded number was due in significant part to a very few persistently refractory boys, and to the number of incidents in which several boys were involved. Nevertheless, the fact that in our survey 57% said that they had been physically restrained in the last six months (against 38% at the last inspection and the comparator of 36%) suggested that the increase went further than a few individuals.

I.69 Recordings showed that staff were careful and well organised during planned use of force, with one exception when they spoke sharply and inappropriately to a boy. They also took time to pause and de-escalate situations. Incidents of use of force were recorded and checked thoroughly. No batons had been drawn in the presence of boys since the previous inspection, although staff in the segregation unit (where both boys and young adults were held) carried batons. Incidents during the inspection illustrated that staff not infrequently put themselves at risk in protecting more vulnerable boys from harm at the hands of others.

Separation/removal from normal location

Expected outcomes:

Children and young people are only separated from their peers with the proper authorisation, safely, in line with their individual needs, for appropriate reasons and not as a punishment.

I.70 *The number of boys separated and the length of separation had reduced, but the segregation unit remained unsuitable for those under 18. Use of special accommodation for short periods was not adequately controlled.*

I.71 Boys were still placed in the segregation unit alongside young adults, although the number of episodes had reduced by a further 20% since the previous inspection (from 214 to 171), and the average length of stay had halved in the same period. Removal from unit as a punishment on adjudication had been withdrawn and there had been a 46% reduction in the use of segregation for good order and discipline. Many boys now segregated were held overnight after an incident, pending an adjudication the following day.

I.72 The physical environment in the segregation unit had improved, but it remained a bleak and unsuitable environment for boys under 18. In our survey, 20% of boys said that they had been treated well in the separation unit against the comparator of 49%. Feltham A was not

well integrated into the management of the segregation unit, and attendance by Feltham A staff at the regular monitoring and review meetings was patchy.

- I.73** Special accommodation had been used for boys several times in the preceding months, sometimes with no clear and justifiable reasons recorded. The periods were short, but better governance was required. The few boys held in the relocation room on Albatross unit⁷ (primarily boys with complex mental health and behavioural problems) were better managed.

Recommendation

- 1.74** **Boys should not be held in the segregation unit. Those who need to be separated for their own or others' safety should experience a full regime and intensive intervention to address their behaviour in a suitable setting.** (Repeated recommendation HP57)

Substance misuse

Expected outcomes:

Children and young people with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.75** *The substance misuse offender supervisors (SMOS) service was not staffed adequately to provide a full service. SMOS workers' access to boys was reduced when a restricted regime was in place. Dual diagnosis care was of a good quality but was not well integrated or coordinated with the SMOS. Drug use in the establishment was minimal.*

- I.76** Clinical services were provided by Care UK and psychosocial services by substance misuse offender services, which comprised a part-time case manager and an agency worker. The drug strategy committee met bimonthly, with good representation from across the establishment. The drug strategy had been updated with an action plan, but there was no up-to-date needs analysis.
- I.77** The SMOS service was not well enough staffed to provide a full service. Boys with the highest levels of need were given priority, but up to half those with the lowest level needs were not given even basic drug and alcohol awareness.
- I.78** SMOS workers' access to individual boys was reduced when a restricted regime was in place for that boy, for example when a boy needed to be unlocked on his own, or when he had basic rewards and sanctions status. This reduced the potential contact time with boys by as much as 40% in a month.
- I.79** Two-thirds of the population of 160 boys were assessed as higher risk, needing targeted drug and alcohol interventions. Ninety-nine per cent of these were self-disclosed cannabis users. Despite this high number and staff perceptions of a significant number exhibiting mental health problems, there was no dual diagnosis pathway in place. Nevertheless, the mental health care and treatment of boys with dual diagnosis was of a good quality but not well integrated and coordinated with the SMOS.

⁷ An inpatient unit, which promoted a therapeutic approach and was delivered by multidisciplinary staff.

- I.80** Boys needing clinical treatment were usually taken to the Albatross inpatient unit, where two beds were allocated to clinical drug treatment. At the time of the inspection, no children were receiving this treatment. Some nursing staff lacked training in substance use interventions. This and the severe condition of some other patients led us to conclude that use of the Albatross unit for detoxification was not the most appropriate location for less complex cases.
- I.81** Drug use was minimal. During the six months to May 2014, there had been just one random positive mandatory drug testing (MDT) result and no suspicion test positives. All MDT tests were completed on time with no gaps in provision. The MDT suite, which was shared with Feltham B, was clean, tidy and appropriately equipped.

Recommendations

- I.82** The substance misuse psychosocial service should be sufficiently well staffed to deliver a service which meets assessed needs.
- I.83** A dual diagnosis care pathway should be developed and joint working improved between the substance misuse and mental health services.
- I.84** Substance misuse staff should have the knowledge and skills required to provide safe clinical treatment in line with national guidance.
- I.85** The need to use the Albatross inpatient unit for opiate or alcohol detoxification should be assessed for each patient. The assessment of non-complex cases should include consideration of the appropriateness of treatment on normal location, especially once clinical stabilisation is achieved.

Section 2. Respect

Residential units

Expected outcomes:

Children and young people live in a safe, clean and decent environment which is in a good state of repair and suitable for adolescents.

- 2.1** *The living conditions had improved since the previous inspection. Residential units were cleaner and graffiti had been removed from many cells. However, some areas remained grubby and the flooring was in poor condition. Some cells were still dirty and poorly furnished and conditions in the shower rooms were poor.*
- 2.2** Most cells on the seven residential units were for single occupancy but there was also one double cell on each unit. Double cells remained popular with boys and many wanted to share these cells. This was only permitted after a settling-in period and thorough risk assessment. A further unit (Jay) was closed for refurbishment.
- 2.3** The living conditions on units were reasonably good and had improved significantly since the last inspection. Most communal areas were clean and free of graffiti. The galleried landings were wide and bright and afforded good sightlines for the supervision of boys. Up-to-date notices were displayed and posters decorated some walls. Association equipment was in good condition and comfortable chairs in quiet rooms and association areas helped to soften the environment.
- 2.4** However, some areas remained grubby, flooring was cracked and shower rooms were dirty. Although most cells were clean and free of graffiti, a few were dirty and poorly furnished. Many cells were poorly ventilated.
- 2.5** All cells were fitted with cell call bells and we saw bells being answered quickly by officers.
- 2.6** Noise levels on some units were high when boys were locked in their cells, particularly in the late evening when shouting out of windows and doors was common. This was clearly intimidating and often led to fights the following day (see section on violence reduction).
- 2.7** Arrangements for sending and receiving mail remained good. Boys could send two free letters a week, and family and friends could use the 'email a prisoner' scheme. Telephones had privacy hoods and were located in quiet areas. Boys could make a telephone call every day.
- 2.8** Fresh bedding was issued every week but not enough clean towels were supplied. The provision of clean prison clothing was adequate but staff and boys said that it was sometimes difficult to get the right size. Boys said that they often kept prison clothes that fitted well and washed them on the units.
- 2.9** Although there was a published policy on the management of applications for Feltham A and B, practice varied across the residential units. On the whole, management was inconsistent and implementation disorganised, with no reliable method of checking the existence, nature and timeliness of responses. In our survey, 56% of young people said that it was easy to make an application and 27% that applications were dealt with quickly against respective comparators of 84% and 65%.

Recommendations

- 2.10 All communal areas including shower rooms should be clean.
- 2.11 All cells should be clean, properly furnished and well ventilated.
- 2.12 The application system should be managed consistently.

Housekeeping points

- 2.13 There should be an adequate supply of clean towels.
- 2.14 There should be enough clothing of the right size for boys.

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 set clear and fair boundaries. Staff have high expectations of all children and young people and help them to achieve their potential.

2.15 *Staff engaged with boys in a positive and purposeful way. The personal officer scheme was not working as intended in most units, and the amount of lock-up limited contact between staff and boys. The multidisciplinary ethos ensured a reasonable level of oversight and care.*

- 2.16 We observed staff being positive and respectful towards the boys, with very few exceptions, and boys did not tell us that this was unusual. Staff were not phased by challenging behaviour, but remained calm and constructive in their dealings with boys. In our survey, only 55% said that most staff treated them with respect against the comparator of 74%, which conflicted with our observations. The shortage of staff and the length of time for which many boys were locked up reduced face-to-face contact. In the late evening when boys had been locked up, it was difficult for night staff to respond to requests in a noisy environment. During the day, cell call bells were answered promptly.
- 2.17 One-to-one work by staff with boys was more problematic. Only 27%, against the comparator of 42%, said in our survey that a member of staff had checked on their wellbeing within the last week. Weekly entries by a personal officer in a boy's case notes were the exception, although Grebe unit had a good record in this respect. However, entries from caseworkers and many different departments provided a reasonably thorough record of progress for each boy.

Equality and diversity

Expected outcomes:

The establishment demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no child or young person is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The diverse needs of each young person are recognised and addressed: these include, but are not restricted to, race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues and sexual orientation.

2.18 *The strategic management of equality was good. The dedicated, visible equality team carried out some good initiatives. Investigations into discrimination incident report forms, particularly concerning staff, were inadequate and dismissive. Muslim and black and minority ethnic boys reported less positively on respectful treatment and some Muslims on safety and we were not confident that there had been adequate consultation or investigation. Services for most foreign national boys and boys with disabilities were reasonable, but no consultation or support groups were in place for boys from minority groups. Provision for Travellers and gay or bisexual boys was not adequate.*

Strategic management

- 2.19** The strategic management of equality was good and complemented by an action plan, policies and impact assessments. An active equality team of three staff was well integrated and visible. Monthly equality action team (EAT) meetings were chaired by the governor and well attended. Boys were occasionally invited to attend. Regular cultural awareness events were organised, including African awareness day and a Somali cultural event. However, not all boys could attend for security reasons. There were still no equality representatives among the boys, despite efforts to recruit them.
- 2.20** An equality questionnaire covering all protected characteristics was completed by boys on arrival but this was done in the presence of a member of staff.
- 2.21** In the previous six months, 83 discrimination incident report forms (DIRFs) had been submitted. DIRFs were available on all the units. An analysis of DIRFs showed that more staff than boys used the process to challenge alleged racist behaviour. A number of investigations, particularly the few DIRFs submitted by boys about staff, were dismissive and lacked rigour. Quality assurance was in place and DIRFs were discussed at EAT meetings, but the independent scrutiny carried out by the Zahid Mubarek Trust (a charity set up to challenge discrimination in the criminal justice system) had not taken place recently.

Recommendations

- 2.22** **Boys' equality representatives should be appointed.** (Repeated recommendation 2.25).
- 2.23** **Boys should be able to declare their protected characteristics confidentially on arrival.** (Repeated recommendation 2.26).
- 2.24** **All boys should have access to equality awareness raising events.**

2.25 DIRF investigations should be more thorough and there should be independent oversight.

Diverse needs

- 2.26** Sixteen per cent of black and minority ethnic boys said they had been victimised by staff compared with 0% for white boys. The reasons for these negative perceptions needed thorough investigation and action. Some areas, such as use of control and restraint and adjudications, were continuously out of range for the black and minority ethnic population despite being discussed at EAT meetings.
- 2.27** At the time of the inspection, there were 14 foreign nationals in Feltham A. Home Office surgeries were run fortnightly and were well attended. Needs analyses were undertaken for this minority group. A few posters and displays were in other languages. Staff said that telephone interpretation was used but this was recorded centrally and no breakdown was available. The library stocked a good range of foreign language books and newspapers. Although many foreign national support groups were run by the chaplaincy for the young adults in Feltham B, these were not available to the boys of Feltham A for security reasons.
- 2.28** In our survey, 5% of boys identified themselves as a Gypsy or Traveller. This minority group did not receive any additional support. A Travellers' group led by the chaplaincy was not accessible to boys. Interviews and focus groups indicated that Traveller boys were asking for support.
- 2.29** In our survey, 9% of boys identified themselves as having a disability, which reflected prison records. Good work was carried out with boys with learning difficulties and there were strong links between health care, education and the equality team. Remedial gym was available. One boy had a personal emergency evacuation plan which was held on the unit. Multidisciplinary care plans were not held on the unit. There were no adapted cells or showers for wheelchair users.
- 2.30** No gay or bisexual boys had identified themselves at the time of the inspection. Gay and bisexual boys did not have access to community support agencies. There was some evidence of the establishment attempting to raise awareness, but events had been poorly attended by the boys.

Recommendations

- 2.31 The negative perceptions of black and minority ethnic and Muslim boys should be investigated and acted on.** (Repeated recommendation 2.37)
- 2.32 Foreign national support groups should be made available to boys.**
- 2.33 Traveller boys should be able to attend Traveller support groups.**
- 2.34 A cell and shower should be adapted for use by wheelchair users.**
- 2.35 Gay and bisexual boys should be supported by specific groups and activities in the establishment and by referral to community support networks.** (Repeated recommendation 2.38)

Housekeeping points

- 2.36 There should be more written materials and displays in foreign languages around the establishment.
- 2.37 The use of telephone interpretation should be recorded and analysed.
- 2.38 Multidisciplinary care plans should be held and easily accessible on the unit.

Faith and religious activity

Expected outcomes:

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

2.39 *The chaplaincy was active, well integrated and visible around the establishment. Religious services were good and catered for a wide range of faiths. Attendance at corporate worship was low. Many boys were prevented from attending religious services for reasons of discipline and security and only limited alternatives were provided. Boys complained about the food provided for Ramadan weekends.*

- 2.40 The population consisted of 42% Christian, 36% Muslim and 20% with no religion. In our survey, 60% of boys felt that their religious beliefs were respected and 69% said they could speak to a chaplain of their faith in private. Boys spoke positively of the chaplaincy and the services provided.
- 2.41 There was a coordinating chaplain, four full-time chaplains, one part-time, 12 sessional chaplains and approximately 80 volunteers. All major faiths were provided for. A good range of services was available, but some support groups were not accessible in practice to the boys. Facilities for worship were spacious and fit for purpose. The chaplaincy was highly visible, well integrated and attended a range of meetings. There were good links with external faith-based communities.
- 2.42 Attendance at corporate worship was low. Only 41% of boys in our survey felt that it was easy to attend religious services against the comparator of 60% and 63% at the previous inspection. Establishment records showed that less than half the boys registered to attend services could attend because of security, discipline or re-application procedures. This was also reflected in what boys told us. We were not confident that adequate alternatives were in place for boys prevented from attending corporate worship.
- 2.43 Boys complained about the food provided for Ramadan weekend. They cited problems with the procedures for preparing food at night and some had stopped fasting because of this. It was not clear that the prison had consulted sufficiently with the chaplaincy and the Muslim population to investigate and take action on this.

Recommendations

- 2.44 **The full range of support groups and classes run by the chaplaincy should be available to the boys in Feltham A.**

- 2.45 Adequate alternatives should be put in place for all boys prevented from attending corporate worship, and chaplaincy and security staff should work together to ensure the number of boys prevented from attending corporate worship is minimised.**
- 2.46 More effective consultations should take place with Muslim boys on the provision of food for Ramadan.**

Complaints

Expected outcomes:

Effective complaints procedures are in place for children and young people, which are easy to access and use and provide timely responses. Children and young people are provided with the help they need to make a complaint. Children and young people feel safe from repercussions when using these procedures and are aware of an appeal procedure.

2.47 *Complaints were analysed and recurring trends were investigated. Most responses were polite and addressed the issue but were not always sufficiently prompt. Complaints about staff were quality assured but some responses were perfunctory.*

- 2.48** In our survey, 59% of boys said it was easy to make a complaint and 46% said that complaints were sorted out fairly against 42% and 22% respectively at the previous inspection. Only 30% of boys said that complaints were dealt with promptly against the comparator of 44%. Some boys told us that there was still limited confidence in the system.
- 2.49** During the previous six months, 373 complaints had been submitted and a good number were quality assured. Complaints against staff were dealt with appropriately by referral to the safeguarding team and to child protection services. Over the same period, 18 confidential access complaints, most about staff, had been submitted and had all been quality assured by senior management.
- 2.50** Complaint forms were freely available on the wings. Data on complaints were considered at the safeguarding and EAT meetings. Complaints were analysed and investigations were carried out on recurring themes. Barnardo's independent advocates provided help with complaints and this was appreciated by the boys.
- 2.51** Most responses to complaints that we examined were polite and focused. Many were helpful, but some were perfunctory, particularly those concerning staff.

Recommendation

- 2.52 Replies to complaints that are perfunctory or dismissive should be immediately addressed and work undertaken to prevent this from recurring.**

Legal rights

Expected outcomes:

Children and young people are supported by the establishment staff to exercise their legal rights freely.

2.53 *There were reasonable arrangements to ensure that boys understood the nature of their detention. Boys were able to have telephone and videolink contact with their legal advisers. The facilities for legal visits remained good.*

2.54 Caseworkers met remanded boys within five days and sentenced boys within 10 days of their arrival to explain their legal rights to them and to ensure that they understood their sentence or remand status. Caseworkers gave the boys a useful leaflet explaining case management terms. Boys on remand who wanted to make a bail application were supported to do so. Obtaining suitable accommodation was often the most difficult part of the process.

2.55 Sentenced boys were given key dates in their sentences and helped to understand early release and home detention curfew and how these could be obtained.

2.56 Caseworkers facilitated free telephone access for the boys to their legal advisers. Records showed that a few calls were made each month. Good use was made of videolink for contact between boys and their solicitors. Legal visits took place in a dedicated visits hall with private booths.

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 service provided is equivalent to that which children and young people could expect to receive elsewhere in the community.

2.57 *The standard of health care was reasonable. Boys had timely access to nurses and the GP, and were adequately separated from the young adult population. Waiting times for the dentist were reasonable. Management of long term conditions was adequate. Medicine management was sound but some boys complained of receiving their medicine late. The Albatross inpatient unit provided a positive environment which was disrupted by the presence of one very disturbed boy. Mental health services were good with a range of supportive interventions.*

Governance arrangements

2.58 Health care was commissioned by NHS England. Care UK provided primary care services with a subcontract to Barnet, Enfield and Haringey Trust for mental health services. There were separate sub-contracts for dentist, optician and community services, including podiatry.

2.59 The health needs analysis did not fully reflect the needs of the population and needed review. A quarterly contract meeting with the prime provider, chaired by the commissioners, lacked consistent representation from the prison.

- 2.60** Internal governance arrangements were good, including appropriate operational, governance and staff meetings; a dynamic risk register was updated weekly.
- 2.61** There were seven nursing vacancies and delays in recruitment and appointment. Agency staff were used, particularly in the Albatross unit. Most agency staff were used regularly and were familiar with the establishment.
- 2.62** Relationships between health care staff and boys were reasonable, although we observed a few examples of limited engagement and a functional approach by staff. In our survey, 20% of boys said that the quality of health care was good against the comparator of 62%. Some boys we spoke to said that health care staff did not listen to them.
- 2.63** Some policies needed review and few were specific to the establishment.
- 2.64** Safeguarding arrangements in health care were good and included a monthly safeguarding forum attended by the main health care providers. The health care lead for safeguarding attended the wider prison safeguarding meeting. Permanent health care staff had received appropriate safeguarding training.
- 2.65** Boys could make a complaint about health care through the main complaints system. Responses did not always address the complaint directly or offer an appropriate apology. A senior health administration assistant spoke to boys who had complained.
- 2.66** Clinical incidents were reported through an electronic database. During the previous 12 months, there had been 112 incidents, about a quarter of which related to medication. There had been one serious incident in which a member of health care staff had been assaulted by a boy.
- 2.67** External hospital appointments were well managed and rarely cancelled.
- 2.68** Health promotion was underdeveloped but there were plans for a research project on engagement by boys and encouraging greater self-reliance on looking after their health. Literature on a range of health care topics applicable to the age group and population was accessible in the main health locations, but much of it was too complex for boys with literacy difficulties.
- 2.69** Out-of-hours medical cover consisted of telephone advice only. There was a robust medical emergency procedure and ambulance response times were reasonable.
- 2.70** Resuscitation kits including automated defibrillators were kept in health care treatment rooms and checked regularly. Not all health care staff had received practical resuscitation skills training and very few discipline staff had received resuscitation training.
- 2.71** The main health centre provided a suitable environment and the waiting area was furnished appropriately for the population, but locking boys into the waiting area was inappropriate and unhelpful. Some treatment rooms did not comply with infection control requirements.

Recommendations

- 2.72** **The health needs analysis should be updated to reflect the population.**
- 2.73** **Complaints about health services should be channelled directly to health care. Responses should focus on the complaint and apologies should be offered when appropriate.**

- 2.74 Health literature should be targeted at the age and literacy level of young people.**
- 2.75 All health care staff and discipline staff should receive basic practical resuscitation skills training and defibrillators should be available for all staff to use.**
- 2.76 All clinical areas and treatment rooms should comply with infection control requirements.**

Delivery of care (physical health)

- 2.77** In our survey, 32% of boys said they had good access to a doctor and 48% a nurse against respective comparators of 64% and 73%. We found that access to a doctor or a nurse for routine matters was timely and that urgent issues were dealt with quickly.
- 2.78** Initial and follow-on screening was conducted using the CHAT (comprehensive health assessment tool) which enabled medication and referral needs to be met. Boys could request a health appointment using a picture based application form. Dedicated application boxes were emptied each day by health care staff.
- 2.79** A suitable range of primary care clinics were held in the main centre. Boys were always escorted to the centre by officers which sometimes resulted in long waits.
- 2.80** Boys with long-term conditions such as asthma and diabetes received suitable support and follow up. The decision not to allow boys with diabetes to keep their blood-testing equipment or insulin pens in their cells created disproportionate risk, as they could not administer essential self-care when locked up.
- 2.81** Access to x-rays in the establishment for non-urgent issues was helpful; waiting lists for the optician were reasonable but waits for an external podiatry appointment were unacceptably long.
- 2.82** The Albatross unit was the prison in patient facility and it provided a positive therapeutic environment and an excellent programme of activities. However, at the time of the inspection the regime on the unit was disrupted consistently by a very disturbed boy, who continued to be very noisy at night. The thoughtful, tenacious approach by all staff in the face of very challenging behaviour was impressive.
- 2.83** A weekly ward round enabled boys to contribute to decisions about their treatment and a weekly community meeting on the unit focused on the experience of service users.

Recommendations

- 2.84 The waiting list for external podiatry appointments should reflect the waiting list in the local community.**
- 2.85 The needs of all boys on the Albatross unit should be considered when decisions are made to locate severely disturbed boys there.**

Pharmacy

- 2.86** There was a full-time pharmacist and pharmacy technician. Medicines were supplied by Rowland's Pharmacy in Feltham and Sigma Pharmaceuticals.
- 2.87** Most boys received their medication in possession, but not all could store it securely. Suitable risk assessments were recorded on SystmOne electronic case notes. Boys ordered their own in-possession medication and were supported by the pharmacy staff, who visited them on request when they were issued with a new in-possession medicine.
- 2.88** Nurses administered medicines up to four times a day in a private, secure environment with effective supervision by officers. Boys self-administered insulin under the supervision of a nurse. There was a risk that the time of medicine administration coincided with boys attending education. Some boys told us that they had received medicines late.
- 2.89** Over-the-counter medicines, including simple painkillers, were given to boys by nurses and appropriate records were kept, although there was no formal authorisation. A limited number of patient group directions⁸ (PGDs) authorised the administration of a few medicines with a suitable audit process. Simple remedies were available on the canteen list.
- 2.90** Boys had appropriate access to medication out of hours. Discharge arrangements for boys on prescribed medication were satisfactory but boys attending court did not have their medicines in possession with the exception of insulin.
- 2.91** All controlled drugs were administered from the Albatross treatment room. Controlled drugs management was generally good although the procedures to transport controlled drugs around the establishment did not meet an acceptable standard.
- 2.92** An up-to-date prescribing formulary was tailored to the environment and levels of prescribing were low and age appropriate. All prescribing and administration was recorded on paper charts.
- 2.93** Medicines management and clinical governance procedures were good, although stock and named-patient medicines were often stored together. Medicines reference books in the treatment rooms were out of date.
- 2.94** A medicines management committee met bimonthly with suitable representation; there was no discussion of relevant prescribing data.

Recommendations

- 2.95 All consultations and interventions, including prescribing and administration of medicines and dental care, should be recorded on SystmOne to support safe care and enable more effective audit and analysis, including medicines.**
- 2.96 Boys should have blood-testing equipment and insulin pens in possession subject to a risk assessment, and a lockable cupboard should be provided in cells to store medicines securely.**

⁸ Enabled the supply and administration of prescription-only medicine by persons other than a doctor or pharmacist, usually a nurse

- 2.97 A wider range of medication should be available without a prescription through appropriate policies and PGDs that are ratified by the medicines management committee.**
- 2.98 Boys should be supplied with an appropriate quantity of medication for court appearances.**

Housekeeping points

- 2.99** Procedures to transport controlled drugs around the establishment should be robust.
- 2.100** Named-patient medicines and stock medicines should be stored separately.
- 2.101** Out-of-date reference books should be discarded.
- 2.102** The medicines management committee should be informed by relevant prescribing data.
- 2.103** Arrangements to transport controlled drugs around the prison should comply with national guidance to ensure safe and secure storage at all times.

Dentistry

- 2.104** Dental care was provided by an independent contractor. In our survey, 17% of boys said that access was good against the comparator of 42%. Boys waited on average up to three weeks for a new appointment and up to five weeks for follow-up appointments, which was broadly equivalent to the community. There were 37 prisoners, including young adults, on the initial appointment list and 38 waiting for follow-up and treatment appointments.
- 2.105** The dentist operated a clinical triage system by visiting boys who had submitted applications on the units. Oral and dental health education was given at appointments, complemented by leaflets explaining different treatments.
- 2.106** There was no access to SystemOne in the suite and the dentist used dental record cards (see recommendation 2.95).
- 2.107** Equipment was serviced and maintained by the establishment and radiological protection checks were up to date.
- 2.108** The dental suite was clean but the floor remained cracked and stained from an oil leakage. There was reasonable separation between clean and dirty areas. The suite was compliant with basic infection control standards but did not meet national best practice standards.

Recommendation

- 2.109 The floor in the dental suite should be replaced to meet infection control requirements.**

Delivery of care (mental health)

- 2.110** The mental health service was good. Specialist practitioners included forensic psychiatrist, occupational therapist, psychologist and speech and language therapist.

- 2.111 Services mirrored the local community CAMHS (child and adolescent mental health services) model. Staff training and awareness was provided through the model of 'See Think Act'.
- 2.112 An effective mental health referral pathway enabled boys to be seen within 24 hours for an urgent referral and 48 hours for a non-urgent referral. Weekly multidisciplinary meetings facilitated regular reviews and appropriate case management. At the time of the inspection, there were 18 boys on the active team caseload.
- 2.113 Mental health staff completed the shared clinical record on SystemOne, including risk assessments and care plans.
- 2.114 Helpful focus and group work took place on anger management, skills for life, relaxation and wider social skills. A specialist programme to support boys in gang membership had been suspended because of violence between sessions.
- 2.115 There was good identification and care for boys with attention deficit hyperactivity disorder and on the autistic spectrum, and there were advanced plans to recruit a specialist learning disability nurse.
- 2.116 The transfer of a significant number of boys to secure hospital had been delayed for more than two weeks as a result of delays in external assessments or funding decisions.
- 2.117 Excellent mental health awareness training was provided for prison staff.

Good practice

- 2.118 *The commitment to training prison staff to understand mental health issues, including funding officers to attend external courses, contributed to effective care for boys with mental health problems.*

Catering

Expected outcomes:

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

2.119 *Boys were negative about the quality and quantity of food. However, the food that we sampled was adequate and of sufficient quantity. Lunches and dinners were served too early. Since the previous inspection, dining out had been introduced on Curlew unit only. There was limited consultation with boys about catering and little evidence of attempts to address their negative perceptions.*

- 2.120 In our survey, only 9% of boys said the food was good against the comparator of 19%. Boys described the food as bland, of poor quality and repetitive. However, the food that we sampled was adequate and of sufficient quantity.
- 2.121 Boys could not dine out of their cells, except on Curlew unit, despite the fact that many boys had requested this and there were communal dining tables on the units and outside. Boys were locked in their cells for meals.

- 2.122** A good range of menu options covered cultural and religious diets, and there were good links with health care and the chaplaincy. Lunch was served at 11.40am and dinner at 4.40pm, which was too early. Breakfast packs contained cereal, UHT milk, bread, butter and jam in very small quantities.
- 2.123** There was not enough consultation with the boys and their negative perceptions of the food had not been addressed. A survey was conducted three times a year but the response rates were low. There were no food comments books on the units, but some food complaint forms were available. Many Muslim boys were unhappy with the quality of weekend Ramadan food (see section on faith and religious activity).

Recommendations

- 2.124 All boys should have the opportunity to eat communally out of their cells.**
(Repeated recommendation 2.93)
- 2.125 Lunch should not be served before noon and the evening meal not before 5pm.**
(Repeated recommendation 2.94)
- 2.126 Consultation with boys about food should be improved by the introduction of food focus groups, food comments books and well-promoted surveys.**
Appropriate changes should be made to the menus as a result of consultation.
- 2.127 Muslim boys should be consulted about food during Ramadan and their concerns addressed.**

Housekeeping point

- 2.128** Portion sizes in the breakfast packs should be increased and fresh bread should be distributed in the morning.

Purchases

Expected outcomes:

Children and young people can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

2.129 *Many boys felt that the canteen did not hold a wide enough range of stock. There was only limited consultation with boys. Boys had to wait up to 11 days after arrival before receiving an order.*

- 2.130** In our survey, only 37% of boys against the comparator of 54% felt that the shop sold a wide enough range of products. There was little evidence that this had been discussed with them in focus groups or initiatives taken to provide food in alternative containers.
- 2.131** Canteen orders were submitted on Tuesdays and boys arriving after this had to wait until the following week to place their orders, with a potential delay of 11 days before their first delivery. Reception grocery packs⁹ were available for new arrivals but not for boys

⁹ Reception grocery packs usually contain basic food and drink items such as tea, milk, sugar and sweets

transferring from other establishments. Emergency pin credit was available on request. Boys could not buy products from catalogues.

Recommendations

2.132 Regular consultation with boys should take place to ensure the range of goods on the canteen list meets the diverse needs of the population.

2.133 Long delays to ordering and delivery of canteen goods for newly arrived boys should be avoided.

Housekeeping points

2.134 Reception grocery packs should be available to all newly arrived boys.

2.135 Boys should be able to order items from catalogues.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

Children and young people spend most of their time out of their cell, engaged in activities such as education, leisure and cultural pursuits, seven days a week.¹⁰

- 3.1** *Most boys had a limited amount of time unlocked. Time out of cell was extremely restricted for about a quarter of the population.*
- 3.2** The regime was designed to support the behaviour management strategy of separating access to activity for boys in conflict with each other (see sections on behaviour management and security and disciplinary procedures). Boys on half the residential units attended education in the morning and the other half in the afternoon. The remainder of the day was spent on association, exercise and other recreational activities. Boys on Curlew unit attended full-time work activities off the unit.
- 3.3** Most boys spent about seven hours a day out of their cell on weekdays, half at education and work and half on association, exercise and other recreational activities. Boys on Curlew unit and some unit cleaners had about nine hours, together with evening association.
- 3.4** Time unlocked was unacceptably poor for 26% of boys on restricted regimes on their residential units. Most of these boys had a maximum of an hour out of cell a day and some as little as 30 minutes (see section on violence reduction).
- 3.5** During our roll checks in the middle of the core day, between 23% and 25% of the population were locked in their cells.

¹⁰ Time out of cell, in addition to formal 'purposeful activity', includes any time children and young people are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Education, learning and skills

Inspection of the provision of education and educational standards, as well as vocational training in YOIs for young people, is undertaken by the Office for Standards in Education (Ofsted¹¹) 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:

All children and young people engage well in education, learning and skills that enable them to gain confidence and experience success. Expectations of children and young people are high. Children and young people are encouraged and enabled to make progress in their learning and their personal and social development to increase their employability and help them to be successful learners on their return to the wider community. Education, learning and skills are of high quality, provide sufficient challenge to children and young people and enable them to gain meaningful qualifications.

3.6 *Outcomes for boys attending vocational training were good and satisfactory for boys attending education. Attendance at education was too low. Planning arrangements between education and the regime needed improvement. The management of education was good and CfBT had introduced a number of improvements. Teachers planned learning well and met individual needs effectively. Access to the library was limited.*

3.7 *Ofsted made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work: Requires improvement

Outcomes for children and young people engaged in learning and skills and work activities: Requires improvement

Quality of learning and skills and work activities, including the quality of teaching, training, learning and assessment: Requires improvement

Effectiveness of leadership and management of learning and skills and work activities: Requires improvement

Management of education and learning and skills

3.8 The strategic planning and coordination of attendance at education was not given enough priority; planning arrangements between the regime and the education department were not well integrated. Attendance was too low and some absences were authorised for unconvincing reasons. During 2013 to 2014, attendance had fluctuated from 70% to 88% and far fewer learner hours had been delivered than planned. Sanctions imposed for poor behaviour outside education sometimes included missing classes.

¹¹ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.9** The education and vocational provision by Centre for British Teachers¹² (CfBT) was good and the environment created by staff was calm and conducive to learning. Internal working between CfBT and the establishment was effective and both were keen to find solutions to the challenges they faced. A review in 2013 had led to the establishment of new posts with responsibility for quality improvement and data management, and management of vocational provision. These posts were well embedded and contributing to improved provision for boys.
- 3.10** Education managers were aware of areas which required further improvement and took action to effect positive change. The self-assessment report was accurate and staff reported frequently on progress against their action plans. Observations of teaching, learning and assessment were conducted in a positive, creative manner. Actions had been taken to address all areas recommended for development in the previous inspection report. Education managers contributed very well to wider establishment issues such as behaviour management, quality improvement, safer custody and reducing reoffending.

Recommendations

- 3.11 Arrangements to ensure that all boys receive their entitlement to high quality education and training should be urgently reviewed.**
- 3.12 Sanctions should not be imposed which prevents boys from attending education.**

Provision of activities

- 3.13** The range of courses had expanded following a recent curriculum review. Boys followed a pathway model suited to the average length of stay which incorporated the core subjects of functional English and mathematics, information communication technology (ICT), personal and social development and employability. The vocational training programme included motor vehicle maintenance, art, hospitality, catering, and painting and decorating. The programme offered high quality courses and remained a significant strength, although too few boys were able to access the programmes. Most vocational training programmes were at entry, foundation and level 1 and consideration was being given to developing options up to level 3. The learning programmes needed refinement to reflect individual needs and interests and to stretch and challenge learners to achieve their potential.
- 3.14** Well-considered developments to support learning had recently been introduced. A thoughtful reflective learning programme offered excluded boys a planned approach to reintegrate them into the classroom. An outreach programme had rapidly evolved to enable boys to continue with elements of the programme while in their cells. This contrasted favourably with the previous ad hoc approach. The principles underpinning the outreach work were good, but it was not clear if it was yet achieving its key outcomes. The allocation of boys to activities had improved to reflect their sentence plan and learning plan requirements and support their resettlement goals.

Recommendation

- 3.15 Outreach work in cells should be reviewed to ensure that it forms a coherent component of the education programme and has maximum impact.**

¹² A charity which provides education services within the secure estate and elsewhere within the UK.

Quality of provision

- 3.16** Teachers, trainers and learning support assistants (LSAs) had good relationships and the learning environment was constructive. Boys with challenging behaviour were managed very well. Staff were particularly skilled in helping boys overcome barriers to learning. They promoted the life-long benefits of education to boys who had had poor previous experiences and had become disenchanted with learning. It was evident that creating this ethos had taken time and consistency of approach by staff.
- 3.17** Teachers planned learning well and met individual needs effectively. They made good use of a range of learning strategies to motivate boys during lessons and boys engaged well with their tasks. Most boys made at least satisfactory progress during sessions, completing assignments within their planned timescales. However, the more able boys were often not stretched enough.
- 3.18** Initial assessment of boys on entry was effective, particularly those with identified additional learning needs. The education department made considerable efforts to retrieve information on a boy's prior attainment so that they could provide effective support. Additional support for boys with special educational needs was put in place promptly. LSAs were well deployed and their role was being extended to support a broader range of individual learner needs, such as English for speakers of other languages (ESOL). There was very limited analysis of the reasons for non-attendance at classes and workshops.
- 3.19** Boys were not encouraged sufficiently to demonstrate their learning throughout lessons. In the best examples, individual learning plans (ILPs) recorded learning targets and success was recorded and celebrated well. Some plans contained good reflective examples by staff and boys on learning and progress. However, many learning targets were not specific enough and focused on the completion of tasks rather than the learning taking place. Not all ILPs had been reviewed.
- 3.20** Learning resources were adequate. Teachers had very little access to information learning technology to enliven teaching and learning. Classrooms were used appropriately to promote the subjects taught, with wall displays providing useful subject-based information to maintain learner interest. A number of maintenance requests had not been carried out, such as repairing broken windows.
- 3.21** Teaching and support staff promoted equality and diversity well in lessons. Lesson plans emphasised the promotion of respect and reinforced diversity issues. Discussions in class often included current affairs which staff used skilfully to explore boys' understanding of relevant issues.
- 3.22** Vocational training was good and boys benefited from individual coaching focused on developing their interpersonal and employability skills. Trainers were highly experienced in their occupational areas and provided good industry-related advice to boys. Vocational training areas and workshops were clean, tidy, well equipped and maintained.
- 3.23** Assessment was well planned and verification reflected awarding body requirements. Teachers and trainers assessed boys' learning regularly and gave good verbal feedback on their work. They frequently used activities to develop boys' English and mathematics skills.

Recommendations

- 3.24** **Teachers and trainers should encourage boys to demonstrate their learning throughout sessions to identify their progress.**

3.25 Appropriate information learning technology resources should be provided to support high quality teaching and learning.

Housekeeping point

3.26 All outstanding maintenance requests should be carried out.

Education and vocational achievements

- 3.27** Achievement and accreditation rates continued to improve. A high percentage of boys achieved qualifications and accreditations in the vocational areas of art, motor vehicles, painting and decorating skills, but hospitality achievement rates required improvement. Success rates in functional English were good but too low in functional mathematics. There was a good level of awareness among teachers of variations in achievement across different groups of boys.
- 3.28** Staff focused well on the development of boys' employability skills. Boys took pride in their work, responded well to the trust shown in them and made good progress. In workshops, boys followed safe working practices.

Recommendation

3.29 Low achievement rates should be improved, particularly in mathematics.

Library

- 3.30** Hounslow local authority provided the library service. The book stock was adequate, with a range of fiction and non-fiction, books in languages other than English, easy-reads and audio books suitable for the age range. An appropriate range of legal books and Prison Service Instructions were available. There were suitable arrangements to borrow books from other sites.
- 3.31** Boys rarely visited the library. Library staff recognised the unmet needs of the population and had introduced a mobile trolley service on the wings, particularly for boys who did not attend education or training.
- 3.32** Boys were encouraged to order books through established arrangements with other libraries. However, the library was not promoted well enough in the establishment to encourage use of its facilities and support literacy. A few boys had taken part in the recent six-book challenge event. A recent poetry event in the education department had not been supported by the library.
- 3.33** The use of the library by different groups of boys was not monitored well enough to effect improvements. Further planning was required to ensure good access to library services by boys and better coordination between the education department and library with a view to supporting broader initiatives to reduce inactivity across the population.

Recommendations

3.34 Access to library services should be improved for boys.

- 3.35** The library should establish links with all departments to ensure that all boys receive a good service which promotes literacy and supports their educational needs.

Physical education and healthy living

Expected outcomes:

All children and young people understand the importance of healthy living, and are encouraged and enabled to participate in and enjoy physical education in safety, regardless of their ability. The programme of activities is inclusive and well planned. It is varied and includes indoor and outdoor activities.

3.36 *Physical education facilities and standards of equipment were good. Access to PE was good and the facilities were used well, with increasing opportunities for accredited learning. Formerly good links with community sports clubs had weakened. PE staff had effective links with the health care and substance misuse teams to promote healthy living.*

- 3.37** PE and healthy living provision was good. Boys on basic privileges could attend two sessions a week, while all other boys had access to four. Regular sessions were provided for those working full time in workshops.
- 3.38** Indoor facilities were very good and consisted of a sports hall and a large cardiovascular and free weights area. Boys were appropriately limited to working with weights of up to 40kg. Outside facilities included full-sized football and rugby pitches. The facilities were open seven days a week. Until 2013 boys had had opportunities to take part in occasional football matches and sports-related courses delivered by community clubs and organisations. These good partnerships had weakened at the time of the inspection due to management reorganisation.
- 3.39** Well-qualified, experienced PE instructors delivered a wide range of recreational PE activities, including team sports and games. Boys had appropriate health assessments for physical exercise and could not use the facilities until they had completed the induction.
- 3.40** PE staff delivered 'heart start' and manual handling courses and two boys had achieved level 2 qualifications in health and fitness. PE staff had effective links with the health care and substance misuse teams. Referrals were made for boys' rehabilitation and to improve their health and wellbeing, such as remedial exercise programmes with advice from health care professionals. Boys using the gym developed an improved understanding of the importance of a healthy diet and the benefits of exercise.
- 3.41** The main PE accommodation and equipment, including the showers, were well maintained.

Recommendation

- 3.42** An effective strategy should be put in place to ensure that boys have access to activities in association with community sports organisations.

Section 4. Resettlement

Pre-release and resettlement

Expected outcomes:

Planning for a child or young person's release or transfer starts on their arrival at the establishment. Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of young people's risk and need. Ongoing planning ensures a seamless transition into the community.

4.1 *The governance of resettlement was improving and the casework team coordinated services efficiently. More use needed to be made of release on temporary licence (ROTL).*

4.2 Since the previous inspection, the casework function for children and the offender supervisor function for young adults had been separated and mostly operated independently of each other. A reducing reoffending policy for children had been produced. This was an improvement on the previous arrangements when the needs of boys had been subsumed within a whole establishment policy. The policy was informed by focus groups with boys and staff and exit surveys. A full needs analysis had been commissioned to inform the first review of the policy.

4.3 The policy covered all the resettlement pathways as well as public protection, looked-after children, release on temporary licence, children serving long-term or life sentences, transition to the adult estate and working with voluntary and community services. The policy incorporated a clear action plan for all the areas covered.

4.4 The reducing reoffending committee for Feltham A and B met monthly. There was good attendance and an appropriate focus on boys and young adults, the resettlement pathways, early release and use of ROTL. There was no follow up of boys post release, although it had recently been identified as an area for development.

4.5 The delivery of resettlement services was organised efficiently by the casework team of externally recruited staff and prison officers. There were some vacancies and the team said they had found it difficult to manage the high caseloads before the reduction in numbers at Feltham. Each caseworker had a mixture of remanded and sentenced boys. New arrivals were allocated on the basis of caseloads, although a boy who returned usually had the same caseworker.

4.6 Working Links provided an on-site resettlement broker service. They were funded by the European Social Fund and offered through-the-gate support to boys, linking them with mentors who provided support after release with the transition to education, training or employment. Their remit covered most of the London boroughs. They offered support to the most challenging boys at Feltham.

4.7 Use of ROTL had reduced since the previous inspection. The custody team alerted caseworkers to boys' ROTL eligibility dates. Their suitability was assessed but very few had opportunities for ROTL. Four boys had participated in 16 ROTLs during the previous six months.

Recommendations

- 4.8 Release on temporary licence opportunities should be extended.** (Repeated recommendation 4.9)
- 4.9 Boys should be followed up post release and the results used to inform the reducing reoffending policy.**

Training planning and remand management

Expected outcomes:

All children and young people have a training or remand management plan which is based on an individual assessment of risk and need. Relevant staff work collaboratively with children and young people and their parents or carers in drawing up and reviewing their plans. The plans are reviewed regularly and implemented throughout and after young people's time in custody to ensure a smooth transition to the community.

4.10 *Boys had training or remand management plans which were regularly reviewed. Reviews were rarely attended by staff other than caseworkers and were not central to the care of boys at Feltham. Transition arrangements were being developed to reflect changes to Feltham B. Public protection arrangements were well managed. Looked-after children were identified and their local authorities encouraged to provide the support they were entitled to.*

- 4.11** The allocated caseworker took the lead in ensuring that boys had individual training or remand management plans. Training plans that we looked at during the inspection were of reasonable quality, but some targets were too generic. We observed one particular review where the caseworker worked hard to involve the boy in determining his targets. Survey results for boys with a training or remand plan were poor.
- 4.12** Ninety-three per cent of boys at Feltham said they had a caseworker against the comparator of 84% and 78% at the previous inspection. However, only 29% against the comparator of 52% said caseworkers had helped to prepare them for release and boys told us they were not able to see their caseworker as quickly as they would like. There were some examples of caseworkers providing clear support to boys. In one case a vulnerable boy who was anxious about moving units had a clear plan which included his caseworker showing him the unit when no other boys were around, spending an association period there and spending one night there before he moved permanently.
- 4.13** Training planning and remand management meetings were timely. Parents/carers were encouraged to attend, and often did. Caseworkers said they had noticed that boys were more willing for their parents to attend since meetings had been moved from the residential units to the legal visits hall. Videolink was used to facilitate some meetings.
- 4.14** Attendance at meetings by internal departments was poor. Caseworkers collected information from relevant departments which was discussed at the meetings, but the absence of staff who knew and worked with the boys was a weakness. It prevented boys from discussing their progress with relevant staff and inhibited the development of meaningful targets with staff who were in the best position to help boys to achieve them. We were concerned that other internal departments were doing work with boys to reduce reoffending and prepare for release which was not being captured through the planning process.

- 4.15** Boys' achievements received proper acknowledgement during the planning review meetings. The tendency for electronic case note entries to focus on poor rather than good behaviour sometimes made this difficult. The meetings gave boys an opportunity to raise concerns and we saw one boy being carefully encouraged to reveal some low-level issues. Caseworkers tried to explain the link between behaviour and plans for release, particularly in relation to early release. Plans for resettlement were discussed from an early stage.
- 4.16** Transition arrangements were evolving for boys who had their 18th birthday in custody. Eighteen-year-olds on remand could no longer move to the young adult site at Feltham. The juvenile site was developing links with prisons to which boys were likely to move and inviting them to transition meetings. Boys were told what to expect when they moved to an adult prison and Feltham tried to ensure they were not moved until they had had a transition meeting. Person escort records of 18 year olds who went to court were stamped 'must return to Feltham A' but two remanded young people had recently been sent to other London prisons from court. Eighteen-year-olds with a detention and training order to complete were able to stay at Feltham A unless they were deemed to pose a risk to other boys. Most 18-year-olds on other sentences moved to Feltham B unless another prison offered more appropriate facilities for their sentence or offence.
- 4.17** Boys serving life sentences were rarely held at Feltham, but there was expertise in the team to carry out the necessary assessments and documentation. Parole reports were completed for boys serving longer determinate sentences and their suitability for release on home detention curfew was assessed.

Recommendations

- 4.18** **Boys and staff working with them should be clear about their remand or training plan targets and there should be a whole establishment approach to the development and achievement of targets related to reducing the risk of reoffending and preparing for release.**
- 4.19** **There should be greater participation in remand and training planning meetings by internal departments working with boys to ensure that all relevant work is captured in their remand or training plans.**

Public protection

- 4.20** The up-to-date public protection policy was clear and covered all relevant areas. Boys were identified by screening soon after arrival and were referred to the monthly interdepartmental risk management (IDRM) team meeting. This was a joint meeting with Feltham B and was well attended.
- 4.21** Decisions about whom a boy could have contact with were taken by the IDRM. Restrictions were imposed to protect the boy or someone in the community. Such restrictions were regularly reviewed and lifted when it was felt that the risk had reduced sufficiently.

Looked-after children

- 4.22** In our survey, a third of boys said they had been in local authority care. At the time of the inspection there were no seconded social workers, a situation lasting two to three months while social workers moved to other work and replacements took up post. Caseworkers

were doing their best to fill the gap, but did not always have the necessary experience or time to devote to the task.

- 4.23** A clear policy had been developed for addressing the needs of children with looked-after status and sound procedures had been put in place to identify looked-after children and alert relevant local authorities to their arrival. Social workers, and currently caseworkers, reviewed the documentation of newly arrived boys and interviewed them during their induction. The establishment contacted local authorities to remind them of their responsibility to meet looked-after boys regularly and to provide £10 financial support each week for boys they were responsible for. Initial meetings were set up by the establishment and community social workers arranged further reviews. In our survey, 79% of boys who had a social worker said they had been visited by them against the comparator of 68% and 62% at the previous inspection. Where possible, statutory reviews took place at the same time as a training planning or remand management meeting.

Reintegration planning

Expected outcomes:

Children and young people's resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual young person in order to maximise the likelihood of successful reintegration into the community.

- 4.24** *Reintegration was reasonably well organised but outcomes in some key areas, notably accommodation and education, training and employment, were not good enough for some boys. This was often due to factors outside Feltham's direct control.*

- 4.25** In our survey, only a third of boys said they had had a say in what would happen to them after their release. The arrangements for release were discussed with boys early in their time at Feltham, but too often there were problems finalising education, training or employment and in some cases accommodation. Caseworkers tried to ensure, not always successfully, that boys were picked up from the establishment on their day of release rather than finding their own way on public transport. We were told of one case where the establishment drove a boy to a station 30 miles away to make sure he got on the right train home.
- 4.26** Practical arrangements for the day of release were effective. Boys were released via the reception facility on the young adult site, but were kept apart from any young adults. Boys had access to their money and property in reception and were given a holdall for their belongings. Boys without suitable clothes were provided with appropriate non-branded clothing. Visitors could hand in clothes for boys to wear when they left.

Accommodation

- 4.27** Accommodation needs continued to be assessed at an early stage and discussed at meetings with community youth offending teams (YOTs) and social workers, but accommodation for release remained a problem for some boys. Records showed that in the previous three months one boy and one 18 year old had been released with 'no fixed abode' and others had been given an address only after being seen by their YOT worker on their day of release.

Recommendation

- 4.28 All boys should be provided with a suitable address in good time for their release.**

Education, training and employment

- 4.29** When information was available, education staff carried out initial research on boys' educational history before their arrival, which helped to inform the provision of careers information, advice and guidance. Much emphasis was placed on providing boys with individual support tailored to their needs. This personal approach was appropriate and spoken of favourably by boys. The production of a CV and money management were included in the employability programme. A careers library was available but in need of updating.
- 4.30** Education staff liaised with local colleges to assist with career and learning progression on release. The effectiveness of many of these community links was variable and at times poor, particularly with YOTs. Despite efforts by education staff, agencies were not responsive enough in progressing boys' education, employment or training. Local protocols were inadequate and there was scope for improving internal arrangements to ensure that education, employment and training were integrated in resettlement planning. Very few boys received work placements or education through ROTL.

Recommendation

- 4.31 The establishment should work with the local authority and key agencies to review protocols to support boys into education, training and employment on release.**

Health care

- 4.32** Boys were offered an appointment if required with a nurse at least one day before release and given two weeks' supply of medication. All boys were given a 'health passport' discharge summary and those without a registered GP were given information on how to register.
- 4.33** Effective and timely links with child and adolescent mental health services were made before release, including invitations to attend pre-release planning meetings. Families were invited and sometimes attended.

Recommendation

- 4.34 Boys released without a registered GP should be asked if a summary of health information can be forwarded to their YOT worker to ensure continuity of care.**

Drugs and alcohol

- 4.35** Resettlement pathway provision included pre-release information and referrals to community agencies and YOTs. Shortage of staff in the substance misuse offender supervisors service had reduced the time that could be spent on each case.

Finance, benefit and debt

- 4.36** In our survey, 38% of boys said they would have a problem with finances when they were released and 22% said they knew who to go to for advice against 9% at the previous inspection. Financial support was discussed in training planning meetings, and a money management course was delivered by education staff as part of the pathway. There was no opportunity to open a bank account.

Recommendation

- 4.37** **Boys should be helped to open bank accounts.**

Children, families and contact with the outside world

- 4.38** In our survey, 31% of boys said that it was easy for their family or friends to visit and 41% said that they usually received one or more visits a week.
- 4.39** A good visitors' centre was run by Spurgeons, a charity providing services to children and their families. Refreshments were available from vending machines. Information, practical help and advice was given to visitors. Most visitors did not experience problems in booking visits.
- 4.40** The visits hall was bright and spacious with a well-stocked play area for children. Visits took place on two weekdays and Saturday afternoons and on alternate Sundays. Vending machines had replaced the previous snack facility and were unpopular with visitors. The environment was calm and private conversations could be held. Boys were required to wear coloured sashes for security reasons. Visits lasted from 1.30 to 3pm and 3 to 4.30pm.
- 4.41** In our survey, only 23% of boys said that visits started on time against the comparator of 45%. Boys on the 'keep apart' list could not have visits at the same time which created logistical challenges for staff and often resulted in shorter visits of 30 minutes for boys on the list. This penalised the boys on the list and caused long delays for their visitors.
- 4.42** There were facilities for five closed visits at a time, but staff said that they only allowed one visit at a time, so that it could be held in private.
- 4.43** The popular family days had not been organised since the previous year. Boys who did not have visits could have a volunteer prison visitor. The Time for Families - Building Bridges course to strengthen family or carer relationships with the boys was organised monthly. In our survey, 4% of boys said that they had children but there were no parenting craft courses or other work with boys who had children.

Recommendation

- 4.44** **Boys on the 'keep apart' list should have visits of the same length as the other boys and delays to visitors should be avoided.**

Housekeeping points

- 4.45** Boys should not be required to wear coloured sashes during visits.

- 4.46** Family days should be reinstated.
- 4.47** Parenting craft courses and other work should be undertaken with boys who have children.

Attitudes, thinking and behaviour

- 4.48** A wide range of programmes were organised with community organisations to give advice and support to boys. These included the Hounslow Youth Counselling Service, Barnardo's, visits from a specialist police service from the Metropolitan police, one-to-one interventions with the establishment behaviour management group and Kinetic Youth programmes. Regular anger management courses were delivered with Care First. The STAR project initiated to help curb offending behaviour had started but had stopped for boys on Feltham A for logistical and security reasons. There were plans to restart the programme.
- 4.49** In our survey, only 3% of boys said that they took part in offending behaviour programmes against the comparator of 23%. Although many staff were able to refer a boy to these courses, in practice access was limited to boys with the most complex needs who were referred by the behaviour management group.

Recommendation

- 4.50** **Offending behaviour management programmes should be promoted so that all boys are aware of them. Referrals to programmes should be extended to benefit all boys.**

Housekeeping point

- 4.51** The STAR project should be reinstated.

Section 5. Recommendations and housekeeping points

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

Main recommendation To the Youth Justice Board, NOMS and the governor

- 5.1** NOMS and the YJB should work with Feltham to determine how reasonable amounts of time unlocked can be achieved for all boys, who should have access to appropriate, purposeful activity while unlocked without compromising their, or others' safety. (S71)

Main recommendation To the Youth Justice Board and the governor

- 5.2** The YJB should instigate an independent expert review of its policies and resources to prevent bullying and support victims across all YOIs that hold children and young people. (S70)

Recommendation To the Youth Justice Board and NOMS

Courts, escort and transfers

- 5.3** Boys should not be transported with adult prisoners. (1.5)

Recommendation To the escort contractor

Courts, escort and transfers

- 5.4** Boys should not be held in court cells for unnecessarily long periods. (1.6)

Recommendations To the governor

Early days in custody

- 5.5** Boys should be involved in making the induction programme more useful to them. (1.13)

Care and protection of children and young people

- 5.6** Boys on ACCTs should have a regime which maximises time out of cell and keeps them engaged in constructive activity. (1.42)

Behaviour management

- 5.7** Systems for managing individual boys to reduce risk and foster positive behaviour should be simplified so that all staff and boys can understand and make effective use of them. (1.47)
- 5.8** The regime for boys on basic level of the rewards and sanctions scheme should be improved and not lead to boys being effectively isolated for long periods. (1.52)
- 5.9** Managers should analyse the impact of the formal adjudications system on the basis of evidence, and ensure that it plays a clear and constructive part in the management of behaviour. (1.59)
- 5.10** Boys should not be held in the segregation unit. Those who need to be separated for their own or others' safety should experience a full regime and intensive intervention to address their behaviour in a suitable setting. (1.74)

Substance misuse

- 5.11** The substance misuse psychosocial service should be sufficiently well staffed to deliver a service which meets assessed needs. (1.82)
- 5.12** A dual diagnosis care pathway should be developed and joint working improved between the substance misuse and mental health services. (1.83)
- 5.13** Substance misuse staff should have the knowledge and skills required to provide safe clinical treatment in line with national guidance. (1.84)
- 5.14** The need to use the Albatross inpatient unit for opiate or alcohol detoxification should be assessed for each patient. The assessment of non-complex cases should include consideration of the appropriateness of treatment on normal location, especially once clinical stabilisation is achieved. (1.85)

Residential units

- 5.15** All communal areas including shower rooms should be clean. (2.10)
- 5.16** All cells should be clean, properly furnished and well ventilated. (2.11)
- 5.17** The application system should be managed consistently. (2.12)

Equality and diversity

- 5.18** Boys' equality representatives should be appointed. (2.22)
- 5.19** Boys should be able to declare their protected characteristics confidentially on arrival. (2.23)
- 5.20** All boys should have access to equality awareness raising events. (2.24)
- 5.21** DIRF investigations should be more thorough and there should be independent oversight. (2.25)
- 5.22** The negative perceptions of black and minority ethnic and Muslim boys should be investigated and acted on. (2.31)

- 5.23** Foreign national support groups should be made available to boys. (2.32)
- 5.24** Traveller boys should be able to attend Traveller support groups. (2.33)
- 5.25** A cell and shower should be adapted for use by wheelchair users. (2.34)
- 5.26** Gay and bisexual boys should be supported by specific groups and activities in the establishment and by referral to community support networks. (2.35)

Faith and religious activity

- 5.27** The full range of support groups and classes run by the chaplaincy should be available to the boys in Feltham A. (2.44)
- 5.28** Adequate alternatives should be put in place for all boys prevented from attending corporate worship, and chaplaincy and security staff should work together to ensure the number of boys prevented from attending corporate worship is minimised. (2.45)
- 5.29** More effective consultations should take place with Muslim boys on the provision of food for Ramadan. (2.46)

Complaints

- 5.30** Replies to complaints that are perfunctory or dismissive should be immediately addressed and work undertaken to prevent this from recurring. (2.52)

Health services

- 5.31** The health needs analysis should be updated to reflect the population. (2.72)
- 5.32** Complaints about health services should be channelled directly to health care. Responses should focus on the complaint and apologies should be offered when appropriate. (2.73)
- 5.33** Health literature should be targeted at the age and literacy level of young people. (2.74)
- 5.34** All health care staff and discipline staff should receive basic practical resuscitation skills training and defibrillators should be available for all staff to use. (2.75)
- 5.35** All clinical areas and treatment rooms should comply with infection control requirements. (2.76)
- 5.36** The waiting list for external podiatry appointments should reflect the waiting list in the local community. (2.84)
- 5.37** The needs of all boys on the Albatross unit should be considered when decisions are made to locate severely disturbed boys there. (2.85)
- 5.38** All consultations and interventions, including prescribing and administration of medicines and dental care, should be recorded on SystemOne to support safe care and enable more effective audit and analysis, including medicines. (2.95)
- 5.39** Boys should have blood-testing equipment and insulin pens in possession subject to a risk assessment, and a lockable cupboard should be provided in cells to store medicines securely. (2.96)

- 5.40** A wider range of medication should be available without a prescription through appropriate policies and PGDs that are ratified by the medicines management committee. (2.97)
- 5.41** Boys should be supplied with an appropriate quantity of medication for court appearances. (2.98)
- 5.42** The floor in the dental suite should be replaced to meet infection control requirements. (2.109)

Catering

- 5.43** All boys should have the opportunity to eat communally out of their cells. (2.124)
- 5.44** Lunch should not be served before noon and the evening meal not before 5pm. (2.125)
- 5.45** Consultation with boys about food should be improved by the introduction of food focus groups, food comments books and well-promoted surveys. Appropriate changes should be made to the menus as a result of consultation. (2.126)
- 5.46** Muslim boys should be consulted about food during Ramadan and their concerns addressed. (2.127)

Purchases

- 5.47** Regular consultation with boys should take place to ensure the range of goods on the canteen list meets the diverse needs of the population. (2.132)
- 5.48** Long delays to ordering and delivery of canteen goods for newly arrived boys should be avoided. (2.133)

Education, learning and skills

- 5.49** Arrangements to ensure that all boys receive their entitlement to high quality education and training should be urgently reviewed. (3.11)
- 5.50** Sanctions should not be imposed which prevents boys from attending education. (3.12)
- 5.51** Outreach work in cells should be reviewed to ensure that it forms a coherent component of the education programme and has maximum impact. (3.15)
- 5.52** Teachers and trainers should encourage boys to demonstrate their learning throughout sessions to identify their progress. (3.24)
- 5.53** Appropriate information learning technology resources should be provided to support high quality teaching and learning. (3.25)
- 5.54** Low achievement rates should be improved, particularly in mathematics. (3.29)
- 5.55** Access to library services should be improved for boys. (3.34)
- 5.56** The library should establish links with all departments to ensure that all boys receive a good service which promotes literacy and supports their educational needs. (3.35)

Physical education and healthy living

- 5.57** An effective strategy should be put in place to ensure that boys have access to activities in association with community sports organisations. (3.42)

Pre-release and resettlement

- 5.58** Release on temporary licence opportunities should be extended. (4.8)
- 5.59** Boys should be followed up post release and the results used to inform the reducing reoffending policy. (4.9)

Training planning and remand management

- 5.60** Boys and staff working with them should be clear about their remand or training plan targets and there should be a whole establishment approach to the development and achievement of targets related to reducing the risk of reoffending and preparing for release. (4.18)
- 5.61** There should be greater participation in remand and training planning meetings by internal departments working with boys to ensure that all relevant work is captured in their remand or training plans. (4.19)

Reintegration planning

- 5.62** All boys should be provided with a suitable address in good time for their release. (4.28)
- 5.63** The establishment should work with the local authority and key agencies to review protocols to support boys into education, training and employment on release. (4.31)
- 5.64** Boys released without a registered GP should be asked if a summary of health information can be forwarded to their YOT worker to ensure continuity of care. (4.34)
- 5.65** Boys should be helped to open bank accounts. (4.37)
- 5.66** Boys on the 'keep apart' list should have visits of the same length as the other boys and delays to visitors should be avoided. (4.44)
- 5.67** Offending behaviour management programmes should be promoted so that all boys are aware of them. Referrals to programmes should be extended to benefit all boys. (4.50)

Housekeeping points

Early days in custody

- 5.68** Boys on lengthy trials should be given proper meals on their return from court each evening. (1.14)
- 5.69** The induction passport should be updated. (1.15)

Residential units

5.70 There should be an adequate supply of clean towels. (2.13)

5.71 There should be enough clothing of the right size for boys. (2.14)

Equality and diversity

5.72 There should be more written materials and displays in foreign languages around the establishment. (2.36)

5.73 The use of telephone interpretation should be recorded and analysed. (2.37)

5.74 Multidisciplinary care plans should be held and easily accessible on the unit. (2.38)

Health services

5.75 Procedures to transport controlled drugs around the establishment should be robust. (2.99)

5.76 Named-patient medicines and stock medicines should be stored separately. (2.100)

5.77 Out-of-date reference books should be discarded. (2.101)

5.78 The medicines management committee should be informed by relevant prescribing data. (2.102)

5.79 Arrangements to transport controlled drugs around the prison should comply with national guidance to ensure safe and secure storage at all times. (2.103)

Catering

5.80 Portion sizes in the breakfast packs should be increased and fresh bread should be distributed in the morning. (2.128)

Purchases

5.81 Reception grocery packs should be available to all newly arrived boys. (2.134)

5.82 Boys should be able to order items from catalogues. (2.135)

Education, learning and skills

5.83 All outstanding maintenance requests should be carried out. (3.26)

Reintegration planning

5.84 Boys should not be required to wear coloured sashes during visits. (4.45)

5.85 Family days should be reinstated. (4.46)

- 5.86** Parenting craft courses and other work should be undertaken with boys who have children. (4.47)
- 5.87** The STAR project should be reinstated. (4.51)

Good practice

Health services

- 5.88** The commitment to training prison staff to understand mental health issues, including funding officers to attend external courses, contributed to effective care for boys with mental health problems. (2.118)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Ian MacFadyen	Team leader
Francesca Gordon	Inspector
Angela Johnson	Inspector
Martin Kettle	Inspector
Gordon Riach	Inspector
Sam Galisteo	Senior researcher
Gemma Quayle	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Crissi Cousins	Care Quality Commission inspector
Helen Boniface	Pharmacist
Nicola Carlisle	Pharmacist
Tony Gallagher	Ofsted inspector
Gerard McGrath	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is provided.

Safety

Children and young people, particularly the most vulnerable, are held safely.

At the last inspection in 2013 we found that some aspects of early days provision needed improvement and young people reported negatively about treatment on escort and in reception. Levels of self-harm were low and young people subject to ACCT (assessment, care in custody and teamwork) procedures to manage the risk of self-harm were well cared for. Child protection arrangements were sound. The number of fights and assaults between young people was very high and included some serious and extremely concerning incidents. While these situations were usually managed well, the risk of serious injury was ever present. The basic regime of the rewards and sanctions scheme was too restrictive and kept young people isolated for too long. Use of force was high but it was managed well. The segregation unit did not provide suitable treatment and conditions for young people. Outcomes for children and young people were not sufficiently good against this healthy prison test.

Main recommendations

The Youth Justice Board should work with the establishment to develop and implement an effective and comprehensive strategy to understand and reduce high levels of violence among young people at Feltham, building on existing good practice where appropriate, so that young people held there are safe and feel confident to report their concerns. (HP56)

Not achieved (Recommendation repeated, S74)

Children and young people should not be held in the segregation unit. Those who need to be separated for their own or others' safety should experience a full regime and intensive intervention to address their behaviour in a suitable setting. (HP57)

Not achieved (Recommendation repeated, 1.74)

Recommendations

Young people should not be transported with adult prisoners. (1.4)

Not achieved (Recommendation repeated, 1.5)

Young people should not be held in court cells for unnecessarily long periods. (1.5)

Not achieved (Recommendation repeated, 1.6)

Young people's negative views of their treatment on reception should be explored and addressed. (1.13)

Achieved

Young people should be involved in making the induction programme more useful to them. (1.14)

Not achieved (Recommendation repeated, 1.13)

The governor in conjunction with the local authority should ensure the local authority is represented regularly at safeguarding meetings. (1.22)

Achieved

Support plans should be developed and used to help victims of bullying. (1.32)

Partially achieved

A local policy should be produced on the care of young people who are at risk. (1.39)

Achieved

Young people on ACCTs should have a regime which maximises time out of cell and keeps them engaged in constructive activity. (1.40)

Partially achieved

The regime for young people on basic level of the rewards and sanctions scheme should be improved and not lead to young people being effectively isolated for long periods. (1.49)

Not achieved (Recommendation repeated, 1.52)

Cases of serious violence should always be reported to the police. (1.69)

Partially achieved

Batons should not be drawn when children and young people are involved in incidents with young adults. (1.75)

Achieved

The number of young people in segregation should be reduced. (1.83)

Achieved

The drug and alcohol strategy should be updated and action plans should be informed by the recent needs analysis. (1.91)

Partially achieved

The strategy committee should meet regularly to develop, coordinate and monitor drug and alcohol services. (1.92)

Achieved

Young people should have access to a range of age-appropriate psychosocial interventions to meet their identified needs. Interventions should be delivered by competent staff, who are appropriately managed and supervised. (1.93)

Not achieved

Respect

Children and young people are treated with respect for their human dignity.

At the last inspection in 2013 we found that residential units were in poor condition and cells were covered in gang-related graffiti. Relationships between staff and young people were mostly good. Diversity had improved. Young people did not have confidence in the complaints system. The chaplaincy provided a popular, comprehensive service and the contribution of health care staff was reasonable. Young people did not like the food and said they were hungry. Outcomes for children and young people were reasonably good against this healthy prison test.

Recommendations

Communal areas on residential units should be clean and furniture should be in a good state of repair. (2.11)

Partially achieved

Cells should be free of graffiti. (2.12)

Achieved

An equality and diversity policy should be drawn up to ensure that the needs of all groups within the establishment are identified and addressed. (2.24)

Achieved

Young people equality representatives should be appointed. (2.25)

Not achieved (Recommendation repeated, 2.22)

Young people should be able to declare their protected characteristics confidentially on arrival. (2.26)

Not achieved (Recommendation repeated, 2.23)

The negative perceptions of black and minority ethnic and Muslim young people should be investigated and acted on. (2.37)

Not achieved (Recommendation repeated, 2.31)

Gay and bisexual prisoners should be supported by specific groups and activities in the establishment and by referral to community support networks. (2.38)

Not achieved (Recommendation repeated, 2.35)

Young people's poor perceptions of the complaints process should be explored with assistance from an external agency and remedial action taken if required. (2.47)

Achieved

Sentenced and remanded young people should be given written information about their sentence or remand, including the potential for early and late release for those serving detention and training orders. Young people should confirm in writing that they have understood the conditions and nature of their sentence or remand period. (2.53)

Partially achieved

All clinical areas and equipment should comply with infection control guidance. (2.58)

Not achieved

There should be an ongoing audit to enhance the quality of record keeping. (2.64)

Not achieved

The views of young people on health care should be further investigated and the high number of 'did not attends' should be reduced. (2.65)

Achieved

A training needs analysis should be undertaken to identify the training needs of nursing staff. (2.66)

Partially achieved

SystemOne should be used to record prescribing and administration of medicines and enable more effective audit and analysis of medicines used. (2.76)

Not achieved

A wider range of patient group directions should be introduced to enable more potent medication to be supplied by the pharmacist or nurse, and to avoid unnecessary consultations with the doctor. (2.77)

Partially achieved

The decontamination area should be fully compliant with infection control requirements. (2.84)

Partially achieved

There should be age-appropriate health promotion information. (2.85)

Not achieved

Mental health awareness training, including learning disabilities and personality disorders, should be available to all staff. (2.88)

Achieved

All young people should have the opportunity to eat out of their cells. (2.93)

Not achieved (Recommendation repeated, 2.124)

Lunch should not be served before noon and the evening meal not before 5pm. (2.94)

Not achieved (Recommendation repeated, 2.125)

The food consultation arrangements should be improved. (2.95)

Not achieved

The shop should hold a wide range of stock to meet the diverse needs of the population. (2.98)

Not achieved

Purposeful activity

Children and young people are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection in 2013 we found that most young people had limited time unlocked and a few received very little time out of their cell. Young people benefited from an improving education and training service and accreditation had improved significantly. About 15% of young people did not attend education for disciplinary reasons and provision for them was inadequate. Access to the gym and library was good. Despite our concerns about time out of cell, outcomes for children and young people were reasonably good against this healthy prison test.

Recommendations

All young people should spend a minimum of 10 hours every day out of their cell. (3.6)

Not achieved

Provision for young people who receive education on the units should be increased. (3.7)

Not achieved

The progress made by young people in education should be formally monitored and recorded. (3.15)

Partially achieved

The incentive scheme operating in education should be linked to the rewards and sanctions scheme. (3.27)

Achieved

Marking and assessment should include advice on how to improve; attention should be paid to the correction of spelling and grammar. (3.28)

Partially achieved

Recreational PE should be available in the evenings. (3.43)

Achieved

Young people's views on PE should be regularly sought by formal and informal means. (3.44)

Partially achieved

Resettlement

Children and young people are effectively helped to prepare for their release back into the community and to reduce the likelihood of reoffending.

At the last inspection in 2013 we found that the Feltham-wide reducing reoffending strategy did not give sufficient emphasis to the needs of children and young people, and their sentence and remand plans were not fully coordinated by the offender management unit. Resettlement pathway work was well organised. Staff made good attempts to help young people obtain decent accommodation and education, training and employment (ETE) placements on release, particularly on the Heron unit. Young people had the opportunity to participate in a range of interventions, but these were not evaluated. Outcomes for children and young people were reasonably good against this healthy prison test.

Main recommendation

The YJB and NOMS should work with the establishment to develop and implement an effective children and young people reducing reoffending strategy for Feltham, coordinating this with other relevant agencies. (HP58)

Partially achieved

Recommendations

Release on temporary licence opportunities should be extended. (4.9)

Not achieved (Recommendation repeated, 4.8)

The offender management unit should be re-established at the centre of sentence and remand planning in a whole establishment approach to reducing re-offending. (4.18)

Not achieved

Young people should be told where they can receive help on practical resettlement issues. (4.19)

Partially achieved

There should be a looked-after children policy. (4.30)

Achieved

Young people should be consistently prepared for release and should receive harm reduction information. Post-release care should be planned effectively. (4.39) Partially achieved
Offending behaviour and life skills programmes should be available to young people. (4.53)
Partially achieved

An anger management training programme should be introduced for young people. (4.54)
Achieved

Appendix III: Establishment 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	94	58.4
Recall		
Convicted unsentenced	16	9.9
Remand	51	31.7
Detainees		
Total	161	100

Age	Number of young people	%
15 years	6	3.7
16 years	40	24.8
17 years	98	60.9
18 years	17	10.6
Total	161	100

Nationality	Number of young people	%
British	143	88.8
Foreign nationals	14	8.7
Not stated	4	2.5
Total	161	100

Ethnicity	Number of young people	%
White		
British	35	21.8
Irish	3	1.8
Gypsy/Irish Traveller	0	0
Other white	8	5
Mixed		
White and black Caribbean	14	8.8
White and black African	3	1.8
White and Asian	3	1.8
Other mixed	4	2.5
Asian or Asian British		
Indian	0	0
Pakistani	4	2.5
Bangladeshi	6	3.7
Chinese	0	0
Other Asian	8	5
Black or black British		
Caribbean	28	17.4
African	35	21.7
Other black	8	5
Other ethnic group		
Arab	0	
Other ethnic group	1	0.6
Not stated	1	0.6
Total	161	100

Religion	Number of young people	%
Baptist	1	0.6
Church of England	13	8.1
Roman Catholic	20	12.4
Other Christian denominations	35	21.7
Muslim	58	36
Sikh	0	0
Hindu	0	0
Buddhist	0	0
Jewish	0	0
Other	1	0.6
No religion	32	19.9
Not stated	1	0.6
Total	161	100

Other demographics	Number of young people	%
Gypsy/Romany/Traveller	0	0
Total	0	0

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 +	4 yrs +	Total
Age								
15 years	0	2	1	1	0	0	0	4
16 years	5	10	5	6	0	0	0	26
17 years	7	16	11	16	1	0	0	51
18 years	0	3	4	4	0	0	0	11
Total	12	31	21	27	1	0	0	92

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+	4 yrs +	Total
Age								
15 years	0	1	0	1	0	0	0	2
16 years	4	3	7	0	0	0	0	14
17 years	12	15	15	5	0	0	0	47
18 years	0	1	5	0	0	0	0	6
Total	16	20	27	6	0	0	0	69

Main offence	Number of young people	%
Violence against the person	43	26.70
Sexual offences	9	5.59
Burglary	14	8.69
Robbery	51	31.67
Theft and handling	1	0.62
Fraud and forgery	0	0
Drugs offences	21	13.04
Other offences	22	13.66
Offence not recorded / holding warrant	0	0
Total	161	99.97

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

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Recall	Total
Age									
15 years	0	1	0	1	0	1	1	0	4
16 years	2	1	3	1	2	3	2	1	15
17 years	0	1	6	0	9	5	5	7	33
18 years	0	0	1	1	4	2	3	2	13
Total	2	3	10	3	15	11	11	10	65

Number of Section 91s, (determinate sentences only) by age and length of sentence

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Recall	Total
Age							
15 years	0	0	0	0	0	0	0
16 years	0	3	4	0	1	0	8
17 years	0	4	5	1	1	1	12
18 years	0	0	1	0	0	0	1
Total	0	7	10	1	2	1	21

Number of extended sentences under Section 228 (extended sentence for public protection) by age and full sentence length, including the time in the community

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Recall	Total
Age							
15 years	0	0	0	0	0	0	0
16 years	0	0	0	0	0	0	0
17 years	0	0	0	0	0	0	0
18 years	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0

Number of indeterminate sentences under Section 226 (detention for public protection) by age and length of tariff

Sentence	Under 2 yrs	2–5 yrs	5 - 10 yrs	10 – 15 yrs	15 – 20 yrs	Recall	Total
Age							
15 years	0	0	0	0	0	0	0
16 years	0	0	1	0	1	0	2
17 years	0	0	1	0	0	0	1
18 years	0	0	0	0	0	0	0
Total	0	0	2	0	1	0	3

Number of mandatory life sentences under Section 90 by age and length of tariff

Sentence	Under 2 yrs	2–5 yrs	5-10 yrs	10–15 yrs	15–20 yrs	20yrs +	Total
Age							
15 years	0	0	0	0	0	0	0
16 years	0	0	0	0	0	0	0
17 years	0	0	0	0	0	0	0
18 years	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0

Appendix IV: Summary of children and young people questionnaires and interviews

Children and young people survey methodology

A voluntary, confidential and anonymous survey of the population of young people (15–18 years) was carried out by HM Inspectorate of Prisons.

Sampling

Questionnaires were offered to all young people.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Interviews were offered to any young person who could not read or write in English, or who had literacy difficulties.

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. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 21 July 2014, the young person population at HMYOI Feltham was 167. Questionnaires were distributed to 158 young people¹³.

We received a total of 132 completed questionnaires, a response rate of 84%. This included three questionnaires completed via interview. Nine respondents refused to complete a questionnaire, 15 questionnaires were not returned and two were returned blank.

Wing/unit	Number of completed survey returns
Bittern	9
Curlew	18
Dunlin	23
Falcon	20

¹³ Surveys were not distributed to two young people who had been released, six young people who were at court, and one young person who was in hospital on the day of the survey.

Grebe	21
Heron	23
Jay	11
Albatross – Healthcare	1
Ibis – care and separation unit	6

Presentation of survey results and analyses

Over the following pages we present the survey results for HMYOI Feltham.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant¹⁴ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant, there is no shading. Orange shading has been used to show a statistically significant difference in young people's background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMYOI Feltham in 2014 compared with responses from young people surveyed in all other young offender institutions. This comparator is based on all responses from young people surveys carried out in six YOIs since April 2013.
- The current survey responses from HMYOI Feltham in 2014 compared with the responses of young people surveyed at HMYOI Feltham in January 2013.
- A comparison within the 2014 survey between the responses of white young people and those from a black and minority ethnic group.
- A comparison within the 2014 survey between the responses of Muslim young people and non-Muslim young people.
- A comparison within the 2014 survey between the responses of young people who have been in local authority care and those who have not been in local authority care

¹⁴ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

SECTION I: ABOUT YOU

Q1	How old are you?	
	15	6 (5%)
	16	31 (24%)
	17	75 (57%)
	18	19 (15%)
Q2	Are you a British citizen?	
	Yes	125 (95%)
	No	6 (5%)
Q3	Do you understand spoken English?	
	Yes	128 (99%)
	No	1 (1%)
Q4	Do you understand written English?	
	Yes	125 (98%)
	No	2 (2%)
Q5	What is your ethnic origin?	
	White - British	24 (18%)
	White - Irish	4 (3%)
	White - Other	6 (5%)
	Black or Black British - Caribbean	31 (23%)
	Black or Black British - African	28 (21%)
	Black or Black British - Other	2 (2%)
	Asian or Asian British - Indian	0 (0%)
	Asian or Asian British - Pakistani	3 (2%)
	Asian or Asian British - Bangladeshi	5 (4%)
	Asian or Asian British - Chinese	0 (0%)
	Asian or Asian British - Other	1 (1%)
	Mixed race - White and Black Caribbean	12 (9%)
	Mixed race - White and Black African	6 (5%)
	Mixed race - White and Asian	1 (1%)
	Mixed race - Other	1 (1%)
	Arab	4 (3%)
	Other ethnic group	4 (3%)
Q6	What is your religion?	
	None	22 (17%)
	Church of England	34 (27%)
	Catholic	19 (15%)
	Protestant	1 (1%)
	Other Christian denomination	5 (4%)
	Buddhist	0 (0%)
	Hindu	0 (0%)
	Jewish	0 (0%)
	Muslim	46 (36%)
	Sikh	1 (1%)

Q7	Do you consider yourself to be Gypsy/Romany/Traveller?	
	Yes	6 (5%)
	No.....	114 (90%)
	Don't know	6 (5%)
Q8	Do you have any children?	
	Yes	5 (4%)
	No.....	125 (96%)
Q9	Do you consider yourself to have a disability? (i.e. do you need help with any long-term physical, mental or learning needs.)	
	Yes.....	12 (9%)
	No.....	120 (91%)
Q10	Have you ever been in local authority care?	
	Yes	41 (33%)
	No.....	85 (67%)

SECTION 2: ABOUT YOUR SENTENCE

Q1	Are you sentenced?	
	Yes	73 (57%)
	No - unsentenced/on remand	56 (43%)
Q2	How long is your sentence (the full DTO sentence)?	
	Not sentenced.....	56 (43%)
	Less than 6 months.....	16 (12%)
	6 to 12 months.....	26 (20%)
	More than 12 months, up to 2 years.....	14 (11%)
	More than 2 years.....	18 (14%)
	Indeterminate sentence for public protection (IPP).....	1 (1%)
Q3	How long have you been in this establishment?	
	Less than 1 month.....	11 (9%)
	1 to 6 months.....	87 (67%)
	More than 6 months, but less than 12 months.....	25 (19%)
	12 months to 2 years.....	6 (5%)
	More than 2 years.....	0 (0%)
Q4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	
	Yes	79 (60%)
	No.....	52 (40%)

SECTION 3: COURTS, TRANSFERS AND ESCORTS

Q1	On your most recent journey here, did you feel safe?	
	Yes	104 (80%)
	No.....	13 (10%)
	Don't remember	13 (10%)
Q2	On your most recent journey here, were there any adults (over 18) or a mix of males and females travelling with you?	
	Yes.....	56 (42%)
	No.....	58 (44%)
	Don't remember	18 (14%)

Q3	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	72 (55%)
	<i>2 to 4 hours</i>	48 (36%)
	<i>More than 4 hours</i>	3 (2%)
	<i>Don't remember</i>	9 (7%)
Q4	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than 2 hours</i>	72 (55%)
	<i>Yes</i>	7 (5%)
	<i>No</i>	49 (37%)
	<i>Don't remember</i>	3 (2%)
Q5	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than 2 hours</i>	72 (55%)
	<i>Yes</i>	15 (11%)
	<i>No</i>	42 (32%)
	<i>Don't remember</i>	2 (2%)
Q6	On your most recent journey here, how did you feel you were treated by the escort staff?	
	<i>Very well</i>	18 (14%)
	<i>Well</i>	39 (30%)
	<i>Neither</i>	52 (40%)
	<i>Badly</i>	12 (9%)
	<i>Very badly</i>	4 (3%)
	<i>Don't remember</i>	5 (4%)
Q7	Before you arrived here, did you receive any information to help you prepare for coming here?	
	<i>Yes - and it was helpful</i>	10 (8%)
	<i>Yes - but it was not helpful</i>	22 (17%)
	<i>No - I received no information</i>	81 (63%)
	<i>Don't remember</i>	15 (12%)

SECTION 4: FIRST DAYS

Q1	How long were you in reception?	
	<i>Less than 2 hours</i>	117 (89%)
	<i>2 hours or longer</i>	5 (4%)
	<i>Don't remember</i>	9 (7%)
Q2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	98 (76%)
	<i>No</i>	21 (16%)
	<i>Don't remember/Not applicable</i>	10 (8%)
Q3	How well did you feel you were treated in reception?	
	<i>Very well</i>	17 (13%)
	<i>Well</i>	45 (34%)
	<i>Neither</i>	55 (42%)
	<i>Badly</i>	7 (5%)
	<i>Very badly</i>	2 (2%)
	<i>Don't remember</i>	5 (4%)

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	50 (40%)	Money worries	15 (12%)
	Loss of property	21 (17%)	Feeling worried/upset/needing someone to talk to.....	39 (31%)
	Feeling scared.....	27 (22%)	Health problems.....	62 (50%)
	Gang problems.....	79 (64%)	Getting phone numbers.....	42 (34%)
	Contacting family	54 (44%)	Staff did not ask me about any of these	22 (18%)
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	41 (33%)	Money worries	22 (18%)
	Loss of property	17 (14%)	Feeling worried/upset/needing someone to talk to.....	9 (7%)
	Feeling scared.....	6 (5%)	Health problems.....	15 (12%)
	Gang problems.....	34 (27%)	Getting phone numbers.....	42 (34%)
	Contacting family	33 (27%)	I did not have any problems	32 (26%)
	Other (please specify)	1 (100%)		
Q6	When you first arrived here, were you given any of the following? (Please tick all that apply to you.)			
	Toiletries/basic items			102 (81%)
	The opportunity to have a shower			31 (25%)
	Something to eat			100 (79%)
	A free phone call to friends/family.....			102 (81%)
	PIN phone credit.....			70 (56%)
	Information about feeling worried/upset.....			28 (22%)
	Don't remember			4 (3%)
	I was not given any of these.....			1 (1%)
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.....			37 (30%)
	Peer mentor.....			7 (6%)
	Childline/Samaritans.....			13 (11%)
	The prison shop/canteen			15 (12%)
	Don't remember			26 (21%)
	I did not have access to any of these			59 (48%)
Q8	Before you were locked up on your first night, were you seen by a doctor or nurse?			
	Yes			68 (52%)
	No.....			51 (39%)
	Don't remember			11 (8%)
Q9	Did you feel safe on your first night here?			
	Yes			97 (75%)
	No.....			19 (15%)
	Don't remember			13 (10%)
Q10	Did the induction course cover everything you needed to know about the establishment?			
	I have not been on an induction course.....			14 (11%)
	Yes			49 (39%)
	No.....			41 (33%)
	Don't remember			22 (17%)

SECTION 5: DAILY LIFE AND RESPECT

Q1	Can you normally have a shower every day if you want to?	
	Yes.....	100 (78%)
	No.....	26 (20%)
	Don't know.....	3 (2%)
Q2	Is your cell call bell normally answered within five minutes?	
	Yes.....	52 (41%)
	No.....	65 (52%)
	Don't know.....	9 (7%)
Q3	What is the food like here?	
	Very good.....	1 (1%)
	Good.....	10 (8%)
	Neither.....	33 (26%)
	Bad.....	41 (33%)
	Very bad.....	41 (33%)
Q4	Does the shop/canteen sell a wide enough variety of products?	
	I have not bought anything yet/Don't know.....	7 (5%)
	Yes.....	47 (37%)
	No.....	74 (58%)
Q5	How easy is it for you to attend religious services?	
	I don't want to attend religious services.....	13 (10%)
	Very easy.....	17 (13%)
	Easy.....	36 (28%)
	Neither.....	15 (12%)
	Difficult.....	15 (12%)
	Very difficult.....	16 (12%)
	Don't know.....	17 (13%)
Q6	Are your religious beliefs respected?	
	Yes.....	75 (60%)
	No.....	21 (17%)
	Don't know/Not applicable.....	29 (23%)
Q7	Can you speak to a Chaplain of your faith in private if you want to?	
	Yes.....	88 (69%)
	No.....	4 (3%)
	Don't know/Not applicable.....	35 (28%)
Q8	Can you speak to a peer mentor when you need to?	
	Yes.....	29 (23%)
	No.....	38 (30%)
	Don't know.....	61 (48%)
Q9	Can you speak to a member of the IMB (Independent Monitoring Board) when you need to?	
	Yes.....	38 (30%)
	No.....	21 (17%)
	Don't know.....	68 (54%)
Q10	Can you speak to an advocate (an outside person to help you) when you need to?	
	Yes.....	44 (35%)
	No.....	26 (20%)
	Don't know.....	57 (45%)

SECTION 6: RELATIONSHIPS WITH STAFF

Q1	Do most staff treat you with respect?		
	Yes	67 (55%)	
	No.....	55 (45%)	
Q2	If you had a problem, who would you turn to? (Please tick all that apply to you.)		
	No-one	29 (25%)	Social worker..... 17 (15%)
	Personal officer	20 (17%)	Health services staff..... 1 (1%)
	Wing Officer.....	25 (22%)	Peer mentor..... 1 (1%)
	Teacher/education staff	0 (0%)	Another young person here
	Gym staff.....	1 (1%)	Case worker
	Chaplain.....	11 (10%)	Advocate
	Independent Monitoring Board (IMB).....	2 (2%)	Family/friends..... 46 (40%)
	YOT worker	21 (18%)	Childline/Samaritans..... 2 (2%)
	Other (please specify)	14 (100%)	
Q3	Have staff checked on you personally in the last week to see how you are getting on?		
	Yes	34 (27%)	
	No.....	92 (73%)	
Q4	When did you first meet your personal (named) officer?		
	I still have not met him/her	26 (21%)	
	In your first week.....	33 (26%)	
	After your first week.....	33 (26%)	
	Don't remember	33 (26%)	
Q5	How often do you see your personal (named) officer?		
	I still have not met him/her	26 (23%)	
	At least once a week	46 (40%)	
	Less than once a week.....	42 (37%)	
Q6	Do you feel your personal (named) officer tries to help you?		
	I still have not met him/her	26 (22%)	
	Yes.....	49 (42%)	
	No.....	43 (36%)	

SECTION 7: APPLICATIONS AND COMPLAINTS

Q1	Is it easy to make an application?		
	Yes.....	69 (56%)	
	No.....	26 (21%)	
	Don't know	29 (23%)	
Q2	Are applications sorted out fairly?		
	I have not made an application	49 (40%)	
	Yes.....	31 (25%)	
	No.....	43 (35%)	
Q3	Are applications sorted out quickly (within 7 days)?		
	I have not made an application	49 (40%)	
	Yes.....	20 (16%)	
	No.....	53 (43%)	

Q4	Is it easy to make a complaint?	
	Yes	74 (59%)
	No.....	30 (24%)
	Don't know	22 (17%)
Q5	Are complaints sorted out fairly?	
	<i>I have not made a complaint</i>	42 (34%)
	Yes	38 (31%)
	No.....	44 (35%)
Q6	Are complaints sorted out quickly (within 7 days)?	
	<i>I have not made a complaint</i>	42 (35%)
	Yes	24 (20%)
	No.....	54 (45%)
Q7	Have you ever felt too scared or intimidated to make a complaint?	
	Yes	15 (12%)
	No.....	88 (72%)
	Never needed to make a complaint.....	20 (16%)

SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE

Q1	What level of the rewards and sanctions scheme are you on?	
	<i>Don't know what the rewards and sanctions scheme is</i>	5 (4%)
	<i>Enhanced (top)</i>	22 (18%)
	<i>Standard (middle)</i>	71 (57%)
	<i>Basic (bottom)</i>	21 (17%)
	<i>Don't know</i>	5 (4%)
Q2	Have you been treated fairly in your experience of the rewards and sanctions scheme?	
	<i>Don't know what the rewards and sanctions scheme is</i>	5 (4%)
	Yes	38 (32%)
	No.....	56 (47%)
	<i>Don't know</i>	20 (17%)
Q3	Do the different levels of the rewards and sanctions scheme encourage you to change your behaviour?	
	<i>Don't know what the rewards and sanctions scheme is</i>	5 (4%)
	Yes	42 (36%)
	No.....	58 (49%)
	<i>Don't know</i>	13 (11%)
Q4	Have you had a minor report since you have been here?	
	Yes	37 (30%)
	No.....	38 (30%)
	<i>Don't know</i>	50 (40%)
Q5	If you have had a minor report, was the process explained clearly to you?	
	<i>I have not had a minor report</i>	88 (70%)
	Yes	24 (19%)
	No.....	13 (10%)
Q6	Have you had an adjudication ('nicking') since you have been here?	
	Yes	84 (67%)
	No.....	40 (32%)
	<i>Don't know</i>	1 (1%)

Q7	If you have had an adjudication ('nicking'), was the process explained clearly to you?	
	<i>I have not had an adjudication</i>	41 (33%)
	Yes	65 (52%)
	No.....	18 (15%)
Q8	Have you been physically restrained (C and R) since you have been here?	
	Yes	71 (57%)
	No.....	47 (38%)
	Don't know	7 (6%)
Q9	If you have spent a night in the care and separation unit (CSU), how were you treated by staff?	
	<i>I have not been to the care and separation unit</i>	79 (65%)
	Very well	1 (1%)
	Well.....	8 (7%)
	Neither	15 (12%)
	Badly.....	8 (7%)
	Very badly.....	11 (9%)

SECTION 9: SAFETY

Q1	Have you ever felt unsafe here?	
	Yes	41 (33%)
	No.....	85 (67%)
Q2	Do you feel unsafe now?	
	Yes	12 (10%)
	No.....	110 (90%)
Q3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	85 (70%)
	<i>Everywhere</i>	12 (10%)
	<i>Care and separation unit</i>	3 (2%)
	<i>Association areas</i>	8 (7%)
	<i>Reception area</i>	3 (2%)
	<i>At the gym</i>	3 (2%)
	<i>In an exercise yard</i>	5 (4%)
	<i>At work</i>	2 (2%)
	<i>At education</i>	8 (7%)
	<i>At religious services</i>	3 (2%)
	<i>At meal times</i>	3 (2%)
	<i>At healthcare</i>	2 (2%)
	<i>Visits area</i>	18 (15%)
	<i>In wing showers</i>	4 (3%)
	<i>In gym showers</i>	1 (1%)
	<i>In corridors/stairwells</i>	14 (11%)
	<i>On your landing/wing</i>	5 (4%)
	<i>During movement</i>	13 (11%)
	<i>In your cell</i>	7 (6%)
Q4	Have you ever been victimised by another young person/group of young people here? (e.g. insulted or assaulted you)	
	Yes	26 (21%)
	No.....	100 (79%)

Q5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you, your family or friends)</i>	15 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (8%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	7 (6%)
	<i>Having your canteen/property taken</i>	1 (1%)
	<i>Medication</i>	1 (1%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	0 (0%)
	<i>Your race or ethnic origin</i>	3 (2%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	1 (1%)
	<i>You are from a different part of the country to others</i>	3 (2%)
	<i>You are from a Traveller community</i>	1 (1%)
	<i>Your sexuality</i>	0 (0%)
	<i>Your age</i>	0 (0%)
	<i>You having a disability</i>	1 (1%)
	<i>You were new here</i>	5 (4%)
	<i>Your offence/crime</i>	0 (0%)
	<i>Gang related issues</i>	6 (5%)
Q7	Have you ever been victimised by staff here? (e.g. insulted or assaulted you)	
	Yes	41 (33%)
	No.....	83 (67%)
Q8	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you, your family or friends)</i>	22 (18%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (8%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	14 (11%)
	<i>Having your canteen/property taken</i>	10 (8%)
	<i>Medication</i>	0 (0%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	0 (0%)
	<i>Your race or ethnic origin</i>	6 (5%)
	<i>Your religion/religious beliefs</i>	7 (6%)
	<i>Your nationality</i>	2 (2%)
	<i>You are from a different part of the country to others</i>	2 (2%)
	<i>You are from a Traveller community</i>	1 (1%)
	<i>Your sexuality</i>	0 (0%)
	<i>Your age</i>	1 (1%)
	<i>You having a disability</i>	0 (0%)
	<i>You were new here</i>	8 (6%)
	<i>Your offence/crime</i>	3 (2%)
	<i>Gang related issues</i>	1 (1%)
	<i>Because you made a complaint</i>	8 (6%)
Q10	If you were being victimised, would you tell a member of staff?	
	Yes	20 (18%)
	No.....	65 (60%)
	Don't know	24 (22%)
Q11	Do you think staff would take it seriously if you told them you had been victimised?	
	Yes	25 (20%)
	No.....	51 (41%)
	Don't know	48 (39%)

Q12	Is shouting through the windows a problem here?		
	Yes	33 (27%)	
	No.....	77 (62%)	
	Don't know	14 (11%)	

SECTION 10: HEALTH SERVICES

Q1	Is it easy to see the following people if you need to?			
		Yes	No	Don't know
	The doctor	40 (32%)	66 (53%)	19 (15%)
	The nurse	58 (48%)	44 (36%)	19 (16%)
	The dentist	20 (17%)	70 (60%)	27 (23%)
Q2	What do you think of the overall quality of the health services here?			
	<i>I have not been</i>			18 (15%)
	<i>Very good</i>			4 (3%)
	<i>Good</i>			17 (14%)
	<i>Neither</i>			31 (25%)
	<i>Bad</i>			31 (25%)
	<i>Very bad</i>			23 (19%)
Q3	If you are taking medication, are you allowed to keep some/all of it in your room?			
	<i>I am not taking any medication</i>			68 (57%)
	<i>Yes, all of my meds</i>			10 (8%)
	<i>Yes, some of my meds</i>			17 (14%)
	<i>No</i>			25 (21%)
Q4	Do you have any emotional or mental health problems?			
	Yes.....			18 (14%)
	No.....			107 (86%)
Q5	Are you being helped by anyone here with your emotional or mental health problems? (e.g. a psychologist, doctor, counsellor, personal officer or another member of staff.)			
	<i>I do not have any emotional or mental health problems</i>			107 (86%)
	<i>Yes</i>			8 (6%)
	<i>No</i>			10 (8%)
Q6	Did you have problems with alcohol when you first arrived here?			
	Yes			3 (2%)
	No.....			120 (98%)
Q7	Have you received any help with alcohol problems here?			
	Yes.....			2 (2%)
	No.....			121 (98%)
Q8	Did you have problems with drugs when you first arrived here?			
	Yes			28 (23%)
	No.....			95 (77%)
Q9	Do you have problems with drugs now?			
	Yes.....			7 (6%)
	No.....			115 (94%)
Q10	Have you received any help with drugs problems here?			
	Yes			13 (11%)
	No.....			109 (89%)

Q11	How easy or difficult is it to get illegal drugs here?	
	Very easy.....	7 (6%)
	Easy.....	5 (4%)
	Neither.....	10 (8%)
	Difficult.....	3 (3%)
	Very difficult.....	21 (18%)
	Don't know.....	74 (62%)

SECTION II: ACTIVITIES

Q1	How old were you when you were last at school?				
	14 or under.....	40 (32%)			
	15 or over.....	84 (68%)			
Q2	Have you ever been excluded from school?				
	Yes.....	99 (79%)			
	No.....	20 (16%)			
	Not applicable.....	6 (5%)			
Q3	Did you ever skip school before you came into custody?				
	Yes.....	78 (63%)			
	No.....	37 (30%)			
	Not applicable.....	9 (7%)			
Q4	Do you CURRENTLY take part in any of the following activities? (Please tick all that apply to you.)				
	Education.....	73 (59%)			
	A job in this establishment.....	19 (15%)			
	Vocational or skills training.....	7 (6%)			
	Offending behaviour programmes.....	4 (3%)			
	I am not currently involved in any of these.....	36 (29%)			
Q5	If you have been involved in any of the following activities here, do you think they will help you when you leave prison?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Education	13 (11%)	41 (35%)	48 (41%)	15 (13%)
	A job in this establishment	27 (31%)	22 (25%)	25 (29%)	13 (15%)
	Vocational or skills training	34 (40%)	16 (19%)	20 (24%)	15 (18%)
	Offending behaviour programmes	34 (40%)	11 (13%)	23 (27%)	16 (19%)
Q6	Do you usually have association every day?				
	Yes.....	101 (83%)			
	No.....	21 (17%)			
Q7	Can you usually go outside for exercise every day?				
	Don't want to go.....	4 (3%)			
	Yes.....	93 (76%)			
	No.....	25 (20%)			
Q8	How many times do you usually go to the gym each week?				
	Don't want to go.....	7 (6%)			
	None.....	17 (14%)			
	One to two times.....	23 (19%)			
	Three to five times.....	69 (57%)			
	More than five times.....	5 (4%)			

SECTION 12: FAMILY AND FRIENDS

Q1	Are you able to use the telephone every day, if you want to?	
	Yes.....	94 (75%)
	No.....	29 (23%)
	Don't know.....	2 (2%)
Q2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes.....	58 (46%)
	No.....	58 (46%)
	Don't know.....	9 (7%)
Q3	How many visits do you usually have each week, from family or friends?	
	I don't get visits.....	12 (9%)
	Less than one a week.....	45 (35%)
	About one a week.....	40 (31%)
	More than one a week.....	12 (9%)
	Don't know.....	18 (14%)
Q4	How easy is it for your family and friends to visit you here?	
	I don't get visits.....	12 (10%)
	Very easy.....	12 (10%)
	Easy.....	27 (21%)
	Neither.....	29 (23%)
	Difficult.....	30 (24%)
	Very difficult.....	10 (8%)
	Don't know.....	6 (5%)
Q5	Do your visits usually start on time?	
	I don't get visits.....	12 (10%)
	Yes.....	28 (22%)
	No.....	76 (61%)
	Don't know.....	9 (7%)

SECTION 13: PREPARATION FOR RELEASE

Q1	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.....	29 (25%)
	Getting into school or college.....	40 (35%)
	Getting a job.....	58 (50%)
	Money/finances.....	43 (37%)
	Claiming benefits.....	12 (10%)
	Continuing health services.....	4 (3%)
	Opening a bank account.....	11 (10%)
	Avoiding bad relationships.....	14 (12%)
	I won't have any problems.....	34 (30%)
Q2	Do you have a training plan, sentence plan or remand plan? (i.e. a plan that is discussed in your DTO/planning meetings, which sets out your targets)	
	Yes.....	31 (25%)
	No.....	50 (41%)
	Don't know.....	41 (34%)

Q3	Were you involved in the development of your plan?			
	<i>I don't have a plan/don't know if I have a plan</i>	91 (78%)		
	Yes	20 (17%)		
	No.....	5 (4%)		
Q4	Do you understand the targets that have been set in your plan?			
	<i>I don't have a plan/don't know if I have a plan</i>	91 (78%)		
	Yes	24 (21%)		
	No.....	2 (2%)		
Q5	Do you have a caseworker here?			
	Yes.....	112 (93%)		
	No.....	5 (4%)		
	Don't know	4 (3%)		
Q6	Has your caseworker helped to prepare you for release?			
	<i>I don't have a caseworker</i>	9 (8%)		
	Yes	31 (26%)		
	No.....	51 (44%)		
	Don't know	26 (22%)		
Q7	Has your social worker been to visit you since you have been here?			
	<i>I don't have a social worker</i>	27 (22%)		
	Yes	75 (61%)		
	No.....	20 (16%)		
Q8	Have you had a say in what will happen to you when you are released?			
	Yes.....	40 (33%)		
	No.....	53 (44%)		
	Don't know	28 (23%)		
Q9	Do you know who to contact for help with any of the following problems, before your release? (Please tick all that apply to you.)			
	<i>Finding accommodation</i>	32 (30%)		
	<i>Getting into school or college</i>	32 (30%)		
	<i>Getting a job</i>	30 (28%)		
	<i>Help with money/finances</i>	24 (22%)		
	<i>Help with claiming benefits</i>	15 (14%)		
	<i>Continuing health services</i>	12 (11%)		
	<i>Opening a bank account</i>	11 (10%)		
	<i>Avoiding bad relationships</i>	10 (9%)		
	<i>I don't know who to contact</i>	65 (60%)		
Q10	What is most likely to stop you offending in the future? Please tick all that apply to you)			
	<i>Not sentenced</i>	56 (46%)	<i>Having a mentor (someone you can ask for advice)</i>	6 (5%)
	<i>Nothing, it is up to me</i>	19 (16%)	<i>Having a YOT worker or social worker that I get on with</i>	8 (7%)
	<i>Making new friends outside</i>	11 (9%)	<i>Having children</i>	6 (5%)
	<i>Going back to live with my family</i>	14 (12%)	<i>Having something to do that isn't crime</i>	24 (20%)
	<i>Getting a place of my own</i>	23 (19%)	<i>This sentence</i>	21 (17%)
	<i>Getting a job</i>	34 (28%)	<i>Getting into school/college</i>	28 (23%)
	<i>Having a partner (girlfriend or boyfriend)</i>	12 (10%)	<i>Talking about my offending behaviour with staff</i>	4 (3%)
	<i>Staying off alcohol/drugs</i>	9 (7%)	<i>Anything else</i>	7 (6%)

Q11	Do you want to stop offending?	
	<i>Not sentenced</i>	56 (45%)
	Yes.....	61 (49%)
	No.....	2 (2%)
	<i>Don't know</i>	6 (5%)

Q12	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?	
	<i>Not sentenced</i>	56 (46%)
	Yes.....	32 (26%)
	No.....	35 (28%)

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



Survey responses from children and young people: HMYOI Feltham 2014

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

		HMYOI Feltham 2014	Young people's comparator	HMYOI Feltham 2014	HMYOI Feltham Dec 2013
	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		132	575	132	163
SECTION 1: ABOUT YOU					
1.1	Are you 18 years of age?	15%	12%	15%	7%
1.2	Are you a foreign national?	5%	3%	5%	10%
1.3	Do you understand spoken English?	99%	99%	99%	98%
1.4	Do you understand written English?	98%	98%	98%	96%
1.5	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other category.	74%	31%	74%	73%
1.6	Are you Muslim?	36%	17%	36%	38%
1.7	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	6%	5%	2%
1.8	Do you have any children?	4%	15%	4%	6%
1.9	Do you consider yourself to have a disability?	9%	21%	9%	13%
1.10	Have you ever been in local authority care?	33%	36%	33%	31%
SECTION 2: ABOUT YOUR SENTENCE					
2.1	Are you sentenced?	57%	82%	57%	63%
2.2	Is your sentence 12 months or less?	32%	39%	32%	35%
2.3	Have you been in this establishment for one month or less?	9%	18%	9%	18%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	60%	54%	60%	56%
SECTION 3: COURTS, TRANSFERS AND ESCORTS					
On your most recent journey here:					
3.1	Did you feel safe?	80%	86%	80%	73%
3.2	Did you travel with any adults (over 18) or a mix of males and females?	42%	35%	42%	45%
3.3	Did you spend more than 4 hours in the van?	2%	8%	2%	5%
For those who spent 2 or more hours in the escort van:					
3.4	Were you offered a toilet break if you needed it?	12%	17%	12%	10%
3.5	Were you offered anything to eat or drink?	25%	45%	25%	21%
3.6	Were you treated well/very well by the escort staff?	44%	56%	44%	45%

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

Key to tables

		HMYOI Feltham 2014	Young people's comparator	HMYOI Feltham 2014	HMYOI Feltham Dec 2013
	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		132	575	132	163
3.7	Before you arrived, did you receive any helpful information to help you prepare for coming here?	8%	18%	8%	12%
SECTION 4: YOUR FIRST FEW DAYS HERE					
4.1	Were you in reception for less than 2 hours?	89%	80%	89%	85%
4.2	When you were searched, was this carried out in a respectful way?	76%	82%	76%	67%
4.3	Were you treated well/very well in reception?	47%	72%	47%	45%
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?	41%	54%	41%	41%
4.4b	Loss of property?	17%	20%	17%	17%
4.4c	Feeling scared?	22%	28%	22%	19%
4.4d	Gang problems?	64%	43%	64%	65%
4.4e	Contacting family?	44%	57%	44%	45%
4.4f	Money worries?	12%	18%	12%	11%
4.4g	Feeling worried/upset/needing someone to talk to?	32%	33%	32%	26%
4.4h	Health problems?	50%	56%	50%	45%
4.4i	Getting phone numbers?	34%	41%	34%	34%
4.5	Did you have any problems when you first arrived?	74%	74%	74%	71%
When you first arrived, did you have problems with any of the following:					
4.5a	Not being able to smoke?	33%	49%	33%	36%
4.5b	Loss of property?	14%	11%	14%	8%
4.5c	Feeling scared?	5%	10%	5%	10%
4.5d	Gang problems?	27%	12%	27%	26%
4.5e	Contacting family?	27%	30%	27%	26%
4.5f	Money worries?	18%	14%	18%	21%
4.5g	Feeling worried/upset/needing someone to talk to?	7%	11%	7%	13%
4.5h	Health problems?	12%	13%	12%	13%
4.5i	Getting phone numbers?	34%	26%	34%	32%
When you first arrived, were you given any of the following:					
4.6a	Toiletries/basic items?	81%	78%	81%	79%
4.6b	The opportunity to have a shower?	24%	53%	24%	31%
4.6c	Something to eat?	79%	83%	79%	82%
4.6d	A free phone call to friends/family?	81%	79%	81%	81%
4.6e	PIN phone credit?	56%	61%	56%	56%
4.6f	Information about feeling worried/upset?	23%	34%	23%	25%

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

Key to tables

		HMYOI Feltham 2014	Young people's comparator	HMYOI Feltham 2014	HMYOI Feltham Dec 2013
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		132	575	132	163
Within your first 24 hours, did you have access to the following people or services:					
4.7a	A chaplain?	30%	52%	30%	34%
4.7b	A peer mentor?	6%	16%	6%	9%
4.7c	Childline/Samaritans	11%	21%	11%	18%
4.7d	The prison shop/canteen?	12%	12%	12%	10%
4.8	Before you were locked up on your first night, were you seen by a doctor or nurse?	52%	70%	52%	60%
4.9	Did you feel safe on your first night here?	75%	81%	75%	69%
4.10	For those who have been on an induction course: did it cover everything you needed to know about the establishment	44%	65%	44%	55%
SECTION 5: DAILY LIFE AND RESPECT					
5.1	Can you normally have a shower every day if you want to?	77%	83%	77%	81%
5.2	Is your cell call bell normally answered within five minutes?	41%	34%	41%	47%
5.3	Do you find the food here good/very good?	9%	19%	9%	11%
5.4	Does the shop/canteen sell a wide enough variety of products?	37%	54%	37%	45%
5.5	Is it easy/very easy for you to attend religious services?	41%	60%	41%	41%
5.6	Do you feel your religious beliefs are respected?	60%	59%	60%	60%
Can you speak to:					
5.7	A chaplain of your faith in private?	69%	71%	69%	60%
5.8	A peer mentor?	23%	37%	23%	25%
5.9	A member of the IMB (Independent Monitoring Board)?	30%	24%	30%	13%
5.10	An advocate (an outside person to help you)?	35%	51%	35%	36%
SECTION 6: RELATIONSHIPS WITH STAFF					
6.1	Do most staff treat you with respect?	55%	74%	55%	66%
6.2	If you had a problem, would you have no-one to turn to?	25%	23%	25%	20%
6.3	Have staff checked on you personally in the last week to see how you are getting on?	27%	42%	27%	31%
For those who have met their personal officer:					
6.4	Did you meet your personal (named) officer within the first week?	33%	44%	33%	36%
6.5	Do you see your personal (named) officer at least once a week?	52%	58%	52%	54%
6.6	Do you feel your personal (named) officer tries to help you?	53%	72%	53%	58%
SECTION 7: APPLICATIONS AND COMPLAINTS					
7.1	Is it easy to make an application?	56%	84%	56%	48%
For those who have made an application:					
7.2	Do you feel applications are sorted out fairly?	42%	76%	42%	44%
7.3	Do you feel applications are sorted out quickly (within 7 days)?	27%	65%	27%	23%

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

Key to tables

		HMYOI Feltham 2014	Young people's comparator	HMYOI Feltham 2014	HMYOI Feltham Dec 2013
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Number of completed questionnaires returned		132	575	132	163
7.4	Is it easy to make a complaint?	59%	58%	59%	43%
For those who have made a complaint:					
7.5	Do you feel complaints are sorted out fairly?	46%	43%	46%	26%
7.6	Do you feel complaints are sorted out quickly (within 7 days)?	30%	44%	30%	19%
7.7	Have you ever felt too scared or intimidated to make a complaint?	12%	8%	12%	12%
SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE					
8.1	Are you on the enhanced (top) level of the reward scheme?	18%	30%	18%	16%
8.2	Have you been treated fairly in your experience of the reward scheme?	32%	55%	32%	38%
8.3	Do the different levels make you change your behaviour?	35%	52%	35%	40%
8.4	Have you had a minor report since you have been here?	30%	57%	30%	25%
For those who have had a minor report:					
8.5	Was the process explained clearly to you?	64%	82%	64%	61%
8.6	Have you had an adjudication ('nicking') since you have been here?	67%	64%	67%	53%
For those who have had an adjudication ('nicking'):					
8.7	Was the process explained clearly to you?	78%	87%	78%	79%
8.8	Have you been physically restrained (Cand R) since you have been here?	57%	36%	57%	42%
8.9	For those who had spent a night in the care and separation unit: did the staff treat you well/very well?	20%	49%	20%	20%
SECTION 9: SAFETY					
9.1	Have you ever felt unsafe here?	33%	26%	33%	34%
9.2	Do you feel unsafe now?	10%	9%	10%	13%
9.4	Have you ever been victimised by other young people here?	21%	21%	21%	20%
Since you have been here, have other young people:					
9.5a	Made insulting remarks about you, your family or friends?	12%	11%	12%	7%
9.5b	Hit, kicked or assaulted you?	8%	7%	8%	8%
9.5c	Sexually abused you?	0%	0%	0%	0%
9.5d	Threatened or intimidated you?	6%	8%	6%	8%
9.5e	Taken your canteen/property?	1%	3%	1%	4%
9.5f	Victimised you because of medication?	1%	0%	1%	1%
9.5g	Victimised you because of debt?	0%	2%	0%	1%
9.5h	Victimised you because of drugs?	0%	2%	0%	1%
9.5i	Victimised you because of your race or ethnic origin?	3%	2%	3%	1%
9.5j	Victimised you because of your religion/religious beliefs?	1%	1%	1%	2%
9.5k	Victimised you because of your nationality?	1%	2%	1%	2%

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

Key to tables

		HMYOI Feltham 2014	Young people's comparator	HMYOI Feltham 2014	HMYOI Feltham Dec 2013
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Number of completed questionnaires returned		132	575	132	163
9.5l	Victimised you because you were from a different part of the country?	3%	2%	3%	2%
9.5m	Victimised you because you are from a Traveller community?	1%	0%	1%	0%
9.5n	Victimised you because of your sexual orientation?	0%	1%	0%	0%
9.5o	Victimised you because of your age?	0%	0%	0%	1%
9.5p	Victimised you because you have a disability?	1%	1%	1%	1%
9.5q	Victimised you because you were new here?	4%	5%	4%	5%
9.5r	Victimised you because of your offence/crime?	0%	2%	0%	4%
9.5s	Victimised you because of gang related issues?	5%	4%	5%	7%
9.7	Have you ever been victimised by a member of staff here?	33%	22%	33%	27%
Since you have been here, have staff:					
9.8a	Made insulting remarks about you, your family or friends?	18%	11%	18%	18%
9.8b	Hit, kicked or assaulted you?	8%	3%	8%	7%
9.8c	Sexually abused you?	1%	0%	1%	0%
9.8d	Threatened or intimidated you?	11%	3%	11%	3%
9.8e	Taken your canteen/property?	8%	2%	8%	3%
9.8f	Victimised you because of medication?	0%	1%	0%	2%
9.8g	Victimised you because of debt?	0%	0%	0%	1%
9.8h	Victimised you because of drugs?	0%	1%	0%	2%
9.8i	Victimised you because of your race or ethnic origin?	5%	3%	5%	6%
9.8j	Victimised you because of your religion/religious beliefs?	6%	2%	6%	5%
9.8k	Victimised you because of your nationality?	2%	2%	2%	6%
9.8k	Victimised you because you were from a different part of the country?	2%	2%	2%	2%
9.8m	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
9.8n	Victimised you because of your sexual orientation?	0%	0%	0%	2%
9.8o	Victimised you because of your age?	1%	1%	1%	2%
9.8p	Victimised you because you have a disability?	0%	1%	0%	3%
9.8q	Victimised you because you were new here?	6%	2%	6%	5%
9.8r	Victimised you because of your offence/crime?	3%	1%	3%	3%
9.8s	Victimised you because of gang related issues?	1%	1%	1%	3%
9.8t	Victimised you because you made a complaint?	6%	5%	6%	5%
9.10	If you were being victimised, would you tell a member of staff?	18%	29%	18%	22%
9.11	Do you think staff would take it seriously if you told them you had been victimised?	20%	34%	20%	24%
9.12	Is shouting through the windows a problem here?	27%	35%	27%	29%

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

Key to tables

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Number of completed questionnaires returned		132	575	132	163
SECTION 10: HEALTH SERVICES					
10.1a	Is it easy for you to see the doctor?	32%	64%	32%	36%
10.1b	Is it easy for you to see the nurse?	48%	73%	48%	50%
10.1c	Is it easy for you to see the dentist?	17%	42%	17%	21%
10.2	For those who have been to health services: Do you think the overall quality is good/very good?	20%	62%	20%	29%
10.3	If you are taking medication, are you allowed to keep some/all of it in your cell?	52%	55%	52%	42%
10.4	Do you have any emotional or mental health problems?	15%	25%	15%	15%
10.5	If you have emotional or mental health problems, are you being helped by anyone here?	44%	71%	44%	41%
10.6	Did you have any problems with alcohol when you first arrived?	3%	10%	3%	4%
10.7	Have you received any help with any alcohol problems here?	2%	6%	2%	2%
10.8	Did you have any problems with drugs when you first arrived?	23%	40%	23%	18%
10.9	Do you have a problem with drugs now?	6%	8%	6%	5%
10.10	Have you received any help with any drug problems here?	11%	26%	11%	8%
10.11	Is it easy/very easy to get illegal drugs here?	10%	17%	10%	8%
SECTION 11: ACTIVITIES					
11.1	Were you 14 or younger when you were last at school?	32%	41%	32%	34%
11.2	Have you ever been excluded from school?	79%	91%	79%	79%
11.3	Did you ever skip school before you came into custody?	63%	80%	63%	63%
Do you currently take part in any of the following:					
11.4a	Education?	59%	80%	59%	62%
11.4b	A job in this establishment?	15%	35%	15%	14%
11.4c	Vocational or skills training?	6%	20%	6%	7%
11.4d	Offending behaviour programmes?	3%	23%	3%	10%
11.4e	Nothing	29%	10%	29%	25%
For those who have taken part in the following activities while in this establishment, do you think that they will help you when you leave prison:					
11.5a	Education?	39%	70%	39%	47%
11.5b	A job in this establishment?	37%	55%	37%	48%
11.5c	Vocational or skills training?	31%	55%	31%	38%
11.5d	Offending behaviour programmes?	22%	57%	22%	31%
11.6	Do you usually have association every day?	83%	64%	83%	79%
11.7	Can you usually go outside for exercise every day?	76%	53%	76%	74%
11.8	Do you go to the gym more than five times each week?	4%	16%	4%	1%
SECTION 12: KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
12.1	Are you able to use the telephone every day?	75%	84%	75%	82%

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12.2	Have you had any problems with sending or receiving letters or parcels?	47%	38%	47%	45%
12.3	Do you usually have one or more visits per week from family and friends?	41%	39%	41%	33%
12.4	Is it easy/very easy for your family and friends to visit you here?	31%	35%	31%	39%
12.5	Do your visits start on time?	23%	45%	23%	30%
SECTION 13: PREPARATION FOR RELEASE					
Do you think you will have a problem with the following, when you are released:					
13.1a	Finding accommodation?	25%	25%	25%	29%
13.1b	Getting into school or college?	35%	29%	35%	31%
13.1c	Getting a job?	51%	54%	51%	50%
13.1d	Money/finances?	38%	38%	38%	37%
13.1e	Claiming benefits?	10%	21%	10%	17%
13.1f	Continuing health services?	3%	9%	3%	6%
13.1g	Opening a bank account?	10%	15%	10%	17%
13.1h	Avoiding bad relationships?	12%	16%	12%	14%
13.2	Do you have a training plan, sentence plan or remand plan?	25%	53%	25%	31%
For those with a training plan, sentence plan or remand plan:					
13.3	Were you involved in the development of your plan?	81%	83%	81%	76%
13.4	Do you understand the targets set in your plan?	91%	94%	91%	94%
13.5	Do you have a caseworker here?	93%	84%	93%	80%
13.6	Has your caseworker helped to prepare you for release?	29%	52%	29%	27%
For those with a social worker:					
13.7	Has your social worker been to visit you since you have been here?	79%	68%	79%	64%
13.8	Have you had a say in what will happen to you when you are released?	33%	42%	33%	31%
Do you know who to contact for help with the following problems?					
13.9a	Finding accommodation	30%	30%	30%	22%
13.9b	Getting into school or college	30%	29%	30%	22%
13.9c	Getting a job	28%	34%	28%	25%
13.9d	Help with money/finances	22%	23%	22%	15%
13.9e	Help with claiming benefits	14%	18%	14%	12%
13.9f	Continuing health services	11%	15%	11%	10%
13.9g	Opening a bank account	10%	19%	10%	13%
13.9h	Avoiding bad relationships	10%	17%	10%	10%
For those who were sentenced:					
13.11	Do you want to stop offending?	89%	92%	89%	90%
13.12	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future	48%	50%	48%	49%

Safety comparator - internal use only



Survey responses from children and young people:
HMYOI Feltham 2014

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.

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Number of completed questionnaires returned		41	85
SECTION 1: ABOUT YOU			
1.1	Are you 18 years of age?	10%	16%
1.2	Are you a foreign national?	8%	4%
1.3	Do you understand spoken English?	98%	100%
1.4	Do you understand written English?	98%	99%
1.5	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other category.)	75%	72%
1.6	Are you Muslim?	42%	31%
1.7	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	6%
1.8	Do you have any children?	6%	3%
1.9	Do you consider yourself to have a disability?	18%	5%
1.10	Have you ever been in local authority care?	35%	31%
SECTION 2: ABOUT YOUR SENTENCE			
2.1	Are you sentenced?	52%	61%
2.2	Is your sentence 12 months or less?	27%	35%
2.3	Have you been in this establishment for one month or less?	10%	9%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	67%	57%
SECTION 3: COURTS, TRANSFERS AND ESCORTS			
On your most recent journey here:			
3.1	Did you feel safe?	65%	88%
3.2	Did you travel with any adults (over 18) or a mix of males and females?	58%	36%
3.3	Did you spend more than 4 hours in the van?	2%	3%
3.6	Were you treated well/very well by the escort staff?	39%	46%
3.7	Before you arrived, did you receive any helpful information to help you prepare for coming here?	2%	10%
SECTION 4: YOUR FIRST FEW DAYS HERE			
4.1	Were you in reception for less than 2 hours?	83%	93%
4.2	When you were searched, was this carried out in a respectful way?	62%	83%
4.3	Were you treated well/very well in reception?	32%	55%
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?	41%	40%
4.4b	Loss of property?	16%	18%

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Number of completed questionnaires returned		41	85
4.4c	Feeling scared?	18%	23%
4.4d	Gang problems?	64%	64%
4.4e	Contacting family?	39%	48%
4.4f	Money worries?	2%	17%
4.4g	Feeling worried/upset/needing someone to talk to?	26%	35%
4.4h	Health problems?	54%	48%
4.4i	Getting phone numbers?	34%	36%
4.5	Did you have any problems when you first arrived?	89%	68%
When you first arrived, did you have problems with any of the following:			
4.5a	Not being able to smoke?	46%	27%
4.5b	Loss of property?	19%	10%
4.5c	Feeling Scared?	15%	0%
4.5d	Gang Problems?	29%	27%
4.5e	Contacting Family?	48%	17%
4.5f	Money worries?	25%	14%
4.5g	Feeling worried/upset/needing someone to talk to?	19%	1%
4.5h	Health problems?	19%	9%
4.5i	Getting phone numbers?	48%	25%
When you first arrived, were you given any of the following:			
4.6a	Toiletries/basic items?	77%	83%
4.6b	The opportunity to have a shower?	27%	22%
4.6c	Something to eat?	79%	79%
4.6d	A free phone call to friends/family?	74%	84%
4.6e	PIN phone credit?	40%	63%
4.6f	Information about feeling worried/upset?	16%	25%
Within your first 24 hours, did you have access to the following people or services:			
4.7a	A chaplain?	26%	32%
4.7b	A peer mentor?	6%	6%
4.7c	Childline/Samaritans	8%	11%
4.7d	The prison shop/canteen?	18%	10%
4.8	Before you were locked up on your first night, were you seen by a doctor or nurse?	37%	60%
4.9	Did you feel safe on your first night here?	46%	90%
SECTION 5: DAILY LIFE AND RESPECT			
5.1	Can you normally have a shower every day if you want to?	68%	82%
5.2	Is your cell call bell normally answered within five minutes?	29%	47%
5.3	Do you find the food here good/very good?	6%	10%
5.4	Does the shop/canteen sell a wide enough variety of products?	33%	38%

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Number of completed questionnaires returned		41	85
5.5	Is it easy/very easy for you to attend religious services?	29%	47%
5.6	Do you feel your religious beliefs are respected?	56%	62%
Can you speak to:			
5.7	A Chaplain of your faith in private?	71%	69%
5.8	A peer mentor?	17%	25%
5.9	A member of the IMB (Independent Monitoring Board)?	29%	30%
5.10	An advocate (an outside person to help you)?	29%	38%
SECTION 6: RELATIONSHIPS WITH STAFF			
6.1	Do most staff treat you with respect?	48%	59%
6.2	If you had a problem, would you have no-one to turn to?	30%	22%
6.3	Have staff checked on you personally in the last week to see how you are getting on?	15%	34%
SECTION 7: APPLICATIONS AND COMPLAINTS			
7.1	Is it easy to make an application?	43%	63%
7.4	Is it easy to make a complaint?	42%	68%
7.7	Have you ever felt too scared or intimidated to make a complaint?	25%	6%
SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE			
8.1	Are you on the enhanced (top) level of the reward scheme?	16%	19%
8.2	Have you been treated fairly in your experience of the reward scheme?	20%	38%
8.3	Do the different levels make you change your behaviour?	35%	37%
8.4	Have you had a minor report since you have been here?	42%	24%
8.6	Have you had an adjudication ('nicking') since you have been here?	75%	64%
8.8	Have you been physically restrained (Cand R) since you have been here?	64%	54%
SECTION 9: SAFETY			
9.2	Do you feel unsafe now?	32%	0%
9.4	Have you ever been victimised by other young people here?	40%	12%
Since you have been here, have other young people:			
9.5a	Made insulting remarks about you, your family or friends?	28%	5%
9.5b	Hit, kicked or assaulted you?	12%	6%
9.5c	Sexually abused you?	0%	0%
9.5d	Threatened or intimidated you?	16%	1%
9.5e	Taken your canteen/property?	2%	0%
9.5f	Victimised you because of medication?	2%	0%
9.5g	Victimised you because of debt?	0%	0%
9.5h	Victimised you because of drugs?	0%	0%
9.5i	Victimised you because of your race or ethnic origin?	8%	0%
9.5j	Victimised you because of your religion/religious beliefs?	2%	0%
9.5k	Victimised you because of your nationality?	2%	0%

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Number of completed questionnaires returned		41	85
9.5l	Victimised you because you were from a different part of the country?	8%	0%
9.5m	Victimised you because you are from a Traveller community?	2%	0%
9.5n	Victimised you because of your sexual orientation?	0%	0%
9.5o	Victimised you because of your age?	0%	0%
9.5p	Victimised you because you have a disability?	2%	0%
9.5q	Victimised you because you were new here?	12%	0%
9.5r	Victimised you because of your offence/crime?	0%	0%
9.5s	Victimised you because of gang related issues?	10%	3%
9.7	Have you ever been victimised by a member of staff here?	44%	28%
Since you have been here, have staff:			
9.8a	Made insulting remarks about you, your family or friends?	27%	13%
9.8b	Hit, kicked or assaulted you?	10%	8%
9.8c	Sexually abused you?	2%	0%
9.8d	Threatened or intimidated you?	17%	9%
9.8e	Taken your canteen/property?	12%	6%
9.8f	Victimised you because of medication?	0%	0%
9.8g	Victimised you because of debt?	0%	0%
9.8h	Victimised you because of drugs?	0%	0%
9.8i	Victimised you because of your race or ethnic origin?	6%	5%
9.8j	Victimised you because of your religion/religious beliefs?	8%	5%
9.8k	Victimised you because of your nationality?	2%	1%
9.8k	Victimised you because you were from a different part of the country?	2%	1%
9.8m	Victimised you because you are from a Traveller community?	2%	0%
9.8n	Victimised you because of your sexual orientation?	0%	0%
9.8o	Victimised you because of your age?	2%	0%
9.8p	Victimised you because you have a disability?	0%	0%
9.8q	Victimised you because you were new here?	8%	6%
9.8r	Victimised you because of your offence/crime?	2%	3%
9.8s	Victimised you because of gang related issues?	2%	0%
9.8t	Victimised you because you made a complaint?	8%	6%
9.10	If you were being victimised, would you tell a member of staff?	23%	16%
9.11	Do you think staff would take it seriously if you told them you had been victimised?	20%	21%
9.12	Is shouting through the windows a problem here?	42%	20%
SECTION 10: HEALTH SERVICES			
10.1a	Is it easy for you to see the doctor?	28%	35%
10.1b	Is it easy for you to see the nurse?	48%	49%
10.1c	Is it easy for you to see the dentist?	14%	18%
10.4	Do you have any emotional or mental health problems?	26%	9%

Safety comparator - internal use only

Key to tables

	Any percentage highlighted in green is significantly better	Young people who have ever felt unsafe	Young people who have never felt unsafe
	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		41	85
10.6	Did you have any problems with alcohol when you first arrived?	2%	3%
10.7	Have you received any help with any alcohol problems here?	0%	3%
10.8	Did you have any problems with drugs when you first arrived?	31%	19%
10.9	Do you have a problem with drugs now?	10%	4%
10.10	Have you received any help with any drug problems here?	13%	10%
10.11	Is it easy/very easy to get illegal drugs here?	21%	5%
SECTION 11: ACTIVITIES			
11.1	Were you 14 or younger when you were last at school?	31%	34%
11.2	Have you ever been excluded from school?	80%	79%
11.3	Did you ever skip school before you came into custody?	69%	61%
Do you currently take part in any of the following:			
11.4a	Education?	59%	60%
11.4b	A job in this establishment?	16%	16%
11.4c	Vocational or skills training?	6%	6%
11.4d	Offending behaviour programmes?	6%	3%
11.4e	Nothing	28%	28%
11.6	Do you usually have association every day?	71%	88%
11.7	Can you usually go outside for exercise every day?	54%	87%
11.8	Do you go to the gym more than five times each week?	2%	5%
SECTION 12: KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
12.1	Are you able to use the telephone every day?	53%	86%
12.2	Have you had any problems with sending or receiving letters or parcels?	64%	39%
12.3	Do you usually have one or more visits per week from family and friends?	43%	41%
12.4	Is it easy/very easy for your family and friends to visit you here?	22%	35%
12.5	Do your visits start on time?	20%	22%
SECTION 13: PREPARATION FOR RELEASE			
Do you think you will have a problem with the following, when you are released:			
13.1a	Finding accommodation?	34%	22%
13.1b	Getting into school or college?	62%	23%
13.1c	Getting a job?	71%	41%
13.1d	Money/finances?	55%	30%
13.1e	Claiming benefits?	23%	5%
13.1f	Continuing health services?	7%	3%
13.1g	Opening a bank account?	20%	5%
13.1h	Avoiding bad relationships?	18%	10%
13.2	Do you have a training plan, sentence plan or remand plan?	23%	26%
13.5	Do you have a caseworker here?	87%	96%
13.8	Have you had a say in what will happen to you when you are released?	23%	36%

Diversity analysis



Key question responses (local authority care analysis) HMYOI Feltham 2014

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	Young people who have been in local authority care	Young people who have not been in local authority care
	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		41	85
1.2	Are you a foreign national?	6%	4%
1.3	Do you understand spoken English?	100%	100%
1.4	Do you understand written English?	98%	100%
1.5	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	71%	77%
1.6	Are you Muslim?	29%	38%
1.5	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	6%
1.9	Do you consider yourself to have a disability?	12%	7%
2.1	Are you sentenced?	60%	53%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	25%	76%
3.2	Did you travel with any adults (over 18) or a mix of males and females?	39%	41%
3.6	Were you treated well/very well by the escort staff?	47%	43%
3.7	Before you arrived, did you receive any helpful information to help you prepare for coming here?	8%	8%
4.2	When you were searched, was this carried out in a respectful way?	80%	75%
4.3	Were you treated well/very well in reception?	44%	48%
4.8	Before you were locked up on your first night, were you seen by a doctor or nurse?	57%	49%
4.9	Did you feel safe on your first night here?	78%	73%
5.1	Can you normally have a shower every day if you want to?	80%	78%
5.2	Is your cell call bell normally answered within five minutes?	36%	46%
5.3	Do you find the food here good/very good?	8%	9%
5.4	Does the shop/canteen sell a wide enough variety of products?	47%	32%
5.6	Do you feel your religious beliefs are respected?	58%	62%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Young people who have been in local authority care	Young people who have not been in local authority care
	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		
Can you speak to:			
5.7	A chaplain of your faith in private?	75%	71%
5.8	A peer mentor?	28%	22%
5.9	A member of the IMB (Independent Monitoring Board)?	35%	27%
5.10	An advocate (an outside person to help you)?	39%	33%
6.1	Do most staff treat you with respect?	46%	62%
6.2	If you had a problem, would you have no-one to turn to?	26%	24%
7.1	Is it easy to make an application?	57%	57%
7.4	Is it easy to make a complaint?	58%	59%
8.1	Are you on the enhanced (top) level of the reward scheme?	8%	22%
8.2	Have you been treated fairly in your experience of the reward scheme?	32%	31%
8.3	Do the different levels make you change your behaviour?	21%	44%
8.4	Have you had a minor report since you have been here?	46%	22%
8.6	Have you had an adjudication ('nicking') since you have been here?	77%	62%
8.8	Have you been physically restrained (C and R) since you have been here?	69%	49%
9.1	Have you ever felt unsafe here?	36%	32%
9.2	Do you feel unsafe now?	19%	6%
9.4	Have you been victimised by other young people here?	20%	21%
Since you have been here, have other young people:			
9.5d	Threatened or intimidated you?	8%	5%
9.5i	Victimised you because of your race or ethnic origin?	6%	1%
9.5j	Victimised you because of your religion/religious beliefs?	0%	1%
9.5k	Victimised you because of your nationality?	0%	1%
9.5p	Victimised you because you have a disability?	0%	1%
9.7	Have you been victimised by staff here?	52%	23%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Young people who have been in local authority care	Young people who have not been in local authority care
	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		
Since you have been here, have staff:			
9.8d	Threatened or intimidated you?	27%	5%
9.8i	Victimised you because of your race or ethnic origin?	6%	3%
9.8j	Victimised you because of your religion/religious beliefs?	10%	3%
9.8k	Victimised you because of your nationality?	2%	1%
9.8p	Victimised you because you have a disability?	0%	0%
9.10	If you were being victimised, would you tell a member of staff?	32%	12%
9.11	Do you think staff would take it seriously if you told them you had been victimised?	10%	27%
10.1a	Is it easy/very easy for you to see the doctor?	47%	27%
10.1b	Is it easy/very easy for you to see the nurse?	58%	42%
10.4	Do you feel you have any emotional or mental health problems?	22%	10%
Do you currently take part in any of the following:			
11.4a	Education?	49%	65%
11.4b	A job in this establishment?	11%	18%
11.4c	Vocational or skills training?	2%	6%
11.4d	Offending behaviour programmes?	2%	4%
11.4e	Nothing?	43%	21%
11.6	Do you usually have association every day?	77%	86%
11.7	Can you usually go outside for exercise every day?	77%	77%
11.8	Do you go to the gym more than five times each week?	2%	5%
12.1	Are you able to use the telephone every day?	77%	77%
12.2	Have you had any problems with sending or receiving letters or parcels?	49%	46%
12.3	Do you usually have one or more visits per week from family and friends?	31%	48%
13.2	Do you have a training plan, sentence plan or remand plan?	24%	25%
13.8	Have you had a say in what will happen to you when you are released?	32%	32%