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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMYOI Werrington holds around 100 boys aged between 15 and 18. The establishment was last inspected in February 2017. On this occasion, in January 2018, we found not only that standards had been maintained, but that in the area of respect they had improved and now merited our highest assessment of 'good'. By any standards this was a good inspection, and showed what could be achieved in an area of custody that has drawn considerable adverse comment in recent times, not least from this inspectorate. Much of the progress that had been made had come about as the result of good partnership working with other bodies, including in education, health and the voluntary sector. It was also particularly pleasing to note the very positive response to previous inspection recommendations.

The inspection very quickly established that the overriding culture at Werrington was one of incentive rather than punishment. This was reality, not merely an aspiration, and the leadership and staff deserved much credit for having the determination to deliver it. This was in stark contrast to what we see all too often at other establishments, where a negative cycle of punishment and restriction is pursued as the preferred means of behaviour management. During the inspection we observed good relationships between staff and children.

Our major concerns were around the levels of violence, which had risen since the last inspection and were too high. There had been a significant increase from some 142 incidents in the six months prior to the last inspection to 206 incidents in the period leading up to this one. There had been a concomitant increase in the use of force, and in light of all this it was disappointing that body-worn video cameras were underused. Nevertheless, there were good initiatives in place to tackle the violence, and early indications were that they were having a positive effect. The ambition was to make the young offender institution (YOI) safer, but not at the expense of the regime. These efforts are detailed in this report.

The improvement in the area of respect – which was 'reasonably good' at the previous inspection but was now assessed as 'good' – is creditable. It is worthy of note that the failure to implement a previous inspection recommendation designed to improve separation and the regime on the residential units was not the fault of the institution but rather of delays by contractors in carrying out works.

It was pleasing to note some very good work taking place in the area of resettlement. In particular, there was imaginative use of release on temporary licence (ROTL), which was to be commended. There was also a proactive casework team that worked with partners to address offending behaviour and meet other resettlement needs.

In conclusion, it is pleasing to be able to publish a very positive report about a YOI. The inspectorate always welcomes good practice being identified and promulgated, which is why we have gone to particular lengths in this report to do so. Nevertheless, it is clear that if the progress that has been made at Werrington is to be consolidated and maintained, there needs to be a continued and unwavering focus on reducing the violence that is the major threat to its continuing stability and success.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

March 2018

Fact page

Task of the establishment

Establishment for sentenced and remanded boys aged 15 to 18 years

Establishment status

Public

Region/Department

Youth Custody Service

Number held

98

Certified normal accommodation

118

Operational capacity

118

Date of last full inspection

February 2017

Brief history

The establishment opened in 1895 as an industrial school and was subsequently purchased by the Prison Commissioners in 1955. Two years later it opened as a senior detention centre. Following the implementation of the Criminal Justice Act 1982 it converted to a youth custody centre in 1985 and in 1988 became a dedicated juvenile centre (15-18 year olds) with secure accommodation for those serving a detention and training order. Young people serving extended sentences under Section 91 of the Criminal Justice Act and remanded young people are also held at Werrington.

Short description of residential units

Doulton unit (A and B Wings): main accommodation

Denby unit (C Wing): first night/induction and enhanced unit

Care and support unit: eight cells (segregation)

Name of governor

Peter Gormley

Escort contractor

GeoAmey

Health service providers

Care UK

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Time For Teeth

Learning and skills providers

Novus

Independent Monitoring Board chair

Sally Osborne-Town

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, immigration detention facilities and police custody.
- 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 include a summary of an establishment's performance against the model of a healthy prison. The four tests of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | children and young people, particularly the most vulnerable, are held safely |
| Respect | children and young people are treated with respect for their human dignity |
| Purposeful activity | children and young people are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | children and young people are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- A4 Under each test, we make an assessment of outcomes for children and young people and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed nationally.
- **outcomes for children and young people are good against this healthy prison test.**
There is no evidence that outcomes for children and young people are being adversely affected in any significant areas.
 - **outcomes for children and young people are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for children and young people in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for children and young people are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for children and young people are being adversely affected in many areas or particularly in those areas of greatest importance to their well-being. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for children and young people are poor against this healthy prison test.**

There is evidence that the outcomes for children and young people are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for children and young people. 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
- **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 children and young people.

A6 Five key sources of evidence are used by inspectors: observation; children and young people surveys; discussions with children and young people; 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.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A9 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 children and young people and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the establishment population profile can be found in Appendices I and IV respectively.

A11 Findings from the survey of children and young people and a detailed description of the survey methodology can be found in Appendix V 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 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Boys were positive about their early days at Werrington and our findings supported this view. Safeguarding and child protection arrangements were good and support for boys at risk of self-harm was also good. The increased number of violent incidents was a significant concern and affected outcomes for many boys. Managers had implemented a range of measures to address this, including a case management approach to antisocial behaviour and violence. The use of conflict resolution remained effective. Behaviour management was focused appropriately on reward and motivating positive behaviour. The rise in violence had led to increased use of force, adjudications and segregation. While governance of use of force and adjudications was effective, oversight of segregation needed to improve to ensure that all segregated boys received a decent regime. Substance misuse services remained good. **Outcomes for children and young people were reasonably good against this healthy prison test.***

S2 *At the last inspection in February 2017, we found that outcomes for children and young people in Werrington were reasonably good against this healthy prison test. We made 15 recommendations about safety. At this follow-up inspection we found that nine of the recommendations had been achieved, three had been partially achieved and three had not been achieved.*

S3 Most journeys took less than two hours, but many boys did not arrive until the evening following unacceptable delays at court. The reception area remained a relaxed and welcoming environment and we observed some excellent examples of care shown by staff of all disciplines towards boys on arrival. First night accommodation was clean with suitably equipped cells. The induction programme started promptly and on completion boys moved to main accommodation on the enhanced level of privileges. Despite a mostly positive experience during early days, some boys could spend too long locked in cells.

S4 Safeguarding and child protection procedures were well established, including good links with the local authority and the local safeguarding children's board. The weekly safeguarding meeting was a good, multidisciplinary forum for discussion of more challenging, complex or vulnerable boys. Child protection matters were dealt with promptly, including consultation and referral to the local authority.

S5 The number of self-harm incidents and ACCT² documents was similar to the last inspection. No boys had required hospital treatment following self-harm in the previous year. All boys subject to ACCT case management were discussed at the weekly safeguarding meeting, which was good. Where necessary, this included discussion of the support needed when ACCTs were closed. Attendance at ACCT reviews was appropriate and care planning was based on need. Duty governors carried out daily quality assurance of ACCTs and any weaknesses identified were followed up by the safeguarding team. Most boys on ACCTs had good access to the regime but a few spent too long locked up with little to occupy them.

S6 The number of violent incidents had increased significantly since the last inspection and was too high. Although most incidents were at a low level, some were serious and involved multiple assailants and weapons. A case work approach was developing to help change a range of antisocial behaviour. Early signs were positive but some new systems were not yet embedded. Well attended weekly safeguarding meetings helped to direct work with

² Assessment, care in custody and teamwork cases management of boys at risk of suicide or self-harm.

perpetrators and victims of violence to good effect. Support for victims of violence had significantly improved and was particularly good. All incidents were investigated thoroughly and an impressive team of trained officers facilitated conflict resolution.

- S7 Behaviour management procedures remained focused on motivating positive behaviour and were well managed. The innovative use of merit awards was having a positive effect on behaviour and was applied consistently. Poor behaviour was challenged effectively and disciplinary procedures were fair. Incentives and earned privileges were child focused and used strategically to help encourage good behaviour. The planned introduction of the Diamond unit to encourage community focused behaviour was a positive step.
- S8 The prison's security was supported by good relationships between staff and boys. Links between security and safeguarding teams were particularly strong and risk management systems were well integrated and effective.
- S9 Use of force had increased since the previous inspection. In the cases that we reviewed force was used proportionately, often to prevent an escalation of violence. Local governance arrangements were effective with good levels of external scrutiny, although body-worn video cameras were underused.
- S10 Use of segregation had increased since the last inspection. Living conditions in the care and separation unit were good and reintegration planning was well developed. Relationships between staff and boys were good but the regime required improvement. The management of boys segregated on B2 landing was poor. The regime was impoverished and there was not enough in place to mitigate the harmful effects of long periods of isolation.
- S11 Psychosocial support for boys with substance misuse issues remained good and was well integrated with other departments.

Respect

S12 *The standard of residential units had improved and boys had better access to showers and telephone calls. Relationships between staff and boys were generally good but the personal officer scheme was not effective enough to underpin behaviour management. The food had improved and most boys could eat together. Management of equality work had also improved and there was good support for some groups, although consultation arrangements required further development. The chaplaincy provision remained good. The complaints process was effective. Physical and mental health care was good. **Outcomes for children and young people were good against this healthy prison test.***

S13 *At the last inspection in February 2017, we found that outcomes for children and young people in Werrington were reasonably good against this healthy prison test. We made five recommendations about respect.³ At this follow-up inspection we found that two of the recommendations had been achieved, one had been partially achieved and two had not been achieved.*

S14 All accommodation had recently been repainted and showers had been refurbished so that boys could now shower each day. Most areas were clean and cells were adequately equipped. Boys could wear their own clothes and new clothing for poor weather had recently been provided. Most boys could access reasonably equipped association rooms,

³ This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 3, 2012), now appear under the healthy prison area of safety.

- many of which had telephones to assist with family contact; some facilities were appropriately linked to the incentives scheme. Significantly more boys than the comparator said it was easy to make an application, and most applications were dealt with promptly.
- S15 Most interactions between boys and staff were positive, and we saw examples of staff across all disciplines demonstrating patience and care. The personal officer scheme was rudimentary and limited to cell allocation. The lack of staff resources had undermined the planned introduction of the custody support plan and the lack of consistency in allocated time was a frustration to both boys and staff. The development of further peer support work was encouraging and consultation arrangements had improved.
- S16 The quality and quantity of food were adequate. Breakfast had been enhanced by the introduction of toast. Most boys could eat one meal together each day.
- S17 Managers and staff were encouraged to eat with boys to enhance good relationships, which was positive.
- S18 The strategic management of diversity had continued to develop and the involvement of senior managers as protected characteristic leads was stronger than previously. Support for foreign national boys and boys with disabilities or learning difficulties was good but variable for other groups. Consultation had been introduced but needed to be embedded to give boys from minority groups a consistent opportunity to raise issues of particular concern to them.
- S19 Diversity and equality action team meetings were held regularly and diversity issues were discussed at the monthly and quarterly safeguarding meetings. The majority of discrimination incident report forms were submitted by staff and often related to use of inappropriate language. Investigations into discrimination incidents were adequate. The chaplaincy delivered an appropriate range of services and classes and contributed to a range of multidisciplinary meetings. The team provided good pastoral support, not least to boys who would otherwise have had little time out of cell.
- S20 In our survey, 27% of boys said they felt too scared to make a complaint, an increase since the previous inspection. We did not find evidence to support this view; the number of complaints had increased and responses were good and subject to effective quality assurance.
- S21 Health care services remained good and were delivered by a dedicated and skilled staff group. Boys we spoke to were very satisfied with the quality of health care. Partnership working and clinical governance were effective. Boys had access to an appropriate range of primary care services within acceptable waiting times and external hospital appointments were rarely cancelled. Reception and subsequent health screening was comprehensive and completed promptly. Medicines management was particularly good and the health care unit was clean and well maintained. Dental provision was good, including oral health screening. Inclusion provided a good child and adolescent focused multidisciplinary mental health and substance misuse psychosocial service.

Purposeful activity

S22 *Time out of cell remained good for most boys. Access to evening activities had improved and was better than at other young offender institutions. Leadership and management of education remained good and vocational provision and opportunities for release on temporary licence (ROTL) had developed since the previous inspection. Teaching and learning remained mostly good, achievement rates had improved and were high in most subjects. Behaviour management was mostly good with an effective focus on rewarding positive behaviour. Outreach provision was not good enough to meet the needs of boys unable to attend mainstream education. Library and PE provision remained good.*
Outcomes for children and young people were reasonably good against this healthy prison test.

S23 *At the last inspection in February 2017, we found that outcomes for children and young people in Werrington were reasonably good against this healthy prison test. We made 12 recommendations about purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, three had been partially achieved and four had not been achieved.*

S24 Time out of cell for most boys continued to meet our expectations of at least 10 hours each day. However, a few boys segregated on normal location received far less than this. Our roll checks found 17% of boys locked up during the core day and 63% of boys accessing evening activities. These activities were appropriately timetabled to allow good access for boys on the silver and gold levels of the incentives and earned privileges scheme.

S25 Sufficient activity places were provided and the allocations process was very carefully planned to avoid potential conflicts between boys. Effective monitoring and prompt actions were taken to address any refusals to attend activities. However, movement to activities took too long and affected punctuality and activity time. Additional vocational training places included painting and decorating, multi-skills and vocational qualifications in the laundry. The merits rewards scheme was helping to improve behaviour through a positive reinforcement culture across the prison. Good quality and well monitored ROTL places had been used to provide education, training and employment opportunities for boys. Most boys receiving outreach support on wings only received a small proportion of the 15 hours' activity time they were entitled to and wing cleaners did not receive specialist training.

S26 English and mathematics were well integrated into vocational training. Useful and constructive feedback was provided by tutors about boys' written work. Particularly good use was made of learning support practitioners to help boys overcome individual barriers to learning. Teaching and learning were good with engaging vocational training sessions which boys enjoyed.

S27 Kinetic Youth workers promoted very effectively boys' understanding and awareness of personal, social and health topics. There was good attendance and improved punctuality to activities. Behaviour in most learning sessions was good but there was some low-level disruptive behaviour in some lessons.

S28 Qualification success rates had improved since the last inspection and were high. The development of customer service skills in the prison coffee shop was particularly good. Qualification success rates for English and mathematics at level 2 required further improvement.

S29 All boys had good access to gym facilities and gym staff were proactive in providing a range of activities, including ROTL opportunities, to encourage all boys to engage in exercise. However, the outdoor facilities still needed investment to facilitate use in inclement weather.

Resettlement

S30 *Management of resettlement was effective and had driven improvements since our previous inspection. The prison worked in partnership with community agencies to address boys' resettlement needs from the point of admission. Sentence and remand management was good, the casework team set meaningful targets and offered appropriate challenge to boys' attitudes when required. Review meetings were managed well, although attendance by some partner agencies was variable. Public protection processes were sound. Support for looked-after children from prison based social workers was good but this group continued to receive inconsistent support from local authorities. Release planning and pathways work were generally good. **Outcomes for children and young people were good against this healthy prison test.***

S31 *At the last inspection in February 2017, we found that outcomes for children and young people in Werrington were good against this healthy prison test. We made 12 recommendations about resettlement. At this follow-up inspection we found that eight of the recommendations had been achieved, two had been partially achieved and two had not been achieved.*

S32 The strategic management of resettlement remained good and responsive to changing needs. Resettlement services had improved and there were plans for continuing development. Useful links with community services, including several youth offending teams, had contributed to effective support for boys and a focus on resettlement needs early in their sentence.

S33 Assessments of boys' needs were mostly good. Boys who were vulnerable were identified, but there was not sufficient awareness of vulnerability to child sexual exploitation. Sentence management was effective, caseworkers knew the boys well and almost all boys knew what their targets were. Boys were positive about their caseworkers and levels of contact were good. Training planning meetings were focused and purposeful, but attendance by community agencies varied. We observed numerous examples of appropriate but sensitive challenge of boys' attitudes. Use of ROTL had increased since the last inspection, and there were a range of opportunities, some of which led to long-term employment. Support for looked-after children was good but, despite determined work by the social workers, some local authorities were not meeting their obligations to boys.

S34 Public protection arrangements were thorough and since the last inspection improvements had been made to ensure that MAPPA (multi-agency public protection arrangements) levels were set before release.

S35 All boys had release plans, and much thought was given to what would help the boys manage their first few weeks on release. Plans were targeted appropriately and boys were encouraged to think realistically about the support they would need.

S36 Despite continued efforts by case workers, some boys did not have a release address until a few days beforehand. Escalation processes were appropriate and used effectively. All boys could access an appropriate pre-release course in education and access to the virtual campus⁴ had improved. Planning for boys with health or substance use needs was good, with effective liaison and communication with youth offending teams and community services.

S37 Maintaining contact with families was given a high priority and caseworkers provided a critical link for parents. Work to support effective relationship building was developing well.

⁴ Internet access for prisoners to community education, training and employment opportunities.

The facilities for social and official visits remained unsuitable, despite work to make the area more attractive. The recent provision of play workers at weekend visits was good.

- S38 The range of interventions had increased since the last inspection and was appropriate to the needs of the population. Delivery of programmes had stalled because of staffing issues.

Main concern and recommendation

- S39 **Concern:** Levels of violence had increased since the last inspection and were too high.

Recommendation: Work should be undertaken to further identify and provide the support needed to help Werrington (and other young offender institutions) to address and reduce the consistently high levels of violence while continuing to deliver a full, constructive regime to the boys in their care. (Repeated recommendation S42)

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.

- I.1 Most boys said in our survey that they had felt safe on their most recent journey to the prison. Journeys were relatively short but lengthy delays at court meant that many did not arrive until the evening. The number of boys who travelled with adults had increased since the previous inspection, which was not acceptable.
- I.2 The escort vehicles that we looked at were clean and well equipped and prison managers conducted regular checks to identify any concerns. The prison and the escort contractor were to re-establish meetings to address any such concerns.
- I.3 Information sharing and handovers between escort and reception staff were good and boys alighted from vans promptly.

Recommendation

- I.4 **The escort contract should be reviewed to ensure children do not have lengthy delays at court once their case has finished and do not travel in escort vans with adults.** (Repeated recommendation I.3)

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.

- I.5 The purpose-built reception building remained clean and bright and created a welcoming atmosphere for boys. Comfortable chairs had been provided for boys to use while initial risk assessment interviews were conducted. This was a simple but effective method of enhancing the relaxed approach to new receptions or boys returning from court. We observed staff treating boys with respect and demonstrating high levels of care. This was reflected in our survey where 85% of boys said they had been treated well in reception against the comparator of 64%.
- I.6 First night procedures were conducted in reception and staff requested information from many sources on boys new to custody. Boys were offered a hot meal, drink and shower and received a health care screening and full risk assessment in reception. Some aspects of the risk assessment and management plan remained generic but we observed staff making further enquiries and welfare checks with individual boys. Additional information was sought by the case work unit and all risk assessment management plans were quality assured by a manager.

- I.7** Shortly before leaving reception, boys were offered a free telephone call and were provided with a free canteen pack which included toiletries, writing materials and food.
- I.8** All new arrivals spent their first week on C2 landing which was used for boys on the gold regime (see paragraph I.29) and as an induction area. Induction started the day after arrival and consisted of a series of modules covering key aspects of life at Werrington. New arrivals were encouraged to invite parents or carers to visit the prison to meet prison staff in the Barista so that any concerns could be allayed. Take up of this positive scheme was low.
- I.9** Most of the induction programme was conducted off unit but on the first full day, first night staff conducted interviews on C2. We found new arrivals spending lengthy periods in their cells despite the presence of sufficient staff to supervise unlock periods. This was not acceptable. Induction was usually completed within a week and most boys progressed to the enhanced level of privileges. Boys were then moved to the Doulton unit (see paragraph 2.1) following a risk assessment by security and safeguarding staff.

Recommendation

- I.10** **New arrivals should spend at least 10 hours out of cell a day.**

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.11** Werrington continued to have good links with the local authority and Staffordshire Safeguarding Children Board (SSCB). The young offender institution (YOI) safeguarding strategy had appropriate links to related SSCB policies. Two seconded social workers worked alongside the Werrington safeguarding team which took the lead on suicide and self-harm prevention, bullying and violence reduction, minimising and managing physical restraint (MMPR – see paragraph I.49), child protection and equality and diversity. Information sharing within the team and with other parts of the YOI was good. The daily safeguarding register was available to staff each morning. It contained useful information about boys on open or recently closed ACCT⁵ documents or support plans, boys who posed a particular risk or those who were segregated.
- I.12** A senior manager attended quarterly meetings of the SSCB. Werrington safeguarding meetings took place quarterly, monthly and weekly. Each meeting had a different focus. The quarterly meetings, which were attended by the local authority, focused on the strategic management of safeguarding, while the monthly meetings provided an operational overview. Attendance at the meetings was generally better than at the previous inspection, although some functions still attended inconsistently. A good range of data and analysis was provided to inform discussion.
- I.13** The weekly multi-agency safeguarding and health meetings discussed boys who were of the most concern, new arrivals and boys who had reached the age of 18. There was good attendance from across the establishment and discussions that we observed demonstrated

⁵ Assessment, care in custody and teamwork case management of boys at risk of suicide or self-harm.

good knowledge of the boys and clear decisions on their future management. Actions were followed up at the next meeting.

Child protection

Expected outcomes:

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

- I.14 Child protection procedures were clear. Staff knew how to raise concerns about a boy's welfare and most staff had received child protection training.
- I.15 The seconded social workers acted as the first point of contact for any child protection concerns and they referred any that required external scrutiny to the relevant local authority. Suitable arrangements were in place when the social workers were not on site and clear records were kept of actions taken. During the previous six months, 55 child protection concerns had been considered by the on-site social workers, of which 13 had been submitted to the local authority for investigation or consultation. The majority related to the use of force by staff and were dealt with promptly. However, one open case had been outstanding for several weeks following referral to a boy's home local authority after a disclosure of abuse at home. Four strategy meetings had been held in the previous six months. All referrals to the local authority and other issues raised with the social workers were reviewed quarterly with the local authority designated officer and safeguarding team managers.
- I.16 The social workers acted as appropriate adults for any boys who had police interviews while in custody. Good support was offered by the Barnardo's advocacy team, although access to confidential interviews was often compromised (see paragraph 2.33).

Recommendation

- I.17 **There should be a process to escalate child protection issues which are not dealt with promptly by the relevant local authority.**

Good practice

- I.18 *The on-site social workers ensured that boys had appropriate adult support during police interviews at Werrington.*

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.19 Formal information-sharing arrangements among departments, through the dedicated safeguarding team and the security department, were effective. Informal communication between staff and managers helped to identify incidents of bullying that had not been reported elsewhere.

- I.20** The supervision of boys when they were unlocked was good, and CCTV coverage provided further support across most areas. Residential staff remained alert to signs of bullying and regularly identified emerging issues, which they recorded in wing observation books and boys' electronic records. We saw officers taking appropriate action to deal with potential incidents before they developed.
- I.21** Formal support for victims of bullying had improved. There were individual support plans, and the weekly multidisciplinary safeguarding meeting provided further support for the most vulnerable.
- I.22** While opportunities for bullying remained evident, staff challenged intimidating behaviour more consistently than at the last inspection. In our survey, only 15% of respondents said that they felt unsafe now and only 9% said they felt threatened or intimidated, but a third said that they had been victimised by other boys at some time. Abusive and threatening shouting out of windows and cell doors had reduced but remained a significant problem, especially at night.

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.23** Governance of self-harm procedures was overseen by the safeguarding team. The more vulnerable boys, including those at risk of suicide and self-harm, continued to be discussed at the weekly safeguarding and health meeting which included potential support for boys when an ACCT document was closed. Relevant data analysis was considered at the monthly meetings, including trends on individual triggers for self-harm and some diversity characteristics such as the age and ethnicity of boys who self-harmed.
- I.24** Recorded levels of harm were lower than at similar establishments. During the previous six months, there had been 46 incidents of self-harm involving 26 boys. None of these incidents was classed as serious and no boys had required hospital treatment. Over the same period 70 ACCT documents had been opened, similar to the previous inspection. Many ACCTs continued to be closed quickly when boys denied any self-harm or suicide intent and staff involved in their care were satisfied that this was the case. Boys who started a fire continued to be placed on an ACCT and located in the segregation unit. Ten boys on ACCTs had been accommodated in the segregation unit in the previous six months. Most boys experienced a full regime, but a few spent too much time locked up with nothing to keep them occupied.
- I.25** Multidisciplinary attendance at ACCT reviews had improved. Management quality checks took place each day and any deficiencies were followed up. Post-closure quality reviews were also completed. Work was in progress to improve the quality of care maps, most of which showed that they were reviewed and amended as needs changed. We observed staff who had a good understanding of the impact on boys' emotional wellbeing of receiving a long sentence.

Recommendation

- I.26 All boys subject to ACCT processes should have access to a regime that keeps them occupied and out of their cells.**

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.27** An up-to-date behaviour management policy contained a useful, evidence-based emphasis on reward, particularly immediate verbal recognition. There was still a clear focus on using motivational tools to encourage good behaviour and links remained with other relevant policies, such as violence reduction, conflict resolution, self-harm prevention, adjudication, segregation, and the rewards and sanctions scheme.
- I.28** Relationships between staff and boys were generally very good, and poor behaviour was consistently challenged in residential units and in education (see paragraph 3.28). This had improved since the last inspection. Low-level disruption was addressed quickly, and boys were made aware of appropriate boundaries. Staff did not over-react to poor behaviour and there were many examples of residential officers managing difficult behaviour in a calm and caring way to beneficial effect. Attention was paid to praising even small but incremental changes in behaviour.
- I.29** The incentives and earned privileges scheme had been adapted to reduce the time it took for boys to reach the highest level (gold) of the scheme. There were well-developed plans to introduce an enhanced community unit (the Diamond unit) to further encourage responsible behaviour and a better sense of community. This was a positive step. Incentives for boys who demonstrated good behaviour had improved, and staff handed out merits frequently (see paragraph I.27). Mediation was well integrated into the routine management of conflict.
- I.30** The safeguarding department had oversight of the behaviour management strategy which continued to provide a cohesive approach to the management of poor and good behaviour. The weekly safeguarding meeting provided the focus for multidisciplinary case management. The meetings functioned effectively and progress of the most challenging boys was reviewed each week.

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.31** The published incentives and earned privileges (IEP) policy described how the scheme worked, how boys could progress through the levels and the standards of expected behaviour. All boys had signed compacts. The scheme offered differentials in access to private cash, computer games and time out of cell, which acted as good incentives and were appreciated by boys. There was also an enhanced (gold) unit on Denby C2 which was shared with first night accommodation (see paragraph 2.1).
- I.32** The scheme was more focused on incentives than we often see. The merit scheme had developed since the previous inspection and continued to offer boys an immediate reward for good behaviour which could be exchanged for confectionery at the merit shop. We observed officers who were quick to acknowledge good behaviour and this was reflected in the number of positive entries in boys' files.

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.40** The number of violent incidents had increased significantly since the last inspection and was too high. The prison had recorded 206 violent incidents in the previous six months compared with 142 at the previous inspection. Records showed that there were 99 assaults on boys, 28 assaults on staff and 79 fights. Most incidents were at a low level and did not result in injury, but some were serious and involved gangs of boys attacking a single boy and some involved weapons. There was evidence that a smaller group of boys accounted for a disproportionate number of separate incidents.
- I.41** A case work approach to improving antisocial behaviour was developing and early signs were positive. A clear violence reduction strategy focused as much on rewards as sanctions and the behaviour management policy described protocols to manage specific aspects of antisocial behaviour. These were managed effectively by a recently appointed governor working in the safeguarding team and the weekly safeguarding meetings helped to direct work with perpetrators and victims of violence. All violent incidents were investigated by managers.
- I.42** A bullying reduction plan contained a staged anti-bullying protocol to identify and deal with bullying behaviour. Individual plans were raised and managed by residential officers, to set and monitor targets to improve behaviour. The rewards and sanctions scheme was often used in conjunction with these plans, and there was evidence that positive changes in behaviour were rewarded quickly. However, the quality of plans that we looked at varied: some were very good and focused, while others were superficial.
- I.43** The most violent and disruptive boys who presented a greater risk of harm were managed through the recently introduced Werrington anti-violence support plan with the objective of identifying the few boys consistently showing violent and disruptive behaviour. Boys were given targets to meet and a range of interventions to help deal with violence and to provide consistent multidisciplinary case management. There were early signs that this was helping to reduce violence and improve behaviour. The few boys who were on the programme or had recently finished it had not been involved in other incidents and their behaviour had clearly improved.
- I.44** The work of the conflict resolution team had embedded and was clearly having a positive impact. A team of three specially trained and dedicated senior officers carried out conflict resolution in response to conflict between boys as well as between boys and staff. Each month the team facilitated about 150 initial interviews and 40 mediation meetings. They also managed the keep-apart list and focused on reducing the number of restrictions.
- I.45** The governor had recently funded a small team led by a senior manager to focus on reducing the high levels of violence. This was a positive initiative which demonstrated a commitment to reduce the high level of violent incidents (see main recommendation S39).

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.46** The use of force had increased to 233 recorded incidents in the previous six months compared with 174 at the last inspection. Records indicated that 80 boys accounted for all incidents of force.
- I.47** Most incidents of force were spontaneous and a proportionate response was made to prevent escalation. Video footage of most incidents ranged from CCTV, hand-held video equipment or body-worn video cameras. It was disappointing that the use of body-worn cameras had declined since the previous inspection despite the safeguards that they offered for boys and staff.
- I.48** About 76% of incidents of use of force had involved restrictive physical intervention (RPI: higher use of force where mobility of the young person is restricted) compared with 88% at the previous inspection. In the cases that we examined RPI was used for a short time, often less than two minutes. There was a focus on de-escalation and most boys were returned to their own cells. Pain infliction techniques had been used on 10 occasions since the previous inspection, which was not appropriate.
- I.49** Governance of force remained effective. Any incident involving force was reviewed the same day by a minimising and managing physical restraint (MMPR) coordinator who identified any immediate concerns. A weekly MMPR meeting was chaired by the senior safeguarding manager and included attendance by social workers. Restraint handling plans were reviewed for boys at risk and incidents from the previous week were analysed, including video footage and staff statements to identify concerns and take appropriate actions.
- I.50** A quarterly meeting was chaired by the manager for Staffordshire Youth Offending Service which provided external scrutiny. Incidents were identified for review, including any that had involved pain infliction techniques. Two cases of concern had been identified by the establishment and appropriate child protection referrals had been made.
- I.51** It was commendable that MMPR coordinators had been instrumental in the continuation of the effective governance arrangements despite operating at a reduced capacity for the previous two months.

Recommendations

- I.52** **Pain infliction techniques should not be used on boys.** (Repeated recommendation I.73)
- I.53** **Body-worn video cameras should be worn by all designated staff to provide audio and visual oversight of all incidents of force.**

Good practice

- I.54** *The independent scrutiny of incidents of force was good practice.*

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.55** Living conditions in the small segregation unit were reasonably good. Communal areas were very clean and bright. Cells were clean and well decorated but some cell toilets required deep cleaning. A classroom and a well-equipped fitness room were seldom used.
- I.56** Use of segregation was high. During the previous six months, 147 boys had been segregated, most under prison rule 49 (good order or discipline) and the remainder awaiting a disciplinary hearing. The average length for segregation was about eight days but a few boys had been segregated for longer periods.
- I.57** Governance of boys in the segregation unit was good. A local segregation policy had been published and a segregation monitoring group met every month to review cases.
- I.58** Relationships between staff and boys were good. We saw all officers interacting positively with boys and they did not adopt a heavy-handed approach to demanding behaviour. Reviews of longer stay boys were timely and it was evident that planning to return them to normal location was well developed. Individual management plans had been raised in all cases for these boys, and there was evidence that staff supported individuals and dealt with some of the issues that had caused their segregation.
- I.59** However, the regime was not adequate. A basic daily regime included showers, exercise, access to telephones and education. Some boys could attend education or offending behaviour programmes following a risk assessment but we were not confident that this happened often enough. Isolation was exacerbated by the fact that boys could not have televisions in segregation.
- I.60** Some boys were segregated under rule 49 on residential units. Residential units had been used 52 times to segregate boys in the last six months. At the time of inspection, this applied to five boys, all of whom were on the basic level of the IEP scheme. Case reviews were timely and the length of stay was reasonably short for most, but the regime for these boys was impoverished. At most, they could have about one hour a day for education 'outreach' (one-to-one session with a teacher in a classroom on the unit), a 10-minute phone call, a shower limited to 15 minutes and 30 minutes' exercise.

Recommendation

- I.61** **The regime for boys in segregation, regardless of their location, should include full and regular purposeful activity and time out of cell.**

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.62** Psychosocial support for boys was provided by South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) via an integrated psychosocial and mental health team. The skilled team comprised a range of mental health professionals, two drug and alcohol workers and a learning disability nurse who delivered age-appropriate interventions which addressed many of the wider precursors to and the results of substance misuse. A joint approach was evident at the daily referral and allocation meeting and at the weekly multidisciplinary team meeting. A team member attended the quarterly multi-agency drug strategy meeting and there was effective liaison between prison departments and service providers.
- I.63** The substance misuse section of the CHAT (comprehensive health assessment tool) and harm reduction information were provided within the five-day timescale. The team ran a weekly interactive induction group for new arrivals which covered mental health and substance misuse issues. This was a positive initiative.
- I.64** Boys had mainly used cannabis and alcohol, and there was some cocaine use. The integrated team were supporting 86 boys, with 42 boys on the psychosocial caseload (43% of the population) and 25 shared cases. Most interventions were one to one and tailored to individual needs. An appropriate range of work books, awareness sessions including cannabis and alcohol, and motivational enhancement and relapse prevention sessions were used. Boys we spoke to said they found the interventions helpful.

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 residential accommodation in Denby and Doulton units consisted of three wings. The ground floor of Denby (C1) was used for segregation while the second floor (C2) was used for boys on the enhanced level and for first night accommodation. Doulton was the larger accommodation block consisting of two spurs each with two landings.
- 2.2 The units were reasonably modern, but the design made it difficult for staff to manage some boys effectively. A few boys located on Doulton B spur were subject to Rule 49 (see paragraph 1.56) and had separate unlock protocols. These protocols were necessary but they often affected the regime of other boys on B spur. Following our last inspection, prison managers had successfully applied for funding for two additional gates to separate several cells. A request had been made in September 2017 to the facilities management provider (GeoAmey) to supply and install the gates but at the time of inspection this had still not happened. This lack of action by the facilities management provider had resulted in a negative outcome for many boys.
- 2.3 The use of double cells had ceased and all boys now lived in single cells with screened toilets. All accommodation had been repainted since the previous inspection and the residential units were clean and bright with very little graffiti. Notice boards had recently been updated but were not available on all landings. Regular cell inspections were linked to the merit scheme which motivated boys to engage in cleaning and to follow local rules (see paragraph 1.27).
- 2.4 Communal areas were good; showers had been modernised to a good standard and were available for daily use. Telephones had privacy hoods and were located in association areas and exercise yards which assisted family contact. Cells were adequately equipped, although we were told of curtains not being available which affected the privacy of in-cell sanitation. Improvements had been made to the association rooms and new equipment had been provided with appropriate links to incentive levels.
- 2.5 Boys could wear their own clothes and there was enough prison clothing at the time of inspection. The recent investment in new outdoor clothing was welcome and boys were appreciative of the outdoor jackets that were of a modern, age-appropriate design.
- 2.6 Boys were positive about the application scheme and 85% of those who responded to our survey felt that it was easy to make an application compared to 61% in similar prisons. A local database provided effective tracking of applications sent to areas outside the residential function.

Recommendation

- 2.7 **Agreed improvements to the design of the wings should be expedited to enable effective access to a full regime. Previously approved upgrades should be installed as a priority.**

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.

- 2.8** In our survey, two-thirds of boys said that most staff treated them with respect. Most interactions between staff and boys that we observed were positive and we saw examples of staff from all disciplines demonstrating patience and care.
- 2.9** A personal officer scheme operated by cell allocation and was rudimentary in its approach. The establishment had been designated as a pilot site for the custody support plan (CuSP) in 2015 but there were still no consistent systems in place despite a drive by prison managers to introduce the scheme.
- 2.10** The objective of the CuSP was to ensure that each boy was provided with appropriate support and that positive behaviour was encouraged by consistent relationships between staff and boys and effective multidisciplinary case management. Most boys had been allocated a CuSP officer, but fewer than half the staff had received the relevant training. Staff shortfalls prevented staff from finding the time required to ensure that CuSP could be effectively implemented.
- 2.11** Consultation arrangements with boys were improving. A weekly 'young people access' meeting was attended by peer representatives and the forum was chaired by a senior manager on rotation. There was evidence of appropriate attention to issues that were raised, but some actions were not resolved for some time which was disappointing given the presence of a senior manager. The development of peer support was welcome although it was unclear what oversight the peer representatives received to ensure that the concerns of all boys were raised or that discussions at the meeting were fed back to them.

Recommendation

- 2.12 Residential staff who are designated as the central point of contact for boys should take responsibility for their daily care and wellbeing through frequent contact.**

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.

Strategic management

- 2.13** Progress in improving the management of equality and diversity had been maintained and oversight was generally effective. The equality policy was due for annual review but largely reflected current practice. A senior manager was allocated to lead work on each protected characteristic. Their involvement in the work was stronger than previously although their attendance at diversity and equality action team (DEAT) meetings was still inconsistent. A programme of work and events during the year ensured that each minority group received some attention. Responsibility for oversight of equality and diversity work lay with the safeguarding team, with an equality officer undertaking much of the day-to-day work.
- 2.14** DEAT meetings took place regularly and were chaired by a senior manager. Minutes indicated reasonable discussion of relevant issues, including discrimination incident report forms (DIRFs) submitted, equality monitoring, progress against the equality action plan and planned events. Boys' representation at the meetings depended on the availability of trained representatives. Population churn often rendered this impossible. The establishment used the central quarterly monitoring to produce its own diversity monitoring with a more up-to-date analysis of outcomes. The small population meant that any out-of-range data for individual boys could be explored. Some diversity monitoring was considered at safeguarding meetings.
- 2.15** During the previous six months, 87 DIRFs had been submitted, an increase since the previous inspection and higher than at similar establishments. The majority (64) had been submitted by staff and a prison survey showed that too few boys knew what a DIRF was. Posters to explain their use had since been developed. Most DIRFs concerned race and use of racist language. Investigations were subject to internal quality assurance and there was evidence of some DIRFs being returned for further investigation. Overall, the quality of investigation was variable and too often superficial, and did not demonstrate the degree of investigation or how conclusions had been reached. Responses were not all timely. There was no external quality assurance despite efforts to source this.
- 2.16** Support for diversity from the education department and Kinetic Youth remained good and a programme of events marked significant dates throughout the year. Five boys acted as safeguarding and diversity representatives. They received training for their role from Kinetic Youth who also provided support and guidance to boys who used inappropriate language or needed more understanding of diversity issues.
- 2.17** Efforts were being made to improve consultation with boys on diversity issues. Surveys and questionnaires had been used to explore boys' understanding of diversity and identify areas for further investigation (see paragraph 2.20). Protected characteristic leads were expected to hold forums to inform their work with a timetable focused on a different group each month. This was a relatively new model and not yet fully embedded.

Recommendations

- 2.18** There should be consistent attendance at the diversity and equality action team meetings.
- 2.19** All discrimination incident report forms should be subject to thorough, timely and documented investigation.

Diverse needs

- 2.20** About half the population were from a black or minority ethnic background. Their responses to our survey were similar to those of white boys in all respects other than saying that they had more access to the gym than white boys. An analysis of key questions from the Managing the Quality of Prison Life survey had been completed in late 2017 which had identified a number of areas in which boys from a black and minority ethnic background had responded less favourably than white boys. This had been explored by a focus group of boys from appropriate ethnic backgrounds.
- 2.21** Three boys had identified themselves as Gypsy, Romany or Traveller in our survey, and one was known to the establishment. No specific support was in place for these boys.
- 2.22** Just under a fifth of the population were recorded as Muslim. Their responses in our survey indicated no significant differences in their perceptions of life at Werrington.
- 2.23** Eleven boys had been identified as foreign nationals. Home Office immigration staff visited regularly to see boys whose immigration status was under review. Caseworkers kept good records of each case and the input from immigration officials. Independent legal support had been provided by Barnardo's advocates. Boys with family overseas could make a free telephone call each month and telephone interpreting had been used with a few boys who did not speak English.
- 2.24** There was no single source of information about boys with disabilities. Forty-three boys had been identified as having a learning difficulty or disability, far more than the 18 boys who had self-identified in our survey. In our survey, 59% of boys with disabilities said they had felt unsafe at Werrington and 53% that they were taking part in offending behaviour programmes against respective comparators of 20% and 8% for boys without disabilities. Information about boys who had learning difficulties or disabilities was shared among staff and we saw good examples of information available to residential staff on communicating effectively with individual boys. Some boys had been identified as having disabilities that needed consideration if force was used and they had MMPR handling plans. No personal emergency evacuation plans (PEEPs) were open at the time of the inspection. There were clear arrangements for opening and using PEEPs and one plan had recently been closed after a boy's temporary mobility restrictions had ceased.
- 2.25** No boys had identified themselves as gay or bisexual and no community support was publicised. The establishment had had no experience of managing boys who wished to transition but guidance for staff had been produced.

Recommendation

- 2.26** The establishment should identify and address the reasons for boys with disabilities saying that they feel unsafe.

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.

- 2.27** A managing chaplain had been recruited since the last inspection and the team of full- and part-time chaplains, volunteers and sessional chaplains continued to deliver a range of services and classes for the main faith groups. They carried out the full range of statutory duties and attended strategic meetings and meetings and reviews for individual boys they were working with. Boys were more positive than the comparator in our survey about being able to attend religious services and see a chaplain of their faith in private.
- 2.28** The chaplaincy rooms and ablution facilities were suitable for boys' needs but required maintenance. Services and study groups took place weekly. Major religious festivals were celebrated, with support from the kitchen.
- 2.29** The chaplaincy provided good support to boys, including those who were isolated. 'Time out' gave boys who were self-isolating or segregated from other boys the opportunity to spend time in the chaplaincy when they would otherwise have been locked in their cell. The team was also piloting a new course 'Story Building for Peace' in which four boys from different religions were participating who had been involved in violence. A community faith organisation 'Reflex' remained an integral part of the chaplaincy, undertaking one-to-one or small group work with boys. They helped the other chaplains to link boys with places of worship after release.

Good practice

- 2.30** *'Time out' gave boys who could otherwise spend long periods locked in their cells the opportunity for social interaction and support in the more relaxed environment of the chaplaincy.*

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.

- 2.31** In our survey, 21% of boys said that they were too scared to make a complaint against 6% at the last inspection. We were unable to find any evidence to support this view. The number of complaints submitted had increased by about 50% since our previous inspection, although a few of those that we examined were low level and could have been dealt with by other means.
- 2.32** Complaints were discussed by senior managers at regular assurance meetings and the respondent to the complaint met each boy who had submitted a complaint form to try to address the concerns swiftly. This remained a positive initiative. However, some of the written responses were too formal for this population and did not reflect some of the good one-to-one work that had taken place. A member of the safeguarding team conducted

additional scrutiny of complaints while social workers ensured that all child protection concerns were identified.

- 2.33** A small but active Barnardo's advocacy team was located on the Doulton unit. In our confidential interviews boys spoke highly of their support and the independence of the team. It was disappointing that advocates were unable to access all areas of the prison. We observed advocates speaking to boys through closed cell doors which undermined their professionalism and compromised the confidential nature of their work.

Recommendation

- 2.34** **Provision should be made for advocacy workers to access and speak to all boys and a suitable area for confidential interviews should be available.**

Good practice

- 2.35** *Respondents met all boys who had submitted a complaint and the quality assurance provided by the safeguarding team and social workers had been reinforced.*

Legal rights

Expected outcomes:

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

- 2.36** A local legal services policy covered all key aspects of available support and the responsibilities of staff.
- 2.37** A questionnaire was completed by induction staff for all new arrivals. Information was gathered on status and requirements for legal representation and was used by the case work team to inform subsequent planning meetings. Barnardo's advocates had assisted foreign national boys with some elements of legal advice (see paragraph 2.23).
- 2.38** Most legal visits took place in the main visits rooms and four booths were provided to ensure privacy. However, the rooms were small and presented potential risks to visitors if boys became disruptive or violent. It was very disappointing to find that improvement work had been approved three years previously but had not yet started.
- 2.39** Several meetings with legal advisers had been held via the video link suite in reception.

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.

2.40 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC did not identify any breaches in the regulations.

Governance arrangements

- 2.41** Care UK had been the main health care provider since April 2016. They had subcontracted several services including dental provision to 'Time for Teeth' and mental health and substance misuse psychosocial services to South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT).
- 2.42** Commissioners managed the contract effectively and had scheduled a new health needs assessment in 2018. A specific substance misuse and mental health needs assessment had been conducted and the draft report was due imminently which would inform future developments.
- 2.43** Working relationships between the providers, commissioners and the establishment were good. Regular, reasonably well-attended joint governance and strategic meetings addressed essential areas. Health staff attended relevant prison meetings including the weekly safeguarding meeting. Nurses attended all incidents and MMPR (minimising and managing physical restraint) meetings where incidents were reviewed and updates about health issues were shared.
- 2.44** The head of health care provided effective leadership, supported by good clinical team leaders and dedicated staff in all teams who delivered responsive and child-focused care.
- 2.45** The process for boys to feedback on health concerns had improved since the last inspection, with separate health boxes and comment/complaint forms on each wing. However, the system was little used. The health care team gathered feedback from regular attendance at young people's forums, and from boys verbally. Concerns were acted on and trends identified.
- 2.46** Staff felt supported by regular managerial and clinical supervision and annual appraisal. Mandatory training was generally well managed and dates had been scheduled to fill some gaps in the mental health team.
- 2.47** The small modern health care unit resembled a community practice. It was well maintained, clean and complied with infection control standards. Some services including mental health and substance misuse saw boys on the wings. Room availability had improved but access to boys was occasionally hindered because of unlock issues or attendance at other activities. The team was flexible and worked around this.

⁶ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.48** In our survey, 74% of boys against the comparator of 48% said the overall quality of health services was good. We observed professional and caring interactions by health care staff who knew their patients well. Boys we spoke to were very satisfied with the quality of health provision.
- 2.49** Consent to share medical information and the capacity to consent to treatment were routinely sought. Health staff had good awareness of their safeguarding responsibilities and received appropriate training.
- 2.50** There was 24-hour nursing cover and health staff attended all emergencies. Emergency equipment was very well maintained with a clear checking process.
- 2.51** Health promotion was delivered during consultations. Material concerning national events was displayed in the health centre, but more could have been displayed on the wings. Health staff attended the established prison-wide health promotion action group and a health fair was held annually for boys and staff, which was positive.
- 2.52** Smoking cessation support was available. However, only boys who were sentenced were offered nicotine replacement patches and not on the first night. This did not meet the needs of all boys.
- 2.53** Nurses encouraged boys to consider immunisation, and immunisation uptake for blood-borne viruses and childhood diseases was reasonably good. The shortage of the hepatitis B vaccine was being managed effectively. There was a slight delay in boys receiving the MenACWY vaccination for the four main groups of meningococcal bacteria, despite it being in stock. This was addressed during the inspection. Sexual health screening and treatment were offered and barrier protection was discussed and available from nurses.

Recommendation

- 2.54 All boys should have timely access to smoking cessation help and support if needed.** (Repeated recommendation 2.53)

Delivery of care (physical health)

- 2.55** Over the previous six months, there had been approximately three new arrivals a week. The health care room in reception remained a positive environment for boys who were assessed on arrival for immediate health needs by a registered nurse. They received a leaflet about health services in a suitable format. Health screenings that were required subsequently, including physical health, were completed within the recommended timescales and appropriate referrals were made.
- 2.56** Telephone interpreting services were available if needed. Boys requested health services through pictorial application forms which were collected daily.
- 2.57** GP provision of three two-hour sessions a week was adequate for the boys' needs, with a short waiting time of two days for a routine appointment. Out-of-hours GP services were available for urgent appointments depending on clinical need.
- 2.58** Use of NHS England's Quality and Outcomes Framework supported the identification and monitoring of boys with long-term conditions. The lead asthma nurse provided appropriate care for the 11 boys with the condition. The team sought advice and support from

community specialists for other less common long-term conditions which had resulted in individual, effective care.

- 2.59** The electronic clinical records, held on SystmOne, that we sampled were mostly good for all services. Limited records of care planning for boys with complex long-term physical conditions needed further development to reflect the highly individual care given to support continuity of care.
- 2.60** Allied health professionals including a physiotherapist, podiatrist and optician attended in response to need, and clinics were provided without undue delay. There had been some use of the Telemedicine system to allow for video link consultations for appropriate conditions such as dermatology.
- 2.61** Boys' access to external hospital appointments, and A&E when required, was good and well supported by the establishment regime.

Recommendation

- 2.62** **Care plans for boys with complex physical health conditions should be developed so that conditions and effective treatment paths can be more easily identified by other staff/establishments to ensure continuity of care.**

Pharmacy

- 2.63** The pharmacy room was clean and tidy with robust daily monitoring of drug refrigerators to ensure that heat-sensitive items were stored within the correct temperature range. The room temperature was also recorded each day.
- 2.64** Custody officers escorted boys individually or in small groups for the administration and collection of medication. Medicines were administered twice a day in a confidential, safe and supportive manner at appropriate times and boys on more frequent doses were given them as required.
- 2.65** Medicines were supplied promptly by Lloyd's pharmacy and stored appropriately, with regular stock checks. Relevant out-of-hours stock medication was available with a clear audit trail of use.
- 2.66** There were few prescriptions and they were age appropriate. The in-possession policy allowed some boys to take appropriate responsibility for their medication, such as acne medication, inhalers and ointments, following a risk assessment. In-possession medication risk assessments continued to be completed each time medicines were re-prescribed.
- 2.67** Prescribing data were analysed and medicine management incidents were discussed at the quality improvement and assurance meetings. Boys could see the pharmacist for advice by request or referral from health staff, although this had not occurred.
- 2.68** An appropriate range of patient group directions⁷ allowed nurses to administer specific medications and medications for treating minor ailments without an individual prescription. These were recorded accurately on SystmOne.

⁷ Authorise appropriate health care professionals to supply and administer prescription-only medicine.

Good practice

- 2.69** *In-possession medication risk assessments continued to be completed each time medicines were re-prescribed. This was the best way to ensure the continuing safety of boys with medication in possession.*

Dentistry

- 2.70** In our survey, 54% of boys said it was easy to see the dentist against the comparator of 32%.
- 2.71** A comprehensive range of NHS-equivalent services including good oral health promotion and information packs were delivered by a dentist and dental nurse every two weeks. The dental team was flexible and accommodated boys without planned appointments.
- 2.72** Boys were offered dental screening during induction and those requiring orthodontic treatment were referred to community agencies. Waiting times for routine appointments were under two weeks and emergency treatment was provided by community dental services.
- 2.73** The dental suite included a separate decontamination room which was clean and met infection control standards. Equipment was regularly serviced and maintained. Dental waste was correctly disposed of. The dental chair, although well maintained, was showing signs of age and estimates for a new one were being obtained.

Delivery of care (mental health)

- 2.74** Inclusion, the integrated mental health and psychosocial substance misuse service, continued to provide a good multidisciplinary child and adolescent focused service delivered by a skilled and compassionate staff group. The team was available from Monday to Friday between 8.30 am and 5pm.
- 2.75** The multidisciplinary team included a consultant forensic child and adolescent psychiatrist who conducted two sessions a month, clinical psychology, a creative therapist, mental health nurses, a learning disability nurse and two psychosocial substance misuse workers. At the time of the inspection, recruitment was taking place for a speech and language therapist.
- 2.76** The range of treatments included psychological interventions, creative therapy and guided self-help. The learning disability nurse and psychologist had created clear and concise communication plans which helped officers on the wings to liaise more effectively with boys with communication difficulties.
- 2.77** The weekday duty system facilitated regular attendance at ACCT⁸ and good order or discipline reviews, which was positive. All team members participated in the duty role and undertook the CHAT (comprehensive health assessment tool) assessments for new arrivals for mental health, substance misuse and neurodisability screening. An open referral system used the threshold assessment grid, a score sheet which helped to prioritise clinical need. Boys could also self-refer. Referrals were reviewed each day by the team and assigned to the appropriate team member or for joint working. Inclusion were seeing 44 boys with mental health conditions and 42 were on the substance misuse caseload with 25 shared cases.
- 2.78** Inclusion had piloted a harmful sexual behaviour service for four months and had received additional training in relevant assessment skills. The pilot had identified that appropriate

⁸ Assessment, care in custody and teamwork case management of boys at risk of suicide and self-harm.

individual interventions and assessments had been conducted but that extra resources were needed to support continued delivery and the roll out of the 'Secure Stairs'⁹ project. Additional staff were being recruited to facilitate these initiatives.

- 2.79** Some operational staff had completed training modules on mental health awareness, but there was no interactive mental health training. The available training was not based on contemporary needs such as ADHD (attention deficit hyperactivity disorder).
- 2.80** There had been no transfers under the Mental Health Act to the regional forensic child and adolescent medium secure unit since July 2016.

Recommendation

- 2.81 All prison officers should receive mental health awareness training to enable them to identify the necessity for referral for mental health assessment and to support boys with mental health conditions on the wings.**

Good practice

- 2.82** *The introduction of clear and concise communication plans to help officers on the wings to interact more effectively with boys with communication difficulties was a positive initiative.*

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.

- 2.83** The kitchen was well maintained with sufficient storage facilities and one of the cleanest we have seen. The food delivery trolleys were cleaned to a high standard and catering staff visited all points of service regularly.
- 2.84** The national young people's estate menu remained in use and met dietary and religious needs. Portion sizes were reasonable and the food was of good quality. The catering manager attended the weekly access consultation meeting and held regular surveys to adapt to the needs and requests of the population.
- 2.85** Boys located on C2 could eat together each day, while boys on the Doulton unit could eat in association for the evening meal on alternate days. At the time of the inspection, eating together was extended to breakfast which included toast to supplement the standard issue breakfast packs. It was positive that staff were encouraged to eat with children at breakfast and the evening meal. The lunch meal, which consisted of a sandwich, snack and fruit, was delivered to the cell shortly before boys returned from education.
- 2.86** No boys were working in the main kitchen at the time of inspection, which was a missed opportunity to develop meaningful work opportunities and qualifications.

⁹ This is part of NHS England's strategy to improve mental health services for children within secure settings. It provides an integrated framework of care in a system-wide model to create a therapeutic environment where change can occur. Secure Stairs is an acronym outlining the key components needed to create this change.

Good practice

- 2.87** *Staff were encouraged to eat with boys and were provided with a meal free of charge if they chose to do so.*

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.

- 2.88** New arrivals received a free grocery pack on arrival (see paragraph 1.7) and the option of £2 phone credit to be paid back each week. Boys could only submit a canteen order once a week and boys could have to wait up to 10 days after arrival to receive an order. Attempts were made to mitigate this and boys could request an interim order of an additional grocery pack during their first week. Canteen orders were delivered to each cell independently which reduced the potential for bullying.
- 2.89** In our survey, only 37% of boys said that the canteen sold a wide enough range of products. The canteen list contained a reasonably extensive range of products and consultation on this took place at the weekly young people's access forum (see paragraph 2.11).
- 2.90** Boys could place orders from a small range of catalogues and items were distributed promptly by staff. The prison passed on any delivery charges levied by catalogue companies but did not charge the further administration fee that we often see in other establishments.

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** The published core day allowed boys access of up to 11.5 hours out of cell during the week and eight hours at weekends. Our checks indicated slightly less than the published hours but time out of cell for most boys continued to meet our expectations of at least 10 hours a day. In our survey, 77% of boys said that they received association every day against the comparator of 42%. This was commendable given that Werrington was supplying a number of staff to other establishments on detached duty while managing their own staffing shortfall.
- 3.2** Time out of cell could be far less than 10 hours, and in some cases less than an hour for a few boys subject to rule 49 good order or discipline (see paragraph 1.56). This also applied in some cases to boys on their first day of induction.
- 3.3** Our roll checks identified that 17% of boys were locked up during the core day and about 63% were accessing evening activities. Evening activities were appropriately timetabled to allow good access to all areas for boys on the silver and gold incentive levels.

Recommendation

- 3.4 All boys should receive 10 hours out of cell each day.**

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

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.

3.5 Ofsted¹¹ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work: Good

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

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

Personal development and behaviour: Good

Effectiveness of leadership and management of learning and skills and work activities: Good

Management of education and learning and skills

3.6 The education and vocational training provision by Novus was good. A multidisciplinary team allocated boys to education and skills very effectively with a strong focus on boys' safety and the safety of others. Novus contracted with Kinetic Youth to provide bespoke training opportunities for boys. Staffing levels were adequate and staff had suitable qualifications and expertise. Novus employed a team of engagement and resettlement workers who provided useful information, advice and guidance to boys from induction through to release.

3.7 Particularly good partnership working between the prison, Novus and Kinetic Youth benefited boys through well-planned and coordinated activities that improved their understanding and abilities.

3.8 The prison continued to operate, and further improve, an effective system of rewarding good behaviour by awarding boys merits to spend in the prison shop. Staff visited boys on the wings who failed to turn up to their allocated activities, to check and challenge their reasons for not attending. If the reasons were found not to be valid, boys were expected to attend or face sanctions, often by receiving de-merits.

3.9 The number of boys not leaving the wings to attend education or training for safety or security reasons had reduced significantly since the last inspection. Outreach education

¹¹ 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 Children's Services and Skills (Ofsted) working under the general direction of HM Inspectorate of Prisons. 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>.

provided on the wings was usually for up to a maximum of two weeks. However, boys were entitled to only 15 hours' outreach work a week compared with 30 hours for other boys, and not all received the scheduled 15 hours. Once the boys' safety issues had been resolved, they attended normal allocation activities. Staff shortages resulted in wing cleaners not receiving specialist industrial cleaning tuition to enable them to complete their education pathway.

- 3.10** Monthly Werrington and bimonthly regional quality improvement group meetings were effective at improving the provision, checking and updating the self-assessment report action plans and sharing best practice. Actions taken by managers to improve weaknesses reported at the last inspection were particularly good and most of the recommendations had been implemented.
- 3.11** Observations of teaching and learning helped to develop staff and improve the quality of lessons. Priority was correctly given to the development of English and mathematics.
- 3.12** The movement of boys to activities was on a class-by-class basis to reduce the chance of conflicts and keep boys safe en route. Although attendance had improved, it took too long to complete the movements, affecting punctuality and the mandatory 30 hours of activity required during the week.

Recommendations

- 3.13** **Prison managers should ensure that the punctuality of boys to and from education and training courses is improved to meet the entitlement of 30 hours' educational activity a week for all boys, including those receiving outreach support on the wings.**
- 3.14** **Novus managers should provide specialist cleaning training on the wings for boys on a cleaning pathway.**

Provision of activities

- 3.15** Sufficient education and vocational training activities were available to occupy boys fully. Since the last inspection, additional vocational training places in painting and decorating and multi-skills had been provided and qualifications were available in the laundry.
- 3.16** Teachers and vocational instructors planned lessons and activities well for boys in education and vocational training. They provided good teaching and learning which boys enjoyed and most boys made good progress against suitably challenging targets and tasks. For example, on the music course, boys wrote and produced a rap record using a wide range of specialist sound and audio equipment. Boys employed in the staff coffee shop used their training very effectively to take orders and meet customers' requests.
- 3.17** The Novus team of learning support practitioners consisted of staff with a range of specialist skills who helped boys to complete 'hidden disability questionnaires' to establish whether they had any unidentified learning needs, such as dyslexia or dyspraxia. Teachers used the information particularly effectively to adapt learning programmes to meet specific needs. Teachers could refer any boy whose behaviour was disrupting learning to a learning support practitioner for quiet reflection time. In these one-to-one sessions, boys received individual attention, care and support to help manage their emotions and to return to activities if appropriate.

Quality of provision

- 3.18** Learning support practitioners provided excellent support in class for boys needing help to progress and achieve. They also provided individual specialist support for boys with identified and complex needs. Learning support practitioners worked to ensure that teachers fully understood each boy's barriers to learning and to implement effective strategies to help overcome them. As a result, boys' achievements were good and most made the progress expected of them.
- 3.19** Teachers in most education and vocational lessons provided clear written feedback which helped boys to progress in achieving their qualifications and learning goals. For example, teachers provided feedback to boys on how they could work to a more challenging level or to improve further their skills in English and mathematics.
- 3.20** Teachers in education and vocational lessons set and regularly reviewed suitably challenging course and behavioural targets in individual learning plans, which supported the boys' development. However, a minority of targets in learning plans were not challenging enough and poorly written, as acknowledged in the self-assessment report.
- 3.21** The Novus initiative to provide discrete sessions in English and mathematics taught by vocational training staff had proved to be very effective in an accessible context. Trainers made effective use of their industry knowledge to embed specific skills in English and mathematics within the vocational subject. Boys enjoyed these sessions and participated enthusiastically.
- 3.22** Teachers managed most learning sessions effectively, but their inconsistent application of the available sanctions to manage the occasional instance of poor behaviour was a cause for concern. Novus managers acknowledged this area for improvement in the self-assessment report.

Recommendations

- 3.23** **Teachers should consistently set challenging course and behavioural targets in learning plans.**
- 3.24** **Teachers should apply the removal of boys' earned privileges consistently to ensure that behaviour in all classes is of a reliably high standard.**

Personal development and behaviour

- 3.25** Boys who attended training and education enjoyed their sessions. Most participated well in discussions and were motivated to achieve. Many demonstrated an ability to carry out research and to work with minimal supervision, especially in the vocational training workshops. This enabled them to develop independent study and useful work skills.
- 3.26** Kinetic Youth workers delivered a range of well-conceived informal activity sessions to promote awareness and understanding of sensitive topics and to help boys during custody and on release. For example, youth workers ran a series of informal sessions on sexual health, gambling and on the management of emotions and feelings in an informal environment in the prison. Boys responded very positively to these sessions and felt able to disclose and reflect on their own offending behaviour and personal challenges.

- 3.27** The Kinetic Youth workers contributed significantly to the development of boys' readiness to engage with learning and their understanding of their behaviour, emotions and relationships. They enriched the curriculum by running well-attended workshops and learning sessions to promote equality and diversity. These included sessions on Black History Month and Chinese New Year, and on bullying, safety and relationships.
- 3.28** Attendance at learning, skills and work activities had improved since the last inspection and was now good. Punctuality had improved but was not yet good. Behaviour was particularly good in vocational training sessions where tutors kept the boys busy and focused on suitably challenging tasks. Classroom lessons were generally purposeful and productive and most teachers handled well the occasional instance of boisterous or inappropriate behaviour. Boys were respectful of their tutors and of each other. However, low-level disruptive behaviour was a cause for concern in a few lessons.

Education and vocational achievements

- 3.29** Qualification success rates had improved since the last inspection and were high. Most boys made good progress in vocational and classroom-based subjects. For example, boys working in the Barista coffee shop quickly developed good customer-service employability skills and those on creative design courses produced art work good enough to be exhibited at venues such as the Southbank Centre and at the 'Beyond the door' exhibition in Birmingham.
- 3.30** Opportunities for boys to gain accredited vocational qualifications had improved since the previous inspection and included qualifications for gymnasium orderlies, wing cleaners and serverly workers. An introductory health and safety qualification had been introduced for boys working in the prison laundry and there were plans to introduce a qualification in the use of domestic appliances. A few boys were gaining higher-level skills and knowledge through distance-learning courses at level 3.
- 3.31** There were no significant variations in the progress and achievement of different groups of boys, including those with learning difficulties and/or disabilities. However, the qualification success rates for boys on English and mathematics level 2 courses were low and, although they had improved since the last inspection, needed to improve further.

Recommendation

- 3.32** **Success rates of qualifications should be improved in a few courses so that they are consistently high on all courses.**

Library

- 3.33** Staffordshire County Council continued to deliver an effective library service. All boys received a useful induction during their first week and had good access to the library throughout their time at Werrington. A high proportion of boys were regularly borrowing items, including boys who were separated from their peers on normal location or in the segregation unit.
- 3.34** The library was well stocked and boys could use the inter-library loan scheme. There was appropriate stock to meet the diverse needs of the population, including a good range of reference and easy-read books, foreign language texts and newspapers and magazines. The

rate of book losses remained minimal. The library also facilitated the Storybook Dads¹² scheme for a few boys.

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.

- 3.35** PE facilities were good with the exception of the outdoor football pitch, which was underused in wet weather because of poor draining. There was a range of cardiovascular and weight-training equipment in the gym and a suitably equipped sports hall.
- 3.36** A team of enthusiastic, qualified PE instructors ensured that boys had good access to a range of suitable programmes and recreational sessions. Links with health care were good but the use of remedial gym sessions was underdeveloped.
- 3.37** There was a range of activities to motivate boys, including the daily mile which encouraged boys who did not normally engage in PE to walk or run a mile each day, sessions for boys separated on normal location and impressive development of release on temporary licence (ROTL) opportunities, which included taking boys out of the establishment for activities, including walking and cycling. A high proportion of boys used the gym regularly and participated in a wide range of recreational PE activities in the evenings and at weekends.

Recommendation

- 3.38** **The drainage in the outdoor field should be rectified to ensure that full use is made of the facilities.** (Repeated recommendation 3.56)

¹² Project for young people to record stories for their children.

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 high quality of work had been maintained since our last inspection and had improved in some areas.
- 4.2 An effective resettlement strategy, informed by a review of the 2015 needs analysis, directed and coordinated the work of the casework team, reducing reoffending and programmes.
- 4.3 Departments continued to work well together to implement the reducing reoffending action plan. Quarterly reducing reoffending meetings were well attended and complemented by effective relationships and communication. There were clear links between the resettlement work and other departments and there was good information sharing and joint decision making on key issues, including risk and placements.
- 4.4 There were effective links with several youth offending teams (YOTs). Case workers were clear about their roles and responsibilities and provided appropriate challenge to local authorities when necessary.
- 4.5 The case work team consisted of directly employed civilians who were well supervised and had access to relevant and up-to-date training opportunities. We observed very good relationships between them and the boys and they showed sensitivity in their interactions. They had established an appropriate balance of support and challenge which was commendable. Boys were clear about the targets they were set.
- 4.6 Good links had been made with local and national employers and boys could use these on release on temporary licence (ROTL). There had been an increase in ROTL since the last inspection and there had been some monitoring of outcomes.
- 4.7 One boy had started an apprenticeship with a national construction firm using ROTL. On release, he was able to continue his apprenticeship. This gave him long-term prospects of work and supported his avoidance of offending.

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.

- 4.8** Training and remand management meetings were given priority and were well managed. Meetings were held in private and comfortable surroundings where boys were able to relax. Their attendance and participation in their reviews were good.
- 4.9** Contributions from other departments, particularly from residential staff, were inconsistent. Boys' behaviour on residential wings was considered at reviews, but the lack of an effective personal officer scheme and the quality of entries on the electronic case records meant that residential staff did not always have detailed knowledge of individual boys.
- 4.10** In our survey, only 52% of boys said they had a sentence plan. Of these, three-quarters of boys said they had been involved in the development of their plan and 95% said that they understood the targets set. We found that all boys had a sentence plan and assessment of boys' needs and contact with them were good. We spoke to boys who knew their case workers and had confidence that they would do what they said they would do.
- 4.11** Some of the targets set remained generic. However, we observed reviews where case workers and YOT workers took time to explain what was expected of boys to improve their behaviour. We saw appropriate consideration given to boys who were serving long sentences, for example a sensitive approach was taken to a 15-year old boy who had recently received a sentence of more than 10 years. He was initially given some simple tasks on the basis that he had not yet come to terms with the implications of a long sentence.
- 4.12** In several cases that we examined, there were indicators that boys had been subject to or at risk of involvement with child sexual exploitation (CSE). The psychologists had a very good understanding of the implications of CSE, but there was little awareness among staff of how this might have affected the boys or of any links to criminal or violent behaviour.
- 4.13** We identified one boy who was strongly suspected of being the victim of CSE. He was due for release but there were no plans in place to keep him safe in the community or to manage his vulnerability.
- 4.14** Another boy had been assessed as having low vulnerability to CSE. He had committed a number of violent offences with his sister, who had been the victim of CSE. There had been no assessment of the impact of the sister's abuse on their behaviour or the emotional impact on the boy.
- 4.15** The prison had recently started to pilot the use of detailed trauma informed assessments, undertaken by the psychologist. These assessments provided useful insights into how boys might react in stressful situations and had the potential to assist with behaviour management in custody and on release.

Recommendation

- 4.16 Boys who are at risk of or have been exposed to child sexual exploitation should be identified and given appropriate support and protection.**

Public protection

- 4.17** Public protection arrangements remained sound. Initial screening took place on arrival and necessary actions were taken. There was good discussion with YOT workers to identify and plan to manage the risks that boys posed to others, which informed keep-apart lists. There was good oversight of mail and telephone monitoring to ensure that these measures were necessary and proportionate.
- 4.18** Since the last inspection, the arrangements to have MAPPA (multi-agency public protection arrangements) levels set before release had improved. Cases that were MAPPA eligible were identified on reception and YOTs were requested to confirm the management level swiftly so that release planning was effective. The timeliness of responses had varied previously and on occasions levels had been confirmed too close to release or not at all which inhibited the risk planning process. Under the new procedure, the prison notified YOTs of their intention to escalate cases to local MAPPA coordinators and all MAPPA levels were now set in time for release.

Indeterminate sentence young people

- 4.19** At the time of our inspection, there were no boys with indeterminate sentences, although 13 boys had long sentences of between five and 14 years. The prison understood the need to provide additional support for these boys and to work with them to plan and prepare for transition. Staff provided immediate and continuing emotional support which helped boys to come to terms with the implications of their sentence. The head of case work, experienced in working with boys with long sentences, continued to lead this area of work.

Looked-after children

- 4.20** In our survey, 41% of boys identified that they had been in local authority care. At the time of the inspection, local authorities had responsibility for just over a third of boys at Werrington. The two independent social workers identified these boys quickly and contacted the responsible local authority.
- 4.21** Despite continued efforts by the social workers, some local authorities did not provide boys with their statutory entitlements of pocket money and accommodation on release. These incidents were challenged successfully by the prison.
- 4.22** Reviews for looked-after children were undertaken appropriately and the social workers provided good support. It was disappointing to find that far fewer looked-after children had weekly visits (13%) than other boys (55%).

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.

- 4.23** Reintegration planning was good and took place in appropriate time for release. Planning and meetings focused on short and longer-term needs and licence conditions were explained to boys. Boys were told who would be collecting them on their day of release.
- 4.24** Some boys moved from Werrington to other prisons. There were developing links with YOIs including monthly visits from a caseworker at HMP Brinsford with whom boys could discuss potential transfers. Once agreed, transfers took place quickly.

Accommodation

- 4.25** Most boys could return to their family home on release, but others could not because of the nature of their offence or they were looked after by the local authority. Finding and securing suitable accommodation remained difficult and some boys did not know where they were going to be living until a day or two before release, affecting their chances of resettling into the community.
- 4.26** Despite efforts by case workers, this problem remained and it was really good to find that Sandwell Local Authority had retained a supported accommodation flat for a vulnerable, looked-after boy for his recall period.

Education, training and employment

- 4.27** There had been an increase in the number of boys on ROTL since the last inspection. The quality and monitoring of the work placements had improved and data showed that boys completing ROTL had not reoffended. Boys made effective use of the virtual campus for resettlement courses and to support their learning. Prison staff did not systematically collect data on destinations after release so that it could be shared with Novus managers to inform curriculum development.

Recommendation

- 4.28** **Prison managers should collect and analyse destination information about boys released and share it with Novus to evaluate the effectiveness of courses.**

Health care

- 4.29** Discharge and transfer arrangements remained good with effective liaison and communication with YOTs and community services. All boys were seen on transfer or release to identify outstanding health needs and were offered health promotion advice, including barrier protection. A discharge summary was provided for their GP with relevant health information including immunisation history. Boys on medication were given a week's supply or a prescription.

- 4.30** Inclusion team members attended final detention and training order review meetings to discuss release plans, which was positive (see paragraph 2.74). They also liaised with case workers, YOT workers and community child and adolescent mental health services to ensure continuity of care.

Drugs and alcohol

- 4.31** Substance misuse workers delivered a pre-release harm reduction session with boys before release. The team attended resettlement meetings and liaised effectively with caseworkers, community services and YOTs.

Finance, benefit and debt

- 4.32** In our survey, 16% of boys said they would have problems with money and finances on release. SOVA, a charity providing support to those involved with the criminal justice system, worked with boys to develop a better understanding of debt and finances. They helped boys to open bank accounts and claim benefits.
- 4.33** The SOVA worker was integrated into the casework team and was able to identify quickly boys who needed support.

Children, families and contact with the outside world

- 4.34** Boys were encouraged to make and maintain contact with family and friends. Case workers provided a critical link for parents and carers. We observed case workers providing detailed, up-to-date information in a reassuring way which showed respect for the role of parents and carers. Parents were offered the chance to make an induction visit and to tour the prison to see where their children would be living. This remained an area of good practice.
- 4.35** In our survey, 92% of boys said that they were able to make a free telephone call to family when they first arrived against the comparator of 77%.
- 4.36** Social visits continued to be offered six days a week, and the visitors' centre provided a warm welcome and a range of useful information.
- 4.37** The visits hall had not changed since the last inspection. Staff had tried to make it welcoming, but the facilities remained unsuitable for visits. The hall was small and cramped and not appropriate for family visits, especially when young children attended. However, staff were welcoming and often knew the boys' families well.
- 4.38** The prison had commissioned the Prison Advice and Care Trust (PACT) to run workshops during weekend visits. This was proving popular and boys could take part in art and craft activities with their siblings or children and take them back to their rooms.
- 4.39** Boys could earn merits on visits to promote good behaviour. Signs describing prohibited activities had been replaced with signs reminding boys how they could earn merits, for example for not putting their feet on the furniture.
- 4.40** Most legal visits took place in the main visits hall in four small booths which presented potential risks to visitors if boys became disruptive or violent (see paragraph 2.38).

Recommendation

4.41 Facilities for social and legal visits should be improved and should be safe.

Attitudes, thinking and behaviour

- 4.42** Since the last inspection, the range of offending behaviour programmes had increased to include anger replacement therapy (ART) and sexually harmful behaviour interventions to complement the juvenile enhanced thinking skills programme (JETS).
- 4.43** Two psychologists delivered detailed pre-programme assessments and bespoke one-to-one work, aimed at reducing risk and understanding the impact of childhood trauma.
- 4.44** Fewer programmes had been delivered than scheduled because of staff shortages. Recruitment had taken place and delivery was due to increase in the near future.
- 4.45** Further work was needed to ensure that boys in most need of programmes could access them. One boy needed to undertake work to address his repeated use of violence. He had received a short detention and training order with a concurrent longer sentence but was not put forward for a programme despite requests from his youth offending worker.

Section 5. Summary of recommendations and good practice

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

Main recommendation To the Youth Custody Service and HMPPS

- 5.1** Work should be undertaken to further identify and provide the support needed to help Werrington (and other young offender institutions) to address and reduce the consistently high levels of violence while continuing to deliver a full, constructive regime to the boys in their care. (S39, repeated recommendation S42)

Recommendations To the Youth Custody Service

- 5.2** The escort contract should be reviewed to ensure children do not have lengthy delays at court once their case has finished and do not travel in escort vans with adults. (1.4, repeated recommendation 1.3)
- 5.3** Agreed improvements to the design of the wings should be expedited to enable effective access to a full regime. Previously approved upgrades should be installed as a priority. (2.7)

Recommendations To the governor

Early days in custody

- 5.4** New arrivals should spend at least 10 hours out of cell a day. (1.10)

Care and protection of children and young people

- 5.5** There should be a process to escalate child protection issues which are not dealt with promptly by the relevant local authority. (1.17)

Suicide and self-harm protection

- 5.6** All boys subject to ACCT processes should have access to a regime that keeps them occupied and out of their cells. (1.26)

The use of force

- 5.7** Pain infliction techniques should not be used on boys. (1.52, repeated recommendation 1.73)
- 5.8** Body-worn video cameras should be worn by all designated staff to provide audio and visual oversight of all incidents of force. (1.53)

Separation/removal from normal location

- 5.9** The regime for boys in segregation, regardless of their location, should include full and regular purposeful activity and time out of cell. (1.61)

Relationships between staff and children and younger people

- 5.10** Residential staff who are designated as the central point of contact for boys should take responsibility for their daily care and wellbeing through frequent contact. (2.12)

Equality and diversity

- 5.11** There should be consistent attendance at the diversity and equality action team meetings. (2.18)
- 5.12** All discrimination incident report forms should be subject to thorough, timely and documented investigation. (2.19)
- 5.13** The establishment should identify and address the reasons for boys with disabilities saying that they feel unsafe. (2.26)

Complaints

- 5.14** Provision should be made for advocacy workers to access and speak to all boys and a suitable area for confidential interviews should be available. (2.34)

Health services

- 5.15** All boys should have timely access to smoking cessation help and support if needed. (2.54, repeated recommendation 2.53)
- 5.16** Care plans for boys with complex physical health conditions should be developed so that conditions and effective treatment paths can be more easily identified by other staff/establishments to ensure continuity of care. (2.62)
- 5.17** All prison officers should receive mental health awareness training to enable them to identify the necessity for referral for mental health assessment and to support boys with mental health conditions on the wings. (2.81)

Time out of cell

- 5.18** All boys should receive 10 hours out of cell each day. (3.4)

Education, learning and skills

- 5.19** Prison managers should ensure that the punctuality of boys to and from education and training courses is improved to meet the entitlement of 30 hours' educational activity a week for all boys, including those receiving outreach support on the wings. (3.13)
- 5.20** Novus managers should provide specialist cleaning training on the wings for boys on a cleaning pathway. (3.14)

- 5.21** Teachers should consistently set challenging course and behavioural targets in learning plans. (3.23)
- 5.22** Teachers should apply the removal of boys' earned privileges consistently to ensure that behaviour in all classes is of a reliably high standard. (3.24)
- 5.23** Success rates of qualifications should be improved in a few courses so that they are consistently high on all courses. (3.32)

Physical education and healthy living

- 5.24** The drainage in the outdoor field should be rectified to ensure that full use is made of the facilities. (3.38, repeated recommendation 3.56)

Training planning and remand management

- 5.25** Boys who are at risk of or have been exposed to child sexual exploitation should be identified and given appropriate support and protection. (4.16)

Reintegration planning

- 5.26** Prison managers should collect and analyse destination information about boys released and share it with Novus to evaluate the effectiveness of courses. (4.28)
- 5.27** Facilities for social and legal visits should be improved and should be safe. (4.41)

Examples of good practice

- 5.28** The on-site social workers ensured that boys had appropriate adult support during police interviews at Werrington. (1.18)
- 5.29** The independent scrutiny of incidents of force was good practice. (1.54)
- 5.30** 'Time out' gave boys who could otherwise spend long periods locked in their cells the opportunity for social interaction and support in the more relaxed environment of the chaplaincy. (2.30)
- 5.31** Respondents met all boys who had submitted a complaint and the quality assurance provided by the safeguarding team and social workers had been reinforced. (2.35)
- 5.32** In-possession medication risk assessments continued to be completed each time medicines were re-prescribed. This was the best way to ensure the continuing safety of boys with medication in possession. (2.69)
- 5.33** The introduction of clear and concise communication plans to help officers on the wings to interact more effectively with boys with communication difficulties was a positive initiative. (2.82)
- 5.34** Staff were encouraged to eat with boys and were provided with a meal free of charge if they chose to do so. (2.87)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Angus Mulready-Jones	Team leader
Ian Dickens	Inspector
Angela Johnson	Inspector
Yvonne McGuckian	Inspector
Gordon Riach	Inspector
Helen Ranns	Researcher
Laura Green	Researcher
Emily Spilman	Researcher
Maureen Jamieson	Health services inspector
Catriona Reeves	Care Quality Commission inspector
Dee Angwin	Care Quality Commission inspector
John Grimmer	Ofsted inspector
Jai Sharda	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 also provided.

Safety

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

*At the last inspection in 2017, boys' experiences of their early days at Werrington were good. Effective partnership working with the local authority resulted in well-developed safeguarding and child protection arrangements. Support for boys at risk of self-harm was generally good. Behaviour management procedures had improved significantly and were now appropriately focused on motivating positive behaviour with a range of immediate rewards and sanctions. Individual short-term reward plans were also in place for boys who required them. Levels of violence had reduced but were still too high and some violence was serious. The conflict resolution team was a positive initiative. Use of force and segregation had reduced, but some boys continued to spend long periods segregated. Substance misuse services were good. **Outcomes for children and young people were reasonably good against this healthy prison test.***

Main recommendation

Work should be undertaken to identify and provide the support needed to help Werrington (and other young offender institutions) to address and reduce the consistently high levels of violence while continuing to deliver a full, constructive regime to the boys in their care. (S42)

Not achieved (Recommendation repeated, S39)

Recommendations

The escort contract should be reviewed to ensure children do not have long delays at court once their case has finished and do not travel in escort vans with adults. (I.3)

Not achieved (Recommendation repeated, I.4)

Risk assessment management plans should be regularly reviewed and updated and should accurately reflect the boys' risks to other boys and staff and how to address this on units. (I.9)

Achieved

Quarterly and monthly safeguarding meetings should be attended by representatives from all areas of the establishment who work with boys. (I.13)

Achieved

All staff should undertake child protection training. (I.16)

Achieved

Health staff should consistently attend or contribute to the first ACCT case review. (I.26)

Achieved

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							
16 years							
17 years							
18 years							
Total							0

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	20 yrs +	Total
Age							
15 years					1		
16 years							
17 years							
18 years							
Total							1

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic young people	White young people	Muslim young people	Non-Muslim young people
	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		40	41	18	61
6.1	Do most staff treat you with respect?	56%	76%	56%	70%
6.2	If you had a problem, would you have no-one to turn to?	19%	25%	18%	22%
7.1	Is it easy to make an application?	81%	88%	88%	85%
7.4	Is it easy to make a complaint?	60%	82%	56%	76%
8.1	Are you on the enhanced (top) level of the reward scheme?	32%	33%	44%	31%
8.2	Have you been treated fairly in your experience of the reward scheme?	47%	64%	56%	59%
8.3	Do the different levels make you change your behaviour?	46%	54%	41%	53%
8.4	Have you had a minor report since you have been here?	61%	47%	71%	50%
8.6	Have you had an adjudication ('nicking') since you have been here?	78%	74%	82%	75%
8.8	Have you been physically restrained (C and R) since you have been here?	53%	40%	53%	45%
9.1	Have you ever felt unsafe here?	29%	28%	29%	29%
9.2	Do you feel unsafe now?	21%	11%	29%	12%
9.4	Have you been victimised by other young people here?	30%	33%	29%	34%
Since you have been here, have other young people:					
9.5d	Threatened or intimidated you?	8%	10%	6%	10%
9.5i	Victimised you because of your race or ethnic origin?	0%	3%	0%	2%
9.5j	Victimised you because of your religion/religious beliefs?	0%	3%	0%	2%
9.5k	Victimised you because of your nationality?	0%	0%	0%	0%
9.5p	Victimised you because you have a disability?	3%	3%	0%	3%
9.7	Have you been victimised by staff here?	31%	26%	25%	27%
Since you have been here, have staff:					
9.8d	Threatened or intimidated you?	11%	5%	6%	7%
9.8i	Victimised you because of your race or ethnic origin?	3%	0%	0%	2%
9.8j	Victimised you because of your religion/religious beliefs?	3%	0%	6%	0%
9.8k	Victimised you because of your nationality?	0%	0%	0%	0%
9.8p	Victimised you because you have a disability?	0%	3%	0%	2%
9.10	If you were being victimised, would you tell a member of staff?	16%	36%	14%	29%
9.11	Do you think staff would take it seriously if you told them you had been victimised?	14%	41%	13%	35%

Diversity analysis

Key to tables

		Black and minority ethnic young people	White young people	Muslim young people	Non-Muslim young people
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in young people's background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		40	41	18	61
10.1a	Is it easy/very easy for you to see the doctor?	63%	75%	53%	73%
10.1b	Is it easy/very easy for you to see the nurse?	68%	83%	53%	81%
10.4	Do you feel you have any emotional or mental health problems?	16%	42%	13%	36%
Do you currently take part in any of the following:					
11.4a	Education?	75%	68%	77%	70%
11.4b	A job in this establishment?	19%	24%	24%	23%
11.4c	Vocational or skills training?	6%	8%	0%	9%
11.4d	Offending behaviour programmes?	19%	13%	18%	18%
11.4e	Nothing?	19%	21%	18%	19%
11.6	Do you usually have association every day?	77%	79%	81%	77%
11.7	Can you usually go outside for exercise every day?	67%	92%	77%	80%
11.8	Do you go to the gym more than five times each week?	18%	0%	24%	4%
12.1	Are you able to use the telephone every day?	74%	87%	82%	80%
12.2	Have you had any problems with sending or receiving letters or parcels?	43%	28%	35%	37%
12.3	Do you usually have one or more visits per week from family and friends?	37%	39%	29%	40%
13.2	Do you have a training plan, sentence plan or remand plan?	49%	58%	50%	53%
13.8	Have you had a say in what will happen to you when you are released?	27%	46%	27%	40%

Diversity analysis - disability



Key question responses (disability analysis) HMYOI Werrington 2018

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	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		18	63
1.2	Are you a foreign national?	0%	8%
1.3	Do you understand spoken English?	100%	98%
1.4	Do you understand written English?	94%	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.)	41%	52%
1.6	Are you Muslim?	6%	28%
1.5	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	3%
1.10	Have you ever been in local authority care?	50%	38%
2.1	Are you sentenced?	83%	71%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	41%	53%
3.2	Did you travel with any adults (over 18) or a mix of males and females?	53%	34%
3.6	Were you treated well/very well by the escort staff?	67%	69%
3.7	Before you arrived, did you receive any helpful information to help you prepare for coming here?	22%	13%
4.2	When you were searched, was this carried out in a respectful way?	83%	84%
4.3	Were you treated well/very well in reception?	89%	84%
4.8	Before you were locked up on your first night, were you seen by a doctor or nurse?	59%	79%
4.9	Did you feel safe on your first night here?	77%	87%
5.1	Can you normally have a shower every day if you want to?	61%	71%
5.2	Is your cell call bell normally answered within five minutes?	22%	39%
5.3	Do you find the food here good/very good?	17%	17%
5.4	Does the shop/canteen sell a wide enough variety of products?	39%	37%
5.6	Do you feel your religious beliefs are respected?	59%	62%
Can you speak to:			
5.7	A chaplain of your faith in private?	82%	74%
5.8	A peer mentor?	35%	32%
5.9	A member of the IMB (Independent Monitoring Board)?	28%	25%
5.10	An advocate (an outside person to help you)?	28%	40%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		
6.1	Do most staff treat you with respect?	47%	72%
6.2	If you had a problem, would you have no-one to turn to?	17%	23%
7.1	Is it easy to make an application?	72%	88%
7.4	Is it easy to make a complaint?	83%	68%
8.1	Are you on the enhanced (top) level of the reward scheme?	22%	37%
8.2	Have you been treated fairly in your experience of the reward scheme?	50%	59%
8.3	Do the different levels make you change your behaviour?	53%	50%
8.4	Have you had a minor report since you have been here?	44%	57%
8.6	Have you had an adjudication ('nicking') since you have been here?	81%	75%
8.8	Have you been physically restrained (C and R) since you have been here?	47%	47%
9.1	Have you ever felt unsafe here?	59%	20%
9.2	Do you feel unsafe now?	29%	12%
9.4	Have you been victimised by other young people here?	56%	25%
Since you have been here, have other young people:			
9.5d	Threatened or intimidated you?	17%	7%
9.5i	Victimised you because of your race or ethnic origin?	6%	0%
9.5j	Victimised you because of your religion/religious beliefs?	6%	0%
9.5k	Victimised you because of your nationality?	0%	0%
9.5p	Victimised you because you have a disability?	11%	0%
9.7	Have you been victimised by staff here?	41%	24%
Since you have been here, have staff:			
9.8d	Threatened or intimidated you?	18%	5%
9.8i	Victimised you because of your race or ethnic origin?	0%	2%
9.8j	Victimised you because of your religion/religious beliefs?	0%	2%
9.8k	Victimised you because of your nationality?	0%	0%
9.8p	Victimised you because you have a disability?	6%	0%
9.10	If you were being victimised, would you tell a member of staff?	21%	27%
9.11	Do you think staff would take it seriously if you told them you had been victimised?	41%	25%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		
10.1a	Is it easy/very easy for you to see the doctor?	61%	72%
10.1b	Is it easy/very easy for you to see the nurse?	61%	80%
10.4	Do you feel you have any emotional or mental health problems?	75%	18%
Do you currently take part in any of the following:			
11.4a	Education?	80%	68%
11.4b	A job in this establishment?	20%	23%
11.4c	Vocational or skills training?	13%	5%
11.4d	Offending behaviour programmes?	53%	8%
11.4e	Nothing?	13%	22%
11.6	Do you usually have association every day?	69%	81%
11.7	Can you usually go outside for exercise every day?	67%	83%
11.8	Do you go to the gym more than five times each week?	0%	11%
12.1	Are you able to use the telephone every day?	75%	83%
12.2	Have you had any problems with sending or receiving letters or parcels?	44%	34%
12.3	Do you usually have one or more visits per week from family and friends?	31%	39%
13.2	Do you have a training plan, sentence plan or remand plan?	40%	56%
13.8	Have you had a say in what will happen to you when you are released?	19%	41%

Diversity analysis



Key question responses (local authority care analysis) HMYOI Werrington 2018

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		32	47
1.2	Are you a foreign national?	3%	9%
1.3	Do you understand spoken English?	100%	98%
1.4	Do you understand written English?	100%	98%
1.5	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	41%	57%
1.6	Are you Muslim?	19%	27%
1.5	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%
1.9	Do you consider yourself to have a disability?	25%	17%
2.1	Are you sentenced?	75%	75%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	42%	53%
3.2	Did you travel with any adults (over 18) or a mix of males and females?	31%	44%
3.6	Were you treated well/very well by the escort staff?	74%	64%
3.7	Before you arrived, did you receive any helpful information to help you prepare for coming here?	13%	13%
4.2	When you were searched, was this carried out in a respectful way?	77%	87%
4.3	Were you treated well/very well in reception?	87%	83%
4.8	Before you were locked up on your first night, were you seen by a doctor or nurse?	71%	76%
4.9	Did you feel safe on your first night here?	87%	83%
5.1	Can you normally have a shower every day if you want to?	81%	62%
5.2	Is your cell call bell normally answered within five minutes?	36%	32%
5.3	Do you find the food here good/very good?	7%	19%
5.4	Does the shop/canteen sell a wide enough variety of products?	52%	29%
5.6	Do you feel your religious beliefs are respected?	52%	68%
Can you speak to:			
5.7	A chaplain of your faith in private?	70%	80%
5.8	A peer mentor?	27%	36%
5.9	A member of the IMB (Independent Monitoring Board)?	23%	24%
5.10	An advocate (an outside person to help you)?	58%	24%

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		
6.1	Do most staff treat you with respect?	71%	62%
6.2	If you had a problem, would you have no-one to turn to?	17%	26%
7.1	Is it easy to make an application?	94%	80%
7.4	Is it easy to make a complaint?	73%	71%
8.1	Are you on the enhanced (top) level of the reward scheme?	32%	34%
8.2	Have you been treated fairly in your experience of the reward scheme?	60%	52%
8.3	Do the different levels make you change your behaviour?	50%	49%
8.4	Have you had a minor report since you have been here?	48%	61%
8.6	Have you had an adjudication ('nicking') since you have been here?	87%	70%
8.8	Have you been physically restrained (C and R) since you have been here?	48%	48%
9.1	Have you ever felt unsafe here?	36%	24%
9.2	Do you feel unsafe now?	17%	16%
9.4	Have you been victimised by other young people here?	43%	24%
Since you have been here, have other young people:			
9.5d	Threatened or intimidated you?	17%	4%
9.5i	Victimised you because of your race or ethnic origin?	0%	2%
9.5j	Victimised you because of your religion/religious beliefs?	0%	2%
9.5k	Victimised you because of your nationality?	0%	0%
9.5p	Victimised you because you have a disability?	3%	2%
9.7	Have you been victimised by staff here?	35%	24%
Since you have been here, have staff:			
9.8d	Threatened or intimidated you?	3%	11%
9.8i	Victimised you because of your race or ethnic origin?	0%	2%
9.8j	Victimised you because of your religion/religious beliefs?	3%	0%
9.8k	Victimised you because of your nationality?	0%	0%
9.8p	Victimised you because you have a disability?	0%	2%
9.10	If you were being victimised, would you tell a member of staff?	24%	24%
9.11	Do you think staff would take it seriously if you told them you had been victimised?	32%	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		
10.1a	Is it easy/very easy for you to see the doctor?	65%	72%
10.1b	Is it easy/very easy for you to see the nurse?	73%	76%
10.4	Do you feel you have any emotional or mental health problems?	48%	20%
Do you currently take part in any of the following:			
11.4a	Education?	71%	69%
11.4b	A job in this establishment?	19%	24%
11.4c	Vocational or skills training?	0%	10%
11.4d	Offending behaviour programmes?	19%	12%
11.4e	Nothing?	23%	19%
11.6	Do you usually have association every day?	80%	79%
11.7	Can you usually go outside for exercise every day?	84%	78%
11.8	Do you go to the gym more than five times each week?	0%	14%
12.1	Are you able to use the telephone every day?	83%	79%
12.2	Have you had any problems with sending or receiving letters or parcels?	29%	43%
12.3	Do you usually have one or more visits per week from family and friends?	13%	55%
13.2	Do you have a training plan, sentence plan or remand plan?	52%	55%
13.8	Have you had a say in what will happen to you when you are released?	36%	37%

Wing comparator



Survey responses from children and young people: HMYOI Werrington 2018

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

		A and B wing	C wing (enhanced)
	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		61	18
SECTION 1: ABOUT YOU			
1.1	Are you 18 years of age?	12%	17%
1.2	Are you a foreign national?	5%	11%
1.3	Do you understand spoken English?	98%	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 category.)	56%	33%
1.6	Are you Muslim?	26%	12%
1.7	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	0%
1.8	Do you have any children?	14%	12%
1.9	Do you consider yourself to have a disability?	22%	22%
1.10	Have you ever been in local authority care?	42%	31%
SECTION 2: ABOUT YOUR SENTENCE			
2.1	Are you sentenced?	75%	67%
2.2	Is your sentence 12 months or less?	16%	28%
2.3	Have you been in this establishment for one month or less?	12%	44%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	52%	53%
SECTION 3: COURTS, TRANSFERS AND ESCORTS			
On your most recent journey here:			
3.1	Did you feel safe?	85%	83%
3.2	Did you travel with any adults (over 18) or a mix of males and females?	39%	35%
3.3	Did you spend more than 4 hours in the van?	3%	0%
3.6	Were you treated well/very well by the escort staff?	63%	83%
3.7	Before you arrived, did you receive any helpful information to help you prepare for coming here?	5%	33%

Wing comparator

Key to tables

	Any percentage highlighted in green is significantly better	A and B wing	C wing (enhanced)
	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		61	18
SECTION 4: YOUR FIRST FEW DAYS HERE			
4.1	Were you in reception for less than 2 hours?	83%	89%
4.2	When you were searched, was this carried out in a respectful way?	81%	89%
4.3	Were you treated well/very well in reception?	81%	94%
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?	48%	50%
4.4b	Loss of property?	21%	19%
4.4c	Feeling scared?	19%	38%
4.4d	Gang problems?	60%	31%
4.4e	Contacting family?	62%	44%
4.4f	Money worries?	22%	6%
4.4g	Feeling worried/upset/needing someone to talk to?	36%	38%
4.4h	Health problems?	57%	50%
4.4i	Getting phone numbers?	59%	44%
4.5	Did you have any problems when you first arrived?	66%	60%
When you first arrived, did you have problems with any of the following:			
4.5a	Not being able to smoke?	33%	40%
4.5b	Loss of property?	9%	7%
4.5c	Feeling Scared?	7%	7%
4.5d	Gang Problems?	21%	7%
4.5e	Contacting Family?	26%	7%
4.5f	Money worries?	17%	7%
4.5g	Feeling worried/upset/needing someone to talk to?	14%	7%
4.5h	Health problems?	10%	0%
4.5i	Getting phone numbers?	31%	13%
When you first arrived, were you given any of the following:			
4.6a	Toiletries/basic items?	87%	100%
4.6b	The opportunity to have a shower?	88%	94%
4.6c	Something to eat?	90%	89%
4.6d	A free phone call to friends/family?	90%	94%
4.6e	PIN phone credit?	72%	67%
4.6f	Information about feeling worried/upset?	45%	67%

Wing comparator

Key to tables

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Number of completed questionnaires returned		61	18
Within your first 24 hours, did you have access to the following people or services:			
4.7a	A chaplain?	45%	33%
4.7b	A peer mentor?	9%	11%
4.7c	Childline/Samaritans	19%	6%
4.7d	The prison shop/canteen?	10%	6%
4.8	Before you were locked up on your first night, were you seen by a doctor or nurse?	67%	89%
4.9	Did you feel safe on your first night here?	79%	100%
SECTION 5: DAILY LIFE AND RESPECT			
5.1	Can you normally have a shower every day if you want to?	64%	78%
5.2	Is your cell call bell normally answered within five minutes?	32%	50%
5.3	Do you find the food here good/very good?	12%	28%
5.4	Does the shop/canteen sell a wide enough variety of products?	38%	29%
5.5	Is it easy/very easy for you to attend religious services?	61%	56%
5.6	Do you feel your religious beliefs are respected?	63%	56%
Can you speak to:			
5.7	A Chaplain of your faith in private?	79%	61%
5.8	A peer mentor?	34%	28%
5.9	A member of the IMB (Independent Monitoring Board)?	19%	39%
5.10	An advocate (an outside person to help you)?	37%	28%
SECTION 6: RELATIONSHIPS WITH STAFF			
6.1	Do most staff treat you with respect?	59%	94%
6.2	If you had a problem, would you have no-one to turn to?	19%	28%
6.3	Have staff checked on you personally in the last week to see how you are getting on?	43%	65%
SECTION 7: APPLICATIONS AND COMPLAINTS			
7.1	Is it easy to make an application?	90%	67%
7.4	Is it easy to make a complaint?	70%	67%
7.7	Have you ever felt too scared or intimidated to make a complaint?	26%	6%

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SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE			
8.1	Are you on the enhanced (top) level of the reward scheme?	26%	65%
8.2	Have you been treated fairly in your experience of the reward scheme?	49%	75%
8.3	Do the different levels make you change your behaviour?	41%	88%
8.4	Have you had a minor report since you have been here?	66%	17%
8.6	Have you had an adjudication ('nicking') since you have been here?	89%	33%
8.8	Have you been physically restrained (Cand R) since you have been here?	50%	22%
SECTION 9: SAFETY			
9.1	Have you ever felt unsafe here?	32%	22%
9.2	Do you feel unsafe now?	20%	6%
9.4	Have you ever been victimised by other young people here?	37%	24%
Since you have been here, have other young people:			
9.5a	Made insulting remarks about you, your family or friends?	12%	18%
9.5b	Hit, kicked or assaulted you?	19%	6%
9.5c	Sexually abused you?	5%	0%
9.5d	Threatened or intimidated you?	7%	18%
9.5e	Taken your canteen/property?	2%	0%
9.5f	Victimised you because of medication?	0%	0%
9.5g	Victimised you because of debt?	0%	6%
9.5h	Victimised you because of drugs?	0%	0%
9.5i	Victimised you because of your race or ethnic origin?	2%	0%
9.5j	Victimised you because of your religion/religious beliefs?	2%	0%
9.5k	Victimised you because of your nationality?	0%	0%
9.5l	Victimised you because you were from a different part of the country?	0%	12%
9.5m	Victimised you because you are from a Traveller community?	0%	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?	4%	0%
9.5q	Victimised you because you were new here?	5%	6%
9.5r	Victimised you because of your offence/crime?	0%	0%
9.5s	Victimised you because of gang related issues?	7%	0%

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9.7	Have you ever been victimised by a member of staff here?	30%	12%
Since you have been here, have staff:			
9.8a	Made insulting remarks about you, your family or friends?	13%	6%
9.8b	Hit, kicked or assaulted you?	2%	0%
9.8c	Sexually abused you?	2%	0%
9.8d	Threatened or intimidated you?	7%	0%
9.8e	Taken your canteen/property?	7%	0%
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?	2%	0%
9.8i	Victimised you because of your race or ethnic origin?	2%	0%
9.8j	Victimised you because of your religion/religious beliefs?	2%	0%
9.8k	Victimised you because of your nationality?	0%	0%
9.8k	Victimised you because you were from a different part of the country?	0%	0%
9.8m	Victimised you because you are from a Traveller community?	0%	0%
9.8n	Victimised you because of your sexual orientation?	0%	0%
9.8o	Victimised you because of your age?	0%	0%
9.8p	Victimised you because you have a disability?	2%	0%
9.8q	Victimised you because you were new here?	4%	0%
9.8r	Victimised you because of your offence/crime?	4%	0%
9.8s	Victimised you because of gang related issues?	0%	0%
9.8t	Victimised you because you made a complaint?	5%	6%
9.10	If you were being victimised, would you tell a member of staff?	21%	33%
9.11	Do you think staff would take it seriously if you told them you had been victimised?	22%	50%
9.12	Is shouting through the windows a problem here?	44%	50%
SECTION 10: HEALTH SERVICES			
10.1a	Is it easy for you to see the doctor?	62%	89%
10.1b	Is it easy for you to see the nurse?	68%	94%
10.1c	Is it easy for you to see the dentist?	48%	67%
10.4	Do you have any emotional or mental health problems?	34%	29%
10.6	Did you have any problems with alcohol when you first arrived?	7%	17%
10.7	Have you received any help with any alcohol problems here?	5%	17%
10.8	Did you have any problems with drugs when you first arrived?	30%	28%
10.9	Do you have a problem with drugs now?	7%	0%
10.10	Have you received any help with any drug problems here?	30%	28%
10.11	Is it easy/very easy to get illegal drugs here?	21%	28%

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SECTION 11: ACTIVITIES			
11.1	Were you 14 or younger when you were last at school?	49%	22%
11.2	Have you ever been excluded from school?	90%	89%
11.3	Did you ever skip school before you came into custody?	60%	78%
Do you currently take part in any of the following:			
11.4a	Education?	80%	50%
11.4b	A job in this establishment?	20%	33%
11.4c	Vocational or skills training?	9%	6%
11.4d	Offending behaviour programmes?	19%	17%
11.4e	Nothing	13%	33%
11.6	Do you usually have association every day?	72%	94%
11.7	Can you usually go outside for exercise every day?	72%	94%
11.8	Do you go to the gym more than five times each week?	7%	13%
SECTION 12: KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
12.1	Are you able to use the telephone every day?	74%	94%
12.2	Have you had any problems with sending or receiving letters or parcels?	43%	17%
12.3	Do you usually have one or more visits per week from family and friends?	43%	22%
12.4	Is it easy/very easy for your family and friends to visit you here?	26%	33%
12.5	Do your visits start on time?	43%	28%
SECTION 13: PREPARATION FOR RELEASE			
Do you think you will have a problem with the following, when you are released:			
13.1a	Finding accommodation?	15%	18%
13.1b	Getting into school or college?	32%	24%
13.1c	Getting a job?	53%	35%
13.1d	Money/finances?	17%	12%
13.1e	Claiming benefits?	4%	6%
13.1f	Continuing health services?	6%	0%
13.1g	Opening a bank account?	15%	12%
13.1h	Avoiding bad relationships?	15%	18%
13.2	Do you have a training plan, sentence plan or remand plan?	48%	59%
13.5	Do you have a caseworker here?	96%	94%
13.8	Have you had a say in what will happen to you when you are released?	28%	56%