

Report on an unannounced full follow-up
inspection of

HMYOI Warren Hill

9 - 13 May 2011

by HM Chief Inspector of Prisons

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Introduction

Warren Hill is a young offender institution for remanded and convicted young people aged 15 to 18, situated deep in the Suffolk countryside. In 2010, the establishment suffered a serious disturbance and lost half its accommodation. On top of this, much needed new buildings suffered accidental water damage which has delayed their opening. Nonetheless, this unannounced inspection found Warren Hill beginning to rise above its recent problems and getting back on track to becoming a fully effective establishment once again.

Warren Hill was a reasonably safe place. Reception and first night accommodation remained unacceptable, but would – it is to be hoped – shortly be replaced by new buildings. It was disappointing that young people were still routinely strip-searched on arrival. Safeguarding and child protection processes were satisfactory, but more work was needed to address bullying. Vulnerable young people and those at risk of self-harm were generally well cared for.

Despite the recent disturbance, the establishment had not taken a disproportionate approach to security. Use of force was generally appropriate and adjudications were now less frequent, but some young people spent much too long in segregation. Substance use was not a significant problem.

The quality of the remaining accommodation had improved and plans were being made to refurbish the damaged wings. Relationships between staff and young people were good, although we saw examples where poor behaviour went unchallenged. Some aspects of diversity were underdeveloped and there was a need for further work to address negative perceptions among black and minority ethnic young people. Both the chaplaincy and health care provided a good service.

The majority of young people spent a good deal of time out of cell and, with a reduced population, there were now plenty of activity spaces. Learning and skills provision was good, although too many young people were returned to their wings for misbehaviour in class and a more nuanced approach was required. The library was excellent and there was good access to PE.

The strategic management of resettlement had improved and training and remand planning was good. There were appropriate offending behaviour programmes and an increasing use of release on temporary licence. There was some good work to address resettlement need, particularly substance misuse, but efforts to address accommodation needs required improvement.

The separate Carlford Unit continued to provide an important resource housing a small number of serious, long-term, sentenced young people. However, plans to integrate the unit into the main establishment when the new buildings opened would need careful management to maintain safety.

Warren Hill was at something of a crossroads at the time of the inspection; work had not yet started on refurbishing the accommodation damaged in the recent disturbances and some much needed new accommodation had not come on stream because of accidental water damage. Nevertheless, this inspection found a number of areas of improvement and much to commend at Warren Hill. It is to be hoped that the establishment will be allowed to move

swiftly on after a very difficult period and return to being an important part of the young offender secure estate.

Nick Hardwick
HM Chief Inspector of Prisons

July 2011

Fact page

Task of the establishment

Warren Hill holds remand and convicted young people aged 15 to 18 years, covering courts from Northampton to the South of England.

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

Public, commissioned by the Youth Justice Board

Region/Department

East of England

Number held

Warren Hill : 96

Carlford unit : 25 (9 May 2011)

Certified normal accommodation

192

Operational capacity

192

Date of last full inspection

September 2009

Brief history

Warren Hill opened in 1982 to accommodate Category C young offenders in a closed environment. It was part of Hollesley Bay Colony, the other part of the prison being an open youth custody centre/detention centre. Warren Hill, together with the Carlford unit (a long-term unit opened in January 2000), became a juvenile-only facility in October of the same year. In April 2002, while retaining some shared services, HMP & YOI Hollesley Bay became two separate prisons. The open complex retained the name Hollesley Bay and the juvenile parts (Warren Hill and the Carlford unit) became HMP & YOI Warren Hill.

Short description of residential units

Warren Hill consists of four residential units and one first night centre which also serves as a care and separation unit. Two of the units were unoccupied at the time of the inspection following a disturbance in November 2010. The two residential units occupied held a total of 90 young people aged 15 to 18 years old. All the young people are located in single cell accommodation with in-cell sanitation and washing facilities. Both units have had new 'single cubicle child-friendly shower facilities' installed within the last five years.

All units are managed by a senior officer and an operational manager and overseen by the residential governor. Staff have been specifically trained to work with under-18s. The Carlford unit is located some distance from the main prison and houses up to 30 young people serving longer determinate sentences and indeterminate sentences, including indeterminate sentences for public protection.

A new 60-bed unit is expected to open in September 2011, replacing Carlford unit and the existing first night centre.

Escort contractor

G4S

Health service commissioner and providers

NHS Suffolk and Suffolk Community Healthcare hosted by North Essex

Learning and skills providers

A4E

Healthy prison summary

Introduction

- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test (previously ... performing well against this healthy prison test).**
- There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good against this healthy prison test (previously ... performing reasonably well against this healthy prison test).**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good against this healthy prison test (previously... not performing sufficiently well against this healthy prison test.)**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the wellbeing of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor against this healthy prison test (previously ... performing poorly against this healthy prison test).**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections

are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in September 2009, we found that Warren Hill was performing reasonably well against the healthy prison test of safety. We made 42 recommendations, of which 20 had been achieved, seven had been partially achieved, 15 had not been achieved, including two main recommendations. We have made 11 further recommendations, including two main recommendations.
- HP5 In 2009 we found that Warren Hill was performing reasonably well against the healthy prison test of respect. We made 75 recommendations, of which 39 had been achieved, 16 had been partially achieved, 20 had not been achieved. We have made 16 further recommendations, including one main recommendation.
- HP6 In 2009 we found that Warren Hill was performing reasonably well against the healthy prison test of purposeful activity. We made 10 recommendations, of which four had been achieved, two had been partially achieved, including one main recommendation, three had not been achieved and one was no longer relevant. We have made four further recommendations.
- HP7 In 2009 we found that Warren Hill was performing reasonably well against the healthy prison test of resettlement. We made 31 recommendations, of which 12 had been achieved, including one main recommendation, 10 had been partially achieved, eight had not been achieved and one was no longer relevant. We have made six further recommendations, including one main recommendation.

Safety

- HP8 Late arrivals after lengthy journeys were common but young people reported that escort staff treated them well. The reception and first night accommodation remained unsuitable. All new arrivals were routinely strip-searched but reception and first night staff were otherwise considerate of their specific needs. The strategic management of safeguarding and child protection was effective, with a high level of involvement from the local authority. Young people identified as vulnerable received a good range of support but coordinated care plans were lacking. There were high levels of bullying which was not effectively addressed. Young people at risk of self-harm were well cared for. The number of adjudications was reducing and restraint was by and large used as a last resort. Although staff treated young people well, we had serious concerns about the care of young people segregated in the Butley unit, in particular the inordinately long periods for which some had remained there. Intelligence suggested very low availability of drugs. Procedures for detoxification and mandatory drug testing were appropriate. On the basis of this full follow-up inspection, we considered that outcomes for young people in this establishment were reasonably good in relation to this healthy prison test.

- HP9 The majority of young people arrived after long journeys, some having waited for very lengthy periods in court cells following a short court appearance. There were still many late arrivals: during the previous month half had arrived after 8pm. Reception staff collected information about treatment on escort, and regular meetings with escort providers ensured that problems highlighted were raised with them. Young people generally reported favourably on their treatment by escort staff.¹
- HP10 The reception and first night environment (the Butley unit) was unsuitable and had been so for many years, but most young people said that reception staff treated them well. Reception procedures were sensitive, apart from routine strip-searching. Young people's immediate needs were quickly dealt with but risk management plans drawn up as part of initial vulnerability assessments were inadequate. All new arrivals had a thorough interview with a first night officer before they were locked up for the night but there was no access to peer support to help them settle in.
- HP11 The first day induction interview for all new arrivals was carried out thoroughly and sensitively. The induction programme was comprehensive but some young people said that it did not cover everything they needed to know, and this included a relatively high percentage of young people who reported that they had a disability.
- HP12 The designated membership of the safeguarding committee was appropriate but attendance at meetings was erratic. The committee monitored all aspects of safeguarding using a wide range of data. The young people safeguarding representatives provided good general peer support and contributed well to the safeguarding meetings, with good supervision and support from staff. Vulnerable young people were identified effectively and referred for multidisciplinary services. The weekly health and wellbeing meetings offered an ideal forum for multidisciplinary care planning and individual young people who had been highlighted for additional attention for a range of reasons were monitored well. However, attendees were mainly specialists and the lack of representation by residential staff was an omission. Decisions made at the meetings were not translated into individual care plans for the most challenging young people and subsequent care management by a variety of specialists was uncoordinated. Good efforts had been made to ensure that the needs of looked-after children were properly met.
- HP13 Young people reported high levels of bullying, particularly for canteen, and expressed little confidence that staff would challenge bullying. The system to tackle bullying was complex and staff admitted they were discouraged from using it. This resulted in inconsistent practice. Good efforts had been made to encourage young people and others to report bullying and successful efforts had been made to reduce shouting out of the windows, although it still occurred. There was a comprehensive child protection policy, effectively implemented by a multidisciplinary child protection committee. Child

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

protection referrals were dealt with efficiently, agreed by the governor, and responded to well by the local authority with a high number of strategy meetings taking place. The local authority designated officer maintained good oversight of all allegations against staff. Young people who made disclosures had access to a wide range of specialist support. The monthly child protection meetings, chaired by the governor and regularly attended by the local child protection team, were very effective. Internal investigations, agreed with the local authority, were carried out robustly.

- HP14 Acts of self-harm were few and generally minor. Initial assessments were mostly good quality but care maps did not adequately address the identified needs, and records of staff monitoring did not reflect a good level of engagement with the young person. Quality assurance procedures had been introduced to address these shortfalls. Review meetings were timely and carried out sensitively. Family support services made good efforts to involve families when appropriate. Despite procedural frailties, there was a wide range of specialist services to support young people at risk of self-harm and young people we spoke to said they felt well cared for.
- HP15 Security was appropriately focused on important aspects of safeguarding young people but there were over-restrictive practices which were disproportionate to risk. Information was analysed well, although there was a lack of action planning in some areas to tackle identified concerns. Rules and routines were clearly explained to young people and were well understood. The comprehensive behaviour management strategy was undermined by the failure to implement some aspects, such as care planning and restorative justice, and not all inappropriate behaviour was challenged. The number of adjudications had recently reduced with the promotion of the minor reports system, although there were some procedural weaknesses.
- HP16 A high number of young people were segregated in the Butley unit for a variety of reasons, some for very lengthy periods and the unit policy was not being followed. Butley staff treated young people respectfully but they spent too much of their time locked up. Young people who were segregated did not have care plans and behaviour targets did not address the individual problematic behaviour. Reviews were not multidisciplinary and there was a lack of much-needed involvement of specialist staff in the assessment, care planning and management of such problematic young people in the reviews.
- HP17 The majority of incidents of use of force related to preventing fights and assaults. However, it was also used occasionally and inappropriately to gain compliance. Debriefs with young people after they had been restrained were carried out extremely well. Documentation relating to the use of force was completed thoroughly and any child protection concerns were picked up quickly. Attendance at restraint minimisation meetings was poor, inhibiting progress.
- HP18 Demand for clinical intervention was very low but appropriate clinical management protocols, assessment procedures and a specialist substance misuse nurse were in place should the need arise. All reception officers were trained to conduct mandatory drug testing (MDT) and testing took place during the week as well as at weekends so that it was less predictable. MDT procedures were age appropriate. Drug-related security intelligence suggested low availability and young people confirmed this.

Respect

HP19 The condition of the cells and communal areas had improved but some aspects still needed attention. Young people had good access to showers and telephones but more often than not ate their meals in their cells. Relationships between staff and young people were mostly friendly but insufficiently challenging. Applications and complaints were managed efficiently and young people benefitted from specialist advice on their legal rights. Young people generally described their personal officers, known as mentors, as helpful. The rewards and sanctions scheme worked well overall. The strategic management of all aspects of diversity was in transition and underdeveloped. There were few racial complaints but evidence of over-representation of young people from black and minority ethnic groups in several aspects of disciplinary procedures had not been investigated. The basic needs of foreign nationals were met. The chaplaincy team provided good support. Health services were generally good with particularly good mental health provision. On the basis of this full follow-up inspection, we considered that outcomes for young people were reasonably good against this healthy prison test.

HP20 Most cells were kept clean and tidy, although the first night cells were poorer and did not give a good first impression. Graffiti remained a problem but had improved since the previous inspection and was being tackled robustly. Cells were suitably equipped but there were large displays of toiletries and other canteen goods in some cells. External areas were well maintained but communal areas, including showers, in all but Orwell, were grubby. Young people had good access to showers and telephones which was very well managed during association.

HP21 Most young people spoke positively about their relationships with staff but some complained of inconsistent treatment. Consultation arrangements were good. Our observations suggested that staff on the main site were generally friendly but insufficiently challenging. Relationships between staff and young people on the Carlford unit appeared to be very good. Although managers carried out daily checks, young people reported poor responses to cell bells on the main site. Not all staff displayed their names on their uniforms which was unhelpful to young people and a safety issue. Individual wing files contained some very insightful and informative comments by some staff and indicated a good level of engagement.

HP22 Almost all young people understood how to make applications and complaints which were managed efficiently. Complaints were monitored for patterns and trends and there was an effective quality assurance system in place to ensure that replies were of an acceptable standard. Young people were routinely asked to comment on how their complaint had been dealt with. Young people had good access to independent advice and support from the Independent Monitoring Board and the advocacy service.

HP23 Young people were not always introduced to their personal mentor very quickly and some reported a delay of over a week. However, the majority of young people in our survey said they saw their personal mentor at least once a week and significantly more young people at Warren Hill than the national comparator said their personal mentor had helped them. Most personal mentors had frequent contact with the young people they were responsible for and demonstrated a good knowledge of their behaviour on the unit and particular concerns about them. It was disappointing therefore that they did not consistently attend important meetings to support the young person they were mentoring.

- HP24 The rewards and sanctions scheme set out clear standards of acceptable behaviour which young people understood and found motivational. Despite weak behavioural targets, the scheme was implemented well. Reviews were timely and conducted fairly and young people were given a chance to improve their behaviour before being downgraded.
- HP25 The strategic management of all aspects of diversity was in transition and several aspects were underdeveloped. New arrangements were being put in place to strengthen the current weaknesses. Good links had been established with Ipswich and Suffolk Council for Racial Equality. Young people representatives attended the race equality action team meetings but their role was underused. The investigations of the small number of racist incident complaints were carried out well. There was no evidence of any serious racial tension but underlying low-level discontent was evident among some young people from a black and minority ethnic background. Monitoring data indicated that black and minority ethnic young people were overrepresented in a number of areas relating to discipline but no action had been taken as a result. Regular discussion forums were facilitated for young people from black and minority ethnic backgrounds to raise concerns.
- HP26 The basic needs of foreign nationals were adequately met. The foreign national coordinator was experienced but did not always have sufficient time to deal with young people quickly. Caseworkers helped with complex cases and immigration surgeries with the UK Border Agency had recently been introduced. No support group or access to independent advice and guidance were available. Interpretation services were used where necessary and there was a wide range of foreign language material in the library. Staff had been responsive in obtaining non-translated books written in the young person's own language, when requested.
- HP27 All faiths were catered for and the chaplaincy team had very good links with community faith groups and a high number of volunteers contributed to the work of the chaplains. Chaplains provided good pastoral support, particularly to more vulnerable young people. Chaplains were generally well regarded by young people and religious services were well attended. The chaplaincy team delivered religious diversity training to staff, which was innovative.
- HP28 Young people mostly ate in their cells. The food we sampled was plentiful and tasty but many young people did not like the food and complained that they were always hungry. There were effective arrangements in place for young people to communicate directly with the catering department about the food. The lack of access to hot water in cells at night meant that the instant snack meals available through the canteen to help to satisfy adolescent appetites after lock up were not an option.
- HP29 A local firm of solicitors provided a weekly surgery covering legal rights as part of the induction programme, which was an excellent resource. Access to legal telephone calls was by written application and was not always quick enough. Facilities for legal visits were good..
- HP30 The health care environment was poor but the service was age appropriate and based on an up-to-date needs analysis. Initial assessments were timely and comprehensive and relevant information passed on efficiently. Access to the GP was very good but more sessions were needed. There was a good level of primary care which was improving and secondary care was good. Medication was administered safely on the wings. A good range of clinics was available and a full immunisation

programme. The quality of mental health provision was very good and included a range of counselling provision. Health promotion was very good with a dedicated nurse leading on development and linking with other departments in the prison. Dental services were good with no waiting lists. Pharmacy services met the needs of the young people.

Purposeful activity

- HP31 The majority of young people spent a good deal of time out of their cell during the week but less at weekends. Association was scheduled daily but there was no scheduled time in the open air. An appropriate mix, range and level of learning and skills courses were available. The quality of teaching and learning was good, particularly at Carlford. Education support was well planned and reasonably effective but the number of young people being returned to unit from specialist support classes was high. Young people generally behaved well in mainstream classes. Young people's achievements and standards of work were good. The library was a high quality facility which was well used. Young people had good access to PE. On the basis of this full follow-up inspection, we considered that outcomes for young people were reasonably good in relation to this healthy prison test.
- HP32 The majority of young people spent almost nine hours a day out of their cell during the week but young people located on the Butley unit or those who had lost association through poor behaviour had considerably less time unlocked. Time unlocked at the weekend was reduced to between five and six hours, although residential staff had made efforts to introduce some additional recreational activities which they organised. Association was scheduled daily but time outside in the open air was not, and staff and young people reported little use of the outdoor areas. Outdoor areas were poor and it was not surprising that few young people chose to spend time outside when occasionally given the opportunity.
- HP33 Assessments completed by education support services were comprehensive and young people were generally placed on courses which met their assessed needs. Assessments were not fully used to inform and develop good quality individual learning plans and there were still significant delays in completing risk assessments for allocation to activity. Individual pathway plans, training plans and individual learning plans were not sufficiently coordinated. Identification of specific learning needs was thorough and education support services provided good quality ongoing learning support for poor behaviour.
- HP34 There was a good range of provision to meet the needs of all young people both in education and vocational training. The number of recorded course cancellations had been high but this had recently reduced. The number of places exceeded demand and was sufficient to occupy the population at the main site for the whole day. Young people in the Carlford unit were only engaged in education in the mornings. There was no learning and skills provision for them in the afternoon and they spent their afternoons engaged in a variety of other, mainly recreational, activities.
- HP35 There were too many instances of young people being returned to their residential unit from the specialist support classes for poor behaviour and there was no time-out facility. There was insufficient good quality education for those young people who were temporarily removed from mainstream provision

- HP36 The range of accredited education programmes had increased and since the last inspection more qualifications were available. Almost all young people left the establishment with at least one nationally recognised qualification and many with substantially more. Many young people improved their skills significantly in the key areas of reading, spelling and numeracy.
- HP37 Most classes had very small numbers and the quality of teaching was good, particularly on Carlford. Leadership and management were effective and concerted efforts to improve attendance rates and punctuality had resulted in improvements in both areas. There was good use of release on temporary licence (RoTL) to enable young people to benefit from educational opportunities outside the prison.
- HP38 Young people had good access to PE and refusals to attend PE were few. The PE facilities were adequate and the programme was well planned and balanced. In the core PE programme young people could gain qualifications in a range of sports. Take up and achievement rates were high and additional qualifications were available in fitness instruction and personal exercise planning. There was a productive partnership with the Football Association, Prince's Trust and Ipswich Town Football Club. The presence of cameras in the changing rooms was inappropriate, although there were management systems in place to prevent any misuse of images.
- HP39 The library was a high quality facility, popular with all young people, and was well used. The lack of evening or weekend opening at the main site continued to restrict library access for some young people. The librarian made good use of management information to identify non-attendees and encourage their attendance. The library service for young people at Carlford was very limited, consisting of one evening a week.

Resettlement

- HP40 There had been recently improvements to the strategic management of resettlement but further work, such as a needs analysis, was required. Training planning and remand management were very well managed. Young people serving indeterminate sentences were well catered for and public protection was sound. The Connexions service was improving but there was a long waiting list. More needed to be done to ensure that young people were released to suitable accommodation. Finance benefit and debt services met the needs of young people. The delivery of the accredited juvenile enhanced thinking skills (JETS) programme had increased and young people convicted of sex offences received specialist treatment. Substance misuse services and health care pre-release planning were good. Many young people did not get visits, although the work of the family services team mitigated this. Community links were strong and the use of RoTL was growing. On the basis of this full follow-up inspection, we considered that outcomes for young people were reasonably good against this healthy prison test.
- HP41 Recent changes to the structure of the resettlement committee and the allocation of pathway leads for each area had brought about initial improvements to the strategic management arrangements. There was no up-to-date needs analysis or action plan but the first meeting of the revised committee had recorded these as urgent requirements.

- HP42 Strong links were maintained with community youth offending teams (YOTs) through a regional forum and local employment providers sometimes attended the resettlement management committee meetings. Increasingly wide use was being made of RoTL. The range of placements had improved and all eligible young people were being assessed.
- HP43 The quality of training and remand management plans was consistently good. Training planning and remand management meetings were well managed. Attendance at reviews by establishment staff was generally good, with the exception of health care staff and personal mentors. Families seldom attended.
- HP44 All young people serving indeterminate sentences were allocated a trained officer. There was a very well established lifer support group on Carlford and we observed headquarters staff providing helpful input. There was some backlog of lifer documentation but this was improving and did not impede the progression of young people. The identification and management of young people subject to public protection arrangements were sound.
- HP45 There was no specialist on-site accommodation service but accommodation problems were identified early and kept under review through the training planning process. Young people were not released without an address to go to but there were insufficient checks on the suitability of the accommodation on offer.
- HP46 A basic money management course was run by the education department as part of a generic pre-release course. Staff in the casework department had negotiated with banks to try to assist young people to open accounts, so far without success. The improved Connexions service also provided some assistance with financial matters but there was a long waiting list to see a Connexions worker and some young people left the establishment without seeing one.
- HP47 The education department ran a generic pre-release course that all young people attended. RoTL was used increasingly for young people to access work experience and training placements. The delivery of the accredited JETS programme had increased significantly. Limited individual work was carried out by members of the psychology department with young people with anger management problems and the Lucy Faithfull Foundation continued to deliver sex offender treatment to young people located in the Carlford unit. There were well established health discharge clinics which provided young people with general health promotion information and helped to ensure continuity of care for any ongoing health concerns.
- HP48 The substance misuse strategy now included alcohol services but the needs analysis and the strategy were out of date. All young people were assessed on arrival for needs relating to substance use and all undertook substance misuse awareness work. Smoking cessation support was available. There was a good level of joint work between the young people's substance misuse service and other internal and external service providers. The care of young people with complex needs was well coordinated and good links had been established with internal and external YOT workers to arrange post-release care.
- HP49 The family services team offered a range of useful support to young people and their families. Distance from home was a significant and increasing problem and young people did not get many visits. The visitors' centre and the visits hall were good facilities. There was a wide range of useful information on display for visitors,

including a range of telephone help lines. Family days continued to be run successfully on Carlford and had been recently introduced to Warren Hill. Young people who were parents were able to maintain contact with their children and special bonding visits were also arranged.

Main concerns and recommendations

HP50 Concern: There were high levels of bullying and young people did not have confidence in staff to deal with it. Staff admitted that they did not always respond to bullying because the formal systems were too complex.

Recommendation: Staff and young people should be involved in a review of existing bullying procedures. New and simplified procedures for tackling bullying should be established which have the confidence of staff and young people.

HP51 Concern: Young people located in the care and separation unit did not have care plans to address their problematic behaviour and ensure their timely reintegration. Some young people were segregated for very lengthy periods.

Recommendation: Young people located in the care and separation unit should have an individual care plan, subject to regular review, which identifies their problematic behaviour and underlying causes and ensures that appropriate resources and support are put in place to address these and facilitate reintegration as soon as possible.

HP52 Concern: There had been a lack of management attention to diversity which was in a state of flux and several aspects were underdeveloped.

Recommendation: An effective equality and diversity management committee, or equivalent, should be established without delay to ensure that equality issues relating to race, nationality, disability, religion and sexual orientation are well managed.

HP53 Concern: Young people received few visits from their families and their attendance at important meetings relating to the care of the young people was low.

Recommendation: The establishment should work with community youth offending teams to provide appropriate assistance to the families of young people who receive few or no visits with a view to arranging suitable contact.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report.)

Main recommendations

- MR1 **Young people should not be routinely strip-searched. Strip-searching should only be carried out after a thorough risk assessment has identified serious risk of harm to the young person or others, and on the authorisation of a duty governor. (HP44)**

Not achieved. All young people were still routinely strip-searched on arrival or discharge through reception. Strip-searching otherwise took place following a risk assessment in accordance with the recently revised strategy. All risk assessed strip-searches were authorised by a governor and a log of searches had been very recently introduced.

- MR2 **Pending the new build, interim measures should be taken to ensure that young people who are new to custody are not co-located with young people separated for disciplinary reasons. (HP45)**

Not achieved. Butley unit still contained an inappropriate mix of young people spending their first night in custody and young people who had been removed from their units because of poor behaviour or because they were particularly vulnerable. The move to a new, purpose-built facility adjacent to the main site at Warren Hill had been due to take place in March 2011 but serious water damage in the new building had required extensive remedial work before the facility could open. The new build would provide a new reception and health care facility, a first night and induction unit and discrete accommodation for young people serving longer sentences, previously located in the Carlford unit. The opening of the new unit was anticipated to be within three months.

- MR3 **A properly planned and coordinated programme of activities should be provided to supplement the education and vocational training programme to ensure that all young people have a full and purposeful day. (HP46)**

Partially achieved. A new, integrated timetable had been implemented for young people located on the Carlford unit. There was an expanded curriculum which included a wider range of GCSEs, and three periods of PE had very recently been introduced. One-to-one sessions for horticulture, painting and creative writing were also available to young people located on the Carlford unit, although very small numbers of young people were involved in these activities during the inspection. However, there were still insufficient education and vocational training activities in the afternoons for young people located on the Carlford unit, despite the recent additions.

Following the temporary closure of two residential units on the main site without a corresponding reduction in the number of learning and skills places, activity spaces significantly exceeded demand and there was no requirement to supplement the education and vocational training programme at the time of the inspection (see also learning and skills section).

MR4 **There should be a national strategy for the care and management of children and young people serving long sentences, including the role of Carlford unit. This should include referral criteria, staff recruitment, selection, training and staff supervision and support. (HP47)**

Achieved. The Youth Justice Board (YJB) had published in 2011 a national protocol for the care and management of children and young people serving long sentences. This covered the necessary admission criteria and assessment procedures. A further document setting out the role of the new Waveney unit, due to replace the Carlford unit as well as the existing reception and first night unit (Butley), described the services required by the YJB and also specified how staff for the unit should be recruited, trained and supported.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Children and young people travel in safe, decent conditions and in a timely way to and from court and between establishments. During travel the individual needs of young people are recognised and given proper attention. Children and young people travel separately from adults.

1.1 All young people should be offered a shower before and after attending court. (1.10)

Not achieved. Young people generally had good access to showers (see residential section) and those who returned from court before evening association could take a shower during association. However, young people who arrived back from court after the end of evening association were not offered a shower that night. A check of the establishment's records showed that 50% of young people arrived at the establishment after 8pm during April 2011, that is after evening association. We were told that there was not enough time to facilitate showers for young people going to court in the morning before they left. This could mean that a young person attending court daily for a lengthy trial might not get a shower throughout that period.

We repeat the recommendation.

1.2 Age-appropriate written information about Warren Hill should be developed by the establishment and provided to young people at court by youth offending team court officers. (1.11)

Partially achieved. Information had been prepared by the establishment and supplied electronically to courts which we were told had been unwilling to bear the costs of printing the information sheets. The establishment had since provided escort contractors and youth offending teams (YOTs) with the information sheets which had improved the situation slightly. In our survey, 8% of young people said they had been given written information before arriving at Warren Hill against the national comparator of 3%. Conversely, no young people at Carlford said they had received written information prior to arrival.

We repeat the recommendation.

1.3 Young people should not spend long periods in court cells and this should be monitored by the establishment and discussed at PECS meetings. (1.12)

Partially achieved. The establishment monitored 10% of prisoner escort records (PERs) and discussed the results at quarterly meetings with escort providers. Young people still experienced lengthy journeys and long waits in court cells. In March 2011 one young person had spent over seven hours in a court cell and another five hours travelling for a 32-minute court appearance. In November 2010 another young person had travelled for six and a half hours and spent just under five hours in a court cell for a five-minute court appearance. This young person had learning difficulties and was on an open assessment, care in custody and

teamwork (ACCT) document. In our surveys, young people reported more favourably about treatment by escort staff and the cleanliness of the vans than the national comparators.
We repeat the recommendation.

- 1.4 **The video link should be fully used, when appropriate, at the earliest opportunity to reduce the number of young people attending courts unnecessarily. (1.13)**

Achieved. The video link facility was not operational for court appearances at the previous inspection. The establishment had since trained five members of staff to use the video link but reported reluctance from courts to use the facility. Between January and April 2011, 200 young people went to court from Warren Hill, and over the same period there were 11 video link appearances.

- 1.5 **All escort vans should carry snacks as well as water and these should be offered to young people at regular intervals. (1.14)**

Not achieved. In our survey, 51% of young people said they had been offered something to eat or drink during their journeys against the national comparator of 30%. At Carlford over three-quarters of young people said they had been offered food or drink. Records were kept on PERs of when drinks and/or food were offered and whether it was accepted by young people. In discussions with young people, we were told that one escort contractor offered refreshments, while others offered water but did not offer food and this was confirmed by staff. In our survey, 10% of young people at Warren Hill said they spent longer than four hours in the escort van against the comparator of 5%.

We repeat the recommendation.

- 1.6 **Any outstanding complaints raised by young people prior to discharge should be responded to. Complaints should be monitored to identify and respond to trends where appropriate. (1.15)**

Achieved. There was a system in place to ensure that complaints young people wanted to raise prior to discharge were recorded and responded to. All young people were asked about complaints prior to discharge and their response recorded. No complaints had been raised in the six months prior to the inspection.

First days in custody

Expected outcomes:

Children and young people travel in safe, decent conditions and in a timely way to and from court and between establishments. During travel the individual needs of young people are recognised and given proper attention. Children and young people travel separately from adults.

Reception, first night and induction

- 1.7 **Cell-sharing risk assessments and vulnerability assessments should be conducted in private. (1.38)**

Achieved. The assessments were still carried out in reception, but better use was made of the limited office space to afford some privacy to young people. There were good arrangements in place to deal with late arrivals.

1.8 First night risk management plans should be relevant to the young person's needs and identified risks, and managers should monitor quality through a robust system of quality assurance. (1.39)

Partially achieved. Completion of vulnerability assessments continued to be shared between reception and first night staff. Training in completion of the assessments had been provided by the National Offender Management Service (NOMS) young people's team. The sample that we examined was variable in quality and, while some made effective use of the information, others lacked detail and did not give a clear picture of the young person's risks and needs. Many of the plans that emerged from the assessments were generic rather than specific to the individual and listed a range of policies and procedures available at Warren Hill but did not make links with what was available and how it would address the young person's risks and needs. Managers carried out quality assurance and were clear about the standards required. Some young people arrived without necessary documentation, and we came across two examples during the inspection. Staff used appropriate procedures to alert the Youth Justice Board and placed young people on enhanced supervision until the required information was received. Young people were not able to move from their first night accommodation to a residential wing until all required documentation had been received.

We repeat the recommendation.

1.9 Referrals should be made to support services in line with assessments and recorded in the history sheets. (1.40)

Partially achieved. Referrals for services were made electronically following the first night interview and added to a database which was checked daily by departments around the establishment. Officers carrying out the first morning interview checked to ensure that referrals had been picked up but they were not consistently recorded in wing files.

Additional information

1.10 Reception was still located in an unsuitable portakabin and circumstances beyond the establishment's control had prevented the intended move to the new reception facility prior to the inspection. Staff continued to make the best use they could of the facilities they had. New arrivals and young people leaving for and returning from court were routinely strip-searched, which was inappropriate, although young people reported that it was carried out sensitively.

1.11 There were efficient procedures to move young people through reception as quickly as possible without compromising the essential checks that had to be carried out. There was always a trained member of reception staff to deal with late arrivals and attention to important procedures such as completion of initial vulnerability assessments was not compromised. Young people we spoke to were positive about the treatment they received in reception and staff were sensitive to attending to immediate concerns. In our survey of the population at the main site, 30% of young people said they had been asked if they needed help with housing problems and 71% if they needed help with health problems against respective comparators of 19% and 57%. However, 35% of young people against the comparator of 21% said they had problems with letting their family know where they were, although they were all allowed to make a free telephone call before they were locked up for the night.

1.12 All new arrivals were located in single cells on their first night on Butley unit and there were no peer supporters available. The co-location with problematic young people who had been removed from their unit was inappropriate and the condition of the cells was poor. Establishment staff were frustrated by the unexpected delay in the move to new

accommodation. One young person wrote in his survey: '*the condition of the cells on first night was appalling*'.

- 1.13 All newly arrived young people were subject to additional staff observations during their first night in custody. Night staff recorded each check on the young person on the form.
- 1.14 Induction started the morning after the young person arrived commencing with a thorough personal interview with an officer. Young people were told about visit entitlements and were helped to fill in their reception visiting order. A letter was sent to their next of kin explaining where they were and how they could be contacted and visited, together with information about the Warren Hill concern line which they could telephone if they wanted to alert staff to concerns about the young person.
- 1.15 Induction took place in a suitably equipped room and was delivered by dedicated induction officers. The comprehensive programme lasted a week and young people joined the group on the first morning after their personal interview. The programme included sessions with some specialist staff. Information displayed around the induction room was informative and well presented.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

Accommodation and facilities; clothing and possessions; hygiene

2.1 CCTV should be installed in locations where supervision is otherwise difficult. (2.18)

Achieved. Additional CCTV cameras had been installed since the previous inspection and the quality of the recording had improved. Overall, levels of staff supervision and engagement with young people were inconsistent and ranged from good to distant. In our safety interviews with young people, views on the effectiveness of staff supervision varied. One young person said: 'if it's a fight they're on to it – if just sitting and bullying someone they wouldn't clock on', and another said: 'they're not aware'. Other young people were more positive with one saying: 'everybody is alright with everybody. The staff are more relaxed here than anywhere else I've been and it makes the atmosphere more relaxed so there's less fights.'

2.2 Cell furniture should be promptly repaired or replaced as necessary. (2.19)

Achieved. Furniture was replaced as necessary and was in an acceptable condition.

2.3 Lockable cupboards should be provided. (2.20)

Not achieved. Young people did not have any lockable cupboards.
We repeat the recommendation.

2.4 All cells should have adequate ventilation. (2.21)

Not achieved. The ventilation remained the same as at the previous inspection, although we did not receive any complaints about it during this inspection.

2.5 Residential staff should monitor the accumulation of personal items in cells to reduce the potential for bullying. (2.22)

Not achieved. Some cells had substantial quantities of toiletries and drinks/snacks. Young people we spoke to were unsure whether there were any limits on the amount they could have in possession even though this was set out in the facilities list. We were told by staff that some young people liked to fill empty toiletry bottles with water to maintain a good display in their cells, but this made monitoring more difficult. There was a good deal of evidence that bullying for canteen was a significant issue that needed to be addressed (see bullying section).
We repeat the recommendation.

2.6 A system for checking the timeliness of cell bell responses should be introduced. (2.23)

Partially achieved. The duty manager carried out a random check of timeliness to cell bell responses by pressing a cell bell during daily checks. The timeliness of response was recorded and did not exceed two minutes. However, the reliability of such a check was questionable. In our survey, only 18% of young people at the main site said that their bell was answered within five minutes against the national comparator of 36%. Inspectors observed some bells on units at the main site going unanswered for several minutes. Young people had raised delays in staff responding to bells at a consultative committee meeting in January 2011 and said that it would be beneficial to have another way of attracting the attention of officers while locked in their cells. Seventy-four per cent of young people at Carlford said their bells were answered within five minutes.

We repeat the recommendation.

2.7 All staff should be made aware of the need to address the problem of shouting out of windows. (2.24)

Achieved. Staff had received advice and guidance on the need to address shouting out of windows which included issuing basic warnings to young people. Notes of the February 2011 consultation meeting showed that young people representatives had said that staff issued basic warnings inconsistently.

The establishment had asked young people to complete a shouting out of windows questionnaire 18 months previously (see also safeguarding section). Young people did not raise shouting out of windows as a particular problem in our surveys but some young people told us that 'new men' were called to their windows and subjected to intimidating remarks. We heard conversations through windows during the inspection, and particularly on our night visit, but noted that conversations and shouting out of windows was much reduced by 10pm. One member of staff was observed during the inspection engaging in ill-judged discussion with a young person through a window and was quickly told by an establishment manager that his actions were inappropriate.

2.8 There should be whole unit consultation meetings involving a wide staff group and all young people located on the Carlford unit so that all young people have the opportunity to raise issues and to improve overall communication. (9.46)

Not achieved. Young people representatives attended a range of forums on the Carlford unit, but there was no whole unit consultation meeting.

We repeat the recommendation.

Additional information

2.9 Two of the main residential units at the main site were out of use following a serious disturbance in 2010 and it had not been decided when they would reopen. At the time of the inspection, young people at the main site were accommodated on Alde and Orwell units (other than those temporarily located on Butley unit). All young people were accommodated in single cells with screened toilets. Cells had curtains and duvets and a notice board on which young people could display items of their choice that were not prohibited by the offensive displays policy. We found only one picture that contravened the policy during the inspection. Young people did not have flasks or kettles in their cells so they could not make a hot drink or snack requiring hot water after they were locked up for the night. At the weekend this meant waiting up to 14.5 hours between evening lock up and breakfast the next day. Most cells were clean and tidy and young people were encouraged to tidy their cells daily and were provided with a dustpan and brush to keep in their cell to do so. More thorough cell cleaning took place each Sunday. Daily cell checks took place and young people were awarded marks out of five each

day for the condition of their cell. Many of the toilets in cells were very stained and urgently needed a deep clean. In general, the cells on the first night centre did not compare favourably with those on the main site and gave a poor first impression. Graffiti remained a problem, but had much improved since the previous inspection through robust staff action. Any young person who wrote graffiti in his cell was required to remove it without delay and regular painting was taking place to cover graffiti that could not be attributed to an individual. Notice boards in communal areas contained notices that were clear and well laid out. Young people were regularly engaged in cleaning communal areas but despite this, with the exception of Orwell, the residential units and in particular the showers were left untidy and grubby during the day. The grounds of the establishment were well maintained.

- 2.10 All young people wore prison-issue clothing at all times which varied in condition. Young people on standard and enhanced levels of the rewards and sanctions scheme were permitted to wear their own trainers and all young people could wear their own socks and underwear. There were no laundry facilities for washing personal items so young people who wore their own underwear and socks had to wash them in their cell sinks and dry them as best they could. Prison kit, including towels and bedding, was exchanged each week. A stock of jeans, polo shirts and sweatshirts was kept in reception which young people without suitable clothes could use for court or on discharge. Stored property was kept securely on racks in reception. Young people could apply for access to property, which was usually facilitated at weekends.
- 2.11 Significantly more young people at Warren Hill and Carlford than at comparator establishments said they had daily access to showers and telephones. A small number of young people reported in our survey and safety interviews that they felt that the showers were unsafe places, although on the nights that we observed association, access to telephones and showers was very well managed. Staff took trouble to make sure that young people had a second or third chance to make a telephone call if their first attempts resulted in an unanswered call or voicemail. An additional telephone had been installed on each of Alde, Orwell and the juvenile activity centre since the previous inspection. Staff and young people said this had helped a lot in allowing access to a telephone during association for everyone who wanted it. All the telephones were hooded for privacy. Good arrangements were in place to facilitate telephone calls for young people without phone credit.
- 2.12 Consultative forums took place monthly for representatives from Alde, Orwell and Carlford units. Bullying and safety were standing agenda items and young people had the opportunity to raise any issues they wanted to discuss. At meetings young people had alerted Warren Hill staff to gambling taking place on table tennis and table football games. They had also expressed concern about bullies and vulnerable young people mixing on the same landings and about supervision of the showers in the juvenile activity centre. The meetings were fully minuted and action points taken forward.
- 2.13 Mail was collected and delivered to all the residential units each day except Sunday. Young people were not able to have anything sent or handed in apart from items ordered from the approved catalogues. Goods ordered were kept in reception and were given to young people at weekends.
- 2.14 Young people had good access to independent advice. In our survey, 51% of young people at the main site said that they had access to members of the Independent Monitoring Board when they needed it against the comparator of 29%. Forty-two per cent said that they had access to advocates compared with 25% in the 2010 survey. Advocates visited the residential units regularly to talk to young people during association and were on the units on an ad hoc basis at other times of the day.

Relationships between staff and children and young people

Expected outcomes:

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

2.15 Staff should display their name as well as their staff number on their uniform. (2.33)

Not achieved. Some staff wore their names on their uniform, but many did not. This was unhelpful and did not assist young people to get to know staff but was also a safety issue. We repeat the recommendation.

Additional information

- 2.16 In our groups, young people were mostly positive about staff and the way they were treated. One young person told us: 'staff are more than OK', and another said: 'it's an easy jail compared to most – if you treat staff right they will treat you the same'. Some of the comments in the surveys were less positive, for example 'staff do not treat you with respect, they act like they are superior to everybody else – they are power happy'. Relationships between staff and young people seemed to be better on the Carlford unit than they were on the main site. In our survey of Carlford young people, 94% said that most staff treated them with respect and 100% said there was a member of staff they could turn to with a problem. This compared to 64% and 72% respectively at Warren Hill.
- 2.17 Young people's views of staff varied in our safety interviews. Some young people described the use of derogatory language against them. Other young people described more positive experiences, for example: 'You can talk to health care, chaplain, personal officer, buddy mentor. I get on with all the staff'. The perception of black and minority ethnic young people that they were treated differently by some staff was evident in these interviews, with one young person saying: 'Staff on Butley are perfect. On Alde they are verbally aggressive'.
- 2.18 We observed that staff were generally friendly with young people but many did not challenge swearing, which was commonplace. Young people raised as an issue a lack of staff consistency in applying rules, for example, some staff allowed young people to wear slippers during association while others did not. At the February consultative committee meeting a young person had commented that some, but not all, staff gave basic warnings to young people who shouted out of windows.
- 2.19 Staff generally knew the circumstances of most of the young people in their care. Young people were usually addressed by their first names and some young people told us that staff had asked what they wanted to be called. Staff were addressed as 'gov' or 'boss' or 'miss', which one young person told us he regarded as a sign of respect due to female staff. Entries in wing files referred to young people by their first names.
- 2.20 Our analysis of just over a quarter of the wing files showed that many of the wing-based comments were positive, demonstrating real engagement and encouragement for the young person to behave well to achieve a higher rewards and sanctions status or to aid his

application for early release. There were good entries from some education staff, who identified good and poor behaviour, and a few similar entries from other staff recognising, for example, a young person's good behaviour while on escort to an outside hospital.

Personal officers

Expected outcomes:

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

- 2.21 Accounts of personal officer contact in case files should be comprehensive and balanced and contain an ongoing appraisal of the young person's progress against individual targets. (2.43)

Not achieved. Personal officers were known as personal mentors. The quality of their entries in case files was variable on the main site but better for young people on Carlford unit with generally more detailed entries. Records did not give a clear picture of the young person's progress against his targets and did not record much consistent interaction between personal mentors and the young people they were responsible for.

- 2.22 Young people on the Carlford unit should be introduced to their personal officer and/or their substitute within 24 hours of their arrival. (9.45)

Achieved. Young people on Carlford met their personal mentor or buddy within 24 hours of arrival on the unit.

Additional information

- 2.23 Young people did not all meet their personal mentors within 24 hours of arrival and some reported a delay of over a week. In group discussions, some young people said they did not know who their personal mentor was. The names of allocated personal mentors were recorded on young people's cell cards but, as not all staff wore names on their uniforms.

- 2.24 Despite management checks, many personal mentors did not make weekly entries in wing files in accordance with the published policy. However, in our survey the majority of young people indicated that they saw their personal mentor at least once a week. Individual wing files did not demonstrate regular contact between young people and their personal mentor. However, comments that young people made about their personal mentors suggested that they had frequent if not regular or formal contact and there was a good deal of contact and discussions relating to the young person's behaviour in general and issues arising from day-to-day life on the unit. In our survey, 67% of young people at Warren Hill said their personal mentor had helped them against the national comparator of 54%. Positive comments about personal mentors were also made in our safety interviews, including *'My personal officer talks to me whenever he sees I'm upset'* and *'Everyone's assigned a personal officer who asks how you're doing'*. It was therefore a pity that personal mentors did not consistently attend training planning meetings or other important meetings concerning the young person's care, neither did they maintain contact with young people who were temporarily removed to the separation and care unit. There was little evidence of regular information sharing between personal mentors and staff from other disciplines or caseworkers.

Further recommendation

2.25 Personal mentors should attend relevant meetings relating to the care of the young people they are responsible for.

Section 3: Duty of care

Safeguarding children

Expected outcomes:

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

- 3.1 Health care and residential wing managers should ensure that there is always a nominated staff representative in attendance at all safeguarding committee meetings. (3.9)

Achieved. The safeguarding committee had designated membership representing all key departments in the establishment and an appropriate standard agenda. The committee continued to meet monthly, but attendance remained erratic with only a few departmental representatives attending meetings regularly. There was improved attendance by residential wings, although the representatives frequently changed. There was consistent representation by the mental health team. A representative from the local authority children services team continued to attend regularly.

- 3.2 The safeguarding team and residential units should develop a joint protocol outlining how young people safeguarding representatives should fulfil their role on the units and the support they should receive from unit staff. (3.10)

Achieved. The involvement of young people's safeguarding representatives in the establishment worked well. A significant number of young people applied to become safeguarding representatives and there was an effective selection system. Each unit, including Carlford, had two young people safeguarding representatives who received excellent individual and group support through a weekly meeting with the violence reduction coordinator, who was a member of the safeguarding team. Some particularly vulnerable young people were identified as needing support from young people safeguarding representatives and the safeguarding team offered appropriate oversight of the support offered.

- 3.3 Young people representatives from the main site, but not the Carlford unit, attended monthly safeguarding meetings regularly. They took part in the discussions and it was evident from the minutes that their views were sought and listened to. Issues of concern on the wings were discussed and the extent of bullying featured regularly.

- 3.4 The safeguarding committee should monitor all injuries sustained by young people, however caused. (3.11)

Achieved. The safeguarding committee was now provided with information on all injuries sustained by young people, including those sustained under restraint. Data for injuries were collected by location and type. In March 2011, 76% (35 incidents) occurred during fights and assaults between young people and 17% (eight incidents) while young people were being restrained.

- 3.5 The establishment continued to collect information on unexplained injuries and between October 2010 and March 2011 there had been 13. Individual incidents of unexplained injuries were investigated and subsequently discussed at the safeguarding meetings. Minutes of the most recent safeguarding meeting showed that there were plans to examine patterns and trends at a subsequent meeting.

Additional information

- 3.6 There was a comprehensive safeguarding young people strategy which had been agreed with the local authority children and young people's services. The strategy covered all the core components of safeguarding and linked well with a number of other related policies. The strategy was supported by a safeguarding action plan which indicated the need for review in a number of significant areas, such as staff training, positive intervention plans (PIPs), and the quality of safeguarding data. Commendably, the establishment had indicated in the action plan its intention to review all safeguarding policies in consultation with young people and the local safeguarding children board (LSCB). Residential staff we spoke to said they found the strategy complex and few had a good understanding of its content. There was no separate guidance to residential staff or other staff clarifying their roles in the implementation of the policy.
- 3.7 A good range of safeguarding data was presented to the monthly safeguarding meetings but did not include the extent and impact of risk assessed or routine strip-searching. There was evidence that safeguarding information was properly discussed at the meetings, but no significant patterns or trends had been identified.
- 3.8 The LSCB had previously offered training places on multidisciplinary courses to establishment managers and safeguarding specialists, but such joint training was under review and no future training had been planned at the time of the inspection. There was an interesting proposal for a representative from Warren Hill to join the local multi-agency training group.
- 3.9 Vulnerable young people were identified effectively throughout their time in custody. Vulnerability concerns identified at reception were logged on the T1V (initial vulnerability assessment) database. Referrals for specialist support were often made following induction interviews. We came across examples of young people identified as vulnerable during an adjudication being appropriately referred to a specialist service for support. The safeguarding team, chaplaincy and counsellor contributed to the induction programme and reported that young people sometimes made self-referrals to services as a result of their input. The weekly health and wellbeing meetings routinely discussed vulnerable young people brought to its attention. This included young people aged 15 years and 18 years as well as those on ACCTs (assessment, care in custody and teamwork) and PIPs and others who were struggling to cope for a variety of reasons.
- 3.10 The health and wellbeing meetings provided an ideal forum for multi-agency care planning but attendees were mainly specialists and the lack of representation by residential staff was an omission. The meetings considered the range of services available to young people referred for additional support but decisions and action points were not translated into individual care plans and subsequent care management by a variety of specialists was uncoordinated. There was no evidence that the needs of vulnerable young people who also had behaviour problems were coordinated so that actions appropriately balanced the need for care and support with the need for the young person to face the consequences of his actions.
- 3.11 Good efforts were made to ensure that the needs of looked-after children were met. Since February 2009, 171 young people had been identified as looked-after children and at any one time approximately 25% of the population was 'looked after'. Looked-after young people were

identified in a number of different ways, such as reception interviews, induction, education and information contained on incoming Asset documents and scrutinised by case managers. A database of looked-after children included relevant external contacts and issues affecting the young people.

- 3.12 The number of looked-after children reviews was not recorded. However, there was evidence that reviews were held regularly and we were advised that most young people had received reviews within 28 days of their arrival in custody. There was a good system in place for caseworkers to coordinate these reviews with training planning reviews but the notes of looked-after review meetings were not always received from the external chairperson, which prevented the establishment from establishing a coordinating role while the young person was in their care. Members of the establishment safeguarding and family services teams were very active in working with young people to ensure that they received contact and support from their responsible local authority and young people were given help to write letters to their social workers. One young person was about to be released on temporary licence (RoTL) to go on a town visit to shop for clothes with money received from his local authority and he had been given help by the establishment to plan for this event.

Further recommendations

- 3.13 The safeguarding committee should routinely monitor the extent and impact of routine and risk assessed strip-searching.
- 3.14 Young people who have been identified as particularly vulnerable or who have been displaying difficult or challenging behaviour should have an individual care plan which addresses their assessed needs.

Housekeeping points

- 3.15 Staff should be provided with clear guidance on their responsibilities for implementing the safeguarding strategies.
- 3.16 Safeguarding committee meetings and health and wellbeing meetings should be attended by all relevant representatives.
- 3.17 The looked-after children database should be expanded to include details of the support young people receive and the frequency of their review meetings, and this should be monitored by the safeguarding committee.

Child protection

Expected outcomes:

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

- 3.18 Attendance at the monthly child protection meetings should be monitored and absences followed up to improve attendance. (3.22)

Achieved. A monthly child protection committee meeting was chaired by the governor with designated membership of key members of the senior management team, representatives of

the local authority children's services, the child abuse investigations unit and Suffolk asylum team. Most meetings were well attended and the local authority was always represented.

3.19 Staff should report all concerns about young people with potential child protection implications through the establishment's child protection referral procedures or directly to the local authority.(3.23)

Achieved. Child protection referrals came from a wide range of sources in the establishment. A good number of referrals of historical abuse suggested that young people had the confidence in staff to disclose personal information to them. Other referrals related to fights involving one young person over 18, the illegal trafficking of children and inappropriate sexual relationships prior to a young person coming to the establishment. Since September 2010, there had been five child protection allegations concerning the restraint of young people. Allegations against staff were identified mainly through the complaints system and during adjudications, although there were incidents of staff reporting inappropriate behaviour by colleagues. The local authority designated officer (LADO) maintained good oversight of referrals relating to staff.

3.20 Young people should be given information about how to make a child protection referral directly to the local children's social care services. (3.24)

Achieved. Details were displayed clearly on each unit of telephone contacts for young people to voice their concerns about how they felt they were being treated, including a direct line to the local authority. Families and friends were also advised whom to contact if they had concerns.

3.21 The scope and detail of the data provided for the child protection committee meetings should be expanded so that patterns and trends can be explored, particularly in relation to allegations against staff. (3.25)

Achieved. The child protection committee was provided with a significant quantity of data relating to child protection referrals, including details of allegations that had been made. Data were analysed by type of allegation, frequency, and the ethnicity and religion of the young people. Child protection logs were opened and logs resulting from use of force incidents were identified, including the names of staff involved in the incident. Child protection logs were available to the committee who could identify staff regularly named for their involvement in incidents. The safeguarding manager investigated the reasons for regular involvement by staff in child protection incidents and there was evidence that information on staff who gave concern over a period was used appropriately in strategy meetings with the local authority.

Additional information

3.22 A comprehensive child protection policy had been developed with the local authority, which was reviewed and updated annually. There was a whistle-blowing policy, but it related to general staff wrongdoing and was not specific to child protection. The policy did not describe how staff who had concerns about colleagues' behaviour towards young people should make a child protection referral in the safe knowledge that they would be supported appropriately.

3.23 Staff had received some child protection training through mandatory juvenile awareness staff programme (JASP) training. Staff we spoke to had a reasonable understanding of child protection and their responsibilities and understood how to refer concerns to senior staff. All staff had been Criminal Records Bureau cleared and there was an effective system for updating this clearance when required.

- 3.24 There was an efficient internal system for managing child protection referrals. Completed referral forms were sent to the child protection coordinator or the head of psychology and, in their absence, the duty governor. Child protection logs were opened immediately and information sent to the local authority children's services and the child abuse investigations unit. The LADO was suitably informed of allegations involving staff. Strategy meetings were arranged quickly when required and, since January 2010, 19 meetings had been organised. Child protection logs were complete and gave clear information about the nature of the referral and its progress. All child protection logs were closed and signed off by the governor after discussion at the child protection committee meeting.
- 3.25 We spoke to the LADO who was satisfied that appropriate referrals were being passed to the local authority for external scrutiny and that the establishment responded well to requests for strategy meetings, with the majority held within 48 hours of the referral. If a case was recommended for an internal, rather than external, investigation, it was dealt with robustly by the establishment and included the use of external Prison Service staff to ensure transparency and independence.
- 3.26 Young people who had disclosed historical abuse were referred to their local children services by Suffolk children services. Young people who made disclosures had access to a wide range of support from mental health professionals, an independent counselling service and the chaplaincy.

Further recommendation

- 3.27 The whistle-blowing policy should be revised to ensure that it clearly outlines staff responsibilities in reporting concerns about young people through the agreed child protection procedures and how they will be supported to do so.

Self-harm and suicide prevention

Expected outcomes:

Children and young people at risk of self-harm and suicide are identified at an early stage, and supported through a care and support plan to meet their individual identified needs. Assessment of risk of self-harm and ongoing vulnerability is a continuous process which is informed by staff and children and young people. Children and young people who have self-harmed or been identified as at risk of self-harm are encouraged to participate in appropriate purposeful activity.

- 3.28 Data analysis in relation to incidents of self-harm should include an analysis of the reasons given by the young person for self-harming. (3.37)

Achieved. Data supplied to the safeguarding committee included reasons given by young people for self-harming and the nature of any injuries sustained. Young people who refused food were also recorded and discussed by the committee as a self-harm concern and the reasons explored.

- 3.29 Case managers should ensure that appropriate action is taken when links are made between self-harm and bullying. (3.38)

Partially achieved. In the sample of ACCT documentation that we examined, initial assessments were good. The connection between a young person self-harming and his fear of

bullying was a common feature. However, the fear of being bullied was not always addressed at review meetings and there was no evidence that staff observing the young person throughout the day were made aware of the need to look out for potential bullying. In one case, it was noted in the ACCT observations record that a young person was not coming out of his cell for meals or going on association, but there was no record of whether staff had attempted to find out why and particularly whether he was afraid of being bullied. This unwillingness to come out of his cell had not been raised as a significant issue at the subsequent ACCT review. **We repeat the recommendation.**

3.30 Staff observations should take place with agreed frequency, but should not be too predictable. (3.39)

Not achieved. ACCT documentation clarified the frequency of observations, but they continued to be far too predictable at night. The majority of residential staff only made observational comments about young people with little evidence of engagement. **We repeat the recommendation.**

3.31 The ACCT case manager should be consistent throughout the time an ACCT is opened. (3.40)

Not achieved. Unit senior officers acted as case managers and generally chaired ACCT reviews. Efforts were made to arrange meetings around their duty rotas but this did not always happen. We found one long-term case where the case manager had been consistent for a significant period but in others the case manager had changed frequently and in one instance had been different at each of three review meetings. Review meetings were timely and those that we observed were carried out sensitively, allowing young people the opportunity to express their concerns. **We repeat the recommendation.**

3.32 Staff participation at ACCT reviews should be planned, so that it is known who should attend and who should provide written contributions. (3.41)

Not achieved. There was no evidence that participation at review meetings was planned to ensure that the most appropriate people attended or submitted a written contribution if they were unable to attend. Attendance at reviews overall was erratic and it was unclear why staff had been asked to attend. **We repeat the recommendation.**

3.33 Care maps should address the young person's particular difficulties and demonstrate that all sources of help and support have been explored, including family involvement. There should be clear lines of accountability for all agreed actions. (3.42)

Not achieved. The majority of care maps that we examined only gave very broad actions to be completed by the young person or a member of staff. For example, some young people were asked to stay in regular contact with their family, but staff were not designated to help the young person to do so. Other young people were tasked to engage in education and training, but there was no information on how they would be helped to benefit from this and how they would be monitored. Care maps were rarely updated after the first review and none of the documentation that we examined demonstrated that actions were reviewed. The notes of most review meetings simply made a general comment on whether the young person was still at risk of self-harming. **We repeat the recommendation.**

- 3.34 **Management checks and quality assurance reports should pay particular attention to the quality of care maps and this should be monitored by the safeguarding committee. (3.43)**

Achieved. Management checks were now undertaken by members of the safeguarding team and detailed reports on each care map were made to case managers to implement improvements. The safeguarding committee had received reports from the quality assurance process and an external audit that care maps had improved.

- 3.35 **Families/carers should be invited to ACCT reviews if agreed, after consultation with the young person, that they could offer valuable additional support. (3.44)**

Achieved. The family services team routinely informed parents or carers when their child was placed on an ACCT. They also talked to the young person to let him know that they would be contacting his parents or carers to inform them of the situation. All ACCT files contained comments about initial contact with parents and carers and the family services team kept in regular contact with families during the period of the ACCT, if they and the young person wished it. Families were invited to reviews but rarely attended, apart from long-term cases. The young person's youth offending team worker was also contacted by the family services team when an ACCT was opened.

Additional information

- 3.36 Self-harm incidents were generally not serious and the majority of ACCT documents were opened due to staff concerns, rather than actual self-harm. The majority of cases were appropriately closed after a short period of monitoring.
- 3.37 A monthly record of the nature and extent of self-harm incidents was presented at the safeguarding committee meetings and individual young people on open ACCTs were discussed at the safeguarding committee meetings as well as the weekly health and wellbeing meetings (see also safeguarding section). Data analysis was wide ranging so that any patterns or trends could be identified but no significant recurring themes had been highlighted for attention. A comprehensive suicide prevention and self-harm strategy was reviewed annually but it lacked accessible staff guidance. However, staff we spoke to understood well the ACCT process and the importance of opening an ACCT document if there were concerns about a young person self-harming. Seventy-six per cent of the current staff group had received ACCT foundation training. During the night visit, only one member of staff was not wearing an anti-ligature knife. The nurse on duty at night was shared with Hollesley Bay which could have meant a significant wait for health care support. None of the staff on night duty we spoke to had had up-to-date first aid training. The night officer on Alde and Orwell said he had received a full briefing when he came on to the units, including the young people on open ACCTs, and he showed a good knowledge of their circumstances.
- 3.38 There was a good range of services for young people who self-harmed and staff ensured that they were used. All young people subject to self-harm monitoring were assessed by the primary mental health team, visited by one of the chaplaincy team and had access to a counsellor. They received good support from the safeguarding team and some were offered peer support from one of the young people safeguarding representatives. The young people we spoke to said they felt well cared for throughout the time they were on an ACCT.

Further recommendation

3.39 All staff on night duty should have first aid training and carry ligature knives.

Bullying

Expected outcomes:

There is an establishment culture that promotes mutual respect among staff and children and young people. Children and young people feel safe from bullying and victimisation. Active and fair systems to prevent and respond to bullying behaviour are known to staff, children and young people and visitors. Children and young people's views help to develop and promote a safe environment.

3.40 The data analysis relating to bullying should be extended to include the type of bullying behaviour. (3.60)

Achieved. The establishment now collected information on the type of bullying behaviour under 13 categories, including 'non-specified' and 'other'. Since November 2010 the most common behaviour had been 'fights/assaults'. Other data collected related to the location of bullying behaviour, which in the previous few months had been consistently higher on Orwell unit. Bullying data were presented to the monthly safeguarding meeting and discussed but minutes did not demonstrate that robust action was being taken at a strategic level to reduce bullying, which was clearly a significant problem not being adequately addressed by operational staff.

3.41 Staff training needs in relation to the personal intervention plan (PIP) procedures should be assessed and a suitable programme of training developed and delivered so that the procedures are understood and all staff are familiar with their individual responsibilities for implementation. (3.61)

Not achieved. Training figures indicated that 70% of relevant staff had received training in delivering the PIP, leaving a large number of staff unfamiliar with these key procedures. Staff who had attended the training told us that it focused on the completion of the PIP form with little input on how staff should engage with young people about bullying concerns (see main recommendation HP50).

3.42 A robust system of quality assurance should be introduced to ensure that the PIP procedures are being implemented properly and promptly. (3.62)

Partially achieved. The safeguarding team quality assured all PIPs and reported back to residential managers and the safeguarding committee, whose remit it was to oversee the quality assurance process so that it was robust and effective in improving standards. However, quality checks were not provided for all meetings.

Additional information

3.43 Many staff and young people told us that bullying was a problem at Warren Hill, particularly relating to gambling and canteen. In our survey, 11% of young people said they had had their canteen taken against the national comparator of 5%. Young people commented: *'For canteen - some people give it to help with protection. People who are bigger than you or if you want*

protection from someone who has more influence' and 'People just do it to those who can't defend themselves. Sometimes people buy things on their canteen for the bully and if they refuse, can lead to a fight'. Another said: 'I was bullied when I arrived - when I first came in. They try to get as much out of you as they can - canteen. If you don't say no it will keep happening. Mainly on Alde unit - that's the messiest unit.'

- 3.44 There was a comprehensive violence reduction strategy which included dealing with bullying and described how the establishment intended to create a safe environment for young people. The strategy was reviewed annually, most recently in October 2010. The strategy had a number of annexes including the cell-sharing risk assessment protocol and the PIP protocol which was designed to challenge and change bullying behaviour and support young people who were the victims of bullying.
- 3.45 There was no clear guidance for operational staff on how to implement the complex strategy effectively. Many staff told us that they had not read the violence reduction strategy and relied on others to explain the detail to them when required. Staff said that they had no confidence in the PIP process and felt it did not address the behaviour of bullies, although could be useful when supporting victims of bullying or other vulnerable young people. Some staff did not open a PIP because they were not confident to use it. Others said that it took too long to complete and was too complex to deliver. Some staff candidly admitted that they sometimes ignored bullying so they would not have to deal with the consequences of addressing the issue. We saw evidence of a clear case of bullying of a new young person on association, which was not dealt with when it was pointed out to staff. Some young people also felt that staff did not adequately tackle bullying. One young person commented in a safety interview: *'Certain staff would rather turn a blind eye. They think they might as well not confront it because they think they can't stop it, and it will just wind the guy up.'* Another commented: *'Sometimes they think they've sorted it but it carries on.'* Other young people had more confidence in staff, saying: *'They'll sort it out. They listen on the landings at night time if they think bullying is going on.'* Another said: *'They resolve it straightaway using disciplinary procedures.'*
- 3.46 The establishment had made efforts to consult young people about the extent of bullying. The findings of a shouting-out-of-windows questionnaire undertaken in July 2009 had been published and described the view of the majority of young people who thought this was a normal way of talking to each other at night, but also that a significant minority were upset by it. A further violence reduction survey had been conducted in 2010, but no action had been taken on the findings.
- 3.47 The young people's safeguarding representatives were informative at their weekly meetings about the nature and extent of bullying and drew attention to the issue in safeguarding meetings. For example, the young people's safeguarding representatives had reported concerns about the pressure some young people were put under to buy items for others from the canteen, by being called to their windows on the night before canteen was being ordered. They also identified specific young people who they thought were having a problem and safeguarding staff took appropriate action. There were systems for young people who were victims of bullying to report their problems, with a number of confidential telephone help lines available. A significant number of young people referred to members of the safeguarding team, particularly the violence reduction coordinator, as staff they could trust to talk to about bullying. One young person told us: *'The safeguarding lady sorts it and resolves it straightaway. She puts in a PIP or a GOOD and then they see her every week.'*
- 3.48 There were limited interventions for young people identified as bullies and the only specific programme offered was a relatively new promoting positive behaviour course, delivered by one of the safeguarding team, which had not yet been evaluated. Some young people were

referred to the JETS programme as a result of their bullying behaviour and the case work team delivered an anger management programme, although neither of these specifically addressed bullying behaviour. There was good support for young people who were victims of bullying. One young person spoke of the help he had received from his personal officer and others were regularly seen by the chaplaincy, members of the safeguarding team or a counsellor.

Housekeeping point

3.49 Interventions to address bullying behaviour should be evaluated for their effectiveness.

Applications and complaints

Expected outcomes:

Applications and complaints are taken seriously as demonstrated by the effective procedures that are in place, which are easy to access and use, with timely responses provided. Children and young people feel safe from repercussions when using these procedures and are aware of, and know how to use, the appeal mechanisms that are available to them. Independent advocates are easily accessible and assist young people in making applications and complaints.

3.50 The complaints boxes should be emptied by a non-uniform member of staff. (3.156)

Achieved. Complaint boxes on the Warren Hill residential units were emptied daily by the complaints clerk or one of her colleagues and the box on Carlford was emptied by the duty governor.

3.51 There should be a monthly analysis of complaints to identify patterns and trends. This management information should be used appropriately to identify areas for improvement. (3.157)

Achieved. A monthly analysis of complaints was carried out by the complaints clerk for the senior management team meetings, but no clear patterns or trends were evident.

Additional information

3.52 Application forms were held on each residential unit for written applications submitted by young people. They could also make oral applications when they were unlocked in the morning and we observed several young people doing so. Applications were logged and there was an audit trail. In our surveys for both the main site and the Carlford unit, responses to questions about knowing how to make an application, knowing how to make a complaint and the ease of making a complaint were significantly better than the national comparators.

3.53 Advocates helped young people to complete complaint forms which were readily available on the wings. The complaints clerk was waiting for child protection training but others in her team had received the training and provided guidance and advice about complaints which needed to be referred to the safeguarding team. There was evidence that complaints involving safeguarding or diversity issues were shared with appropriate staff in those areas.

3.54 Complaints were managed efficiently. Timeliness was monitored by the complaints clerk so that young people received replies within the published timescales. For the most part, replies were polite, addressed the issue raised and some included an apology when appropriate. .

Any response to a complaint that was not addressed to the young person or was otherwise impolite was picked up during the quality assurance process and the member of staff who had dealt with the complaint received feedback on what needed to be changed. Young people also received a feedback form once their complaint had been replied to so that they could give their views on how the complaint had been dealt with.

Legal rights

Expected outcomes:

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

3.55 There should be trained legal services and bail information staff. (3.165)

Achieved. Two members of staff had been trained as legal service officers although they had not carried out this role for several years. A firm of local solicitors delivered a helpful weekly legal rights surgery as part of the induction programme. This consisted of a group presentation and young people were also offered individual appointments. The solicitor only gave general advice and did not take on casework, but she did offer a service for any outstanding fines and many young people took up this opportunity.

3.56 All young people should be able to contact their legal advisers free of charge. (3.166)

Achieved. Young people who wanted to telephone their legal advisers free of charge had to make a written application. However, this arrangement could create an unnecessary delay for a young person who needed to contact their legal adviser. Facilities for legal visits which took place three times a week were good. Visiting solicitors were given the option of seeing their clients in the main visits area or in one of two private rooms. Solicitors had no difficulty booking visits.

3.57 The library should stock appropriate legal reference materials and details of specialist solicitors, including immigration lawyers. (3.167)

Achieved. The library contained a wide range of relevant legal texts and some legal reference material was also available and accessible on computers. Some of the books covered immigration law and provided useful contact details of specialist solicitors. The librarian was extremely responsive to any approach for help from a young person and made sure that all reasonable requests were met.

Good practice

3.58 *The provision of an advice surgery by a local solicitor was an extremely helpful means of ensuring that young people received prompt legal advice on induction.*

Faith and religious activity

Expected outcomes:

All children and young people are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to the overall care, support and resettlement of all children and young people regardless of faith, including those of no faith.

- 3.59 The chaplaincy team should establish and maintain links with faith communities outside the establishment. (5.40)

Achieved. The chaplaincy was working with approximately 20 different faith groups and individual faith leaders in the local community. Ten of these groups assisted in leading Christian worship on Sundays. The coordinating chaplain made regular contact with minority faith groups in the area and called on their services when a young person from a minority faith came to the establishment, which we were told was rare.

- 3.60 Chaplaincy classes and groups should be organised so that they do not coincide with other aspects of the regime. (5.41)

Achieved. The coordinating chaplain was confident that none of the faith classes coincided with other activities.

Additional information

- 3.61 The chaplaincy team consisted of a full-time coordinator and Muslim chaplain and a further six part-time Christian chaplains and one part-time Muslim chaplain. Some of the chaplains also had responsibilities at HMP Hollesley Bay. Approximately 50 volunteers carried out a variety of roles in the chaplaincy team. All faiths were catered for, although at the time of the inspection there was no Buddhist or Sikh chaplain and leaders from these faiths came in from the community if required. A young person who was a Sikh had been allowed to attend services in the community.
- 3.62 The chaplaincy met young people during their induction programme to tell them about the services and non-faith based classes. There was good access to faith groups and religious services and young people did not have to reapply each week once they had indicated that they wanted to attend.
- 3.63 There was a large multi-faith room on the main site which had predominantly Christian artefacts which could be covered when young people from other religions were using the space. There was a multi-faith room on Carlford, where young people had separate groups and services from the main site, but it was small and airless and young people said they did not like meeting there. There were no washing facilities for Muslim young people at either faith room, but those we spoke to said they were able to wash in their cells before Friday prayers. The Muslim chaplain said he was not aware that this was an issue for young people.
- 3.64 There was good attendance at faith services, with 15 to 20 young people at Christian and Muslim services. Approximately 50% of Muslim young men attended faith classes, but only a small number attended the Christian nurture group.

- 3.65 Twenty-four Muslim young people responded to our survey and 80% of them said that they felt their religious beliefs were respected against the comparator of 49% for non-Muslim young men.
- 3.66 The chaplaincy team had a high profile in the establishment and were well represented at relevant meetings. Chaplains had good knowledge and understanding of young people's difficulties and were trusted by them. The identification and support for vulnerable young people was a priority for the chaplaincy team. They regularly visited all young people on ACCTs and attended individual review and training planning meetings when appropriate. They also delivered non-faith based sessions known as 'time out' for young people who were vulnerable for a variety of reasons and finding it difficult to cope. These twice-weekly sessions enabled young people to talk about their feelings and interact with their peers in a small, safe environment. There was no formal referral procedure or written details about the programme but it was evident that staff were familiar with this resource, referrals came from a number of sources and it was viewed as good support for vulnerable young people.

Substance use

Expected outcomes:

Children and young people with substance-related needs are identified at reception and receive effective support and treatment throughout their stay in custody, including pre-release planning. All children and young people are safe from exposure to and the effects of substance use while in the establishment.

- 3.67 The drug strategy should be updated to include alcohol services, action plans and performance measures.(8.57)

Not achieved. The substance misuse strategy now included alcohol services, but the policy was out of date and the most recent needs analysis for the whole population had been conducted almost two years ago. The substance misuse strategy committee had not met since July 2010. There was no longer a young people's substance misuse service (YPSMS) delivery plan.

Further recommendation

- 3.68 The substance misuse strategy should be updated and informed by a comprehensive population needs analysis. A strategy group should meet regularly to implement and monitor service provision.

- 3.69 There should be dedicated voluntary drug testing facilities on the units and the practice of in-cell testing should cease. (8.58)

Partially achieved. There was a designated voluntary drug testing (VDT) suite on the Carlford unit but not at Warren Hill. However, all young people were now accommodated in single cells and on that basis in-cell testing arrangements were satisfactory. Twenty-four young people on Carlford and 81 at Warren Hill had signed testing compacts and an average of 120 tests were conducted each month. The scheme was available to all who requested it and was not linked to rewards and sanctions.

- 3.70 The mandatory drug testing programme should be adequately resourced to undertake the required level of testing proportionately across the week and weekend to ensure that an unpredictable pattern of testing remains as a deterrent to drug use.(8.59)

Achieved. All reception officers were now trained to conduct mandatory drug testing (MDT) which took place during the week as well as at weekends. At the beginning of March 2011, the random MDT positive rate stood at 2.7% against a target of 2.4%, but none of the four young people testing positive for cannabis had been in custody for 30 days and therefore none were put on report. During the previous 12 months, eight suspicion tests had been conducted with no positive results. Procedures involved a rub down rather than a strip-search. Finds confirmed a very low level of drug availability and tobacco was the most commonly used contraband.

Additional information

- 3.71 All new arrivals received a health care screen at reception and a substance misuse nurse was available to undertake comprehensive assessments. GPs and the majority of nurses had completed level 1 of the Royal College of General Practitioners training and the substance misuse nurse was also trained in dual diagnosis. Young people undergoing detoxification were located on the first night unit for at least 48 hours for close clinical observation.
- 3.72 Demand for clinical intervention was very low and no young person had required detoxification in over 12 months. Appropriate clinical management protocols were in place for alcohol, benzodiazepine and low-level opiate detoxification but the designated inpatient unit at Feltham young offender institution was used as the central resource to manage clinically substance-dependent young people with a high level of need.
- 3.73 Young people could have smoking cessation support and nicotine replacement therapy (NRT) was offered on reception, although we heard of instances where young people had had to wait until the following day. Health care staff confirmed this occurred. The substance misuse nurse ran weekly clinics and other nurses were also trained, but demand for the service was low and usually short term. At the time of the inspection, only three young people were receiving nicotine patches.
- 3.74 All young people completed the substance misuse awareness programme during induction. The YPSMS saw new arrivals within five days to conduct an initial assessment and devise a basic care plan. Young people were also referred to the service by their caseworkers and YOT workers, but there were no YPSMS application forms on the units to enable confidential self-referrals.
- 3.75 Due to staff shortages, the YPSMS team had been focusing on young people with a high level of need and only those requiring a high level of targeted interventions received a full assessment within 10 days. Group work modules had been suspended. At the time of the inspection, the YPSMS manager was still on long-term sick leave but three workers and one officer were now in post. The team carried an active caseload of 30 clients, criteria for full assessments were changing to include young people with a lower level of need, and group work modules focusing on alcohol and cannabis awareness had recently restarted.
- 3.76 Structured one-to-one work was supplemented by workbooks and age-appropriate materials such as DVDs and quizzes. Young people spoke highly of the support they received. File checks demonstrated consistent completion of competency assessments and consent to share information agreements, the provision of harm reduction and overdose prevention advice, and referrals to the substance misuse nurse and counsellors.

Further recommendation

3.77 The establishment should ensure that young people who require NRT are provided with patches on arrival.

Housekeeping point

3.78 The YPSMS should make application forms available on the units to enable confidential self-referrals.

Section 4: Diversity

Expected outcomes:

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

4.1 There should be action plans covering the development of all aspects of diversity. (3.70)

Achieved. The equalities department had published the outcome of their scoping study in June 2010 in the form of a comprehensive equalities action plan outlining how they intended to develop all aspects of diversity. The action plan had been discussed at the bimonthly race equality action team (REAT) meetings and the separate equalities action team meetings for staff, and regularly updated.

4.2 All staff should be trained in all aspects of diversity. (3.71)

Achieved. Good progress had been made to ensure that staff had undertaken diversity training and the majority had completed the Challenge it, Change it programme. Eighty-six per cent of the staff group had undertaken diversity training and arrangements were in place to ensure that the remainder were trained. The chaplaincy had also delivered faith awareness training and this course had now been added to the staff training timetable.

4.3 Managers should monitor attendance at the equal opportunities and disability liaison committee and take action to ensure that all designated representatives or substitutes attend meetings as required. (3.72)

Not achieved. Attendance at these meetings had been erratic and there had been no consistency in either the chairing of the meetings or attendance by some departments or individuals and consequently management of diversity had been weak. Under the leadership of the recently appointed deputy governor, the establishment was developing a new equalities management model and changes were imminent.

4.4 Efforts should be made to engage community representatives on the equal opportunities and disability liaison committee. (3.73)

Achieved. The equalities team had made good links with the Ipswich and Suffolk Council for Racial Equality which attended meetings, including the forum for young people from black and minority ethnic backgrounds on the Carlford unit. It was intended that they would also attend association time, conduct workshops with young people and support the equality representatives. No links had been made with other external organisations, but the equalities action plan included engagement with relevant external organisations.

4.5 Young people should be recruited, selected and appropriately trained and supported to become members of the equal opportunities and disability liaison committee. (3.74)

Partially achieved. There were eight young people equality representatives, five at Warren Hill and three on the Carlford unit. The development of the role was at an early stage and the young people had not received any specific training nor had they met as a group with the

equalities officer. Representatives from the main prison, but not the Carlford unit, attended the bimonthly REAT meeting.

We repeat the recommendation.

Additional information

- 4.6 The very recently appointed deputy governor had been given overall responsibility for equality and diversity supported by a dedicated head of equalities, an equalities officer and an administrative assistant, all of whom were relatively new to the role. It was apparent that work on diversity was in transition and the establishment was making changes to its promotion, management and monitoring. There were imminent plans to remodel the structure of meetings with a particular emphasis on consultation with young people.
- 4.7 The promotion of diversity was limited and rested mainly with the equalities team. The Anne Frank exhibition was displayed on the Carlford unit and there had been some workshops on African culture. Religious festivals were noted in the form of displays on the units, but apart from Ramadan, there were no specific celebrations. A Chinese meal was provided at Chinese New Year. Black History month was celebrated regularly. Two young people in the establishment had identified themselves as Travellers. Links had recently been established with a local authority official with responsibility for supporting Travellers and a meeting had been arranged with the senior management team (SMT). An exhibition based on the Gypsy/Romany/Traveller culture was being planned for the following month.

Race equality

- 4.8 **Perceptions of staff treatment and care should be regularly discussed with young people. (3.86)**

Achieved. Discussion forums for young people from a black and minority ethnic background were held on Carlford unit approximately every two months. They were well established and allowed young people the opportunity to discuss any issues of their choice, including how they felt about the way staff treated them. Most of the issues raised related to the standard of food and living conditions and were not directly related to race issues. The first such forum had recently been held on the main site.

- 4.9 **Managers should monitor attendance at the REAT and take action to ensure that all designated representatives or substitutes attend meetings as required. (3.87)**

Not achieved. Attendance at the REAT had been consistently poor and there was no evidence that this was being addressed. The previous governor did not attend and the deputy was seldom present. There was no consistent chairperson and the person chairing the meeting was sometimes not of sufficiently senior status. The new SMT had plans to change the format of the committee so that a group of senior staff would meet quarterly to monitor all aspects of diversity. The new framework was designed so that the committee would be informed by a series of focus groups led by young people.

We repeat the recommendation.

- 4.10 **Efforts should be made to engage more community representatives on the REAT. (3.88)**

Achieved. A service level agreement had been developed with Suffolk Council for Racial Equality. This had secured professional support and advice from the Council, which they did through attendance at the REAT.

- 4.11 **Young people who are REAT representatives should have the opportunity to meet as a group and be given guidance by the REOs and unit staff so that they are able to represent other young people more effectively. (3.89)**

Not achieved. Young people attended the REAT and a number of attempts had been made by the equality officer to organise training sessions to provide support for the REAT representatives. This had proved unsuccessful as young people could not be withdrawn from class to attend the meetings.

We repeat the recommendation.

- 4.12 **The REOs should be advised of all young people who have committed racially aggravated offences and work with case managers to develop appropriate individual management plans. (3.90)**

Not achieved. Young people who had been convicted of racially aggravated offences were not routinely identified for specific attention. The race equality officer (REO) and caseworkers did not collaborate on the management of young people convicted of racially aggravated offences and no planned work was being carried out with any young person in this category.

We repeat the recommendation.

Additional information

- 4.13 Approximately 55% of the population were from a black and minority ethnic background compared with approximately 30% at the previous inspection in 2009. The REO visited the wings most days and was well known to staff.

- 4.14 There was no evidence of any serious racial tension in the establishment. However, it was clear from the findings of our safety interviews and the comments young people made in our discussion groups that some underlying discontent existed among young people from a black and minority ethnic background. As part of our enquiries into safety issues, we interviewed eight young people from a black and minority ethnic background, five of whom said they felt discriminated against, although none was able to illustrate his overall perceptions with examples of discriminatory treatment. One young person said: '*The gobs need to be more diverse*' and another said: '*... a bit of a racial issue comes in*'. This was consistent with the comments made in our black and minority ethnic discussion group, where one young person said: '*some staff treat young black people worse than young people who are white*'. In our surveys, young people from black and minority ethnic backgrounds reported perceptions of worse treatment than their white counterparts in only one area relating to the way they were searched. Monitoring of SMART data showed clear evidence that young people from a black and minority ethnic background continued to be overrepresented in a number of discipline areas, particularly adjudications and use of the care and separation unit. We saw the record of a discussion in January 2011 between members of the diversity team about possible reasons for these findings, but no follow-up action had been taken to establish if they reflected discrimination. Impact assessment had been undertaken in a small number of areas (cell-sharing risk assessments, personal intervention plans and the juvenile enhanced thinking skills programme) and had involved young people.

- 4.15 An average of six racist incident report forms (RIRFs) a month was generated between Carlford and the main site. They related to verbal abuse and name calling and the investigations were carried out fully and fairly and were quality checked by the Ipswich and Suffolk Council for Racial Equality as part of their service level agreement with Warren Hill. Although there were no specific interventions for young people who perpetrated racial abuse, members of the equality team addressed the issues raised directly with the perpetrators.

- 4.16 Some high quality presentations on racial heritage had been delivered by a Cambridge academic to young people on Carlford and the feedback had been very positive. Scheduling problems had so far prevented this event being repeated on the main site, but arrangements had been made for this academic to contribute to the staff training programme.

Further recommendation

- 4.17 Robust follow-up action should be taken when issues of potential discrimination are highlighted through SMART monitoring.

Foreign nationals

- 4.18 **The foreign nationals policy should be distributed to staff, who should receive training to ensure that they are fully aware of the needs of foreign national young people. (3.101)**

Partially achieved. The policy had been updated a year previously and was accessible to staff through the intranet. Apart from a small number of specialist staff and managers, none of the operational staff we spoke to was familiar with the policy. No training had been delivered on the needs of young people from a foreign national background. Staff that we spoke to had little awareness or knowledge of the distinctive needs of foreign national young people.

We repeat the recommendation.

- 4.19 **Sufficient time should be allocated to the foreign national coordinator to fulfil the role. (3.102)**

Not achieved. The foreign national coordinator was a full-time discipline officer, who was allocated between three and four hours a fortnight to carry out this role. He indicated that this was sufficient if the number of foreign national young people was low, but sometimes the figure fluctuated to as many as 18 when he was unable to carry out all the necessary work on time. We were told that a decision had recently been taken to make greater use of the diversity officer to supplement the coordinator's work.

- 4.20 **Young people who are foreign nationals and immigration detainees should be properly identified so that service provision can be targeted. (3.103)**

Achieved. Young people who were foreign nationals and immigration detainees were identified on admission by the caseworkers and administrative staff. The foreign national coordinator and the UK Border Agency (UKBA) link person were informed. This sometimes resulted in foreign national young people receiving the help they needed, but the information was not effectively coordinated to ensure that resources were allocated according to need.

- 4.21 **Young people who are foreign nationals should be provided with information about their immigration status in their own language. (3.104)**

Achieved. Immigration documents and letters produced in English were translated when a young person could not communicate in English.

- 4.22 **There should be regular contact with accredited, independent immigration advice and support agencies with an appropriate specialism for issues relating to children. (3.105)**

Not achieved. Young people from a foreign national background still did not have access to any form of specialist independent immigration advice and support.
We repeat the recommendation.

4.23 Translation services should be used regularly for non-English speaking young people, particularly in relation to personal officer work and to translate important notices and written information. (3.106)

Partially achieved. There was very little information on display or in document form which had been translated. However, staff made good efforts to try to communicate with young people who could not speak English well. Phonetic dictionaries in a wide range of languages were available in the reception area. Staff told us that they found these extremely useful in helping them to engage quickly with young people who did not understand English. The interactive computer programme used on induction was being modified to accommodate all the principal foreign languages. There was a wide range of foreign national information in 12 languages in the induction classroom, although these were quite dated. If young people had difficulty communicating in English, extensive use was made of telephone interpretation services on induction and elsewhere in the establishment.

4.24 Support groups and peer support mentors should be made available to foreign national young people. (3.107)

Not achieved. There was no formal support mechanism for foreign national young people, either in groups or individually. We were told that staff tried to locate young people of the same nationality close to one another when possible and that this had recently worked successfully with an influx of Vietnamese young people who were able to support each other informally. Some of the young people in this group subsequently became involved in the age dispute process and received additional support from a youth offending team (YOT) worker in the casework team.

We repeat the recommendation.

Additional information

4.25 The number of young people from a foreign national background fluctuated but always represented a significant minority. At the time of the inspection, there were 13 foreign national young people in the establishment, but this had been as high as 18 earlier in the year. When we spoke to residential staff, they were not confident that they were aware of the young people on the unit with foreign national status.

4.26 There were no immigration detainees, but there had been a small number earlier in the year, some of whom had been held for several months after their release date while age disputes were resolved. They had been held in the care and separation unit while the age disputes were investigated which was unacceptable.

4.27 The basic needs of foreign national young people were adequately met. They were told during induction about their entitlement to free international telephone calls, for which they had to make a written application. They could also have free letters on request. In March 2011 an advice surgery with a representative from UKBA had been held in the establishment for the first time which had been attended by three young people. A number of age dispute cases had arisen at that time, which had caused confusion to some foreign national young people, and the UKBA official was able to reassure them that a young person stating he was a minor would be treated as such until social services had conducted an age assessment. The young people attending the meeting were given the opportunity to ask questions about their cases and their

legal status. Several other foreign national young people were also seen by the UKBA official outside the meeting. It was not clear if these surgeries would be held regularly.

- 4.28 There was a wide range of foreign language material in the library. This service was well used and staff had been responsive in obtaining books for Vietnamese young people who had requested this. Prison staff had contacted members of the local Vietnamese community, who provided magazines and newspapers.
- 4.29 The catering manager ensured that young people with dietary preferences associated with their culture were catered for.

Further recommendation

- 4.30 Immigration surgeries should be held frequently enough for young people to be kept up to date with their immigration status.

Disability

- 4.31 **There should be written assessments of young people with disabilities which should be available to all staff in contact with young people. (3.115)**

Not achieved. We were advised that the equalities team had just started sending very brief information by email to residential managers, and staff confirmed that they had received this. However, assessments were not produced and there was no formal way of ensuring that staff responded to the needs of young people with a disability and personal mentors had no clear support role.

We repeat the recommendation.

- 4.32 **All young people with disabilities should have care plans to ensure that the support they require is delivered. (3.116)**

Partially achieved. Young people who were identified through health care screening as having a disability had a health care plan which was regularly reviewed. However, the role of residential staff in supporting young people with an identified disability was underdeveloped, and wing records did not include health care plans or provide useful information for residential staff or other disciplines so that they could properly support a young person with a disability on a day-to-day basis. Residential staff we spoke to confirmed that their knowledge of young people in their care with disabilities was limited and their expectations were that the health care department would ensure that their needs were met.

Further recommendation

- 4.33 The role of residential staff and other disciplines should be explicit in care plans for young people with disabilities.

Additional information

- 4.34 There was no disability officer at the time of the inspection. Young people who had a disability were identified through reception and induction procedures and through education and health care assessments. Young people were asked if they had any disabilities or specific difficulties

during the initial vulnerability assessment and they were asked whether they could read and write. .

- 4.35 The equalities team had recently compiled a disability database, which was incomplete because it lacked information from all relevant sources. The majority of young people on the database had long-term health problems, including attention deficit hyperactivity disorder and asthma. A very small number had physical difficulties such as visual and hearing impairment.
- 4.36 Twelve of the 99 young people who responded to our survey identified themselves as having a disability. Only 30% of young people with a disability felt that the induction course covered all that they needed to know against 69% of young people who did not have a disability.
- 4.37 There were no adapted cells for young people with a physical disability and young people who became temporarily disabled because of injury were moved to a ground floor cell.

Religion

- 4.38 **All staff should be trained in religious diversity and the way this interacts with cultural and racial identities. (3.121)**

Achieved. The chaplaincy team delivered faith awareness training, a national programme which included information on how religious diversity related to cultural and racial identities. Three staff training sessions had taken place and more were planned. The REAT meeting minutes recorded that these sessions were highly appreciated by staff.

Sexual orientation

- 4.39 **Strategies for preventing and dealing with discrimination on the basis of sexual orientation should be in operation. (3.124)**

Not achieved. There was no strategy to ensure that young people would not be discriminated against because of their sexual orientation. There were no support services for young people who were gay or bisexual.
We repeat the recommendation.

Section 5: Health services

Expected outcomes:

Children and young people are cared for by a health service that assesses and meets their health needs while in custody and which promotes continuity of health and social care on release. The standard of health services provided is equivalent to that which children and young people could expect to receive in the community.

General

5.1 A strategy focussing on the health needs of young people should be developed. (4.47)

Achieved. A comprehensive health needs assessment (HNA) with supporting recommendations had been completed in March 2011 by a public health specialist from NHS Suffolk. The HNA included physical and mental health, substance use, pharmacy, dental services, physiotherapy and optometry services. Young people had been involved and interviewed where appropriate.

5.2 Health services should be delivered in an environment that is consistent with the promotion of health and wellbeing, has appropriate infection control facilities and provides appropriate levels of privacy and confidentiality for young people. (4.48)

Not achieved. The health care department remained unfit for purpose. The opening of the new building which would house health care had been unexpectedly delayed (see also first night section) but it was nearing completion and it was anticipated that it would be operational in August 2011.

5.3 When translation is required for health care services, this should be provided by a professional service, either by telephone or a visiting translator. Other young people should not be used for this purpose. (4.49)

Achieved. A translation service, Language Line, was used whenever necessary by nursing staff and doctors. Health care information leaflets were translated into 26 different languages and there was no evidence that other young people were used for interpretation services in the health care setting.

5.4 A suitably designed and equipped dental surgery and decontamination room should be included in the plans for the new health care block. (4.50)

Not achieved. A new dental surgery had been included in the new health care setting which included a decontamination room. The new surgery was designed to meet current regulations on infection control. The primary care trust (PCT) dental adviser had inspected the new surgery and was content that infection control measures had been met.

5.5 A full dental surgery inspection should be carried out by or on behalf of the PCT. (4.51)

Achieved. A full dental surgery inspection had been carried out by the PCT dental adviser in March 2010.

5.6 There should be an information-sharing protocol between health care staff and other disciplines within the establishment. (4.52)

Achieved. Information protocols had been agreed between health care and other disciplines in the establishment, as well as the NOMS young people's team and the Youth Justice Board.

Additional information

- 5.7 NHS Suffolk was responsible for commissioning health services at Warren Hill, together with three other prisons in its area. Health services were out to tender at the time of the inspection and a decision on the new provider was expected in June. The head of health care was a member of the senior management team. He attended regular provider group meetings which fed into the Prison Partnership Board.
- 5.8 The health care departments at the main site and the Carlford unit were not fit for purpose, particularly at the main site. There were no health care facilities on the wings and no inpatient unit.
- 5.9 We visited the new health care facility which would provide excellent facilities to deliver health care to young people. However, we had concerns regarding the level of confidential office space apportioned to health care staff. The head of health care did not have a dedicated office and all other health care staff would have to work in a generic open plan area which would compromise medical confidentiality. Staff would be prevented from discussing sensitive physical and mental health issues among their peer group or with external professional colleagues on the telephone.
- 5.10 The health care team had made a successful bid for funding from the Enhanced Healing Project funded by the King's Fund to improve therapeutic environments for young people.
- 5.11 Health promotion was still in its infancy but progressing well through enthusiastic nursing staff. There was a comprehensive range of health care promotion literature on the main site and the Carlford unit.
- 5.12 We observed interactions between health care staff and young people which demonstrated a high level of respect for young people. Staff behaved in a professional and caring manner.
- 5.13 Young people were informed about health services and how to access them during the induction programme.

Further recommendation

- 5.14 The head of health care should have a separate office to facilitate interviews with staff, visiting health professionals and patients. There should be a dedicated closed area in which all health care staff and allied professionals can discuss patient care without compromising medical confidentiality.

Clinical governance

- 5.15 **Primary mental health nurses should be recruited as soon as possible. (4.53)**

Achieved. Two full-time primary mental health nurses had been recruited to support young people and were co-located with the child and adolescent mental health service (CAMHS). The two teams worked well together to provide a holistic mental health service to young people.

- 5.16 **A skill mix review should be carried out to ensure there are sufficient nurses in post with appropriate skills and experience to deliver the required child-centred service. (4.54)**

Partially achieved. A skill mix review had been completed and, despite several attempts to recruit children's nurses, there had been insufficient interest from suitable candidates and the tendering of a new health care contract had made recruitment difficult. However, many health care staff had extensive experience of caring for young people.

- 5.17 **Nurse-led clinics, including those for young people with life-long conditions, should be run by nurses with appropriate training and experience. (4.55)**

Achieved. There was a good range of nurse-led clinics including asthma, diabetes and sexual health. One of the nurses had completed sexual health training but there were no diabetic or asthma trained nurses, although some had completed appropriate study days. Young people with these conditions were managed by the visiting GPs with additional expertise from community nurse specialists.

- 5.18 **A defibrillator should be available on the Carlford unit. (4.56)**

Achieved. A defibrillator had been placed in the Carlford unit gate lodge so that it was easily accessible to health care staff attending an emergency on the unit. There was a record of weekly checks by nursing staff.

- 5.19 **There should be a patient forum for young people to meet health care staff. (4.57)**

Partially achieved. The general prison forum encompassed a health forum with health care staff. However, this was about to change following a direction from the PCT that there should be a discrete health care forum which would follow PCT guidelines and be monitored by the PCT.

We repeat the recommendation.

- 5.20 **The NHS complaints system should be made accessible and age appropriate. (4.58)**

Achieved. The NHS patient advice and liaison service had been introduced. Young people were advised and, where necessary, supported to make an official complaint on a dedicated health care form. The facility to complain about health services was widely advertised in all health care settings.

- 5.21 **There should be a clear policy on the assessment of young people's capacity to give consent for health care treatment and how consent should be obtained. (4.59)**

Achieved. Health care staff followed comprehensive Department of Health guidelines on seeking consent from young people.

Additional information

- 5.22 The head of health care was a band 7 registered general nurse (RGN) with extensive experience in a prison setting. He was supported by two band 6 RGNs who acted as team leaders. One of the team leaders focused on supporting young people with substance use health needs. There were six band 5 RGNs and two band 6 primary mental health workers who were registered mental health nurses (RMNs). Warren Hill health care staff provided night cover to the neighbouring HMP Hollesley Bay which was one of the four prisons managed by

NHS Suffolk. Some nurses had completed short courses, including smoking cessation and counselling, and others had attended professional study days. All nursing staff had completed the RCGP 1 course in substance misuse management.

- 5.23 The team was supported by a very effective full-time administrative officer. A discipline officer provided escort support during clinics which had a positive impact on health services as little time was lost as a result of failures to attend. Clinical supervision was fully supported but there was little uptake from clinical staff. Daily lunchtime team meetings and minuted bimonthly full staff meetings were held. All staff had completed child protection training.
- 5.24 GP services were provided by a local surgery which had been supporting the prison for many years. Additional medical equipment was provided by the PCT.
- 5.25 Emergency equipment was under review. The current equipment was very heavy (20kgs) and, although it was contained in a single roller bag, it was difficult to carry upstairs and through gates. So much equipment was necessary because of the remote location of the establishment and the possibility that the ambulance service could take up to 50 minutes to respond to emergency calls.
- 5.26 Old paper clinical records were held in health care but the clinical records of new arrivals were all held on SystemOne. Entries were contemporaneous and appropriate.
- 5.27 The management of young people with injuries was very good. An electronic record of injuries to young people was maintained on their clinical records for further interrogation and to provide statistics.
- 5.28 There were good contacts with local health protection units and providers and the management of communicable disease was good.

Further recommendation

- 5.29 The review of emergency equipment held in the main health care department should ensure that all equipment is appropriate and easily transportable across the establishment.

Primary care

- 5.30 **Young people's GPs and other relevant care agencies should be contacted with appropriate consent at the start of custody, for relevant information to ensure continuity of care. (4.60)**

Achieved. During the initial health care reception screening, young people were asked if they had any existing health care concerns. If they disclosed a medical condition, their GP was contacted and asked to provide copies of the young person's medical notes.

- 5.31 **Following reception screening, a further health assessment should be carried out no longer than 24 hours after a young person arrives in custody, but not on the same night. (4.61)**

Partially achieved. The secondary health screen was still carried out at the same time as the initial assessment. However, we were told that this was due to change imminently to ensure that the two screens were not completed at the same time. In our survey, 46% of young people

at Warren Hill and Carlford said they had a full health assessment the day after they arrived against the national comparator of 63%.

5.32 GP clinics should allow for appropriate consultation and administration time. (4.62)

Partially achieved. The GP clinics did not allow sufficient time to assess young people and complete the necessary documentation. New contractual specifications were about to be implemented, which would allow more time for GPs to see individual patients. Young people in Warren Hill were able to see a GP four days a week and the GP saw young people in the Carlford unit on Wednesdays. Young people in both locations were able to see a GP any weekday or weekend if there was an urgent clinical need.

5.33 The waiting time for the sexual health clinics should be reduced. (4.63)

Achieved. Young people referred to the sexual health clinic were usually seen at the next available clinic. A dedicated nurse provided regular chlamydia screening starting with a dedicated two-hour session during the induction programme. General health promotion was highlighted and sexual health was given a high profile. A sexual health consultant held a clinic every two weeks and young people were notified of test results as soon as they were received in the establishment. All young people were given the opportunity to participate in screening programmes and there was a good uptake.

5.34 Young people reporting 'special sick' should be able to see a member of health care staff in private. (4.64)

Achieved. Young people wishing to report sick were seen by a member of health care staff on their unit. Subject to satisfactory security measures, the nurse would assess the young person in their cell to ensure privacy. Discipline staff waited outside the cell door. If necessary, the young person was seen in the health care department.

5.35 Triage algorithms should be developed and introduced. (4.65)

Achieved. Adapted triage algorithm flow charts were in place for a range of clinical conditions. Nurses visited residential units every morning and young people reported to unit staff if they felt unwell or wanted to see someone from the health care team. They were triaged using algorithms and referred for treatment or further investigation depending on the outcome of the assessment.

Additional information

5.36 Health care provided 24-hour nursing cover with support from the out-of-hours service. All young people underwent a reception health screening on arrival. In our survey, 71% of young people at Warren Hill said they were asked if they needed any help in relation to their health against the comparator of 57%. The screening included a disability assessment and few disability issues were identified. The majority of problems related to sight or hearing difficulties in which case the young person was referred to the relevant optician or community hearing specialists. The administrator attended the prison disability forum and had good links with community disability organisations. A speech and language therapist from the local hospital provided good support. Young people with a physical disability were referred to and assessed by the community occupational therapist.

5.37 The screening also included a comprehensive child-appropriate vaccination programme.

- 5.38 Young people wishing to access health services did so by speaking to their unit officer, who informed the visiting nurse, or by completing a health care application form which was child orientated and freely available on the wings. There were no dedicated health care boxes on the wings and completed forms were sent through the internal post to health care, which could compromise confidentiality. The administrator made an appropriate appointment for the patient and sent him an acknowledgement of receipt of his application or appointment time, in a sealed medical in confidence envelope. Young people were also able to speak to one of the nurses visiting the unit. If they were complaining of feeling unwell, the nurse carried out an assessment using algorithms and signposted the young person to the appropriate health professional.
- 5.39 Young people had access to a wide range of regular clinics delivered by health care staff or visiting health professionals. Nurse-led clinics included asthma, smoking cessation, sexual health, chlamydia screening and child-orientated immunisations. Young people had to go to community clinics for some services, such as podiatry, and this was facilitated. Visiting health professionals included a sexual health consultant and a physiotherapist every two weeks and the dentist every week. Waiting lists for all these services were within acceptable levels. Access to the GP was very good and young people were usually seen within 48 hours or earlier if necessary.
- 5.40 Although the incidence of young people with life-long illnesses was low, there were young people with asthma and diabetes who were initially treated by the GP. Community specialists were brought in to support treatment whenever appropriate.
- 5.41 Optician services were brought in on demand which was usually every two weeks. The service was efficient, with young people being seen at the next visit. Broken spectacles were repaired and returned to young people as soon as possible.
- 5.42 Young people held in the care and separation unit were seen by a health care professional every day and the GP visited three times a week. Staff on the unit were happy with the support they received from health care and particularly the primary mental health team. Health care staff entered any necessary information into the unit observation book to help staff to manage young people.
- 5.43 PE staff worked closely with health care to encourage healthy living programmes and carried out remedial gym for young people referred by the GP.
- 5.44 Links with community social services were good and, although there was no dedicated 'looked-after children's' nurse, the health care team maintained strong links with community services.

Housekeeping points

- 5.45 Dedicated secure health boxes should be made available in all residential areas to ensure confidentiality for young people requesting health services.
- 5.46 The head of health care should nominate a member of staff to provide a continuous link with social services looked-after children's team.

Good practice

- 5.47 *The practice of notifying young people of their appointments was respectful and prevented the young person from becoming anxious about his request to see somebody from health care.*

Pharmacy

- 5.48 **Young people should have direct access to advice from appropriately trained pharmacy staff. (4.66)**

Achieved. Young people were able to see a member of the pharmacy team on request. The pharmacist from Ipswich hospital visited every two weeks and the technician every week. Young people were advised of this facility during the induction programme, but very few young people took up this option. There were six young people on regular medication at the time of the inspection.

- 5.49 **All prescriptions should be legally written, including the quantity and date prescribed, and the signature of the prescriber. Medication should not be supplied beyond the authorised period of treatment. (4.67)**

Achieved. Prescriptions were checked and audited by the visiting pharmacy technician. There was no evidence that medicines were administered beyond the authorised period of treatment.

- 5.50 **The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. The responsible pharmacist should have professional control of the stock supplied and a dual labelling system should be introduced. (4.68)**

Achieved. A regular audit of stock was undertaken by the visiting pharmacy technician. The dual labelling system was no longer relevant.

- 5.51 **The medicines and therapeutics committee should review the use of general stock. Patient-named medication should be used wherever possible and general stock should only be used if unavoidable. (4.69)**

Achieved. Medicines had been reviewed by the committee and medication was now individually labelled by the pharmacy. There was no evidence that general stock was used on a regular basis.

- 5.52 **Patient group directives should be introduced to enable supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the doctor. A copy of the original signed patient group directives should be kept in the pharmacy, and read and signed by all relevant staff. (4.70)**

Partially achieved. There were a limited number of patient group directives (PGDs) in place and there was considerable scope to increase the number of PGDs. PGDs in use had been read and signed by relevant staff.

We repeat the recommendation.

- 5.53 **The special sick policy should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. (4.71)**

Not achieved. The only medicines supplied to patients as 'special sick' were paracetamol and ibuprofen under PGD. All other medicines required a prescription.

We repeat the recommendation.

Additional information

- 5.54 Pharmacy products were delivered promptly to the prison. We were told that there was an out-of-hours policy but we saw no evidence of this.
- 5.55 Thermolabile medicines were not held in appropriate conditions. Refrigerator temperatures were not always in the correct range for storing medicines.
- 5.56 Medications were administered on the residential units. In-possession risk assessments were completed and, where appropriate, young people were able to hold their medication in possession. In our survey, 51% of young people taking medication on the main site said they were able to keep it in their cells against the comparator of 31%.
- 5.57 A medicines and therapeutics committee met bimonthly with representation from the prison, PCT and the pharmacy.
- 5.58 Controlled drugs were well managed, although the controlled drugs register was not compliant with current regulations.

Housekeeping points

- 5.59 There should be an out-of-hours policy allowing health care staff to administer agreed medications.
- 5.60 The controlled drugs register should comply with current regulations.

Dentistry

- 5.61 Requests to see the dentist should be appropriately triaged, preferably by a member of the dental team. (4.72)

Not achieved. There was no formal dental triage and no capacity in the current contract for the dental team to triage dental applications.

We repeat the recommendation.

- 5.62 Young people experiencing dental pain should be seen at the next available session. (4.73)

Achieved. Young people complaining of dental pain were seen initially by the nurse and, where necessary, referred to the GP. If a dental abscess was evident, the GP or the head of health care was able to prescribe pain relief and antibiotics. The young person was then seen at the next available dental clinic or, if necessary, taken to the local dental facility nominated by Suffolk Dental Direct. All dental interventions were recorded on SystmOne.

- 5.63 New arrivals should receive initial dental screening to identify their oral health needs. (4.74)

Partially achieved. The head of health care was introducing an addition to the secondary screening which would enable nurses assessing young people on reception to undertake a rudimentary assessment of their dental health.

Additional information

The dental contract was inadequate but an effective dental service was delivered by Weymouth Dental Services. While treatment was very good, there was no capacity for delivering dental health promotion. A dental practitioner and dental nurse held one session each week. The waiting list was typically three weeks, although two residential units were closed and, when the establishment returned to full capacity, the waiting list was likely to be significantly longer. Emergencies were seen as soon as possible or referred to local external dental access centres. Although dental staff were weekly visitors to the establishment, they did not have access to keys. This was not an issue at the time of the inspection, but the new health care centre was some distance from the gate and dental staff would have to wait to be escorted which could delay the start of their clinics.

- 5.64 Eight young people were on the waiting list for Warren Hill and two from the Carlford unit. There were few non-attendees and, if a young person failed to attend an appointment, dental staff did their best to bring another young person forward. Oral health promotion was delivered during treatment.

Further recommendation

- 5.65 The PCT should review the dental contract to ensure that young people have equal access to dental treatment and that waiting lists are within NHS guidelines. Dental hygienist clinical sessions should be introduced to promote dental health.

Secondary care

- 5.66 Hospital appointments were well managed by the administrator. There were excellent relationships between health care and local NHS facilities. The establishment was very accommodating if young people arrived with NHS appointments in out-of-area hospitals, for example a young person who had been receiving treatment in a specialist hospital in the west country arrived with an appointment and was taken across country to ensure continuity of care. GP referrals to local hospitals were managed extremely well and very few appointments had to be remade due to lack of escort staff. The administrator also arranged for young people to be referred to a hospital in their local area if they were due to be released.

Mental health

- 5.67 Mental health services were provided by the in-house primary mental health team and by the CAMHS part of the Suffolk Mental Health Partnership Trust. RMN community psychiatric nurses (CPNs) from the CAMHS were in the establishment every weekday, one full time and the other three days a week. A clinical psychiatrist attended two days a week and a CAMHS psychiatrist visited for one session every two weeks.
- 5.68 All referrals to the mental health team were seen initially by a primary care RMN, usually within 24 hours. Any member of prison staff could refer to the RMNs following consultation and consent from the young person. If young people declared during the reception screening that they had mental health needs, they were referred to the team who received about 10 referrals a week. All referrals were triaged by the RMNs as soon as possible, although we were told that there were often difficulties in seeing young people because it interfered with their education

regime. This was a source of some concern to the primary care and mental health teams. Collaboration between health care and other departments in the establishment needed improvement to ensure that young people had unhindered access to health services.

- 5.69 The caseload for the primary care RMNs was 10 at the time of the inspection, but was often significantly more. When appropriate, the team made entries in unit observation books, within the boundaries of medical confidentiality, to inform officers and give guidance in managing young people. One-to-one work was carried out with young people and staffing levels presented little opportunity for therapeutic interventions. Young people in the care of the teams were principally diagnosed with attention deficit hyperactivity disorder, autism, reactive anxiety and psychosis. There were some young people with learning difficulties or disabilities who were seen by the clinical psychologist through community services. There was no speech and language specialist at the establishment but a speech and language therapist from the local hospital provided good support.
- 5.70 The team met formally with the CAMHS team every week to discuss cases and future management.
- 5.71 The CAMHS team held a referral meeting every week with health care and the counselling service. Unit staff were invited to meetings but were not always able to attend. The team saw their patients on the wings and had a caseload of seven young people at the time of the inspection. The team followed the care programme approach and liaised with appropriate community mental health teams. There were good relationships between the team and unit staff who were advised on how to manage difficult young people. Both teams had established excellent relationships with Feltham YOI which provided support in managing particularly challenging young people and, if appropriate, assessment and inpatient care. There were no young people awaiting transfer to inpatient facilities.
- 5.72 The teams told us that, while mental health awareness training was offered across the establishment, there was little uptake by discipline staff.
- 5.73 Two prison-employed counsellors provided excellent support to young people. They attended the establishment for a total of three days each week, providing eight sessions a week which they increased if necessary. Their service was very much appreciated by young people and staff. Referrals were accepted from across the establishment and the counsellors had a slot in the induction programme. Twelve young people were on their caseload and another 14 were awaiting assessment. Young people were seen on their units but some required a chaperone which could present difficulties. It could take four weeks to see the counsellor but, if there was considerable concern, the young person was seen more quickly. Children under the age of 16 years had to have their guardian's consent before they saw the counsellor.
- 5.74 The counsellors met the mental health teams regularly and shared appropriate information. Many of the cases referred to them involved young people who had been subject to domestic and/or sexual violence or bereavement. When appropriate and within limited boundaries, the counsellors liaised with unit staff to advise on the mental wellbeing of the young person.

Further recommendations

- 5.75 The head of health care should liaise with other departments, particularly education, to ensure that young people have unhindered access to health services.

5.76 Mental health awareness training for all staff, in particular those who have contact with young people, should be provided and encouraged.

Section 6: Activities

Time out of cell

Expected outcomes:

All children and young people are actively enabled and encouraged to engage in out of cell activities, and they are offered a timetable of regular and varied events.

- 6.1 The daily programme should be organised so that all young people have the opportunity to take an hour of outdoor exercise some time during the day. (5.47)

Not achieved. Exercise was only timetabled at weekends. In our survey, only 15 % of young people at the main Warren Hill site said they were able to have exercise every day against the national comparator of 45%. Young people at Carlford fared better where 94% reported that they had access to daily exercise. During the inspection, doors on the association areas which led to the exercise yards on Orwell and Alde were unlocked on some evenings so that young people could go outside if they wished. However, few chose to do so which was not surprising given that the exercise yards had no seating or recreational equipment to encourage young people to take advantage of time in the open air.

We repeat the recommendation.

- 6.2 Recreational equipment and seating should be provided for the exercise yards. (5.48)

Not achieved. Seating had been purchased for the exercise yards but had not been installed at the time of the inspection. The exercise yard on Butley was the best equipped with two basketball hoops and an exercise bike. However, most young people on the Butley unit were only permitted to use the yard one at a time and were reliant on a member of staff playing basketball with them.

We repeat the recommendation.

Additional information

- 6.3 The published core day was usually adhered to and during the inspection we observed that movements to and from activities took place on time. Young people at Carlford spent most of the day out of their cell. The core day allowed most young people on the main site to spend up to nine hours each day out of their cells during the week. However, time out of cell was significantly worse for some young people, for example young people located on the Butley unit and other young people who had lost their association as a punishment for poor behaviour. In addition, a small number of young people who were not in mainstream education received only an hour and a half education on their residential unit and were locked up for the remainder of the day. Time out of cell was less generous at weekends when young people spent between five and six hours outside their cells. Out-of-cell activities at weekends consisted mainly of association, visits and exercise. Efforts had been made to make weekends more interesting. A separate programme was put in place for long weekends and the most recent had included tournaments using association equipment, quizzes and bingo, and team game tournaments in the gym. All these activities were led by residential and PE staff.
- 6.4 Movement to activities was timely. There were good systems for tracking where young people were throughout the day and residential staff tried to get young people who were returned from their activity through no fault of their own, for example due to a cancelled class, out of their

cells for cleaning tasks. Out-of-cell hours were recorded on all units for each session of activity and submitted to a central point in the establishment to inform monitoring reports sent to the Youth Justice Board.

- 6.5 Most young people had good access to association, and in our survey 94% on the main site against a comparator of 67% reported that they had association every day. Young people on basic level did not have any evening association during the week and were only able to mix socially with other young people at weekends. Young people on silver had association on their wings each evening. They had access to table football, table tennis, a range of board games and some electronic games. Most also put their names down on the lists for showers and telephones and on the nights that we observed access to the facilities was relaxed but properly managed. Young people on gold level were able to go to the juvenile activity centre (JAC) for their evening association where they had access to activities broadly similar to those on the wings but in a larger area and with some additional equipment. There were showers and telephones in the JAC, but no access to an outside exercise area.

Learning and skills

Inspection of the provision of education and educational standards, as well as vocational training in YOIs for juveniles, is undertaken by the Office for Standards in Education (Ofsted) working under the general direction of HM Inspectorate of Prisons. For information on how Ofsted inspects education and training see the Ofsted framework and handbook for inspection.

Expected outcomes:

Learning and skills are central to the regime of the establishment and all children and young people are engaged in good quality provision that meets their individual needs and enables them to achieve their full potential. Children and young people of statutory school age receive full-time education.

- 6.6 **There should be sufficient vocational training opportunities to meet the needs of the population. (5.17)**

Achieved. An adequate range of provision had been developed by the establishment and the education provider, A4E, although provision was still primarily offered at entry level and level 1. There were more than sufficient vocational training places to meet the needs of the population. Some aspects of the programme were innovative and there were some particularly good resources in motor vehicle workshops. Release on temporary licence was used well to provide work experience and links with the community.

- 6.7 **Young people should be able to study both English and mathematics at GCSE level. (5.18)**

Achieved. English and mathematics GCSE were now being offered. Take up of GCSEs was good and achievement levels were satisfactory.

- 6.8 **Formal tutorial systems should be introduced. (5.19)**

Partially achieved. Education support staff mentored and supported young people well but this provided only a stop-gap solution to a formal tutorial system. The establishment had recognised this and there were well advanced plans to provide formal tutorial systems from September 2011, delivered through three new team leader posts.

6.9 The library should open at weekends. (5.20)

Not achieved. The library was still not open in the evenings or at weekends.
We repeat the recommendation.

Additional information

- 6.10** Assessment and allocation to education and vocational training were fair and appropriate. Since the previous inspection, funding had been secured for sufficient education support staff (ESS) to conduct detailed induction, initial assessments and regular updates of young people's progress, preferences, aims and concerns. ESS staff maintained a close and productive relationship with young people. Individuals' comprehensive ESS records were available online but the active use of this information by education staff to plan, monitor and review individuals' learning was underdeveloped.
- 6.11** Referrals for learning diagnostics and specialised support were prompt and approximately 30 young people received specialist support each month. While the outcomes of all assessments were recorded on young people's individual learning plans, the establishment did not monitor how well this information was being acknowledged and used by teachers.
- 6.12** The number of learning and skills places significantly exceeded demand and most classes had very small numbers. There were no waiting lists for the core provision. Education classes were programmed over four 45-minute sessions each morning and afternoon which greatly enhanced young people's ability to concentrate and vary their programmes of learning. Vocational training classes were delivered in block sessions in the morning and afternoon. Timetabling was complex but well administered and young people's individual records were up to date. There were still significant delays in completing security risk assessments. The number of recorded course cancellations had been high but had recently reduced.
- 6.13** There was now a wider range of accredited education programmes at the main site, based on core pathways and specialist options. More qualifications were available at level 2 than at the previous inspection, although not in all subjects. Vocational training options were restricted in number, but included some innovative options. The raptor project was a continuing and developing strength. In motor vehicle training, a direct approach to Essex police had led to the supply of seized cars for mechanics training purposes which would otherwise have been scrapped.
- 6.14** The education provision offered at Carlford was varied, well attended and had been expanded to include more GCSE programmes. However, there were still insufficient education and vocational training activities in the afternoons despite the recent addition of extra programmes on three days, including some good PE sessions.
- 6.15** There had been successful management actions to improve attendance. The monthly attendance rate was good at over 90%, having risen from 65%; absence was monitored well. Some young people were temporarily excluded from mainstream provision. This included almost all the young people who were located on the Butley unit (see care and separation section). Records indicated that the use of 'education on unit' averaged around 75 young people in a year, with the longest for a period of three weeks. Education on unit programmes were well planned and individualised by tutors and often popular with young people, but frequently delivered in unsuitable locations such as corridors. Nevertheless, some young people who received education on unit made good progress and in one instance at Carlford this intervention had been transformational for the young person concerned. However, at only one and a half hours a day per individual there was too little education on offer for those who

were not permitted to attend mainstream provision and the subjects provided were restricted to literacy and numeracy.

- 6.16 Punctuality was good and had further improved since the previous inspection. In our survey, 85% of young people thought the education they had received while at Warren Hill would help them in the future against the comparator of 64%.
- 6.17 The quality of teaching and learning was good, and particularly so at Carlford. Across the establishment, the better lessons included interesting, challenging and enjoyable activities. In mainstream lessons young people were focused and stayed on task throughout the lesson. Young people behaved well and most lessons took place in a relaxed, purposeful and productive atmosphere. Teachers adapted their planning well to take account of the challenges of very small class sizes and in many lessons individualised learning was taking place successfully. Teachers used questioning well to check learning and progress and encouraged young people to solve problems independently. In a few lessons young people's concentration waned if teachers delayed starting planned activities. Most lessons contained a useful summary of what had been learned, although the recording of individuals' progress was sometimes poor.
- 6.18 Standards of work were good and many young people were keen to achieve to their full potential. In the vocational workshops there was good attention to detail and teachers were able to make effective use of their industrial experience to help young people achieve high standards. Some young people were able to complete complex mathematical problems. Others following a media course were able to explain their high quality graphic work articulately and with enthusiasm.
- 6.19 Young people's achievements were good. In the nine months prior to the inspection, 97% of young people whose length of stay allowed left with at least one nationally recognised qualification and many with substantially more. Access to GCSEs had improved since the last inspection and in the previous year 18 young people had gained a total of 38 GCSE passes. A small number of young people were following AS level, Open University and correspondence courses.
- 6.20 There was some variation in the number and quality of achievements. In construction, over 200 City and Guilds qualifications were gained in the nine months preceding the inspection and over 50 more in engineering and manufacturing technology. However, in horticulture and industrial cleaning the achievement rate was very low. Data indicated that many young people improved their skills significantly in the key areas of reading, spelling and numeracy.
- 6.21 Specialised learning programmes were offered to small groups of often challenging young people whose literacy and numeracy skills were particularly low. Their needs were identified well and the strategies to support their individual development were sound, but their behaviour was not always conducive to good learning. The number of young people being returned to unit (RTU) from specialised learning programmes was high, comprising about two-thirds of 74 RTUs during April 2011. There was insufficient monitoring by management of whether the system was being used appropriately, why RTUs were taking place, and how quickly, if at all, young people were returning to subsequent sessions that day. There was no time-out facility.
- 6.22 There was good use of release on temporary licence (RoTL) to enable young people to benefit from educational opportunities outside the establishment, which included work in a local charity shop and beach cleaning. In the previous year, 43 young people had taken part in a total of 614 RoTL events (476 from Warren Hill and 138 from the Carlford unit). Some 180 of these events were part of the innovative raptor project. This involved young people managing public

demonstrations of hawks and owls, delivering displays in schools and having work experience at bird sanctuaries. Young people on the project had achieved 157 awards and three had secured related employment.

- 6.23 Leadership and management were good. The education and training provision had been developed and improved over time against structured improvement action plans. Overall, reductions in the population and uncertainties over resources had been managed well but, with the low number of young people in the establishment, there was a significant underuse of resources. Communication and partnership working were improving. The availability and analysis of management information were good. The quality improvement system was well structured and comprehensive. The system for lesson observations was generally robust but required further development in some areas.
- 6.24 The library was a high quality facility and well used. The library orderly was close to completing a nationally recognised qualification in customer service.
- 6.25 Management and development of the provision was good. The librarian made good use of management information to identify non-attendees and encourage their attendance. Attendance was high at 80%, with sessions timetabled across the week. The library was well stocked and the strategy to restock with up-to-date, age- and reading skills-appropriate books had been successful. A suitable stock of legal reference materials was in place, including an online reference facility. The library service for Carlford young people was adequate, but very limited, consisting of one evening a week.
- 6.26 The loan rate was high for books and DVDs, at around 400 each per month. Books were in good condition and the loss rate was low. The six-book challenge programme had had very high take-up and was one of the most successful in the country.

Further recommendations

- 6.27 Activities available in the afternoons at Carlford should be extended to include education and vocational options.
- 6.28 The teaching time and the range of subjects taught for young people receiving education on unit should be increased and sessions should be delivered in suitable locations.
- 6.29 There should be a strategy to reduce the number of young people returned to their unit for poor behaviour.

Housekeeping points

- 6.30 ESS records should be fully used to plan, optimise, monitor and review individuals' learning.
- 6.31 Security risk assessments should be completed without undue delay to ensure that young people are able to access programmes in a timely manner.

Physical education and health promotion

Expected outcomes:

PE is central to helping children and young people to become confident individuals, maintain a healthy lifestyle, use spare time constructively, develop skills and gain qualifications while in custody and on release back into the community. PE is enjoyable and inclusive for all, regardless of ability or previous experience. Programmes contain a variety of activities to meet the needs and interests of all children and young people.

6.32 Staff supervision in the gym showers should be improved. (5.28)

Achieved. An appropriate level of supervision by staff was now being exercised in the gym showers. The presence of cameras in the changing rooms at the gym on the Warren Hill site was inappropriate, although there were robust management systems in place to prevent any misuse of images. The PE department had implemented a successful policy on the issue of shower gel to prevent bullying.

Further recommendation

6.33 Cameras should be removed from the gym changing room.

6.34 The facilities in the fitness suite on Butley unit should be improved for young people who are risk assessed as unsuitable to attend the gym. (5.29)

No longer applicable. The fitness equipment on Butley unit had been removed.

6.35 Links with health care should be improved for young people with specific health care needs. (5.30)

Achieved. Remedial PE had been introduced and good links established with health care which enabled the PE department to secure the services of a qualified physiotherapist when required.

Additional information

6.36 All young people received three hours a week of core PE other than young people in the Butley unit who had only 1.5 hours of PE each week. Recreational PE was available every week night and Saturdays and Sundays. Access was dependent on privilege levels, with very good access for young people on the gold and silver levels of the rewards and sanctions scheme but no access for young people on the bronze level. There was adequate provision for the few young people who lacked the confidence to attend mainstream PE lessons.

6.37 The core PE programme was well planned with a good balance of personal fitness training, team sports and some minor games. In addition, some innovative non-traditional activities were available to a small number of young people who lacked the confidence to participate in the more traditional activities. The department had an appropriate policy on the restricted use of free weights.

6.38 Additional qualifications in fitness instruction and personal exercise planning were available from entry level 3 to level 2 and the take up of these programmes was high. In the core PE

programme young people could gain qualifications in sports such as football, basketball, badminton, circuit training and volleyball. Levels of accreditation in the specialist courses and in the core programme were high and over 500 qualifications had been achieved over the last nine months.

- 6.39 A productive partnership with the Football Association (FA), the Prince's Trust and Ipswich Town Football Club had enabled 11 young people to gain the FA level 1 coaching award through the 'Get started with football' programme. Links were also developing with the Rugby Football Union.
- 6.40 At the time of the inspection, there was little use of RoTL for sport related activities and there were no fixtures with outside teams.
- 6.41 Data for the previous six months showed that refusals to PE were few. Quarterly surveys were carried out to establish young people's views on areas such as feeling safe in PE sessions and ease of access to PE. Results from these surveys were generally positive. More needed to be done to liaise more informally with young people to gain their views on a broader range of issues relating to PE. Use of the gymnasium by ethnic groups was monitored weekly and data were forwarded to the race equality action team.
- 6.42 Relationships between PE staff and young people were respectful and professional. Young people behaved well in the gym, worked hard and with enthusiasm. Overall, the facilities were adequate and fit for purpose and PE kit was satisfactory. The gymnasium at Carlford was good.

Further recommendation

- 6.43 Sport related opportunities for release on temporary licence should be established.

Housekeeping point

- 6.44 Methods of acquiring PE-specific feedback from young people on the quality and future development of the PE provision should be introduced.

Section 7: Good order

Behaviour management

Expected outcomes:

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

Security

Additional information

- 7.1 There were no obvious weaknesses in physical security but procedural security was often too restrictive. Security procedures were aimed at keeping young people safe but some practices, including movement around the grounds, were over controlled and disproportionate to risk. We observed delays in young people returning to their units at the end of activities because they had to wait for unified escorting staff, and this resulted in disruptive behaviour which could have been avoided. We also observed restricted numbers of young people being unlocked at meal times (three at a time on one wing) despite adequate numbers of staff for more to be unlocked. This had an adverse effect on the time that young people had to dine in association.
- 7.2 Dynamic security was good. During the six months prior to the inspection, 1,256 security information reports (SIRs) had been submitted for a wide range of issues. The main themes were gang-related issues, assaults and fights and threats to staff and young people. Adjudication figures showed a high number of fights. Young people reported that staff quickly intervened in fights and this was supported by records of adjudication reports. There had been nine reported incidents in the six months prior to our inspection, seven of which were assaults and one serious concerted indiscipline resulting in the closure of two accommodation units.
- 7.3 The security committee met monthly and had identified a range of key problems. Information was well analysed using competitive analysis but there was a lack of action planning to tackle some of the identified concerns such as gang-related problems. SIRs relating to safeguarding concerns were passed on quickly each day during the morning security briefing. However, there was less communication between the two departments on a more strategic level through a lack of attendance at each other's meetings. One of the main security objectives had been identified as addressing bullying issues among young people.
- 7.4 Young people's access to activities was unnecessarily constrained by security but there were unnecessary delays in processing applications for activities (see also learning and skills section). Risk assessments were appropriately reviewed. All risk assessments deemed as high

risk were reviewed after 28 days. Others were reviewed after three months, following a proven adjudication and when access to a high-risk activity area was requested.

Housekeeping point

- 7.5 Security objectives should be supported by a formal action plan detailing time-bound measurable targets to achieve those objectives.

Rules and routines

Additional information

- 7.6 Copies of the rules were prominently displayed on the residential units. Rules and regulations were clearly explained to all young people during induction, including the expected standards of behaviour for the different levels of the rewards and sanctions scheme. Young people signed copies of the rules to confirm their understanding of and willingness to abide by them and young people we spoke to in focus groups and individually during the inspection said they understood the rules. We found no evidence of the use of unofficial or collective punishments.
- 7.7 The behaviour management strategy incorporated all aspects of behaviour management but underlying policies were not fully implemented. For example, care planning outlined in the policy did not take place as described for young people in the Butley unit and not all incidents of planned use of force had been recorded as stated in the restraint minimisation strategy. Restorative justice was included as part of the overall behaviour management strategy and, while we came across some examples of the use of mediation between young people, it was not formalised or consistently applied.
- 7.8 Although some poor behaviour was generally dealt with appropriately using the rewards and sanctions scheme, minor reports and adjudications, we observed some staff failing to challenge obvious infringements of the rules, poor behaviour and bad language.

Further recommendation

- 7.9 Staff should ensure that all inappropriate behaviour and infringements of rules are appropriately challenged using the available sanctions.

Rewards and sanctions

- 7.10 Young people should be informed immediately, or as soon as practicable, when they are given warnings which should be recorded on their wing file. (6.54)

Partially achieved. Young people were informed of warnings in most cases. However, staff and young people reported that warnings given by education staff were not always given to the young people directly, although they were recorded on their P-Nomis files, and they heard about them only when their status on the rewards and sanctions scheme was under formal review. In our survey of young people on the main site, 51% felt that they had been treated fairly in their experience of the rewards and sanctions scheme but young people on Carlford thought well of the scheme and 95% of them said that they had been treated fairly.

We repeat the recommendation.

7.11 Behaviour targets given to young people should be specific, realistic and measurable. (6.55)

Not achieved. Targets for young people were selected from a pre-printed list, identical to that used for young people in segregation, and did not always address the behaviour that led to warnings or demotion under the rewards and sanctions scheme. The targets were general and did not explain how a young person might achieve the target or describe specifically what the young person needed to do. For example, young people were sometimes set the target to 'accept decisions that are not always to your liking' with no further explanation. Such a vague target was almost impossible to measure.

We repeat the recommendation.

7.12 Young people on the bronze level of the scheme should have daily access to the telephone and exercise in the open air and should have the opportunity to associate with others in the evening at least once a week. (6.56)

Partially achieved. Young people on the bronze level of the rewards and sanctions scheme now had daily access to telephones. There was still no provision for them to partake in evening association, and exercise in the open air was poor for all young people (see time out of cell section).

Further recommendation

7.13 Young people on the bronze level of the rewards and sanctions scheme should have the opportunity to associate with others in the evening at least once a week.

Additional information

7.14 The rewards and sanctions policy formed part of the behaviour management strategy and had been updated several times during the previous 12 months. The policy had been reviewed taking into account the views of young people and with input from the young people consultative committee.

7.15 The scheme was explained to young people during induction and those we spoke to had a good knowledge of the application of the scheme and what behaviour was required of them. Staff also understood the scheme and how it worked. The scheme set out the required behaviour of each level of the scheme and how young people could move between the different levels. Young people we spoke to thought it was worthwhile being on the gold level and appreciated the differences between the levels (see also time out of cell section). Those who transferred in from other establishments on the highest level of the scheme could retain that status when arriving at Warren Hill.

7.16 Reviews were carried out when a young person received three or more warnings about poor behaviour. Reviews were carried out by a senior officer with a wing officer who was not always the young person's personal officer. Young people could attend these reviews. Those we observed were carried out fairly and we found evidence of young people being given a chance to improve their behaviour before being downgraded, although written targets were weak.

7.17 There were 11 young people on the bronze level of the rewards and sanctions scheme at the time of the inspection, which was a typical number. Young people on bronze whom we spoke to felt they had been treated fairly and we observed that reviews for young people on bronze

were carried out according to their individual assessment and in some more difficult cases reviews took place daily

- 7.18 The head of residence conducted a monthly quality check of wing files, including the operation of the rewards and sanctions scheme, to ensure consistency and fairness. The scheme was also monitored at senior management team and race equality action team meetings.

Adjudications

- 7.19 **Young people should not be asked to indicate their plea prior to the hearing. (6.57)**

Achieved. Young people were not asked to indicate their plea prior to the adjudications we observed. Adjudication records showed that young people were not asked to indicate their plea prior to the hearings taking place.

- 7.20 **Formal disciplinary procedures should not be used for minor infringements of the rules. (6.58)**

Achieved. The records we examined showed that adjudications were used only for more serious offences against discipline. The minor report system had been introduced and was used to deal with minor incidents of disrespect, abuse and disobedience. Warnings under the rewards and sanctions scheme were used by staff to address the least serious minor infringements of the rules.

- 7.21 **Removal from unit should not be used as a punishment on adjudication. (6.59)**

Achieved. Removal from unit had ceased to be used as a punishment on adjudication shortly after our last inspection.

- 7.22 **Young people should not be placed on report for actions related to acts or attempted acts of self-harm. (6.60)**

Achieved. We found no evidence when checking adjudication records for the previous six months of young people being placed on report for actions related to acts or attempted acts of self-harm. Adjudicating governors that we spoke to were adamant that this would not happen.

Additional information

- 7.23 The number of adjudications had reduced since our last inspection, partly because of the reduction in the establishment population. A concerted effort had been made to reduce the number of adjudications with the introduction of minor reports for less serious offences. There had been 321 adjudications in the six months prior to our inspection with the main charges being for fighting (32%), assaults (27%) and disobedience (10%). Charges that were more serious were referred to the police as there was difficulty in getting an independent adjudicator to attend the establishment. In cases where young people refused to press charges, governors could overrule this and refer the matter to police if the circumstances warranted such action.

- 7.24 The adjudication documentation we examined showed that young people were given adequate time to prepare their case as most were issued the day before the hearing. Young people were offered the assistance of an advocate during the hearing but in the adjudications we observed young people declined this service. There was no system in place to ensure that all young people were seen by an advocate prior to their hearings to consider this properly.

- 7.25 The adjudications we observed were carried out in a room in the Butley unit that had been adapted to make it more age appropriate. Holding rooms for young people awaiting adjudication were wholly unsuitable and poorly furnished.
- 7.26 Adjudicators explained the procedures to young people, although no paper and pen were provided for them to make notes if they wished. Young people were given the chance to present their case. We observed that where CCTV evidence was available this was only seen by the adjudicator and not by the young people involved as there were no facilities to show the recordings during adjudications. This was against natural justice and meant that young people were not aware of all the evidence in their case.
- 7.27 We examined 50 adjudication records. A small number did not give a full account of the circumstances leading to the adjudication. Many did not record that safeguarding issues such as bullying raised by young people during their hearing were referred to the safeguarding team. Our own investigations showed that some concerns had been passed on but others had not. Additionally, adjudications where young people had been removed from the room due to poor behaviour were completed in the absence of the young person and without further referral to him.
- 7.28 Punishments were given in accordance with a published tariff and appeared consistent and appropriate for the age group. Appropriate use was being made of suspended punishments. The deputy governor conducted a 10% quality check each quarter.
- 7.29 A quarterly adjudication review meeting was held at which trends were identified and analysed and procedures reviewed. Statistics included SMART data, frequency of individual charges and staff who had laid an above average number of charges. The meetings were well attended and actions taken clearly recorded and followed up. The tariff was reviewed at this meeting.

Further recommendation

- 7.30 The holding rooms in Butley unit should be adequately furnished and suitable for young people awaiting adjudications.

Housekeeping points

- 7.31 CCTV evidence should be able to be viewed by young people as part of the adjudication process.
- 7.32 Adjudications should be recorded fully and referrals to the safeguarding team clearly recorded.
- 7.33 Young people should be kept informed at key stages of an adjudication if they are absent from the hearing for any reason.

Use of force

- 7.34 **Force should not be used to secure compliance. (6.61)**

Not achieved. Force was mainly used appropriately and as a last resort. However, we found several examples in use of force records where force was used to secure compliance with a staff instruction. One record showed that a young person refusing to end a telephone call had

had the telephone receiver forcibly removed from his hand and was then subject to full restraint to remove him from the vicinity of the telephone.

We repeat the recommendation.

7.35 Young people should not be held in special accommodation after they have ceased to be violent and refractory. (6.63)

Achieved. The special accommodation cells had not been used for almost two years. The policy for use of special accommodation specified that young people would be removed from such cells as soon as their behaviour had improved.

7.36 There should be properly managed and monitored cooling-off or time-out facilities in residential areas. (6.64)

Not achieved. There was no cooling-off or time-out facility in any of the residential areas. However, young people who were subject to restraint were often relocated to their own cells rather than located in the care and separation unit (CSU). The holding cells in the CSU were used for cooling off but were wholly unsuitable for this purpose. Our observations of young people's behaviour and examination of use of force and individual P-Nomis records suggested that properly managed time-out or cooling-off facilities would be a worthwhile addition (see section on learning and skills).

We repeat the recommendation.

7.37 The use of force monitoring and review group and the segregation monitoring and review group meetings should be multidisciplinary. (6.65)

Partially achieved. The published membership of both these meetings was multidisciplinary. The restraint minimisation committee had superseded the use of force monitoring and review group. A good range of data was collected and analysed. However, little progress had been made by the committee due to poor attendance at the meetings since its inception and some identified issues had not been addressed. This had been discussed at senior management team level but there had been no improvement in the past six months. Attendance at the segregation monitoring and review group (SMARG) meetings was also poor and did not include staff from all relevant departments.

Housekeeping point

7.38 Attendance at the restraint minimisation meetings and the segregation monitoring and review group meetings should be improved.

Additional information

7.39 Use of force had reduced by more than half since our last inspection, due to the reduction in the number of young people in Warren Hill but also to successful efforts to reduce the use of force overall. There had been 129 incidents in the previous six months, 80 of which had involved full use of restraint techniques.

7.40 Most use of force incidents were spontaneous and related to staff intervening in fights or assaults. The documentation we examined was completed thoroughly and gave a full account of what had happened. It also showed that de-escalation was used by staff and this meant that

many young people were located to their cells to calm down. All use of force documentation was quality checked by the deputy governor.

- 7.41 Injuries sustained by young people were discussed at the restraint minimisation meetings and details passed on to the safeguarding team who carried out investigations when appropriate.
- 7.42 Not all planned incidents were video recorded and, in particular, those occurring during the night had not been recorded. We reviewed a sample of recordings and found the use of force to be proportionate to the circumstances. There was no system for reviewing recordings for lessons to be learned or to ensure that force had been used appropriately. Health care staff attended all planned incidents and examined all young people but in one recorded incident, the member of staff checked the young person from a distance with no close scrutiny of possible injuries. In spontaneous incidents, young people were seen by health care staff soon after the incident had occurred.
- 7.43 Young people were debriefed by a member of the safeguarding team after any incident of use of force. Debriefs we observed were carried out sensitively and in sufficient detail to ensure the young person fully understood what had happened and why force had been used. The young person's parent or carer and their youth offending team worker were not informed in every case. Child protection issues arising from use of force were dealt with quickly and thoroughly by the safeguarding team. Young people could raise concerns during the debrief or staff could refer any incidents where there was any doubt about the appropriateness of the use of force.
- 7.44 Eighty-eight per cent of discipline staff had been trained or had received refresher training in control and restraint techniques in the previous 12 months.

Further recommendation

- 7.45 Health care staff should carry out a proper examination of young people who have had force used against them.

Housekeeping points

- 7.46 All planned incidents of use of force should be recorded and reviewed for lessons to be learned.
- 7.47 Carers/parents and youth offending team workers should be informed in all cases where young people have been physically restrained.

Care and separation

- 7.48 **Young people located in the care and separation unit should be allowed to eat their meals out of their cells, subject to risk assessment. (6.62)**

Not achieved. Young people in the care and separation unit (Butley), whether for punishment or for their own protection, were required to eat their meals in their cells.

We repeat the recommendation.

- 7.49 **The fabric of the safer cells should be modified to remove potential ligature points. (6.66)**

Not achieved. The designated safer cells still had ligature points. Four cells had been updated to what was described as robust cells. These cells contained fixed furniture and fittings that were more difficult to damage but still had ligature points.

Further recommendation

7.50 All cells in Butley unit should have ligature points removed.

7.51 **Young people in segregation should be able to exercise in association subject to a risk assessment. (6.67)**

Achieved. The policy for the care and separation unit included guidelines to allow young people to exercise in association. Staff informed us and records confirmed that this did happen occasionally subject to risk assessment.

7.52 **All young people held in segregation should have a care plan. (6.68)**

Not achieved. The CSU policy stated that young people who were segregated would have care plans and personal intervention plans (PIPs). We examined the records of all residents in the unit at the time of our inspection and found that none had a care plan or a PIP.
We repeat the recommendation.

7.53 **Young people should be held in separation for the shortest possible period. (6.69)**

Not achieved. We examined the records for occupation of the CSU for the previous six months. Records showed that 19 of the 60 young people who had been held in the unit during that time had been there for over 30 days. One young man had remained in the unit for 97 days on good order or discipline and two others for 54 and 64 days. The monitoring of segregation undertaken at the SMARG meetings reflected these statistics but the minutes showed no record of what was done to reduce the amount of time young people spent in the unit.
We repeat the recommendation.

Additional information

7.54 The published policy of the care and separation unit was not being fully implemented. The unit was located on Butley unit, which continued to operate as the first night unit (see also early days section).

7.55 The communal areas of the unit were clean and cells had been redecorated, although some had small amounts of graffiti on the walls, and toilets in all the cells were dirty. Six cells were used for separating young people, there were two holding cells and one special cell on one spur with the first night centre located on the second spur.

7.56 Young people located on the unit were risk assessed as to the level of search required and all strip-searches were logged. There were six young people on the unit at the time of our inspection, five of whom were separated for reasons of good order or discipline (GOOD) and the sixth was located on the first night side of the unit as a court order prevented him from mixing with children under 16 years. The young person who had been on the unit longest at the time of the inspection had been there for 11 days.

- 7.57 It had become custom and practice to locate young people who had been the subject of age disputes in immigration cases and subsequently found to be over 18 on Butley. This had happened several times for over 30 days and the practice was inappropriate. When the unit was full, young people needing segregation were either located on the first night side or held on their residential units under GOOD restrictions.
- 7.58 Young people were given written information describing the reasons for their separation and a copy of the rules and how the rewards and sanctions scheme applied to them while they were on the Butley unit. We examined the documentation relating to the young people on the unit and found that all had been appropriately authorised for separation. Staff we spoke to had a good knowledge of the young people in their care but this was not reflected in written records which contained little more than observational comments. Staff spoke of making concerted efforts to reintegrate young people to normal residential units and records showed that most young people did so, although young people did not have reintegration or care plans and there were no other records kept of how reintegration was planned and achieved.
- 7.59 One young man had not had a 72-hour review of his separation. All other reviews had been carried out within specified time limits. Reviews were not always multidisciplinary as stated in the unit policy and few had been attended by members of the Independent Monitoring Board. The unit staff had arranged for the reviews to be held on regular days each week to enable relevant staff to attend. The review we observed was carried out in the adjudication room which was noisy due to the presence of an air conditioning unit (shortly to be removed). The issues raised by the young person were not fully addressed and his threats towards another young person did not prevent him from being promoted to the gold level of the rewards and sanctions scheme following the review. Records of reviews were poor and young people were not set individual targets to address their behaviour. Staff could select targets from a pre-printed list. The same list was used to set targets at rewards and sanctions reviews and did not specify how they would be achieved.
- 7.60 The SMARG met monthly and considered a good range of information. CSU documentation was quality checked at the SMARG meetings but the lack of care plans and PIPs and the lack of recorded interaction between staff and young people had not been picked up.
- 7.61 The regime on the unit was poor and young people we spoke to complained of boredom and being locked up for long periods. They stated that they were well treated by staff and had daily access to telephones, showers, a governor and health care staff.
- 7.62 Education staff attended daily but facilities were poor and lessons were carried out in the corridor or servery areas. Young people did not associate together on the unit nor were there any televisions provided for those separated for their own safety. There were some examples of young people attending off-unit activities.
- 7.63 Staff working on the unit had been specially selected and had undertaken juvenile awareness staff programme training (JASP), ACCT, adjudications and control and restraint training. They were appointed to the unit for up to three years following a suitable selection process. Only two members of CSU staff had undertaken mental health awareness training.

Further recommendation

- 7.64 The transfer of young people over the age of 18 subject to immigration control who have been the subject of age disputes should be expedited.

Section 8: Services

Catering

Expected outcomes:

Children and young people are offered a sufficient choice of healthy and varied meals based on their individual requirements. The menu reflects the dietary needs of growing adolescents. Food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

8.1 The quality and range of food provided should be improved. (7.11)

Achieved. There were effective arrangements in place for young people to communicate with the catering department about the food provided. Catering staff were responding well to requests and suggestions from young people to improve the catering arrangements. Points raised were followed up and young people's suggested changes were frequently accepted and implemented quickly. The food we sampled during the inspection was tasty and plentiful, although several young people told us they did not like the food and were always hungry. Staff and young people told us that there were times when insufficient quantities of some food items were sent across to the units from the kitchen. The catering department had taken this seriously and were actively monitoring it and regularly reporting on it at the monthly catering forum meetings. Young people pre-selected their meals from a four-week menu cycle. Special diets for medical reasons and religious diets were catered for. Fruit was available each day and there was a hot option at each meal. New heated trolleys had been introduced just before the inspection to bring food from Hollesley Bay to the unit serveries. Staff and young people said that this had made a big difference to keeping the food hot.

8.2 The promotion of healthy eating should be developed in conjunction with other departments in the establishment as part of a programme of promoting healthy lifestyles. (7.12)

Partially achieved. Posters and other information near the unit serveries promoted the recommended 'five a day' and a few young people showed an interest in the nutritional content of their food when we spoke to them but multidisciplinary promotion of healthy lifestyles was underdeveloped.

We repeat the recommendation.

Additional information

8.3 Food was prepared at the Hollesley Bay kitchen and served in unit serveries by staff and young people who were servery workers. They had received appropriate training and wore suitable clothing. The serveries were checked regularly by kitchen staff.

8.4 Opportunities to dine communally for young people located on Alde or Orwell units were limited to lunchtimes on a wing rota basis and some young people only dined out once every three days. Young people at Carlford ate all their meals together. Young people on the basic level of the rewards and sanctions scheme or who were resident on the Butley unit did not dine out at all. We were told that dining out was popular as it gave access to 'seconds' which were appreciated by most young people. Staff sat with young people while they ate but did not always eat despite additional food being provided for them.

- 8.5 Kitchen staff confirmed that sufficient fruit was provided for each young person to have one piece with his meal. At some meals we observed young people taking more than one piece of fruit with their meal which meant that there was none left for young people who ate later. Staff supervising the meals did not address this and, in a group discussion, young people confirmed that they sometimes took extra fruit and were not challenged.
- 8.6 There was a monthly food forum attended by catering staff and representatives of the young people. These were fully minuted and action points followed up.
- 8.7 Comments books were available at the serveries and they were checked regularly by catering staff.
- 8.8 Young people collected an evening snack and their breakfast cereal for the next morning when they collected their tea meal. Toast was available from the unit serveries each morning to supplement the cereals but many young people told us they ate their breakfast cereal in the evening.

Further recommendations

- 8.9 Young people should be able to dine communally for all meals.
- 8.10 The serving of all meals should be properly supervised by staff to ensure that the food is distributed fairly and that portions are controlled as intended by kitchen staff.

Prison shop

Expected outcomes:

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

- 8.11 Young people should receive a refund within 48 hours when a mistake has been made with their canteen. (7.21)

Not achieved. Residential staff were able to check young people's accounts for them if they wanted to know how much money they had available to spend on their next canteen order. Young people were encouraged to check the contents of their orders when they were delivered and raise any discrepancies with staff so that mistakes could be logged and rectified. Errors took a week to remedy but this was an improvement on the position at the previous inspection when mistakes took two weeks to rectify. However this still meant that errors, which sometimes included overcharging, would not be corrected in time for a young person to place his next order. During the inspection, one young person had tobacco destined for an adult prisoner at Hollesley Bay included in his canteen delivery and had been charged for it even though smoking materials were not included on canteen sheets.

We repeat the recommendation.

- 8.12 The canteen list should not be restricted to the national product list and should reflect the reasonable needs of young people and source special items such as halal sweets and do-rags for young people's hair. (7.22)

Partially achieved. Two of the sweets choices on the canteen list were marked as halal but the canteen list was still restricted to the national product list.

8.13 Young people should not be charged an administration fee to buy items from the catalogue. (7.23)

Achieved. Young people were no longer charged an administration fee to buy catalogue items, although they did have to meet delivery costs.

Additional information

8.14 Canteen was a standing agenda item at consultative committee meetings for young people to raise concerns or suggest items they would like to be able to buy. A choice of fruit was available on the canteen list but the only other food options for young people were sweets, biscuits and snacks. Some instant, dried meals were available but young people did not have access to kettles or flasks in their cells to make up these meals once they were locked up (see also residential section).

8.15 Young people were able to order from the canteen once a week and goods were delivered to their cells before breakfast on the same day each week. There were no arrangements for young people to order canteen as soon as they arrived and they had to rely on their reception pack until their first canteen order was delivered which was insufficient since it could be up to 10 days after arrival in some cases. Young people told us that some were put under pressure to order items for other young people and there was some evidence of this in wing files. Bullying for canteen had been discussed at one consultative committee meeting and young people had been told that procedures would shortly be introduced to deal with large amounts of canteen in cell as part of the review of rewards and sanctions and personal intervention plans. In the meantime, some young people were amassing large collections of canteen goods, in particular shower gels, in their cells without any staff intervention.

Further recommendation

8.16 Young people should be able to place a canteen order for goods of their choice within 24 hours of arrival.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

All areas of the establishment demonstrate a commitment to resettlement which ensures that children and young people are well prepared for release into the community. The resettlement strategy is informed by and developed in consultation with children and young people. Strategic partnerships, and youth offending teams (YOTs) in particular, plan for and provide timely access to resettlement opportunities for all children and young people on their release and, where appropriate, prior to release through the use of release on temporary licence (ROTL).

- 9.1 Efforts should be made to encourage relevant voluntary, statutory and community organisations to become members of the resettlement policy committee. (8.10)

Achieved. Invitations to external agencies were sent out for each resettlement policy committee (RPC) meeting and service providers offering release on temporary licence (ROTL) placements had started to attend regularly.

- 9.2 The needs analysis should be used to inform the allocation of resources and delivery of resettlement services and should be extended to cover all the resettlement pathways. (8.11)

Not achieved. A needs analysis had been carried out on Carlford in 2010 but there was no evidence that the results had been used to inform the development of services. No comprehensive needs analysis had been carried out on the Warren Hill site since 2009. Work had started on the analysis of need by aggregating data obtained from Asset, but this had not been completed.

We repeat the recommendation.

- 9.3 Young people should be consulted as part of an ongoing review of the resettlement pathways. (8.12)

Achieved. A small resettlement forum had been held in March 2011 involving three young people who were consulted on how successful they felt the prison was at addressing each of the resettlement pathways. The comments made by the young people were generally positive and were recorded in the RPC minutes.

- 9.4 All young people should have the opportunity to attend a pre-release course before they are discharged. (8.13)

Achieved. The education department ran a pre-release course which all young people had the opportunity to attend before their release. The course covered benefits advice, money management and advice on education, training and employment.

- 9.5 The establishment should complete a needs and risk analysis of young people serving long sentences for serious violent offences located on the Carlford unit in order to develop a range of interventions, including offending behaviour programmes, education and vocational training and enrichment activities, to meet their specific needs. (9.48)

Partially achieved. A needs analysis had been carried out by the psychology department in November 2010 based on information from sources such as Asset and C-Nomis. It provided a largely descriptive account of the risk and needs of young people on the unit but there was little analysis and it was not clear how the findings would be linked to future practice.
We repeat the recommendation.

- 9.6 **There should be age-appropriate sentence planning documentation for young people serving indeterminate sentences. (9.49)**

Not achieved. The life sentence plan documentation, which had originally been designed for adults, continued to be used. Staff had recently received an invitation from the Youth Justice Board to attend a consultation meeting on piloting child orientated documents.

- 9.7 **There should be a support group for young people on the Carlford unit who are serving indeterminate sentences. (9.50)**

Achieved. Support meetings for young people serving indeterminate sentences were held bi-monthly and young people were consulted about what should be discussed. A recent meeting had discussed the role of the Probation Service and we observed a meeting where Prison Service headquarters representatives discussed the arrangements for life sentence prisoners and parole. Young people spoke positively about the value of these meetings and it was clear from our observations that they found them helpful and informative.

- 9.8 **Young people located on the Carlford unit should have individual care plans. (9.51)**

Not achieved. Apart from two individuals, young people located on Carlford did not have individual care plans. Staff had looked at care planning in two other long-term units with a view to introducing a new model when Waveney unit opened.
We repeat the recommendation.

Additional information

- 9.9 In our survey, 100% of young people at Warren Hill and Carlford said they wanted to stop offending against the national comparator of 92% and 92% in the previous survey. Fifty-five per cent of young people on the main site and 81% in the Carlford unit thought they had done something while in the establishment which would make them less likely to offend in the future.
- 9.10 The new senior management team (SMT) had recently decided to restructure the management of resettlement. The policy committee now met monthly rather than bimonthly as it had previously and the first meeting took place during the inspection. It was well attended. All resettlement pathways had been allocated to designated leads. It was recognised that the resettlement policy needed to be updated and that a needs analysis should be undertaken as a priority to inform an action plan to improve the management of resettlement.
- 9.11 Strong links continued to be maintained with community youth offending teams (YOTs) through the regional detention and training order forum, which met quarterly. Prison-based YOT workers attended the meetings to share information and remain abreast of current practice.
- 9.12 Increasing use was being made of RoTL and all eligible young people were being assessed. Over the previous 12 months, it had been used on over 600 occasions involving 43 young people. The range of placements had also increased. In addition to work and training placements, RoTL was being used for town visits, home leave and on one occasion a young man was given leave to visit his newly born child.

- 9.13 The delivery of the accredited JETS (juvenile enhanced thinking skills) generic cognitive skills programme had increased significantly from 30 to 54 completions a year. The most recent audit findings indicated that it was well organised and delivered. Psychology staff carried out a small amount of individual work with young people including a programme for young people who were unable or unwilling to participate in group work. A locally accredited, motivational interviewing programme was used for this purpose. There had been no needs analysis to develop a range of programmes designed to meet the needs of the population. Specialist workers from the Lucy Faithfull Foundation continued to undertake work with the nine young people convicted of a sexual offence who were located on Carlford unit.
- 9.14 At the time of the inspection, 11 young people were subject to detention for public protection, each of whom was allocated a trained lifer officer. There was a backlog of lifer documentation but it was reducing. We were told that the backlog did not impede the onward transfer of young people. All the parole dossiers were up to date. Transition planning for the small number of young people who transferred to the adult estate was thorough.

Training planning and remand management

Expected outcomes:

Planning for a child or young person's release starts upon arrival. All children and young people contribute to the development of their own training or remand management plan, which is based on an individual assessment of risks and needs. This plan is a product of collaboration between the establishment, the young person, their parents or carers and their youth offending team. The plan is regularly reviewed and implemented throughout and after their time in custody to ensure a seamless transition to the community.

- 9.15 Relevant departments should supply written reports for planning meetings using e-Asset when they are unable to attend. (8.29)

Partially achieved. Attendance at planning meetings was generally good and the quality of written contributions from prison-based staff using the e-Asset system was steadily improving. Reports from psychology and the young people's substance misuse service (YPSMS) were particularly good. A representative from the wing usually attended but health care staff rarely attended and attendance by personal mentors at reviews was low at about 10% and they seldom provided written reports.

We repeat the recommendation.

- 9.16 Personal officers should receive training in the use of e-Asset. (8.30)

Not achieved. Approximately 15% of personal mentors had received training in the use of e-Asset. This was reflected in management information which showed that personal mentors were one of the lowest staff user groups of the system.

We repeat the recommendation.

- 9.17 A representative from the establishment should attend the first post-release review in the community. (8.31)

Partially achieved. Representatives from the establishment attended less than 10% of post-release reviews.

We repeat the recommendation.

- 9.18 **A representative from the establishment should attend any MAPPA review of serving young people classified as level 2 or 3. (8.32)**

Partially achieved. We were informed that it was custom and practice for a representative from the establishment to attend MAPPA (multi-agency public protection arrangements) level 2 or 3 case reviews in the community whenever possible. This was not always possible if the review took place at a considerable distance from the prison and a written report was not always provided as an alternative.

- 9.19 **Public protection cases should be properly monitored and reviewed. (8.33)**

Achieved. The number of young people subject to public protection measures often exceeded 30. All public protection cases were discussed in detail at a monthly committee meeting chaired by the security manager with representatives from the casework and safeguarding departments.

- 9.20 **An anger management course should be introduced. (8.34)**

Not achieved. A suitable anger management programme had been identified by psychology staff and modified for use in a juvenile custodial setting, but it had not yet been introduced.

Additional information

- 9.21 The planning process for all young people was well managed and efficiently run. The reviews provided a constructive forum for sentenced and remanded young people to influence how they spent their time in custody and help them prepare for release. Caseworkers helped young people to prepare for their meetings. In our survey of the main site, 72% of young people said they knew how to contact their YOT worker and 58% said they had had a say in what should happen to them on release against respective comparators of 58% and 42%.
- 9.22 The meetings were chaired by members of the casework team who adopted a motivational and challenging approach to the task. We received positive feedback from visiting YOT workers and, unusually, from young people about the conduct of the reviews. Parents and carers did not attend many reviews.
- 9.23 A guide had been produced to help staff set targets which helped to maintain consistency but they could be modified as required. Targets set were reasonably well individualised.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

Accommodation

- 9.24 **The establishment should secure the services of specialist housing advisers to assist with pre-release accommodation planning. (8.72)**

Not achieved. There was no specialist on-site provision for accommodation planning. Problems with accommodation were identified early on by members of the casework team and the community YOT engaged in resolving them.

Additional information

- 9.25 Young people's accommodation problems were identified early as part of their induction interview and kept under review through the training planning process. In our survey, 30% of young people against the national comparator of 19% said that when they first arrived staff asked them if they needed help or support with housing problems. Fourteen per cent reported that they had housing problems when they arrived. Records indicated that young people were never released with no fixed abode. However, we were told that details of the accommodation on offer to the young person was not always provided in advance of his release and the establishment did not carry out any follow-up work post release to see whether the accommodation had been suitable or sustainable.

Further recommendation

- 9.26 Pre-release planning should include an assessment of the suitability and sustainability of the accommodation which young people are to be discharged to. Post-release follow-up work should be carried out and used to inform the ongoing development of the accommodation pathway.

Education, training and employment

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

- 9.27 **Representation by education staff at training planning meetings should be improved to ensure that individual progress in education is kept under review and that pre-release planning for education is kept under review and that pre-release planning for education, training and employment purposes is adequately covered. (8.73)**

Achieved. Education support staff (ESS) attended training planning meetings routinely and education teaching staff attended for specific issues in individual cases. ESS had close contact with young people and maintained good individual records which were used at training planning meetings. In our survey of the main site, 71% of young people said that they were going to school or college on release against 57% in the previous survey.

- 9.28 **Support from the Connexions service should be extended to ensure that the needs of the population are met. (8.74)**

Partially achieved. The input from Connexions workers had increased to provide extended hours and contact with young people. However, there was a long waiting list and some young people left without having seen a Connexions worker. One young person wrote in his survey *'I've been told that I am meant to see the Connexions worker weeks ago – but nothing yet'*. There were also improving links and communication with ESS. In our survey, 62% of young people at Warren Hill said that they knew who to contact for help with getting into a school or college against the national comparator of 45% and the comparator in the previous survey of 43%. Thirty-seven per cent thought they would have problems getting a job on release against the national comparator of 49%.

Mental and physical health

- 9.29 **Health care staff should be actively involved in training plan meetings and attend where relevant. (8.75)**

Partially achieved. We were told that due to staffing levels, health care staff only attended training planning reviews when they were actively involved with the young person. In reality, health care staff rarely attended training planning meetings. Failure to attend at least the initial and final meetings was a missed opportunity to ensure properly coordinated planning of all aspects of the young person's care at the most critical stages.

Additional information

- 9.30 The management of young people about to leave the establishment was very good. Formal discharge clinics were held every week and young people were seen in health care seven days prior to release for their health to be reviewed and to be weighed. They were given information on how to access health and dental services in the community and how to register with a GP and were given a variety of health promotion and information leaflets. Condoms were available supported by appropriate health promotion information, and advice on substance use was given. The young person was given a letter outlining his health history while in custody and any necessary prescribed medication was provided. YOTs were contacted if the young person needed to be followed up.
- 9.31 Young people under the care of the mental health teams were seen and referred to community services. Whenever possible, community mental health teams came into the establishment to discuss ongoing care or, if not, telephone contact was made.
- 9.32 The Liverpool NHS palliative pathway policy was in place and good links had been established with the children's palliative care team in the local community.

Finance, benefit and debt

- 9.33 **All children and young people should be given sufficient advice and support on how to manage their money. (8.77)**

Achieved. Young people were asked if they had any financial difficulties when they were interviewed by the caseworkers on admission. If problems were identified, these were considered at training planning meetings and sometimes referred to external Connexions services. The pre-release course contained a module on money management run by the education department in which all young people could participate. Although so far unsuccessful, staff in the casework department continued to try to negotiate an agreement with a bank for young people to open accounts. Links had recently been established with a charity willing to provide a specialist money advice service and there were ongoing discussions to introduce this service.

Drugs and alcohol

Additional information

- 9.34 The YPSMS attended the weekly health and wellbeing meetings to coordinate the care of young people with complex needs. The team prioritised attendance at the first and final training planning meetings and contributed progress reports. Good links had been established with internal and external YOT workers and release plans were sent to external YOTs and community drug workers.

Children and families of offenders

- 9.35 **All young people should be entitled to at least one visit each week and there should be no upper limit set on the number of visits a remanded young person is entitled to. (3.140)**

Not achieved. Young people on the bronze level of the rewards and sanctions scheme were still only entitled to two visits a month. All other young people were entitled to at least four visits in each 28-day period. There was confusion over the visiting entitlement for young people on remand: the published visits policy specified that there was no upper limit, while young people were informed on induction that they could only receive one visit a week.

We repeat the recommendation.

- 9.36 **There should be an analysis of why the take up of visits is so low, to identify which young people are not receiving visits, and referrals should be made to the family services team to facilitate more contact with their families. (3.141)**

Partially achieved. Family services staff had recently conducted a visitors' survey and had carried out interviews with young people to identify any problems they had relating to visits. The findings indicated that 83% of young people lived more than 50 miles away from the establishment, which was 10% higher than at the previous inspection in 2009. The survey also revealed that 27% of young people did not receive visits. The report recommended better promotion of the transport assistance that was available, easier methods of booking visits and more flexible visit timetables. In our survey, 18% of young people (20% at Carlford) said they usually had at least one visit each week against the comparator of 40%. Comments in our survey included: *'they can't visit because I am too far away'* and *'I write letters and call them because it's too far for them to come and see me'*. The establishment did not routinely monitor young people who did not get visits.

We repeat the recommendation.

- 9.37 **Frequent and regular feedback of visitors should be sought through surveys, feedback forms and comment books and appropriate action should be taken as a result of the feedback. (3.142)**

Partially achieved. The family support workers frequently spoke to visitors to gain their views about the visits facilities and arrangements and provided visitors with a good deal of information and support. The issues highlighted in the work involving visitors and young people undertaken by the family support workers had not yet been considered. There were feedback forms available in the visitors' centre, although they were rarely completed.

9.38 Families using the bus service should not be required to leave the visits session early to return to the train station. (3.143)

No longer applicable. The bus service had been discontinued. The family services workers now organised free transport for visitors from the nearest train station. This arrangement did not encroach on visit time.

9.39 Young people on the bronze level should have daily access to telephones. (3.144)

Achieved. Young people on bronze level were offered daily access to the telephone and there was a visual display in each wing office to remind staff to check this regularly.

9.40 Young people should be made aware of when they can make a welfare telephone call and staff should record the details of welfare calls that have been facilitated. (3.145)

Partially achieved. Some young people we spoke to were aware of the opportunity to make a welfare telephone call, although it was not clear how they had come by the information. Although we were informed that it was not unusual for welfare telephone calls to be granted, we found little evidence of this.

We repeat the recommendation.

9.41 Young people on bronze level should be entitled to family visits. (8.76)

Achieved. All young people were now eligible to apply for family visits.

9.42 There should be monthly family days specifically for young people on the Carlford unit. (9.47)

Achieved. Family days were now a well established part of the Carlford regime. They took place quarterly and most young people on the unit participated.

Additional information

9.43 The visitors' centre and the visits hall were good facilities. They were both clean, comfortable and well equipped. A wide range of useful information was displayed in the visitors' centre including a number of help lines which visitors could use. The children's play area outside the visitors' centre was attractive and well equipped. There was a well-equipped crèche in the visits hall which also had a tea bar.

9.44 Domestic visits took place at the weekend and there were additional visit sessions on Wednesdays for young people on the gold level of the rewards and sanctions scheme. Uptake of visits was low, with two or three domestic visits midweek and about 12 at the weekend. Young people complained that their visits did not start on time. In our survey at Warren Hill, 31% of young people said that their visits started on time against a comparator of 45%. This was significantly better at Carlford where 64% of young people said their visit started on time. When we observed visits taking place, they started on time and visitors made no complaints about this issue.

9.45 Family days continued to be run successfully on Carlford and had now been introduced to the main site every two months. Young people who were parents were able to maintain contact with their children at these events. Young men who became fathers during their time in custody were able to establish contact through special bonding visits. The family services staff oversaw all these arrangements and provided support to young people who were having

difficulty maintaining constructive relationships with family members. They also acted as appropriate adults when young people were being interviewed by police officers.

- 9.46 At the time of the inspection, no young people were subject to closed visits. Closed visits that had been imposed previously were for appropriate reasons. They were reviewed monthly by security staff who conducted a risk assessment after consulting appropriate staff. There were four closed visit booths and no facilities for restricted visits.
- 9.47 A variety of help lines were on display to enable visitors to report any concerns they had about young people. Family support workers responded to any concerns raised by visitors.
- 9.48 An additional public telephone had recently been installed in each of the residential units. Staff supervised access to these telephones and young people were able to use them each day.
- 9.49 We received some complaints that young people did not always receive incoming mail on time, although the procedure for sending and receiving mail was efficient.

Further recommendations

- 9.50 Young people on the bronze level of the rewards and sanctions scheme should be entitled to one visit a week.
- 9.51 Young people on remand should have no upper limit to the number of visits they receive.

Section 10: Summary of recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

-
- 10.1 Staff and young people should be involved in a review of existing bullying procedures. New and simplified procedures for tackling bullying should be established which have the confidence of staff and young people. (HP50)
 - 10.2 Young people located in the care and separation unit should have an individual care plan, subject to regular review, which identifies their problematic behaviour and underlying causes and ensures that appropriate resources and support are put in place to address these and facilitate reintegration as soon as possible. (HP51)
 - 10.3 An effective equality and diversity management committee, or equivalent, should be established without delay to ensure that equality issues relating to race, nationality, disability, religion and sexual orientation are well managed. (HP52)
 - 10.4 The establishment should work with community youth offending teams to provide appropriate assistance to the families of young people who receive few or no visits with a view to arranging suitable contact. (HP53)

Recommendations

To NOMS and the Youth Justice Board

Courts, escorts and transfers

- 10.5 Young people should not spend long periods in court cells and this should be monitored by the establishment and discussed at PECS meetings. (1.3)

Behaviour management

- 10.6 The transfer of young people over the age of 18 subject to immigration control who have been the subject of age disputes should be expedited. (7.64)

Recommendations

To the governor

Courts, escorts and transfers

- 10.7 All young people should be offered a shower before and after attending court. (1.1)

- 10.8 Age-appropriate written information about Warren Hill should be developed by the establishment and provided to young people at court by youth offending team court officers. (1.2)
- 10.9 All escort vans should carry snacks as well as water and these should be offered to young people at regular intervals. (1.5)

First days in custody

- 10.10 First night risk management plans should be relevant to the young person's needs and identified risks, and managers should monitor quality through a robust system of quality assurance. (1.8)

Residential units

- 10.11 Lockable cupboards should be provided. (2.3)
- 10.12 Residential staff should monitor the accumulation of personal items in cells to reduce the potential for bullying. (2.5)
- 10.13 A system for checking the timeliness of cell bell responses should be introduced. (2.6)
- 10.14 There should be whole unit consultation meetings involving a wide staff group and all young people located on the Carlford unit so that all young people have the opportunity to raise issues and to improve overall communication. (2.8)

Relationships between staff and children and young people

- 10.15 Staff should display their name as well as their staff number on their uniform. (2.15)

Personal officers

- 10.16 Personal mentors should attend relevant meetings relating to the care of the young people they are responsible for. (2.25)

Safeguarding children

- 10.17 The safeguarding committee should routinely monitor the extent and impact of routine and risk assessed strip-searching. (3.13)
- 10.18 Young people who have been identified as particularly vulnerable or who have been displaying difficult or challenging behaviour should have an individual care plan which addresses their assessed needs. (3.14)

Child protection

- 10.19 The whistle-blowing policy should be revised to ensure that it clearly outlines staff responsibilities in reporting concerns about young people through the agreed child protection procedures and how they will be supported to do so. (3.27)

Self-harm and suicide prevention

- 10.20 Case managers should ensure that appropriate action is taken when links are made between self-harm and bullying. (3.29)
- 10.21 Staff observations should take place with agreed frequency, but should not be too predictable. (3.30)
- 10.22 The ACCT case manager should be consistent throughout the time an ACCT is opened. (3.31)
- 10.23 Staff participation at ACCT reviews should be planned, so that it is known who should attend and who should provide written contributions. (3.32)
- 10.24 Care maps should address the young person's particular difficulties and demonstrate that all sources of help and support have been explored, including family involvement. There should be clear lines of accountability for all agreed actions. (3.33)
- 10.25 All staff on night duty should have first aid training and carry ligature knives. (3.39)

Substance use

- 10.26 The substance misuse strategy should be updated and informed by a comprehensive population needs analysis. A strategy group should meet regularly to implement and monitor service provision. (3.68)
- 10.27 The establishment should ensure that young people who require NRT are provided with patches on arrival. (3.77)

Diversity

- 10.28 Young people should be recruited, selected and appropriately trained and supported to become members of the equal opportunities and disability liaison committee. (4.5)
- 10.29 Managers should monitor attendance at the REAT and take action to ensure that all designated representatives or substitutes attend meetings as required. (4.9)
- 10.30 Young people who are REAT representatives should have the opportunity to meet as a group and be given guidance by the REOs and unit staff so that they are able to represent other young people more effectively. (4.11)
- 10.31 The REOs should be advised of all young people who have committed racially aggravated offences and work with case managers to develop appropriate individual management plans. (4.12)
- 10.32 Robust follow-up action should be taken when issues of potential discrimination are highlighted through SMART monitoring. (4.17)
- 10.33 The foreign nationals policy should be distributed to staff, who should receive training to ensure that they are fully aware of the needs of foreign national young people. (4.18)

- 10.34 There should be regular contact with accredited, independent immigration advice and support agencies with an appropriate specialism for issues relating to children. (4.22)
- 10.35 Support groups and peer support mentors should be made available to foreign national young people. (4.24)
- 10.36 Immigration surgeries should be held frequently enough for young people to be kept up to date with their immigration status. (4.30)
- 10.37 There should be written assessments of young people with disabilities which should be available to all staff in contact with young people. (4.31)
- 10.38 The role of residential staff and other disciplines should be explicit in care plans for young people with disabilities. (4.33)
- 10.39 Strategies for preventing and dealing with discrimination on the basis of sexual orientation should be in operation. (4.39)

Health services

- 10.40 The head of health care should have a separate office to facilitate interviews with staff, visiting health professionals and patients. There should be a dedicated closed area in which all health care staff and allied professionals can discuss patient care without compromising medical confidentiality. (5.14)
- 10.41 There should be a patient forum for young people to meet health care staff. (5.19)
- 10.42 The review of emergency equipment held in the main health care department should ensure that all equipment is appropriate and easily transportable across the establishment. (5.29)
- 10.43 Patient group directives should be introduced to enable supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the doctor. A copy of the original signed patient group directives should be kept in the pharmacy, and read and signed by all relevant staff. (5.52)
- 10.44 The special sick policy should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. (5.53)
- 10.45 Requests to see the dentist should be appropriately triaged, preferably by a member of the dental team. (5.61)
- 10.46 The PCT should review the dental contract to ensure that young people have equal access to dental treatment and that waiting lists are within NHS guidelines. Dental hygienist clinical sessions should be introduced to promote dental health. (5.65)
- 10.47 The head of health care should liaise with other departments, particularly education, to ensure that young people have unhindered access to health services. (5.75)
- 10.48 Mental health awareness training for all staff, in particular those who have contact with young people, should be provided and encouraged. (5.76)

Time out of cell

- 10.49 The daily programme should be organised so that all young people have the opportunity to take an hour of outdoor exercise some time during the day. (6.1)
- 10.50 Recreational equipment and seating should be provided for the exercise yards. (6.2)

Learning and skills

- 10.51 The library should open at weekends. (6.9)
- 10.52 Activities available in the afternoons at Carlford should be extended to include education and vocational options. (6.27)
- 10.53 The teaching time and the range of subjects taught for young people receiving education on unit should be increased and sessions should be delivered in suitable locations. (6.28)
- 10.54 There should be a strategy to reduce the number of young people returned to their unit for poor behaviour. (6.29)

Physical education and health promotion

- 10.55 Cameras should be removed from the gym changing room. (6.33)
- 10.56 Sport related opportunities for release on temporary licence should be established. (6.43)

Behaviour management

- 10.57 Staff should ensure that all inappropriate behaviour and infringements of rules are appropriately challenged using the available sanctions. (7.9)
- 10.58 Young people should be informed immediately, or as soon as practicable, when they are given warnings which should be recorded on their wing file. (7.10)
- 10.59 Behaviour targets given to young people should be specific, realistic and measurable. (7.11)
- 10.60 Young people on the bronze level of the rewards and sanctions scheme should have the opportunity to associate with others in the evening at least once a week. (7.13)
- 10.61 The holding rooms in Butley unit should be adequately furnished and suitable for young people awaiting adjudications. (7.30)
- 10.62 Force should not be used to secure compliance. (7.34)
- 10.63 There should be properly managed and monitored cooling-off or time-out facilities in residential areas. (7.36)
- 10.64 Health care staff should carry out a proper examination of young people who have had force used against them. (7.45)

- 10.65 Young people located in the care and separation unit should be allowed to eat their meals out of their cells, subject to risk assessment. (7.48)
- 10.66 All cells in Butley unit should have ligature points removed. (7.50)
- 10.67 All young people held in segregation should have a care plan. (7.52)
- 10.68 Young people should be held in separation for the shortest possible period. (7.53)

Catering

- 10.69 The promotion of healthy eating should be developed in conjunction with other departments in the establishment as part of a programme of promoting healthy lifestyles. (8.2)
- 10.70 Young people should be able to dine communally for all meals. (8.9)
- 10.71 The serving of all meals should be properly supervised by staff to ensure that the food is distributed fairly and that portions are controlled as intended by kitchen staff. (8.10)

Prison shop

- 10.72 Young people should receive a refund within 48 hours when a mistake has been made with their canteen. (8.11)
- 10.73 Young people should be able to place a canteen order for goods of their choice within 24 hours of arrival. (8.16)

Strategic management of resettlement

- 10.74 The needs analysis should be used to inform the allocation of resources and delivery of resettlement services and should be extended to cover all the resettlement pathways. (9.2)
- 10.75 The establishment should complete a needs and risk analysis of young people serving long sentences for serious violent offences located on the Carlford unit in order to develop a range of interventions, including offending behaviour programmes, education and vocational training and enrichment activities, to meet their specific needs. (9.5)
- 10.76 Young people located on the Carlford unit should have individual care plans. (9.8)

Training planning and remand management

- 10.77 Relevant departments should supply written reports for planning meetings using e-Asset when they are unable to attend. (9.15)
- 10.78 Personal officers should receive training in the use of e-Asset. (9.16)
- 10.79 A representative from the establishment should attend the first post-release review in the community. (9.17)

Resettlement pathways

- 10.80 Pre-release planning should include an assessment of the suitability and sustainability of the accommodation which young people are to be discharged to. Post-release follow-up work should be carried out and used to inform the ongoing development of the accommodation pathway. (9.26)
- 10.81 All young people should be entitled to at least one visit each week and there should be no upper limit set on the number of visits a remanded young person is entitled to. (9.35)
- 10.82 There should be an analysis of why the take up of visits is so low, to identify which young people are not receiving visits, and referrals should be made to the family services team to facilitate more contact with their families. (9.36)
- 10.83 Young people should be made aware of when they can make a welfare telephone call and staff should record the details of welfare calls that have been facilitated. (9.40)
- 10.84 Young people on the bronze level of the rewards and sanctions scheme should be entitled to one visit a week. (9.50)
- 10.85 Young people on remand should have no upper limit to the number of visits they receive. (9.51)

Housekeeping points

Safeguarding children

- 10.86 Staff should be provided with clear guidance on their responsibilities for implementing the safeguarding strategies. (3.15)
- 10.87 Safeguarding committee meetings and health and wellbeing meetings should be attended by all relevant representatives. (3.16)
- 10.88 The looked-after children database should be expanded to include details of the support young people receive and the frequency of their review meetings, and this should be monitored by the safeguarding committee. (3.17)

Bullying

- 10.89 Interventions to address bullying behaviour should be evaluated for their effectiveness. (3.49)

Substance use

- 10.90 The YPSMS should make application forms available on the units to enable confidential self-referrals. (3.78)

Health services

- 10.91 Dedicated secure health boxes should be made available in all residential areas to ensure confidentiality for young people requesting health services. (5.45)
- 10.92 The head of health care should nominate a member of staff to provide a continuous link with social services looked-after children's team. (5.46)
- 10.93 There should be an out-of-hours policy allowing health care staff to administer agreed medications. (5.59)
- 10.94 The controlled drugs register should comply with current regulations. (5.60)

Learning and skills

- 10.95 ESS records should be fully used to plan, optimise, monitor and review individuals' learning. (6.30)
- 10.96 Security risk assessments should be completed without undue delay to ensure that young people are able to access programmes in a timely manner. (6.31)

Physical education and health promotion

- 10.97 Methods of acquiring PE-specific feedback from young people on the quality and future development of the PE provision should be introduced. (6.44)

Behaviour management

- 10.98 Security objectives should be supported by a formal action plan detailing time-bound measurable targets to achieve those objectives. (7.5)
- 10.99 CCTV evidence should be able to be viewed by young people as part of the adjudication process. (7.31)
- 10.100 Adjudications should be recorded fully and referrals to the safeguarding team clearly recorded. (7.32)
- 10.101 Young people should be kept informed at key stages of an adjudication if they are absent from the hearing for any reason. (7.33)
- 10.102 Attendance at the restraint minimisation meetings and the segregation monitoring and review group meetings should be improved. (7.38)
- 10.103 All planned incidents of use of force should be recorded and reviewed for lessons to be learned. (7.46)
- 10.104 Carers/parents and youth offending team workers should be informed in all cases where young people have been physically restrained. (7.47)

Examples of good practice

Legal rights

10.105 The provision of an advice surgery by a local solicitor was an extremely helpful means of ensuring that young people received prompt legal advice on induction. (3.58)

Health services

10.106 The practice of notifying young people of their appointments was respectful and prevented the young person from becoming anxious about his request to see somebody from health care. (5.47)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Fay Deadman	Team leader
Karen Dillon	Inspector
Angela Johnson	Inspector
Ian MacFadyen	Inspector
Ian Thomson	Inspector
Alison Perry	Inspector
Adam Altoft	Research officer
Amy Summerfield	Research officer
Michael Skidmore	Research officer
Helen Wark	Research trainee
Specialist inspectors	
Bridget McEvilly	Health services inspector
Sigrid Engelen	Drugs inspector
Peter Gibbs	Pharmacist
Nick Crombie	Ofsted inspector
Martyn Rhowbotham	Ofsted inspector
Guest	
Karen Bryan	
Head of Health and Social Care	
Faculty of Health and Medical Sciences	
University of Surrey	

Appendix II: Prison population profile

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

Status	Number of young people	%
Sentenced	66	68.8
Recalls	0	0
Convicted unsentenced	14	14.6
Remand	16	16.6
Detainee	0	0
Total	96	100

Age	Number of young people	%
15 years	7	7.3
16 years	23	24
17 years	53	55.2
18 years	13	13.5
Total	96	100

Nationality	Number of young people	%
British	84	86.5
Foreign nationals	12	12.5
Total	96	100

Ethnicity	Number of young people	%
White		
British	53	55.3
Irish	1	1
Other white	1	1
	55	57.3
Mixed		
White and black Caribbean	4	4.2
White and black African		
White and Asian	2	2.1
Other mixed	1	1
	7	7.3
Asian or Asian British		
Indian		
Pakistani		
Bangladeshi	2	2.1
Other Asian	1	1
	3	3.1
Black or black British		
Caribbean	12	12.5
African	14	14.6
Other black	4	4.2
	30	31.3
Chinese or other ethnic group		
Chinese		

Other ethnic group	1	1
	1	1
Not stated		
Total	96	100

Religion	Number of young people	%
Baptist		
Church of England	11	11.5
Roman Catholic	9	9.4
Other Christian denominations	16	16.7
Muslim	15	15.6
Sikh		
Hindu		
Buddhist		
Jewish		
Other		
No religion	45	46.8
Total	96	100

Sentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs +	Total
Age							
15 years		2	2	1			5
16 years	3	3	3	2	1		12
17 years	2	17	9	8	2	1	39
18 years		3		5	2		10
Total	5	24	14	16	4	1	66

Unsentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs +	Total
Age							
15 years		2					2
16 years	1	6	2	1	1		11
17 years	2	5	5	2			14
18 years		1	2				3
Total	3	14	9	3	1		30

Main offence	Number of young people	%
Violence against the person	24	25
Sexual offences	3	3.1
Burglary	20	20.8
Robbery	22	22.9
Theft and handling	6	6.3
Fraud and forgery	1	1
Drugs offences	6	6.3
Other offences	14	14.6
Offence not recorded/holding warrant		
Total	96	100

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

Sentence	Under 2 yrs	2-3 yrs	3-4 yrs	4-5 yrs	5 yrs +	Total
Age						
15 years						
16 years						
17 years		3	3	1	4	11
18 years		1	1	1		3
Total		4	4	2	4	14

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

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Total
Age								
15 years		1	1		2			4
16 years		2	2		3	3	1	11
17 years	3	1	7	2	7	3	4	27
18 years	2	3				2		7
Total	5	7	10	2	12	8	5	49

Number of extended sentences under Section 228 (extended sentence for public protection)

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

Number of indeterminate sentences by age

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

Appendix III: Summary of young people's questionnaires and interviews

Prisoner survey methodology

Survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the population of children and young people (15–18 years) was carried out by HM Inspectorate of Prisons as part of an annual report on the young people's estate.

Choosing the sample size

At the time of the survey on 4th May 2011, the population of young people at HMYOI Warren Hill was 92 and at the Carlford Unit was 23. Questionnaires were offered to all 115 young people.

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

Interviews were carried out with any respondents with literacy difficulties. In total, 4 respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 104 respondents completed and returned their questionnaires, 88 of those were from Warren Hill and 16 from the Carlford Unit. This represented 90% of children and young people in the establishments at the time. The response rate from the sample was 96% at Warren Hill and 70% at the Carlford Unit.

Four respondents refused to complete a questionnaire, six questionnaires were not returned and one was returned blank.

Comparisons

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

Presented alongside the results from this survey are the comparator figures for all children and young people surveyed in young offender institutions. This comparator is based on all responses from surveys carried out in the other seven male establishments surveyed since 2010 and responses from this 2011 Warren Hill survey.

An additional document shows significant differences in Warren Hill and the Carlford Unit between the responses of young people from black and minority ethnic backgrounds, and young people from white backgrounds, significant differences between young Muslims and young non-Muslims, and significant differences between young people who consider themselves to have a disability and those who do not.

Also included are statistically significant differences between the responses of young people surveyed at HMYOI Warren Hill in 2010 and the responses of this 2011 survey as well as the responses of young people surveyed at the Carlford Unit in 2010 and the responses of this 2011 survey. It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower as some of our survey questions have changed. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

An additional comparator showing significant differences in responses from Warren Hill and the Carlford Unit is included.

In all the above documents, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures; that is the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading, and where there is no significant difference there is no shading. Orange shading has been used to show a significant difference in demographic background details. Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

Summary

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

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not sentenced' options across questions, may differ slightly. This is due to different response rates

across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

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

Survey results

SECTION 1: ABOUT YOU

Q1	How old are you?	
	15.....	8 (9%)
	16.....	19 (22%)
	17.....	47 (55%)
	18.....	11 (13%)
Q2	Are you a British citizen?	
	Yes	83 (98%)
	No	2 (2%)
Q3	Is English your first language?	
	Yes	77 (94%)
	No	5 (6%)
Q4	What is your ethnic origin?	
	<i>White - British</i>	44 (51%)
	<i>White - Irish</i>	0 (0%)
	<i>White - other</i>	4 (5%)
	<i>Black or black British - Caribbean</i>	13 (15%)
	<i>Black or black British - African</i>	13 (15%)
	<i>Black or black British - other</i>	0 (0%)
	<i>Asian or Asian British - Indian</i>	0 (0%)
	<i>Asian or Asian British - Pakistani</i>	1 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	3 (3%)
	<i>Asian or Asian British - other</i>	0 (0%)
	<i>Mixed heritage - white and black Caribbean</i>	5 (6%)
	<i>Mixed heritage - white and black African</i>	1 (1%)
	<i>Mixed heritage - white and Asian</i>	0 (0%)
	<i>Mixed heritage - other</i>	1 (1%)
	<i>Chinese</i>	0 (0%)
	<i>Other ethnic group</i>	1 (1%)
Q5	What is your religion?	
	<i>None</i>	28 (33%)
	<i>Church of England</i>	17 (20%)
	<i>Catholic</i>	13 (15%)
	<i>Protestant</i>	1 (1%)
	<i>Other Christian denomination</i>	7 (8%)
	<i>Buddhist</i>	0 (0%)
	<i>Hindu</i>	0 (0%)
	<i>Jewish</i>	0 (0%)
	<i>Muslim</i>	20 (23%)
	<i>Sikh</i>	0 (0%)

Q6	Do you consider yourself to be Gypsy/Romany/Traveller?	
	Yes	4 (5%)
	No	73 (89%)
	Don't know.....	5 (6%)
Q7	Do you have any children?	
	Yes	7 (8%)
	No	78 (92%)
Q8	Do you consider yourself to have a disability?	
	Yes	9 (11%)
	No	76 (89%)
Q10	Have you ever been in local authority care?	
	Yes	24 (29%)
	No	60 (71%)

SECTION 2: ABOUT YOUR SENTENCE

Q1	Are you sentenced?	
	Yes	60 (71%)
	No - unsentenced/on remand	25 (29%)
Q2	How long is your sentence (the full DTO sentence)?	
	Not sentenced	25 (29%)
	<i>Less than six months</i>	14 (16%)
	<i>Six to twelve months</i>	16 (19%)
	<i>More than twelve months, up to two years</i>	16 (19%)
	<i>More than two years</i>	13 (15%)
	<i>Indeterminate sentence for public protection (IPP)</i>	1 (1%)
Q3	How long have you been in this establishment?	
	<i>Less than one month</i>	13 (15%)
	<i>One to six months</i>	54 (64%)
	<i>More than six months, but less than twelve months</i>	11 (13%)
	<i>Twelve months to two years</i>	4 (5%)
	<i>More than two years</i>	2 (2%)
Q4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	
	Yes	42 (49%)
	No	43 (51%)

SECTION 3: COURTS, TRANSFERS AND ESCORTS

Q1	On your most recent journey here, was the van clean?	
	Yes	48 (56%)
	No	21 (24%)
	Don't remember.....	16 (19%)
	Not applicable.....	1 (1%)

Q2	On your most recent journey here, did you feel safe?	
	Yes	73 (84%)
	No	9 (10%)
	Don't remember.....	5 (6%)
Q3	On your most recent journey here, were there any adults (over 18) or people of a different gender, travelling with you?	
	Yes	20 (23%)
	No	51 (59%)
	Don't remember.....	15 (17%)
Q4	On your most recent journey here, how long did you spend in the van?	
	Less than two hours	18 (21%)
	Two to four hours.....	56 (66%)
	More than four hours.....	9 (11%)
	Don't remember.....	2 (2%)
Q5	On your most recent journey here, were you offered a toilet break?	
	My journey was less than two hours	18 (21%)
	Yes	13 (15%)
	No	50 (59%)
	Don't remember.....	4 (5%)
Q6	On your most recent journey here, were you offered anything to eat or drink?	
	My journey was less than two hours	18 (21%)
	Yes	35 (41%)
	No	31 (36%)
	Don't remember.....	2 (2%)
Q7	On your most recent journey here, how did you feel you were treated by the escort staff?	
	Very well.....	13 (15%)
	Well	44 (52%)
	Neither	20 (24%)
	Badly.....	5 (6%)
	Very badly	1 (1%)
	Don't remember.....	1 (1%)
Q8	Before you arrived, from court or another establishment, were you told that you would be coming here? (Please tick all that apply to you.)	
	Yes, someone told me	67 (80%)
	Yes, I received written information.....	7 (8%)
	No, I was not told anything.....	12 (14%)
	Don't remember.....	4 (5%)

SECTION 4: FIRST DAYS

Q1	How long were you in reception?	
	Less than two hours	72 (84%)

Two hours or longer..... 0 (0%)
 Don't remember 14 (16%)

Q2 When you were searched, was this carried out in an understanding way?

Yes 71 (84%)
 No 9 (11%)
 Don't remember..... 5 (6%)

Q3 Overall, how well did you feel you were treated in reception?

Very well..... 15 (17%)
 Well 51 (59%)
 Neither 14 (16%)
 Badly 4 (5%)
 Very badly 0 (0%)
 Don't remember..... 2 (2%)

Q4 When you first arrived here, did staff ask if you needed help or support with any of the following things? (Please tick all that apply to you.)

Not being able to smoke 51 (64%) Money worries..... 16 (20%)
 Loss of property..... 15 (19%) Feeling low/upset/needin
 someone to talk to..... 34 (43%)
 Housing problems..... 24 (30%) Health problems..... 57 (71%)
 Needing protection from other 25 (31%) Getting phone numbers..... 42 (53%)
 young people
 Letting family know where you 50 (63%) **Staff did not ask me about** 9 (11%)
 are **any of these**

Q5 When you first arrived here, did you have any of the following problems? (Please tick all that apply to you.)

Not being able to smoke 31 (40%) Money worries..... 16 (21%)
 Loss of property..... 12 (16%) Feeling low/upset/needin
 someone to talk to..... 15 (19%)
 Housing problems..... 11 (14%) Health problems..... 7 (9%)
 Needing protection from other 5 (6%) Getting phone numbers..... 30 (39%)
 young people
 Letting family know where you 27 (35%) **I did not have any problems** 19 (25%)
 are

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

A reception pack 62 (75%)
 The opportunity to have a shower..... 25 (30%)
 Something to eat..... 68 (82%)
 A free phone call to friends/family 66 (80%)
 Information about the PIN telephone system 42 (51%)
 Information about feeling low/upset 25 (30%)
 Don't remember..... 3 (4%)
I was not given any of these 2 (2%)

Q7	Within your first 24 hours here, did you have access to the following people or services? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	41 (52%)
	<i>Peer support/peer mentor/Listener/Samaritans</i>	14 (18%)
	<i>The prison shop/canteen</i>	8 (10%)
	<i>Don't remember</i>	9 (11%)
	<i>I did not have access to any of these</i>	27 (34%)
Q8	Before you were locked up on your first night, were you seen by a member of healthcare staff?	
	<i>Yes</i>	69 (81%)
	<i>No</i>	13 (15%)
	<i>Don't remember</i>	3 (4%)
Q9	Did you feel safe on your first night at this establishment?	
	<i>Yes</i>	69 (82%)
	<i>No</i>	11 (13%)
	<i>Don't remember</i>	4 (5%)
Q10	Did the induction course cover everything you needed to know about the establishment?	
	<i>I have not been on an induction course</i>	7 (8%)
	<i>Yes</i>	52 (63%)
	<i>No</i>	19 (23%)
	<i>Don't remember</i>	5 (6%)

SECTION 5: DAILY LIFE AND RESPECT

Q1	Can you normally have a shower every day if you want to?	
	<i>Yes</i>	77 (90%)
	<i>No</i>	7 (8%)
	<i>Don't know</i>	2 (2%)
Q2	Is your cell call bell normally answered within five minutes?	
	<i>Yes</i>	15 (18%)
	<i>No</i>	59 (70%)
	<i>Don't know</i>	10 (12%)
Q3	What is the food like here?	
	<i>Very good</i>	0 (0%)
	<i>Good</i>	13 (15%)
	<i>Neither</i>	26 (31%)
	<i>Bad</i>	27 (32%)
	<i>Very bad</i>	18 (21%)
Q4	Does the shop/canteen sell a wide enough variety of products?	
	<i>I have not bought anything yet</i>	6 (7%)
	<i>Yes</i>	37 (45%)
	<i>No</i>	36 (43%)
	<i>Don't know</i>	4 (5%)

Q5	How easy is it for you to attend religious services?			
	<i>I don't want to attend religious services</i>			11 (13%)
	<i>Very easy</i>			24 (29%)
	<i>Easy</i>			27 (33%)
	<i>Neither</i>			6 (7%)
	<i>Difficult</i>			6 (7%)
	<i>Very difficult</i>			0 (0%)
	<i>Don't know</i>			9 (11%)

Q6	Please answer the following questions about religion:			
		Yes	No	Don't know/ Not applicable
	Do you feel your religious beliefs are respected?	49 (60%)	10 (12%)	23 (28%)
	Can you speak to a religious leader in private if you want to?	60 (75%)	4 (5%)	16 (20%)

Q7	Please answer the following about staff here:			
		Yes	No	
	Is there a member of staff you feel you can turn to for help if you have a problem?	59 (72%)	23 (28%)	
	Do most staff treat you with respect?	49 (64%)	28 (36%)	

SECTION 6: HEALTH SERVICES

Q1	Did you have a full health assessment the day after your arrival?			
	<i>Yes</i>			38 (46%)
	<i>No</i>			23 (28%)
	<i>Don't know</i>			22 (27%)

Q2	What do you think of the overall quality of the health care?			
	<i>I have not been to health care</i>			3 (4%)
	<i>Very good</i>			15 (18%)
	<i>Good</i>			39 (47%)
	<i>Neither</i>			18 (22%)
	<i>Bad</i>			5 (6%)
	<i>Very bad</i>			3 (4%)

Q3	Is it easy to see the following people if you need to?			
		Yes	No	Don't know
	The doctor	45 (57%)	25 (32%)	9 (11%)
	The nurse	51 (67%)	17 (22%)	8 (11%)
	The dentist	27 (36%)	34 (45%)	15 (20%)
	The optician	27 (36%)	28 (37%)	21 (28%)
	The pharmacist.....	27 (37%)	21 (29%)	25 (34%)

Q4	If you are taking medication, are you allowed to keep it in your cell?			
	<i>I am not taking any medication</i>			38 (47%)
	<i>Yes</i>			22 (27%)

No..... 13 (16%)
 Don't know..... 8 (10%)

Q5 Please answer the following about alcohol:

	Yes	No
Did you have problems with alcohol when you first arrived here?	7 (9%)	73 (91%)
Have you received any help with alcohol problems in this prison?	5 (6%)	75 (94%)

Q6 Please answer the following about drugs:

	Yes	No
Did you have problems with drugs when you first arrived here?	25 (30%)	57 (70%)
Do you have problems with drugs now?	2 (2%)	79 (98%)
Have you received any help with drug problems in this prison?	18 (29%)	44 (71%)

Q7 How easy is it to get illegal drugs here?

Very easy	3 (4%)
Easy	8 (10%)
Neither	6 (7%)
Difficult	4 (5%)
Very difficult	11 (14%)
Don't know.....	49 (60%)

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

Yes	17 (20%)
No	66 (80%)

Q9 If you feel you have emotional or mental health problems, are you being helped by anyone here (for example; a psychologist, doctor, counsellor, personal officer or another member of prison staff)?

<i>I do not have any emotional or mental health problems</i>	66 (80%)
Yes	7 (8%)
No	10 (12%)

SECTION 7: APPLICATIONS AND COMPLAINTS

Q1 Do you know how to make an application?

Yes	78 (94%)
No	5 (6%)

Q2 Is it easy to make an application?

Yes	70 (83%)
No	4 (5%)
Don't know.....	10 (12%)

Q3	Please answer the following questions about applications:			
		<i>I have not made an application</i>	Yes	No
	Do you feel applications are sorted out fairly?	15 (19%)	41 (51%)	24 (30%)
	Do you feel applications are sorted out promptly? (Within seven days)	15 (20%)	35 (46%)	26 (34%)
Q4	Do you know how to make a complaint?			
	Yes			80 (95%)
	No			4 (5%)
Q5	Is it easy to make a complaint?			
	Yes			63 (77%)
	No			6 (7%)
	Don't know.....			13 (16%)
Q6	Please answer the following questions about complaints:			
		<i>I have not made a complaint</i>	Yes	No
	Do you feel complaints are sorted out fairly?	35 (43%)	16 (20%)	31 (38%)
	Do you feel complaints are sorted out promptly? (Within seven days)	35 (43%)	17 (21%)	30 (37%)
Q7	Have you ever been prevented from making a complaint when you wanted to?			
	Yes			17 (21%)
	No			63 (79%)
Q8	Can you speak to the following people when you need to?			
		Yes	No	Don't know
	A peer mentor/peer support/listener	40 (47%)	10 (12%)	35 (41%)
	A member of the IMB (Independent Monitoring Board)	42 (51%)	6 (7%)	34 (41%)
	An advocate (an outside person to help you)	34 (42%)	16 (20%)	31 (38%)

SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE

Q1	What level of the rewards and sanctions scheme are you on?			
	<i>Don't know what the rewards and sanctions scheme is</i>			1 (1%)
	<i>Enhanced (top)</i>			27 (33%)
	<i>Standard (middle)</i>			39 (47%)
	<i>Basic (bottom)</i>			11 (13%)
	<i>Don't know</i>			5 (6%)
Q2	Do you feel you have been treated fairly in your experience of the rewards and sanctions scheme?			
	<i>Don't know what the rewards and sanctions scheme is</i>			1 (1%)
	Yes			42 (51%)
	No			31 (37%)

Don't know..... 9 (11%)

Q3 Do the different levels of the rewards and sanctions scheme encourage you to change your behaviour?

Don't know what the rewards and sanctions scheme is..... 1 (1%)
Yes 42 (52%)
No 32 (40%)
Don't know..... 6 (7%)

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

Yes 53 (65%)
No 28 (34%)
Don't know..... 1 (1%)

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

I have not had an adjudication..... 28 (35%)
Yes 42 (52%)
No 11 (14%)

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

I have not been restrained..... 50 (61%)
Once..... 12 (15%)
Twice..... 5 (6%)
Three times..... 10 (12%)
More than three times 5 (6%)

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

I have not been to the care and separation unit..... 57 (71%)
Very well..... 7 (9%)
Well 6 (8%)
Neither 5 (6%)
Badly 4 (5%)
Very badly 1 (1%)

Q1 Have you ever felt unsafe in this establishment?

Yes 26 (32%)
No 55 (68%)

Q2 If you have ever felt unsafe, in which areas of this establishment do you/have you ever felt unsafe? (Please tick all that apply to you.)

Never felt unsafe..... 55 (69%) *At mealtimes*..... 5 (6%)
Everywhere 7 (9%) *At health care*..... 0 (0%)
Care and separation unit 2 (3%) *Visits area*..... 2 (3%)
Association areas..... 10 (13%) *In wing showers*..... 13 (16%)
Reception area 0 (0%) *In gym showers*..... 8 (10%)
At the gym..... 10 (13%) *In corridors/stairwells* 8 (10%)

<i>In an exercise yard</i>	5 (6%)	<i>On your landing/wing</i>	6 (8%)
<i>At work</i>	3 (4%)	<i>In your cell</i>	3 (4%)
<i>At education</i>	5 (6%)		

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

Yes	20 (26%)	
No	57 (74%)	If No, go to question 6

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

<i>Insulting remarks (about you, your family or friends)</i>	12 (16%)	<i>Because of drugs</i>	1 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (13%)	<i>Having your canteen/property taken</i>	9 (12%)
<i>Sexual abuse</i>	0 (0%)	<i>Because you were new here</i> ..	7 (9%)
<i>Because of your race or ethnic origin</i>	3 (4%)	<i>Because you are from a different part of the country</i>	3 (4%)
<i>Because of your religious beliefs</i>	2 (3%)	<i>Because of gang related issues</i>	0 (0%)
<i>Because you have a disability</i>	1 (1%)	<i>Because of my offence/crime</i> ..	1 (1%)

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

Yes	18 (23%)	
No	60 (77%)	If No, go to question 9

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

<i>Insulting remarks (about you, your family or friends)</i>	11 (14%)	<i>Because of drugs</i>	1 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	4 (5%)	<i>Having your canteen/property taken</i>	2 (3%)
<i>Sexual abuse</i>	1 (1%)	<i>Because you were new here</i>	5 (6%)
<i>Because of your race or ethnic origin</i>	1 (1%)	<i>Because you are from a different part of the country</i>	1 (1%)
<i>Because of your religious beliefs</i>	1 (1%)	<i>Because of gang related issues</i>	2 (3%)
<i>Because you have a disability</i>	0 (0%)	<i>Because of my offence/crime</i>	4 (5%)

Q9 If you were being victimised who would you tell?

<i>No-one</i>	37 (50%)	<i>Teacher/education staff</i>	6 (8%)
<i>Personal officer</i>	23 (31%)	<i>Gym staff</i>	5 (7%)
<i>Wing officer</i>	13 (18%)	<i>Listener/Samaritan/Buddy</i>	11 (15%)
<i>Chaplain</i>	12 (16%)	<i>Another young person here</i>	11 (15%)
<i>Healthcare staff</i>	3 (4%)	<i>Family/friends</i>	20 (27%)

Q10 Do you think staff would take it seriously if you told them you had been victimised?

Yes	27 (34%)
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No..... 33 (42%)
 Don't know..... 19 (24%)

Q11 Is shouting through the windows a problem here?
 Yes..... 33 (42%)
 No..... 40 (51%)
 Don't know..... 6 (8%)

Q12 Have staff checked on you personally in the last week to see how you are getting on?
 Yes..... 33 (41%)
 No..... 47 (59%)

SECTION 10: ACTIVITIES

Q1 How old were you when you were last at school?
 14 or under..... 29 (36%)
 15 or over..... 51 (64%)

Q2 Please answer the following questions about school:

	Yes	No	Not applicable
Have you ever been excluded from school?	68 (85%)	11 (14%)	1 (1%)
Did you used to truant from school?	49 (63%)	22 (28%)	7 (9%)

Q3 Do you CURRENTLY take part in any of the following activities? (Please tick all that apply to you.)

Education	62 (79%)
A job in this establishment.....	18 (23%)
Vocational or skills training.....	21 (27%)
Offending behaviour programmes.....	21 (27%)
I am not currently involved in any of these	9 (12%)

Q4 If you have been involved in any of the following activities, in this establishment, do you think they will help you when you leave prison?

	Not been involved	Yes	No	Don't know
Education	4 (5%)	60 (81%)	7 (9%)	3 (4%)
A job in this establishment	11 (20%)	28 (50%)	13 (23%)	4 (7%)
Vocational or skills training	11 (19%)	32 (56%)	10 (18%)	4 (7%)
Offending behaviour programmes	9 (16%)	32 (56%)	13 (23%)	3 (5%)

Q5 Do you usually have association every day?
 Yes..... 73 (94%)
 No..... 4 (5%)
 Don't know..... 1 (1%)

Q6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	5 (6%)
	<i>None</i>	6 (8%)
	<i>One to two times</i>	27 (34%)
	<i>Three to five times</i>	30 (38%)
	<i>More than five times</i>	9 (11%)
	<i>Don't know</i>	2 (3%)
Q7	Can you usually go outside for exercise every day?	
	<i>Don't want to go</i>	3 (4%)
	<i>Yes</i>	11 (14%)
	<i>No</i>	61 (79%)
	<i>Don't know</i>	2 (3%)

SECTION 11: FAMILY AND FRIENDS

Q1	Are you able to use the telephone every day if you want to?	
	<i>Yes</i>	75 (95%)
	<i>No</i>	4 (5%)
	<i>Don't know</i>	0 (0%)
Q2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	34 (43%)
	<i>No</i>	43 (54%)
	<i>Don't know</i>	2 (3%)
Q3	How easy is it for your family and friends to visit you here?	
	<i>Very easy</i>	7 (9%)
	<i>Easy</i>	22 (28%)
	<i>Neither</i>	16 (20%)
	<i>Difficult</i>	19 (24%)
	<i>Very difficult</i>	15 (19%)
	<i>Don't know</i>	0 (0%)
Q4	How many visits do you usually have each week, from family or friends?	
	<i>Not been here a week yet</i>	3 (4%)
	<i>I don't get visits</i>	31 (39%)
	<i>Less than one a week</i>	28 (35%)
	<i>About one a week</i>	13 (16%)
	<i>More than one a week</i>	1 (1%)
	<i>Don't know</i>	3 (4%)
Q5	Do your visits usually start on time?	
	<i>I don't get visits</i>	31 (40%)
	<i>Yes</i>	24 (31%)
	<i>No</i>	16 (21%)
	<i>Don't know</i>	6 (8%)
Q6	How are you and your family/friends usually treated by visits staff?	
	<i>I don't get visits</i>	31 (40%)

Very well.....	8 (10%)
Well.....	20 (26%)
Neither.....	11 (14%)
Badly.....	0 (0%)
Very badly.....	0 (0%)
Don't know.....	7 (9%)

SECTION 12: PREPARATION FOR RELEASE

Q1	When did you first meet your personal officer?				
	<i>I still have not met him/her</i>	8	(11%)		
	<i>In your first week</i>	28	(37%)		
	<i>After your first week</i>	30	(39%)		
	<i>Don't remember</i>	10	(13%)		
Q2	How often do you see your personal officer?				
	<i>I still have not met him/her</i>	8	(10%)		
	<i>At least once a week</i>	50	(64%)		
	<i>Less than once a week</i>	20	(26%)		
Q3	Do you feel your personal officer has helped you?				
	<i>I still have not met him/her</i>	8	(10%)		
	Yes.....	47	(60%)		
	No.....	23	(29%)		
Q4	Do you have a training plan, sentence plan or remand plan?				
	Yes.....	35	(46%)		
	No.....	23	(30%)		
	Don't know.....	18	(24%)		
Q5	Please answer the following questions about training plans, sentence plans or remand plans:				
		<i>I don't have one</i>	Yes	No	Don't know
	Were you involved in the development of your plan?	23 (30%)	31 (40%)	4 (5%)	19 (25%)
	Do you understand the targets that have been set in your plan?	23 (30%)	38 (49%)	2 (3%)	14 (18%)
Q6	Has your YOT worker been in touch since you arrived at this establishment?				
	Yes.....	70	(90%)		
	No.....	8	(10%)		
Q7	Do you know how to get in touch with your YOT worker?				
	Yes.....	55	(71%)		
	No.....	22	(29%)		

Q8 Please answer the following questions about your release:

	Yes	No	Don't know
Have you had a say in what will happen to you when you are released?	45 (58%)	25 (32%)	7 (9%)
Are you planning on going to school or college after release?	56 (71%)	10 (13%)	13 (16%)
Do you have a job to go to on release?	14 (19%)	51 (70%)	8 (11%)

Q9 Do you know who to contact for help with any of the following problems, before your release? (Please tick all that apply to you.)

<i>Finding accommodation</i>	29 (41%)
<i>Getting into school or college</i>	43 (61%)
<i>Getting a job</i>	32 (46%)
<i>Help with money/finances</i>	27 (39%)
<i>Help with claiming benefits</i>	23 (33%)
<i>Continuing health services</i>	21 (30%)
<i>Opening a bank account</i>	27 (39%)
<i>Avoiding bad relationships</i>	25 (36%)
<i>I don't know who to contact</i>	23 (33%)

Q10 Do you think you will have a problem with any of the following things, when you are released? (Please tick all that apply to you.)

<i>Finding accommodation</i>	16 (23%)
<i>Getting into school or college</i>	16 (23%)
<i>Getting a job</i>	26 (37%)
<i>Money/finances</i>	20 (28%)
<i>Claiming benefits</i>	17 (24%)
<i>Continuing health services</i>	10 (14%)
<i>Opening a bank account</i>	14 (20%)
<i>Avoiding bad relationships</i>	10 (14%)
<i>I won't have any problems</i>	28 (39%)

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

<i>Not sentenced</i>	25 (32%)	<i>Having a mentor (someone you can ask for advice)</i>	8 (10%)
<i>Nothing, it is up to me</i>	17 (22%)	<i>Having a YOT worker or social worker that I get on with</i>	14 (18%)
<i>Making new friends outside</i>	9 (12%)	<i>Having children</i>	8 (10%)
<i>Going back to live with my family</i>	16 (21%)	<i>Having something to do that isn't crime</i>	26 (34%)
<i>Getting a place of my own</i>	10 (13%)	<i>This sentence</i>	16 (21%)
<i>Getting a job</i>	28 (36%)	<i>Getting into school/college</i>	24 (31%)
<i>Having a partner (girlfriend or boyfriend)</i>	14 (18%)	<i>Talking about my offending behaviour with staff</i>	7 (9%)
<i>Staying off alcohol/drugs</i>	16 (21%)	<i>Anything else</i>	7 (9%)

Q12 Do you want to stop offending?

<i>Not sentenced</i>	25 (32%)
Yes	53 (68%)
No.....	0 (0%)
<i>Don't know</i>	0 (0%)

Q13 Have you done anything, or has anything happened to you in this establishment, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	25 (35%)
Yes	26 (36%)
No.....	21 (29%)

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



Survey responses from children and young people: HMYOI Warren Hill 2011

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance. NB: This document shows a comparison between the responses from all young people surveyed in this establishment with all young people surveyed for the comparator.

Key to tables

		HMYOI Warren Hill	Young people's comparator	HMYOI Warren Hill	HMYOI Warren Hill 2010
	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		88	826	88	99
SECTION 1: ABOUT YOU					
1.1	Are you 18 years of age?	13%	15%	13%	18%
1.2	Are you a foreign national?	2%	6%	2%	8%
1.3	Is English your first language?	94%	91%	94%	89%
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other category)?	44%	36%	44%	52%
1.5	Are you Muslim?	23%	15%	23%	23%
1.6	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	6%	5%	5%
1.7	Do you have any children?	8%	13%	8%	12%
1.8	Do you consider yourself to have a disability?	10%	9%	10%	10%
1.9	Have you ever been in local authority care?	28%	27%	28%	31%
SECTION 2: ABOUT YOUR SENTENCE					
2.1	Are you sentenced?	71%	73%	71%	80%
2.2	Is your sentence 12 months or less?	36%	34%	36%	43%
2.3	Have you been in this establishment for one month or less?	16%	20%	16%	24%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	49%	53%	49%	46%
SECTION 3: COURTS, TRANSFERS AND ESCORTS					
For your most recent journey, either to or from court or between prisons, we want to know:					
3.1	Was the van clean?	56%	41%	56%	53%
3.2	Did you feel safe?	84%	82%	84%	85%
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	23%	27%	23%	13%
3.4	Did you spend more than four hours in the van?	10%	5%	10%	13%
For those who spent two or more hours in the escort van:					
3.5	Were you offered a toilet break if you needed it?	20%	12%	20%	24%
3.6	Were you offered anything to eat or drink?	51%	30%	51%	50%
3.7	Were you treated well/very well by the escort staff?	68%	52%	68%	53%
3.8	Before you arrived here (either from court or another establishment), were you told that you would be coming to this establishment?	80%	78%	80%	81%
3.9	Before you arrived here (either from court or another establishment), were you given written information about coming to this establishment?	8%	3%	8%	2%

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

Key to tables

		HMYOI Warren Hill	Young people's comparator	HMYOI Warren Hill	HMYOI Warren Hill 2010
	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		88	826	88	99
SECTION 4: YOUR FIRST FEW DAYS HERE					
4.1	Were you in reception for less than two hours?	84%	80%	84%	76%
4.2	When you were searched was this carried out in an understanding way?	83%	79%	83%	86%
4.3	Were you treated well/very well in reception?	77%	68%	77%	76%
When you first arrived, did staff ask if you needed help or support with any of the following:					
4.4a	Not being able to smoke?	64%	53%	64%	60%
4.4b	Loss of property?	19%	20%	19%	27%
4.4c	Housing problems?	30%	19%	30%	20%
4.4d	Needing protection from other young people?	31%	24%	31%	25%
4.4e	Letting family know where you are?	62%	60%	62%	66%
4.4f	Money worries?	20%	18%	20%	19%
4.4g	Feeling low/upset/needing someone to talk to?	43%	40%	43%	38%
4.4h	Health problems?	71%	57%	71%	66%
4.4i	Getting phone numbers?	52%	43%	52%	50%
4.5	Did you have any problems when you first arrived?	75%	76%	75%	66%
When you first arrived, did you have problems with any of the following:					
4.5a	Not being able to smoke?	41%	51%	41%	36%
4.5b	Loss of property?	16%	17%	16%	11%
4.5c	Housing problems?	15%	13%	15%	15%
4.5d	Needing protection from other young people?	6%	8%	6%	6%
4.5e	Letting family know where you are?	35%	21%	35%	21%
4.5f	Money worries?	21%	17%	21%	20%
4.5g	Feeling low/upset/needing someone to talk to?	20%	18%	20%	14%
4.5h	Health problems?	9%	12%	9%	8%
4.5i	Getting phone numbers?	40%	31%	40%	28%
When you first arrived, were you given any of the following:					
4.6a	A reception pack?	75%	73%	75%	67%
4.6b	The opportunity to have a shower?	30%	36%	30%	29%
4.6c	Something to eat?	82%	80%	82%	91%
4.6d	A free phone call to friends/family?	79%	76%	79%	72%
4.6e	Information about the PIN telephone system?	51%	61%	51%	43%
4.6f	Information about feeling low/upset?	30%	29%	30%	20%
Within your first 24 hours, did you have access to the following people or services:					
4.7a	The chaplain or religious leader?	52%	45%	52%	59%
4.7b	A peer mentor, Listener or the Samaritans?	18%	23%	18%	16%
4.7c	Did you have access to the prison shop/canteen?	10%	16%	10%	6%

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

Key to tables

		HMYOI Warren Hill	Young people's comparator	HMYOI Warren Hill	HMYOI Warren Hill 2010
	Any percentage highlighted in green is significantly better				
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	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		88	826	88	99
4.8	Before you were locked up on your first night, were you seen by a member of health care staff?	81%	70%	81%	84%
4.9	Did you feel safe on your first night here?	82%	79%	82%	86%
4.10	For those who have been on an induction course: did it cover everything you needed to know about the establishment	69%	66%	69%	73%
SECTION 5: DAILY LIFE AND RESPECT					
5.1	Can you normally have a shower every day if you want to?	90%	67%	90%	92%
5.2	Is your cell call bell normally answered within five minutes?	18%	36%	18%	20%
5.3	Do you find the food here good/very good?	16%	19%	16%	14%
5.4	Does the shop/canteen sell a wide enough variety of products?	45%	45%	45%	41%
5.5	Is it easy/very easy for you to attend religious services?	61%	58%	61%	60%
5.6a	Do you feel your religious beliefs are respected?	59%	55%	59%	54%
5.6b	Can you speak to a religious leader in private if you want to?	75%	65%	75%	72%
5.7	Is there a member of staff you can turn to with a problem?	72%	62%	72%	70%
5.8	Do you feel that most of the staff here treat you with respect?	64%	62%	64%	76%
SECTION 6: HEALTH SERVICES					
6.1	Did you have a full health assessment the day after your arrival?	46%	63%	46%	54%
6.2	For those who have been to health care: Do you think the overall quality is good/very good?	68%	62%	68%	54%
6.3a	Is it easy for you to see the doctor?	57%	54%	57%	44%
6.3b	Is it easy for you to see the nurse?	68%	74%	68%	56%
6.3c	Is it easy for you to see the dentist?	35%	34%	35%	26%
6.3d	Is it easy for you to see the optician?	35%	25%	35%	22%
6.3e	Is it easy for you to see the pharmacist?	37%	27%	37%	20%
6.4	If you are taking medication, are you allowed to keep it in your cell?	51%	31%	51%	57%
6.5a	Did you have any problems with alcohol when you first arrived?	8%	15%	8%	10%
6.5b	Have you received any help with any alcohol problems here?	6%	9%	6%	10%
6.6a	Did you have any problems with drugs when you first arrived?	30%	35%	30%	29%
6.6b	Do you have any problems with drugs now?	2%	10%	2%	9%
6.6c	Have you received any help with any drug problems here?	29%	23%	29%	26%
6.7	Is it easy/very easy to get illegal drugs here?	14%	20%	14%	11%
6.8	Do you feel you have any emotional or mental health problems?	21%	21%	21%	17%
6.9	If you feel you have emotional or mental health problems, are you being helped by anyone here?	39%	52%	39%	46%

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		88	826	88	99
SECTION 7: APPLICATIONS AND COMPLAINTS					
7.1	Do you know how to make an application?	94%	86%	94%	92%
7.2	Is it easy to make an application?	83%	76%	83%	83%
For those who have made an application:					
7.3a	Do you feel applications are sorted out fairly?	63%	68%	63%	64%
7.3b	Do you feel applications are sorted out promptly (within seven days)?	58%	64%	58%	65%
7.4	Do you know how to make a complaint?	96%	85%	96%	90%
7.5	Is it easy to make a complaint?	77%	65%	77%	78%
For those who have made a complaint:					
7.6a	Do you feel complaints are sorted out fairly?	34%	33%	34%	39%
7.6b	Do you feel complaints are sorted out promptly (within seven days)?	36%	37%	36%	45%
7.7	Have you ever been prevented from making a complaint when you wanted to?	21%	18%	21%	7%
Can you speak to the following people when you need to:					
7.8a	A peer mentor or Listener?	47%	32%	47%	28%
7.8b	A member of the IMB (Independent Monitoring Board)	51%	29%	51%	32%
7.8c	An advocate (an outside person to help you)	42%	38%	42%	25%
SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE					
8.1	Are you on the enhanced (top) level of the reward scheme?	32%	28%	32%	36%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	51%	47%	51%	55%
8.3	Do the different levels make you change your behaviour?	52%	53%	52%	47%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	65%	54%	65%	53%
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	79%	81%	79%	92%
8.6	Have you been physically restrained (C and R) since you have been here?	39%	36%	39%	27%
8.7	For those who had spent a night in the segregation/care and separation unit: did the staff treat you well/very well?	56%	54%	56%	42%

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		88	826	88	99
SECTION 9: SAFETY					
9.1	Have you ever felt unsafe in this prison?	32%	26%	32%	25%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	26%	23%	26%	21%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4a	Insulting remarks?	16%	14%	16%	9%
9.4b	Physical abuse?	14%	10%	14%	10%
9.4c	Sexual abuse?	0%	2%	0%	0%
9.4d	Racial or ethnic abuse?	4%	3%	4%	1%
9.4e	Your religious beliefs?	3%	2%	3%	3%
9.4f	Your disability?	1%	2%	1%	0%
9.4g	Drugs?	1%	3%	1%	2%
9.4h	Having your canteen/property taken?	11%	5%	11%	6%
9.4i	Because you were new here?	9%	8%	9%	10%
9.4j	Being from a different part of the country than others?	4%	5%	4%	2%
9.4k	Gang related issues?	0%	6%	0%	2%
9.4l	Your offence/crime?	1%	4%	1%	1%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	23%	26%	23%	15%
If you have felt victimised by a member of staff/group of staff members, did the incident involve:					
9.7a	Insulting remarks?	15%	16%	15%	9%
9.7b	Physical abuse?	5%	5%	5%	1%
9.7c	Sexual abuse?	1%	1%	1%	1%
9.7d	Racial or ethnic abuse?	1%	5%	1%	3%
9.7e	Your religious beliefs?	1%	3%	1%	4%
9.7f	Your disability?	0%	1%	0%	1%
9.7g	Drugs?	1%	2%	1%	0%
9.7h	Having your canteen/property taken?	2%	3%	2%	1%
9.7i	Because you were new here?	6%	5%	6%	2%
9.7j	Being from a different part of the country than others?	1%	3%	1%	2%
9.7k	Gang related issues?	2%	2%	2%	1%
9.7l	Your offence/crime?	5%	3%	5%	1%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it	50%	56%	50%	50%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	34%	32%	34%	31%
9.11	Is shouting through the windows a problem here?	42%	41%	42%	29%
9.12	Have staff checked on you personally in the last week to see how you are getting on?	42%	36%	42%	39%

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		88	826	88	99
SECTION 10: ACTIVITIES					
10.1	Were you 14 or younger when you were last at school?	36%	40%	36%	49%
10.2a	Have you ever been excluded from school?	85%	85%	85%	95%
10.2b	Have you ever truanted from school?	63%	69%	63%	69%
Do you currently take part in any of the following:					
10.3a	Education?	79%	75%	79%	66%
10.3b	A job in this establishment?	23%	35%	23%	19%
10.3c	Vocational or skills training?	27%	19%	27%	22%
10.3d	Offending behaviour programmes?	27%	23%	27%	8%
For those who have taken part in the following activities while in this prison: do you think that they will help you when you leave prison?					
10.4a	Education?	85%	64%	85%	62%
10.4b	A job in this establishment?	62%	59%	62%	39%
10.4c	Vocational or skills training?	69%	56%	69%	46%
10.4d	Offending behaviour programmes?	67%	52%	67%	43%
10.5	Do you usually have association every day?	94%	67%	94%	81%
10.6	Do you go to the gym more than five times each week?	11%	12%	11%	4%
10.7	Can you usually go outside for exercise every day?	15%	45%	15%	24%
SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Are you able to use the telephone every day?	95%	62%	95%	85%
11.2	Have you had any problems with sending or receiving letters or parcels?	43%	38%	43%	44%
11.3	Is it easy/very easy for your family and friends to visit you here?	36%	47%	36%	24%
11.4	Do you usually have one or more visits per week from family and friends?	18%	40%	18%	20%
11.5	Do your visits start on time?	31%	45%	31%	28%
11.6	Are you and your visitors treated well/very well by visits staff?	36%	46%	36%	28%
SECTION 12: PREPARATION FOR RELEASE					
For those who have met their personal officer:					
12.1	Did you meet your personal officer within the first week?	41%	52%	41%	41%
12.2	Do you see your personal officer at least once a week?	72%	62%	72%	71%
12.3	Do you feel your personal officer has helped you?	67%	54%	67%	68%
12.4	Do you have a training plan, sentence plan or remand plan?	46%	48%	46%	56%
For those with a training plan, sentence plan or remand plan:					
12.5a	Were you involved in the development of your plan?	58%	54%	58%	69%
12.5b	Do you understand the targets set in your plan?	70%	69%	70%	72%
12.6	Has your YOT worker been in touch with you since your arrival here?	90%	84%	90%	85%
12.7	Do you know how to get in touch with your YOT worker?	72%	58%	72%	62%

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		88	826	88	99
Please answer the following about your preparation for release:					
12.8	Have you had a say in what will happen to you when you are released?	58%	42%	58%	54%
12.8	Are you going to school or college on release?	71%	62%	71%	57%
12.8	Do you have a job to go to on release?	20%	21%	20%	20%
Do you know who to contact for help with the following in preparation for your release:					
12.9	Finding accommodation	41%	36%	41%	41%
12.9	Getting into school or college	62%	45%	62%	43%
12.9	Getting a job	46%	44%	46%	35%
12.9	Help with money/finances	38%	33%	38%	32%
12.9	Help with claiming benefits	33%	27%	33%	26%
12.9	Continuing health services	30%	22%	30%	18%
12.9	Opening a bank account	38%	31%	38%	35%
12.9	Avoiding bad relationships	36%	25%	36%	25%
Do you think you will have a problem with the following, when you are released:					
12.10	Finding accommodation?	23%	27%	23%	26%
12.10	Getting into school or college?	23%	25%	23%	30%
12.10	Getting a job?	37%	49%	37%	46%
12.10	Help with money/finances?	28%	40%	28%	35%
12.10	Help with claiming benefits?	24%	25%	24%	19%
12.10	Continuing health services?	15%	14%	15%	10%
12.10	Opening a bank account?	20%	16%	20%	16%
12.10	Avoiding bad relationships?	15%	20%	15%	14%
For those who were sentenced:					
12.12	Do you want to stop offending?	100%	92%	100%	92%
12.13	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future	55%	47%	55%	48%

Children and Young People: Diversity Analysis



Diversity comparator (ethnicity and religion) HMYOI Warren Hill and Carlford Unit 2011

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		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		46	56	24	77
1.2	Are you a foreign national?	2%	2%	4%	1%
1.3	Is English your first language?	86%	97%	71%	98%
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			85%	32%
1.5	Are you Muslim?	46%	7%		
1.6	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	7%	0%	5%
1.9	Have you ever been in local authority care?	13%	41%	25%	30%
2.1	Are you sentenced?	71%	80%	89%	74%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	71%	38%	63%	51%
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	33%	21%	30%	24%
3.7	Were you treated well/very well by the escort staff?	69%	68%	63%	71%
3.8	Before you arrived here, were you told that you would be coming to this establishment?	78%	88%	76%	84%
4.2	When you were searched was this carried out in an understanding way?	74%	90%	77%	85%
4.3	Were you treated well/very well in reception?	78%	73%	92%	71%
4.8	Before you were locked up on your first night, were you seen by a member of health care staff?	77%	77%	92%	75%
4.9	Did you feel safe on your first night here?	72%	87%	73%	81%
4.10	Did the induction course cover everything you needed to know about the establishment?	59%	74%	70%	64%
5.1	Can you normally have a shower every day if you want to?	90%	94%	89%	93%
5.2	Is your cell call bell normally answered within five minutes?	35%	26%	42%	25%
5.3	Do you find the food here good/very good?	24%	12%	32%	13%
5.4	Does the shop/canteen sell a wide enough variety of products?	38%	53%	38%	47%
5.6a	Do you feel your religious beliefs are respected?	67%	51%	80%	49%
5.7	Is there a member of staff you can turn to with a problem?	71%	81%	72%	78%
5.8	Do you feel that most of the staff here treat you with respect?	60%	77%	76%	65%
6.3a	Is it easy for you to see the doctor?	63%	57%	72%	55%
6.3b	Is it easy for you to see the nurse?	73%	71%	87%	67%
6.7	Is it easy/very easy to get illegal drugs here?	4%	16%	4%	14%
6.8	Do you feel you have any emotional or mental health problems?	11%	24%	8%	22%
7.2	Is it easy to make an application?	88%	83%	79%	87%
7.5	Is it easy to make a complaint?	78%	77%	76%	78%

Children and Young People: 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		46	56	24	77
8.1	Are you on the enhanced (top) level of the reward scheme?	47%	36%	42%	42%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	55%	63%	64%	56%
8.3	Do the different levels make you change your behaviour?	49%	62%	56%	53%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	71%	59%	67%	63%
8.6	Have you been physically restrained (C and R) since you have been here?	45%	28%	36%	34%
9.1	Have you ever felt unsafe in this prison?	23%	35%	23%	33%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	20%	33%	12%	32%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4d	Racial or Ethnic abuse?	4%	7%	0%	8%
9.4e	Your religious beliefs?	0%	4%	0%	3%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	28%	16%	20%	23%
If you have felt victimised by a member of staff/group of staff, did the incident involve:					
9.5d	Racial or ethnic abuse?	2%	0%	0%	1%
9.5e	Your religious beliefs?	2%	0%	4%	0%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it?	54%	53%	60%	51%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	28%	44%	46%	35%
Do you currently take part in any of the following:					
10.3a	Education?	85%	82%	83%	82%
10.3b	A job in this establishment?	21%	28%	20%	27%
10.3c	Vocational or skills training?	25%	26%	17%	28%
10.3d	Offending behaviour programmes?	32%	27%	38%	27%
10.5	Do you usually have association everyday?	98%	93%	96%	95%
10.6	Do you go to the gym more than five times each week?	8%	13%	0%	12%
10.7	Can you usually go outside for exercise every day?	31%	28%	42%	24%
11.1	Are you able to use the telephone every day?	98%	91%	100%	92%
11.2	Have you had any problems with sending or receiving letters or parcels?	49%	36%	42%	45%
11.3	Do you usually have one or more visits per week from family and friends?	13%	24%	17%	20%
12.3	Do you feel your personal officer has helped you?	68%	71%	64%	70%
12.4	Do you have a training plan, sentence plan or remand plan?	42%	61%	38%	55%
12.5b	Do you understand the targets set in your plan?	72%	71%	82%	69%
12.6a	Have you had a say in what will happen to you when you are released?	53%	64%	58%	58%
12.6b	Are you going to school or college on release?	66%	67%	75%	65%
12.14	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future?	58%	65%	74%	57%

Diversity Analysis - Disability

Key questions disability analysis HMYOI Warren Hill and Carlford Unit 2011

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	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		12	87
1.2	Are you a foreign national?	0%	2%
1.3	Is English your first language?	92%	91%
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other category)?	15%	47%
1.5	Are you Muslim?	8%	26%
1.6	Do you consider yourself to be Gypsy/Romany/Traveller?	15%	2%
2.1	Are you sentenced?	77%	78%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	36%	55%
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	7%	28%
3.7	Were you treated well/very well by the escort staff?	50%	69%
3.8	Before you arrived here, were you told that you would be coming to this establishment?	82%	82%
4.2	When you were searched was this carried out in an understanding way?	71%	84%
4.3	Were you treated well/very well in reception?	57%	77%
4.4e	When you first arrived, did staff ask if you needed help or support with letting family know where you were?	89%	57%
4.4g	When you first arrived, did staff ask if you needed help or support with feeling low/upset/needing someone to talk to?	33%	40%
4.4h	When you first arrived, did staff ask if you needed help or support with health problems?	78%	67%
4.5	Did you have any problems when you first arrived?	100%	69%
4.8	Before you were locked up on your first night, were you seen by a member of health care staff?	100%	76%
4.9	Did you feel safe on your first night here?	75%	79%
4.10	Did the induction course cover everything you needed to know about the establishment?	30%	69%
5.1	Can you normally have a shower every day if you want to?	86%	93%
5.2	Is your cell call bell normally answered within five minutes?	46%	26%
5.3	Do you find the food here good/very good?	8%	18%
5.4	Does the shop/canteen sell a wide enough variety of products?	60%	43%
5.6a	Do you feel your religious beliefs are respected?	50%	57%
5.7	Is there a member of staff you can turn to with a problem?	82%	75%
5.8	Do you feel that most of the staff here treat you with respect?	60%	68%
6.3a	Is it easy for you to see the doctor?	44%	60%
6.3b	Is it easy for you to see the nurse?	44%	74%
6.4	If you are taking medication, are you allowed to keep it in your cell?	33%	60%
6.8	Do you feel you have any emotional or mental health problems?	36%	17%
6.9	If you feel you have emotional or mental health problems, are you being helped by anyone here?	50%	33%

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		
7.2	Is it easy to make an application?	73%	87%
7.5	Is it easy to make a complaint?	70%	78%
8.1	Are you on the enhanced (top) level of the reward scheme?	33%	44%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	70%	62%
8.6	Have you been physically restrained (C and R) since you have been here?	18%	38%
9.1	Have you ever felt unsafe in this prison?	46%	29%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	50%	22%
9.4f	Has another young person or group of young people victimised (insulted or assaulted) you because you have a disability?	9%	0%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	42%	20%
9.7f	Has a member of staff or group of staff victimised (insulted or assaulted) you because you have a disability?	0%	0%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it?	67%	49%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	50%	35%
9.12	Have staff checked on you personally in the last week to see how you are getting on?	46%	47%
10.3a	Do you currently take part in education?	63%	84%
10.3b	Do you currently have a job in this establishment?	13%	27%
10.3c	Do you currently take part in vocational or skills training?	38%	24%
10.3d	Do you currently take part in offending behaviour programmes?	38%	30%
10.5	Do you usually have association every day?	75%	97%
10.6	Do you go to the gym more than five times each week?	0%	13%
10.7	Can you usually go outside for exercise every day?	0%	30%
11.1	Are you able to use the telephone every day?	90%	94%
12.3	If you have a personal officer, do you feel your personal officer has helped you?	78%	69%
12.5a	For those with a training plan, sentence plan or remand plan: were you involved in the development of your plan?	29%	60%
12.5b	For those with a training plan, sentence plan or remand plan: do you understand the targets set in your plan?	57%	73%
12.8	Have you had a say in what will happen to you when you are released?	57%	59%

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



Survey responses from children and young people: HMYOI Carlford Unit 2011

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance. NB: This document shows a comparison between the responses from all young people surveyed in this establishment with all young people surveyed for the comparator.

Key to tables

		Carlford Unit 2011	HMYOI Warren Hill 2011	Carlford Unit 2011	Carlford Unit 2010
	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		16	88	16	27
SECTION 1: ABOUT YOU					
1.1	Are you 18 years of age?	39%	13%	39%	7%
1.2	Are you a foreign national?	0%	2%	0%	4%
1.3	Is English your first language?	83%	94%	83%	93%
1.4	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other category)?	50%	44%	50%	62%
1.5	Are you Muslim?	27%	23%	27%	30%
1.6	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%	0%	0%
1.7	Do you have any children?	6%	8%	6%	4%
1.8	Do you consider yourself to have a disability?	20%	10%	20%	4%
1.9	Have you ever been in local authority care?	30%	28%	30%	36%
SECTION 2: ABOUT YOUR SENTENCE					
2.1	Are you sentenced?	100%	71%	100%	96%
2.2	Is your sentence 12 months or less?	5%	36%	5%	0%
2.3	Have you been in this establishment for one month or less?	0%	16%	0%	12%
2.4	Is this your first time in custody in a YOI, secure children's home or secure training centre?	70%	49%	70%	74%
SECTION 3: COURTS, TRANSFERS AND ESCORTS					
For your most recent journey, either to or from court or between prisons, we want to know:					
3.1	Was the van clean?	61%	56%	61%	50%
3.2	Did you feel safe?	83%	84%	83%	78%
3.3	Did you travel with any adults (over 18) or anyone of a different gender?	39%	23%	39%	23%
3.4	Did you spend more than four hours in the van?	13%	10%	13%	15%
For those who spent two or more hours in the escort van:					
3.5	Were you offered a toilet break if you needed it?	18%	20%	18%	44%
3.6	Were you offered anything to eat or drink?	77%	51%	77%	70%
3.7	Were you treated well/very well by the escort staff?	70%	68%	70%	58%
3.8	Before you arrived here (either from court or another establishment), were you told that you would be coming to this establishment?	95%	80%	95%	81%
3.9	Before you arrived here (either from court or another establishment), were you given written information about coming to this establishment?	0%	8%	0%	8%

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

Key to tables

	Any percentage highlighted in green is significantly better	Carlford Unit 2011	HMYOI Warren Hill 2011	Carlford Unit 2011	Carlford Unit 2010
	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		16	88	16	27
SECTION 4: YOUR FIRST FEW DAYS HERE					
4.1	Were you in reception for less than two hours?	70%	84%	70%	52%
4.2	When you were searched was this carried out in an understanding way?	83%	83%	83%	82%
4.3	Were you treated well/very well in reception?	70%	77%	70%	52%
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?	47%	64%	47%	23%
4.4b	Loss of property?	16%	19%	16%	23%
4.4c	Housing problems?	6%	30%	6%	5%
4.4d	Needing protection from other young people?	16%	31%	16%	14%
4.4e	Letting family know where you are?	47%	62%	47%	55%
4.4f	Money worries?	6%	20%	6%	5%
4.4g	Feeling low/upset/needing someone to talk to?	32%	43%	32%	14%
4.4h	Health problems?	53%	71%	53%	36%
4.4i	Getting phone numbers?	37%	52%	37%	46%
4.5	Did you have any problems when you first arrived?	56%	75%	56%	68%
When you first arrived, did you have problems with any of the following:					
4.5a	Not being able to smoke?	19%	41%	19%	5%
4.5b	Loss of property?	0%	16%	0%	9%
4.5c	Housing problems?	7%	15%	7%	5%
4.5d	Needing protection from other young people?	0%	6%	0%	5%
4.5e	Letting family know where you are?	7%	35%	7%	32%
4.5f	Money worries?	7%	21%	7%	5%
4.5g	Feeling low/upset/needing someone to talk to?	19%	20%	19%	9%
4.5h	Health problems?	7%	9%	7%	5%
4.5i	Getting phone numbers?	7%	40%	7%	23%
When you first arrived, were you given any of the following:					
4.6a	A reception pack?	59%	75%	59%	58%
4.6b	The opportunity to have a shower?	46%	30%	46%	35%
4.6c	Something to eat?	86%	82%	86%	50%
4.6d	A free phone call to friends/family?	59%	79%	59%	54%
4.6e	Information about the PIN telephone system?	19%	51%	19%	42%
4.6f	Information about feeling low/upset?	27%	30%	27%	23%
Within your first 24 hours, did you have access to the following people or services:					
4.7a	The chaplain or religious leader?	43%	52%	43%	30%
4.7b	A peer mentor, Listener or the Samaritans?	20%	18%	20%	13%
4.7c	Did you have access to the prison shop/canteen?	15%	10%	15%	17%

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

Key to tables

	Any percentage highlighted in green is significantly better	Carlford Unit 2011	HMV OI Warren Hill 2011	Carlford Unit 2011	Carlford Unit 2010
	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		16	88	16	27
4.8	Before you were locked up on your first night, were you seen by a member of health care staff?	61%	81%	61%	64%
4.9	Did you feel safe on your first night here?	70%	82%	70%	84%
4.10	For those who have been on an induction course: did it cover everything you needed to know about the establishment	56%	69%	56%	65%
SECTION 5: DAILY LIFE AND RESPECT					
5.1	Can you normally have a shower every day if you want to?	100%	90%	100%	96%
5.2	Is your cell call bell normally answered within five minutes?	74%	18%	74%	42%
5.3	Do you find the food here good/very good?	26%	16%	26%	11%
5.4	Does the shop/canteen sell a wide enough variety of products?	50%	45%	50%	22%
5.5	Is it easy/very easy for you to attend religious services?	67%	61%	67%	52%
5.6a	Do you feel your religious beliefs are respected?	50%	59%	50%	59%
5.6b	Can you speak to a religious leader in private if you want to?	63%	75%	63%	52%
5.7	Is there a member of staff you can turn to with a problem?	100%	72%	100%	65%
5.8	Do you feel that most of the staff here treat you with respect?	94%	64%	94%	70%
SECTION 6: HEALTH SERVICES					
6.1	Did you have a full health assessment the day after your arrival?	46%	46%	46%	59%
6.2	For those who have been to health care: Do you think the overall quality is good/very good?	59%	68%	59%	58%
6.3a	Is it easy for you to see the doctor?	70%	57%	70%	58%
6.3b	Is it easy for you to see the nurse?	95%	68%	95%	85%
6.3c	Is it easy for you to see the dentist?	30%	35%	30%	16%
6.3d	Is it easy for you to see the optician?	43%	35%	43%	27%
6.3e	Is it easy for you to see the pharmacist?	32%	37%	32%	20%
6.4	If you are taking medication, are you allowed to keep it in your cell?	70%	51%	70%	39%
6.5a	Did you have any problems with alcohol when you first arrived?	16%	8%	16%	7%
6.5b	Have you received any help with any alcohol problems here?	16%	6%	16%	0%
6.6a	Did you have any problems with drugs when you first arrived?	35%	30%	35%	11%
6.6b	Do you have any problems with drugs now?	0%	2%	0%	0%
6.6c	Have you received any help with any drug problems here?	32%	29%	32%	12%
6.7	Is it easy/very easy to get illegal drugs here?	0%	14%	0%	0%
6.8	Do you feel you have any emotional or mental health problems?	5%	21%	5%	8%
6.9	If you feel you have emotional or mental health problems, are you being helped by anyone here?	0%	39%	0%	100%

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

Key to tables

		Cariford Unit 2011	HMYOI Warren Hill 2011	Cariford Unit 2011	Cariford Unit 2010
	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		16	88	16	27
SECTION 7: APPLICATIONS AND COMPLAINTS					
7.1	Do you know how to make an application?	100%	94%	100%	93%
7.2	Is it easy to make an application?	95%	83%	95%	85%
For those who have made an application:					
7.3a	Do you feel applications are sorted out fairly?	94%	63%	94%	75%
7.3b	Do you feel applications are sorted out promptly (within seven days)?	93%	58%	93%	53%
7.4	Do you know how to make a complaint?	95%	96%	95%	96%
7.5	Is it easy to make a complaint?	80%	77%	80%	62%
For those who have made a complaint:					
7.6a	Do you feel complaints are sorted out fairly?	93%	34%	93%	33%
7.6b	Do you feel complaints are sorted out promptly (within seven days)?	75%	36%	75%	46%
7.7	Have you ever been prevented from making a complaint when you wanted to?	19%	21%	19%	20%
Can you speak to the following people when you need to:					
7.8a	A peer mentor or Listener?	50%	47%	50%	40%
7.8b	A member of the IMB (Independent Monitoring Board)	47%	51%	47%	36%
7.8c	An advocate (an outside person to help you)	50%	42%	50%	52%
SECTION 8: REWARDS AND SANCTIONS, AND DISCIPLINE					
8.1	Are you on the enhanced (top) level of the reward scheme?	81%	32%	81%	81%
8.2	Do you feel you have been treated fairly in your experience of the reward scheme?	95%	51%	95%	58%
8.3	Do the different levels make you change your behaviour?	68%	52%	68%	48%
8.4	Have you had a 'nicking' (adjudication) since you have been here?	65%	65%	65%	50%
8.5	Was the 'nicking' (adjudication) process explained clearly to you?	91%	79%	91%	77%
8.6	Have you been physically restrained (C and R) since you have been here?	19%	39%	19%	8%
8.7	For those who had spent a night in the segregation/care and separation unit: did the staff treat you well/very well?	0%	56%	0%	57%

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

Key to tables

		Carlford Unit 2011	HMV OI Warren Hill 2011	Carlford Unit 2011	Carlford Unit 2010
	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		16	88	16	27
SECTION 9: SAFETY					
9.1	Have you ever felt unsafe in this prison?	19%	32%	19%	15%
9.3	Has another young person or group of young people victimised (insulted or assaulted) you here?	30%	26%	30%	29%
If you have felt victimised by another young person/group of young people, did the incident involve:					
9.4a	Insulting remarks?	20%	16%	20%	13%
9.4b	Physical abuse?	15%	14%	15%	8%
9.4c	Sexual abuse?	5%	0%	5%	4%
9.4d	Racial or ethnic abuse?	15%	4%	15%	0%
9.4e	Your religious beliefs?	0%	3%	0%	8%
9.4f	Your disability?	0%	1%	0%	0%
9.4g	Drugs?	0%	1%	0%	8%
9.4h	Having your canteen/property taken?	15%	11%	15%	0%
9.4i	Because you were new here?	0%	9%	0%	4%
9.4j	Being from a different part of the country than others?	0%	4%	0%	8%
9.4k	Gang related issues?	0%	0%	0%	4%
9.4l	Your offence/crime?	0%	1%	0%	8%
9.6	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	15%	23%	15%	24%
If you have felt victimised by a member of staff/group of staff members, did the incident involve:					
9.7a	Insulting remarks?	5%	15%	5%	16%
9.7b	Physical abuse?	0%	5%	0%	0%
9.7c	Sexual abuse?	0%	1%	0%	0%
9.7d	Racial or ethnic abuse?	0%	1%	0%	0%
9.7e	Your religious beliefs?	0%	1%	0%	4%
9.7f	Your disability?	0%	0%	0%	0%
9.7g	Drugs?	0%	1%	0%	0%
9.7h	Having your canteen/property taken?	0%	2%	0%	4%
9.7i	Because you were new here?	5%	6%	5%	0%
9.7j	Being from a different part of the country than others?	0%	1%	0%	8%
9.7k	Gang related issues?	0%	2%	0%	8%
9.7l	Your offence/crime?	0%	5%	0%	0%
9.9	If you were being victimised by another young person or a member of staff would you be able to tell anyone about it	68%	50%	68%	72%
9.10	If you did tell a member of staff that you were being victimised do you think it would be taken seriously?	47%	34%	47%	40%
9.11	Is shouting through the windows a problem here?	0%	42%	0%	15%
9.12	Have staff checked on you personally in the last week to see how you are getting on?	80%	42%	80%	50%

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

Key to tables

		Cariford Unit 2011	HMYOI Warren Hill 2011	Cariford Unit 2011	Cariford Unit 2010
	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		16	88	16	27
SECTION 10: ACTIVITIES					
10.1	Were you 14 or younger when you were last at school?	41%	36%	41%	69%
10.2a	Have you ever been excluded from school?	78%	85%	78%	81%
10.2b	Have you ever truanted from school?	84%	63%	84%	71%
Do you currently take part in any of the following:					
10.3a	Education?	100%	79%	100%	89%
10.3b	A job in this establishment?	32%	23%	32%	42%
10.3c	Vocational or skills training?	16%	27%	16%	31%
10.3d	Offending behaviour programmes?	37%	27%	37%	46%
For those who have taken part in the following activities while in this prison: do you think that they will help you when you leave prison?					
10.4a	Education?	94%	85%	94%	77%
10.4b	A job in this establishment?	77%	62%	77%	47%
10.4c	Vocational or skills training?	91%	69%	91%	81%
10.4d	Offending behaviour programmes?	91%	67%	91%	65%
10.5	Do you usually have association every day?	100%	94%	100%	96%
10.6	Do you go to the gym more than five times each week?	6%	11%	6%	4%
10.7	Can you usually go outside for exercise every day?	94%	15%	94%	93%
SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Are you able to use the telephone every day?	94%	95%	94%	92%
11.2	Have you had any problems with sending or receiving letters or parcels?	41%	43%	41%	33%
11.3	Is it easy/very easy for your family and friends to visit you here?	43%	36%	43%	32%
11.4	Do you usually have one or more visits per week from family and friends?	20%	18%	20%	28%
11.5	Do your visits start on time?	63%	31%	63%	50%
11.6	Are you and your visitors treated well/very well by visits staff?	85%	36%	85%	54%
SECTION 12: PREPARATION FOR RELEASE					
For those who have met their personal officer:					
12.1	Did you meet your personal officer within the first week?	67%	41%	67%	74%
12.2	Do you see your personal officer at least once a week?	68%	72%	68%	64%
12.3	Do you feel your personal officer has helped you?	80%	67%	80%	64%
12.4	Do you have a training plan, sentence plan or remand plan?	73%	46%	73%	52%
For those with a training plan, sentence plan or remand plan:					
12.5a	Were you involved in the development of your plan?	59%	58%	59%	37%
12.5b	Do you understand the targets set in your plan?	77%	70%	77%	58%
12.6	Has your YOT worker been in touch with you since your arrival here?	95%	90%	95%	96%
12.7	Do you know how to get in touch with your YOT worker?	70%	72%	70%	80%

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

Key to tables

		Cariford Unit 2011	HMYOI Warren Hill 2011	Cariford Unit 2011	Cariford Unit 2010
	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		16	88	16	27
Please answer the following about your preparation for release:					
12.8	Have you had a say in what will happen to you when you are released?	59%	58%	59%	39%
12.8	Are you going to school or college on release?	41%	71%	41%	58%
12.8	Do you have a job to go to on release?	24%	20%	24%	16%
Do you know who to contact for help with the following in preparation for your release:					
12.9	Finding accommodation	31%	41%	31%	55%
12.9	Getting into school or college	46%	62%	46%	59%
12.9	Getting a job	46%	46%	46%	64%
12.9	Help with money/finances	31%	38%	31%	46%
12.9	Help with claiming benefits	31%	33%	31%	46%
12.9	Continuing health services	23%	30%	23%	50%
12.9	Opening a bank account	46%	38%	46%	41%
12.9	Avoiding bad relationships	23%	36%	23%	55%
Do you think you will have a problem with the following, when you are released:					
12.10	Finding accommodation?	23%	23%	23%	17%
12.10	Getting into school or college?	31%	23%	31%	21%
12.10	Getting a job?	54%	37%	54%	54%
12.10	Help with money/finances?	23%	28%	23%	21%
12.10	Help with claiming benefits?	8%	24%	8%	13%
12.10	Continuing health services?	23%	15%	23%	4%
12.10	Opening a bank account?	0%	20%	0%	17%
12.10	Avoiding bad relationships?	31%	15%	31%	8%
For those who were sentenced:					
12.12	Do you want to stop offending?	100%	100%	100%	91%
12.13	Have you done anything or has anything happened to you here that you think will make you less likely to offend in the future	81%	55%	81%	59%