

Report on an unannounced inspection of

HMYOI Werrington

by HM Chief Inspector of Prisons

20 – 31 January 2020

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain any terms you find labelled with an asterisk in this report. If need an explanation on any other terms, please see the longer glossary in our 'Guide for writing inspection reports', available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

ACCT

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

Airborne Initiative

A registered charity that provides residential courses on Dartmoor for young offenders and those not in employment, education or training that are designed to challenge, support and promote self-worth of children and young people to reach their potential.

Care Quality Commission

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

Certified normal accommodation and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Psychoactive substances

Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see <https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances>.

SECURE STAIRS

SECURE STAIRS (the Framework for Integrated Care) addresses the needs of children in secure children's homes, secure training centres and young offender institutions. This framework allows for a joined-up approach to assessment, sentence/intervention planning and care, including input from mental health staff regardless of previous diagnosis, as well as from social care and education professionals and the operational staff working in the setting.

Introduction

HMYOI Werrington holds up to 118 children aged between 15 and 17. The establishment, in common with other young offender institutions (YOIs), is inspected more frequently than adult prisons, and was last inspected in February 2019. At this inspection we found a well-led institution where effective partnership work was starting to lead to improvements in all of our tests of a healthy establishment. Outcomes in care had improved and were now good, our highest grade. Outcomes in purposeful activity and resettlement remained reasonably good. However, despite some progress, high levels of violence meant outcomes were still not sufficiently good for safety.

Children were well supported upon arrival and the induction arrangements had improved. In addition, the Governor had led efforts to reduce the number of children who needed to be kept apart from each other. This had impacted positively on access to activity, including education, for all children. The welfare and development enhancement (WADE) unit had been redefined and now provided good support for children who would otherwise be self-isolating on normal location. Better oversight of separation was leading to an improved regime for separated children, but weaknesses in behaviour management identified at the previous inspection remained and, ultimately, levels of violence against both staff and children were still too high.

Outcomes in care had improved. We observed good relationships between staff and children with many examples of staff working patiently with children. Managers had improved consultation and systems for redress were impressive: complaints were thoroughly investigated, a large proportion were upheld and children regularly received apologies when appropriate. This helped establish a culture that was open to challenge and learned from mistakes. Discussion about equality and diversity provision was being embedded in all fora at Werrington. Healthcare services were good and partnership work between Her Majesty's Prison and Probation Service (HMPPS) managers and the healthcare providers had reduced the number of missed appointments.

Time out of cell was reasonably good for most children, and access to the gym and library was good. Another impact of effective partnership working was in education, where prison and education managers had improved attendance which was now consistently over 90%. The reduction in the number of keep apart issues meant more children could access courses that met their needs, and most made good progress. However, behaviour was not well managed in some sessions and some children made slow progress in the key areas of English and mathematics.

Resettlement work was reasonably good and there had been improvements in the use of release on temporary licence (ROTL) to support resettlement. However, sentence planning reviews were still poorly attended by residential staff. Public protection measures were undermined by a lack of oversight of risk management and release preparations for children who posed high risk of serious harm.

This is a positive report. The decline in outcomes we found at the previous inspection has been halted, and, in care, reversed. In other areas recent improvements need more time to become embedded and have a measurable impact on outcomes.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

March 2020

Fact page

Task of the establishment

To hold sentenced and remanded children aged 15 to 17 years

Certified normal accommodation and operational capacity*

Prisoners held at the time of inspection: 106

Baseline certified normal capacity: 118

In-use certified normal capacity: 118

Operational capacity: 118

Notable features from this inspection

Over the previous three months attendance at education was 94%.

Over the previous three months 95% of children had accessed the gym weekly.

More than half the children at Werrington came from black and minority ethnic backgrounds.

Werrington was the only prison to have achieved the Dyslexia Association quality mark.

More sentenced children transitioned to adult prisons than were released into the community in 2019.

About 40% of prison officers were in their first year of service.

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

Public

Region/Department

Youth Custody Service

Date of last full inspection

February 2019

Brief history

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

Short description of residential units

Doulton unit (A and B wings): main accommodation

A wing – 52 single cells

B wing – 44 single cells

Denby unit (C wing): first night/induction and enhanced unit (the diamond community), 22 single cells

Welfare and development enhanced unit: reintegration unit

Children's emergency call bells are checked daily via AFC process and records of these checks are incorporated into the wing diary and on a separate recording system held on the Doulton unit.

There are six fixed furniture rooms, 2 each on A, B & Denby C wing.

Association is facilitated in youth clubs and gold rooms and not on the wing.

Showers are situated on all units – six on A, six on B, three on Denby

Education rooms also used on all units.

All cells have in-cell sanitation and telephones

Name of governor

Sonia Brooks OBE, January 2019

Escort contractor

GeoAmey

Health service commissioner and providers

Care UK Health and Rehabilitation Services Ltd (Care UK)

Time for Teeth Limited

Midlands Partnership NHS Foundation Trust

Learning and skills providers

Novus

Independent Monitoring Board chair

Sally Osborne-Town

About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four tests of a healthy prison are:

Safety

Children, particularly the most vulnerable, are held safely.

Care

Children are cared for, their needs are met and they are treated with respect for their human dignity.

Purposeful activity

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

Resettlement

Children are prepared for their release into the community and helped to reduce the likelihood of reoffending.

- A4 Under each test, we make an assessment of outcomes for children and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed nationally.

Outcomes for children are good against this healthy prison test.

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

Outcomes for children are reasonably good against this healthy prison test.

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

Outcomes for children are not sufficiently good against this healthy prison test.

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

Outcomes for children are poor against this healthy prison test.

There is evidence that the outcomes for children are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for children. Immediate remedial action is required.

A5 Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for children and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of children

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections

Examples of good practice: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for children.

- A6 Five key sources of evidence are used by inspectors: observation; surveys of children; discussions with children; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 All of our inspections are unannounced, other than in exceptional circumstances, and follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

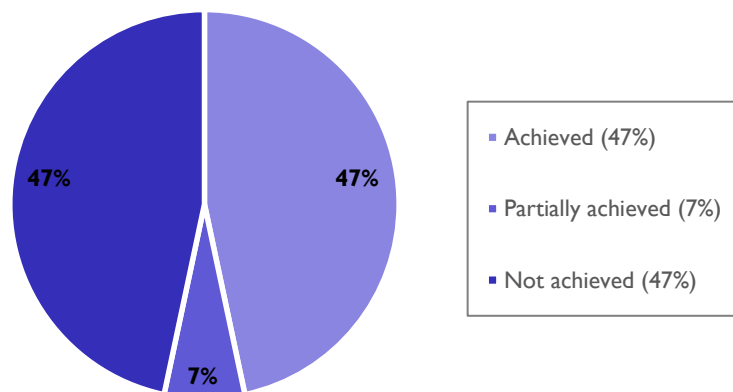
This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of children and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the establishment population profile can be found in the appendices.
- A11 Findings from the survey of children and a detailed description of the survey methodology can be found in the appendices of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant (the significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance).

Summary

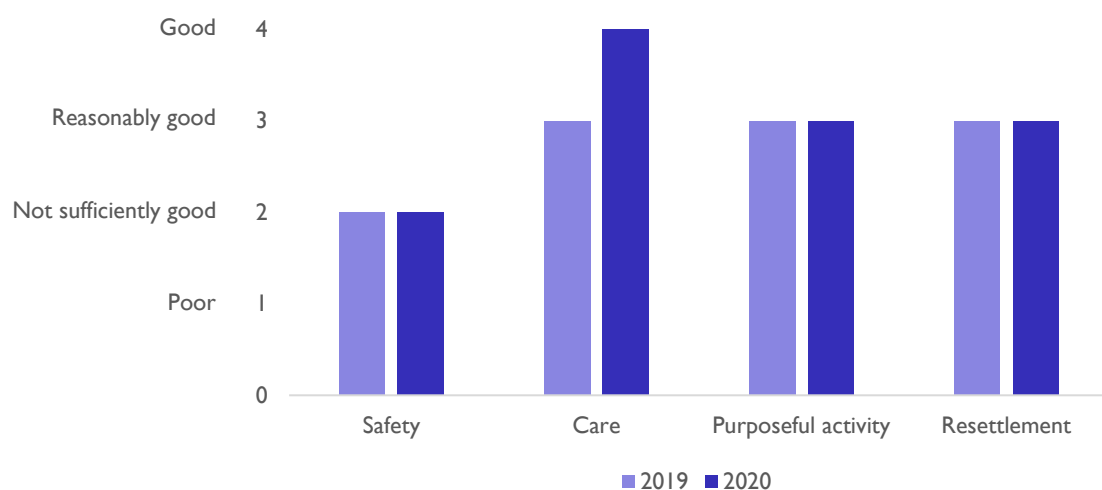
- S1 We last inspected HMYOI Werrington in 2019 and made 30 recommendations overall. The prison fully accepted 25 of the recommendations and partially (or subject to resources) accepted three. It rejected two of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 14 of those recommendations, partially achieved two recommendations and not achieved 14 recommendations.

Figure 1: HMYOI Werrington's progress on recommendations from last inspection (n=30). Note that figures have been rounded and may not total 100%. This applies throughout the report.



- S3 Since our last inspection outcomes for prisoners stayed the same in three healthy prison areas with safety remaining not sufficiently good and purposeful activity and resettlement remaining reasonably good. Outcomes for prisoners had improved in one healthy prison area with care improving from reasonably good to good.

Figure 2: HMYOI Werrington healthy prison outcomes 2019 and 2020. Please note that the criteria assessed under each healthy prison area were amended in November 2018. Healthy prison outcomes reflect the expectations in place at the time of each inspection.



Safety

- S4 The experience of children during their early days at Werrington had improved and was good. The governor had prioritised work to reduce the number of children who needed to be kept apart from each other for safety reasons. This focus had improved access to the regime for all children. There had been significant recent improvement in the oversight of separation. The WADE unit provided care and support for children who would otherwise be locked in their cells. Self-harm had risen but care for children was reasonably good. Safeguarding processes were reasonable. However, we continued to have concerns about the high levels of violence at the establishment. In addition, use of force had increased and there were weaknesses in incident management and de-escalation. **Outcomes for children were not sufficiently good against this healthy prison test.**
- S5 At the last inspection in February 2019, we found that outcomes for children in Werrington were not sufficiently good against this healthy prison test. We made nine recommendations about safety. At this follow-up inspection we found that five of the recommendations had been achieved and four had not been achieved.
- S6 Reception was clean, bright and welcoming. Very good, care-focused interviews were conducted by officers and health care staff. Information from interviews was immediately disseminated to the first night centre and subsequently quality assured by a senior manager, which was good practice. First night procedures were good with enhanced checks for children who had never been in custody before. The induction programme was comprehensive and children spent much less time locked in their cells than at previous inspections. MP3 players had recently been introduced to enable children to access induction information at any time.
- S7 Managers had good relationships with community partners, including the Director of Children's Services and the designated officer, which led to good external oversight of practice at Werrington. Child protection allegations were generally dealt with well, but several were referred late to the designated officer. Monthly safeguarding meetings continued to lack focus and had only led to two actions in the previous 12 months. The weekly multi-agency safeguarding and health meeting had improved as a forum to discuss the needs and care of more complex children.
- S8 The number of self-harm incidents had risen but remained lower than at comparable establishments. Managers were unaware of the causes of the increase. Children at risk of self-harm were positive about the care they received. Assessment, care in custody and teamwork (ACCT) reviews were now conducted on time and were well attended and records had improved since the last inspection. Quality assurance of ACCT documents was conducted by night managers and the safeguarding officers each day. However, in many cases identified shortfalls were not addressed. The location of some constant supervision cells remained inappropriate.
- S9 Physical and procedural security remained good and the security manager worked well with other departments to manage more effectively separated children and those at risk of self-harm. Managers had worked well to reduce significantly the number of children who needed to be kept apart from each other. As a result, all children received more time out of cell and more activity. Intelligence reports were processed quickly and appropriate actions were taken. The number of positive mandatory drug tests remained low. The prison received good support from Staffordshire Police and all local matters referred to the on-site police officer were progressed promptly. The oldest case was dated November 2019 which is better than we usually see.

- S10 Behaviour management systems remained focused on immediate rewards and sanctions. However, children had poor perceptions of the scheme and we found it was used inconsistently in different parts of the establishment. There were high numbers of adjudications. Quality assurance processes had been introduced to improve the quality of enquiry but too many adjudications involved charges that should have been dealt with more informally. The welfare and development enhancement (WADE) unit took a multi-agency approach to the management of children with complex needs, reintegrating them into education and helping them return to normal location. The approach to ensuring that children on WADE received more time out of cell with meaningful human interaction was impressive.
- S11 The use of separation had increased since the last inspection and children were separated for a similar number of days to other YOIs. There remained a need for accurate data on separation. In recent weeks, oversight by the governor had focused on prioritising a prison-wide approach to addressing the management of separated children. A daily meeting chaired by the governor scrutinised all children subject to separation and directed how they would be managed that day, which was impressive. The regime for separated children had improved significantly.
- S12 Only 4% of children said they felt unsafe at the time of the inspection. Levels of violence had remained the same as at the previous inspection but were high. Use of processes to manage children who were victims or perpetrators of bullying and violence needed improvement. Managers understood the reasons for violence, with good analysis and appropriate immediate and short-term actions, but the prison lacked a long-term violence reduction strategy.
- S13 Use of force had increased but managers had not investigated the reasons for the increase. Most incidents were initiated appropriately in response to violence, but oversight needed to focus more on improving incident management and de-escalation. Managers had addressed previous concerns over high levels of missing use of force documentation and this was now very low. All use of force incidents were observed by managing and minimising physical restraint (MMPR) coordinators and higher risk incidents were discussed at the weekly restraint minimisation meeting. In addition, the quarterly Stoke-on-Trent and Staffordshire Safeguarding Children Partnership Group provided external oversight of use of force. The use of body-worn video cameras needed further improvement.

Care

- S14 Relationships between staff and children were respectful and we saw staff from different areas working in a caring way with children. However, children consistently reported that some staff were dismissive of their concerns. Residential units and cells remained clean and free of graffiti. The food was reasonable. Consultation with children was now good and the complaints system worked well. Equality and diversity had improved and were the focus of all departments. The discrimination incident report form (DIRF) system worked well. The chaplaincy provision remained good. Health care and substance misuse services had improved and were very good. **Outcomes for children were good against this healthy prison test.**
- S15 At the last inspection in February 2019, we found that outcomes for children in Werrington were reasonably good against this healthy prison test. We made nine recommendations about care. At this follow-up inspection we found that three of the recommendations had been achieved, two had been partially achieved and four had not been achieved.

- S16 Relationships between staff and children were respectful and we observed examples of residential staff, resettlement practitioners, teachers and health care professionals working in a caring way with children. However, in our survey, fewer children than the comparator felt cared for and in interviews children mentioned experience of unsupportive exchanges with staff. Leadership was more visible on the wings than at the previous inspection. The Standards Coaching Team had recently been introduced to mentor some staff to develop their competencies. Reflective practice meetings had recently started to support staff by peer review of their practices with children.
- S17 Custody support plans (CuSPs developed between a child and their named officer to support them during custody) were being led by a dedicated team of officers after previous models had proved unsuccessful. We saw evidence of CuSPs for about 45% of children, which was an encouraging sign. It was positive that managers had developed peer work opportunities and roles where children were given responsibility.
- S18 Residential units and cells were clean and largely free of graffiti, and some areas had been redecorated, with the involvement of children. Children had good access to appropriate association equipment, which was well used. Access to cleaning materials and laundry facilities had improved. The food was varied and sufficient, but unpopular.
- S19 There was wide consultation with children and some evidence of change as a result. Complaints were now efficiently managed with revised central monitoring that assured standards and monitored the completion of actions. The introduction of in-cell telephones had increased the children's access to private legal consultations. However, there remained insufficient facilities for private legal visits.
- S20 Equality and diversity were now a focus for all departments and monthly reports were completed by each head of function. Six equality representatives had been recruited and could move freely around the prison. The quality of responses to discrimination complaints (DIRFs) was good, answers were timely and each report was quality assured. Independent external scrutiny of DIRFs was now in place. Each protected characteristic had been assigned a lead, but formal consultation was limited to children with a disability. Equality data covering a range of areas had been introduced in meetings, but the data varied in quality. When the data suggested disproportionality, there was evidence of meaningful intervention by managers. Chaplaincy provision was good with an enthusiastic team engaging with children in group and individual work.
- S21 A conscientious, caring and skilled staff group continued to deliver a good standard of child-focused health care. Strategic governance was sound with good partnership working and effective management and monitoring of clinical incidents and complaints. Waiting times and attendance at health appointments had improved, although there were still problems with children accessing some appointments. Reception and subsequent age-appropriate health screening was comprehensive and completed within recommended timescales. There was a proactive approach to blood-borne virus testing and the team had achieved hepatitis C micro-elimination, which was good practice. The management of medicines was effective with an increase in in-possession medication following robust risk assessment. Dental services, including oral health promotion, were good.
- S22 SECURE STAIRS* had started on WADE unit, which was positive for the small number of children on the unit. Inclusion delivered good child-centred multidisciplinary mental health and substance misuse psychosocial services. However, the dedicated rooms on the wings lacked privacy and needed refurbishment. There had been two transfers to hospital under the Mental Health Act since the previous inspection. One child had waited far too long.

Purposeful activity

S23 Time out of cell was better than at other YOIs and very few children were locked up during the school day. Access to the gym and library was very good and children had access to a wide range of enrichment activities. Effective joint working between prison and education managers had increased attendance to over 90%. The curriculum provided a good range of vocational pathways, all of which included English, mathematics and ICT. Support for children with additional learning needs was good. Slow progress affected achievement in English and mathematics, but this was better in other subjects. Separated children now received regular outreach education. Most teaching was effective, but teachers needed support to improve behaviour management in some sessions. **Outcomes for children were reasonably good against this healthy prison test.**

S24 At the last inspection in February 2019, we found that outcomes for children in Werrington were reasonably good against this healthy prison test. We made seven recommendations about purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved and four had not been achieved.

S25 Children could access up to an impressive 11.5 hours out of cell during the week, although the weekend regime was more limited. Evening activities were appropriately timetabled to allow children on the Diamond unit to participate in them.

S26 The gymnasium facilities had been improved, although difficulties remained with drainage on the sports field. Over 95% of children attended each week, which was remarkable. Children on WADE unit now had access to a dedicated gym session each weekday. The library continued to offer a welcoming environment for children, with age-appropriate resources. Use of the library remained good and occasional visits by book authors were popular.

S27 Very good joint working between prison and education managers had improved attendance which had averaged over 90% over the previous six months. Separated children received far more of their entitlement to 15 hours a week of face-to-face education. Effective measures had been taken to re-engage these children, most of whom returned to mainstream education within a few days. Induction and allocation to activities were well managed and efficient. Children were quickly placed in an appropriate activity, usually their first choice. A new timetable offered a good variety of curriculum options. The introduction of a dog training course created an innovative route into learning for some children who would otherwise be reluctant to participate. Learning support was well managed and effective.

S28 Managers had not intervened rapidly enough in a small number of cases where teachers faced difficulties in classroom management. As a result, learning in a few lessons was disrupted. In addition, classes were often disrupted by prison staff calling in and addressing individual children without reference to the teacher. Insufficient use was made of the virtual campus, for example to enable children to research job and learning opportunities on release.

S29 Most teaching was effective and most teachers were adept at managing the class and maintaining interest in learning. Assessment and tracking were good. Individual learning plans were visible, well presented and often used well to reinforce learning. Teaching in practical learning workshops was well planned. Children achieved good results in these sessions, and their progress was well recorded. Kinetic Youth work sessions engaged children effectively, enabling them to reflect on their actions and develop positive attitudes. In a few classes poor behaviour by a small number of children caused others to become disengaged, which reduced the effectiveness of the lesson. This low-level disruption was not always well managed by teachers.

- S30 Attendance was very good. Most children enjoyed their time in education and were able to describe what they had learned and the progress they had made. Children worked safely in practical training environments. Children with social and emotional needs benefited from good support.
- S31 Children produced good standards of work in practical sessions, such as multi-skills and art, and in mathematics classes. Pass rates for those completing their courses were high. All children were now enrolled on English and mathematics courses to ensure they improved these skills. Despite improvements, timely achievement of mathematics and English qualifications remained too low.

Resettlement

- S32 Children received reasonably good support to maintain contact with families and facilities for visits had improved. Joint working between managers had improved, but many sentence planning review meetings lacked input from across the establishment. Contact between resettlement practitioners and children was good and plans were now more child friendly. Release on temporary licence (ROTL) was used effectively and home detention curfew (HDC) was well managed. Transition to the adult estate was well planned but was undermined by a lack of engagement from receiving establishments. Public protection arrangements needed to be more robust. Despite the efforts of the resettlement team, children did not always have education, training or employment arranged for release.
Outcomes for children were reasonably good against this healthy prison test.

- S33 At the last inspection in February 2019, we found that outcomes for children in Werrington were reasonably good against this healthy prison test. We made five recommendations about resettlement. At this follow-up inspection we found that three of the recommendations had been achieved and two had not been achieved.

- S34 The visits hall had been refurbished and was more welcoming, and the atmosphere during visits was more relaxed. The installation of telephones in cells was a positive aid to communication with families. There was a family engagement worker and family visits had been introduced. However, there were opportunities to develop this work further.
- S35 Since the last inspection, managers had introduced a range of new and creative initiatives to support resettlement outcomes. The reducing reoffending policy and action plan were being updated following a recently completed needs analysis which was based on a wider range of data than previously. Reducing reoffending meetings continued to have good attendance and there were signs of more collaborative working between departments.
- S36 ROTL was managed well to support progression. Transitions to the adult estate had outnumbered community releases in 2019 and some had required extensive efforts by resettlement practitioners to secure transfers to appropriate prisons. Internal sentence and remand planning processes had been reviewed to enhance the focus on resettlement. Follow up of children after they left Werrington was being pursued through a number of routes, but it was not clear how the information acquired was to be used to inform future provision. An informative event had been arranged for children with indeterminate and long sentences, but ongoing developmental opportunities and formal staff or peer support remained underdeveloped.
- S37 Resettlement practitioners had manageable caseloads. There was some good quality interaction and one-to-one work between the practitioners and children, but this was not

consistent across the whole team. In the cases that we reviewed, children had sentence planning objectives that addressed their offending behaviour. Managers made good efforts to ensure that youth offending team (YOT) staff maintained regular contact with the children. In all cases that we reviewed, there was evidence of, usually timely, contact between the YOT case managers, the children and the resettlement practitioners. Attendance by other departments at planning reviews was still low which hindered integrated planning. Plans were more child friendly than previously. Release planning included an expectation that YOTs prepared a timetable for the child's first two weeks after release.

- S38 Public protection measures were undermined by a lack of oversight of risk management and release preparations for children who posed high risk of serious harm and were not subject to MAPPA (multi-agency public protection arrangements).
- S39 All the cases that we reviewed had accommodation arranged, but not all had confirmed education, training and employment arrangements for the post-release period. Release accommodation varied from one child released to a hotel to another whose local authority retained their accommodation while they were in custody.
- S40 Screening for and allocation to the range of interventions approved for use by the Youth Custody Service were managed well. More children had undertaken interventions in 2019 than in the previous year and more emphasis had been given to delivering higher intensity programmes. Children received good individual support from a range of psychological services.

Key concerns and recommendations

- S41 Key concern: Children had poor perceptions of behaviour management systems. In our survey only 25% of children said that the scheme encouraged them to behave well. The ineffectiveness of the incentives and earned privileges scheme and the lack of challenge by some staff had led to increased use of minor reports and adjudications.

Recommendation: Managers should revise the behaviour management schemes to ensure consistent implementation and reduce the incidence of poor behaviour.

- S42 Key concern: There was no overarching strategy or action plan to reduce violence across the establishment.

Recommendation: A strategy should be implemented to reduce violence across the establishment and to provide effective management of children perpetrating or subjected to bullying and violence.

- S43 Key concern: Managers did not always attend use of force incidents. This meant that the responsibility of supervising an incident was not always held by an appropriately trained member of staff. This led to poor incident management in some instances.

Recommendation: Managers should ensure that staff who are trained and competent to manage incidents attend and supervise all incidents where use of force has been applied.

- S44 Key concern: Quality assurance of the use of force did not always identify concerns about technique and proportionality. Recorded footage of use of force incidents was of poor quality, making some incidents almost impossible to quality assure effectively.

Recommendation: All use of force incidents should be clearly recorded and robust quality assurance of incidents should ensure that concerns about technique and proportionality are properly investigated.

- S45 Key concern: Inclusion had made every effort to strengthen their internal processes to identify and request Mental Health Act assessments in a timely fashion. However, delays in the agreement of NHS funding led to an unacceptable delay in the transfer of a child to an appropriate mental health facility.

Recommendation: Children should be transferred to mental health care facilities in line with national NHS guidelines.

- S46 Key concern: A small number of classes were disrupted by poor behaviour that some teachers found difficult to manage.

Recommendation: Managers should establish measures for rapid intervention to support teachers when classes are affected by significant and continuing disruption to ensure that children's education is not interrupted.

- S47 Key concern: The number of children transitioning to the adult estate after their 18th birthday was increasing and some prisons were reluctant, or even refused, to accept them. Staff had to spend too much time trying to arrange moves. This was unsettling for children as they prepared for a significant change in their experience of custody and hindered their sentence progression.

Recommendation: Eighteen-year olds held in children's establishments should be able to transition to the most suitable prison for them in the adult estate in a safe and timely manner.

- S48 Key concern: Prison records showed low levels of attendance by some departments at sentence and remand planning review meetings, undermining an integrated approach to planning. There was not enough participation by staff working with the child in discussions on their needs, risks, successes and weaknesses and how they would help the child to progress.

Recommendation: All departments working with a child should attend their planning review meetings to contribute information about the child and how they would help them to progress.

- S49 Key concern: The risk management meeting did not provide routine oversight of release planning for children who posed a high or very high risk of harm and who were not subject to MAPPA (multi-agency public protection arrangements). The approach to the management of the risk of harm presented to others by both MAPPA and non-MAPPA children was not sufficiently robust.

Recommendation: There should be timely, stringent oversight of release arrangements for all children who present high, or very high, risk of harm to others.

Section 1. Safety

Early days in custody

Expected outcomes:

Children transferring to and from custody are safe and treated decently. On arrival children are safe and treated with respect. Their individual needs are identified and addressed, and they feel supported on their first night. Induction is comprehensive.

- I.1 Records showed that most journey times from court had decreased. Late arrivals after 7pm had reduced by more than half since our last inspection. An information sheet had been produced which escort staff gave to children as they left court to try to address their initial concerns. This included information about what children should expect on arrival and that they would be allowed to speak to their family on the telephone.
- I.2 The reception facilities were modern with bright, clean holding rooms. Children new to custody were allowed a phone call and a shower and were given a hot meal and drink. Children returning to the establishment on the same day were returned to their wings quickly.
- I.3 Searching was conducted appropriately and no child was subject to a strip-search unless it was justified by information received.
- I.4 Prison and health care staff conducted detailed private interviews with children on arrival, including those who had returned from court with a change of status, such as a sentence. These interviews were recorded on the IT systems used by prison and health care staff. Relevant safety information was printed off and made available immediately to the staff responsible for first night care.
- I.5 This level of care had also been implemented for children who attended court via video link. Each child was seen before they returned to the wing and, if any concerns were raised, a full safety screen was conducted. This information was recorded and sent to the wing immediately. The reception manager quality assured this information each morning and addressed any issues promptly. This ensured that staff were aware of all safety concerns for children on their first arrival at Werrington.
- I.6 The first night centre was located with the enhanced Diamond unit, which held children who had demonstrated sustained good behaviour. Some of these children acted as peer mentors for new arrivals while they were on induction.
- I.7 Staff were aware of the location of each new arrival and conducted checks throughout the night. If staff had additional concerns about a child, checks were conducted each hour.
- I.8 The induction programme had been reviewed and was now more detailed than at the last inspection. Time was allotted each morning for education which enabled children to be placed in suitable classes quickly.
- I.9 Induction officers supervised children on induction. If there were any interruptions to the induction schedule, children were engaged in other activities rather than locked up. These officers were knowledgeable and regularly took sessions when other departments were not available, which maintained continuity.

- I.10 Werrington had reflected the good practice of other young offender institutions and had very recently introduced MP3 players loaded with the most important information from the induction programme. This enabled children to access information in their own time.
- I.11 A virtual tour using a virtual reality headset had been recorded and was used for the first time during our inspection.

Good practice

- I.12 Prison and health care staff conducted in-depth, private interviews with children on arrival and with those who had returned from court with a change of status, such as being sentenced. These interviews were also recorded on the various IT systems staff and health care used. A copy of relevant safety information required on the first night centre was printed immediately and made available to the staff responsible for first night care. The reception manager quality assured this information each morning, and quickly addressed any issues. This system ensured that staff were immediately aware of all safety concerns for children on their first arrival at Werrington.

Safeguarding of children

Expected outcomes:

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

- I.13 The governor and managers had developed good relationships with local partners and external oversight of safeguarding practice was good. Local authority safeguarding managers, the designated officer (DO) (every local authority is required to have a DO, who is responsible for managing all child protection allegations made against staff and volunteers who work with children), the youth offending service and the local safeguarding partnership attended meetings at Werrington covering safeguarding, use of force and child protection. The governor regularly attended the Stoke-on-Trent and Staffordshire Safeguarding Partnership Group.
- I.14 The safeguarding policy and the structure of weekly, monthly and quarterly safeguarding meetings remained appropriate. However, monthly meetings of prison managers still lacked focus on actions. Only two actions had been assigned in the previous 12 months, neither of which had been completed. Quarterly meetings involving community partners were more effective than the internal monthly meetings. The weekly multi-agency safeguarding and health meeting remained a good forum to discuss the needs and agree multi-agency management of the most complex children.
- I.15 Staff had good access to training; a significant number had undertaken training in first aid, ACCT version 6, child protection and contextual safeguarding training.
- I.16 Staff knew how to raise child protection concerns which were referred to the DO and investigated by the safeguarding team, including two social workers. Records were kept of action taken by managers to protect children from further harm during the investigation and the outcome of the complaint. All investigations were quality assured by the head of safeguarding and the governor, which was good. Despite a clear expectation in the safeguarding policy that the DO or local authority first response team should be contacted within 24 hours of a child protection complaint, we found several delays in the process. This was poor practice, but it had not affected outcomes in the cases that we reviewed.

- I.17 The social workers continued to act as appropriate adults when required for children who had police interviews while in custody.

Recommendation

- I.18 **Child protection allegations should be referred to the designated officer within 24 hours.** (Repeated recommendation I.12)

Suicide and self-harm prevention

Expected outcomes:

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

- I.19 The number of self-harm incidents had increased by 36% since the previous inspection, but the number of ACCTs* in place remained broadly the same. Prison managers could identify children who self-harmed prolifically and the weekly multi-agency safety hub meeting provided good oversight of their care.
- I.20 A new version of the ACCT document was being piloted with the older version still in place which caused confusion for staff. One version of the document had more space than the other to record observations and conversations and the quality of entries varied.
- I.21 Most ACCT plans were now reviewed on time. Some reviews were of high quality and in most cases (but not all) a member of the health care team attended. However, we found examples of ACCTs closed with no health care input which was poor practice.
- I.22 Data on self-harm were reviewed at well attended monthly safeguarding meetings but managers had not analysed the data well enough to understand the causes and implement a reduction strategy. Given the volume of data, it was disappointing that only two actions had been identified in the previous six months with no discussion on the rising trend in self-harm incidents. Managers recognised the need to understand what was driving the increase in self-harm and that the newly appointed safeguarding manager was prioritising this.
- I.23 ACCTs were quality assured by safeguarding officers during the day and by checks carried out by night managers. Some ACCT plans continued to document the removal of a television to manage negative behaviour as the precursor to self-harm, but the impact of this on the child had not been explored as part of the ACCT review or in subsequent case reviews.
- I.24 The number of children on constant watch remained low and there was one child at the time of our inspection. The cell was in a busy location, but the cell was clean and well prepared and did not feel bare or unwelcoming. The quality of care varied and some staff observed the child through the glass of a locked door. When we raised this, the door was opened and managers approved a request by staff to move the child to a quiet association area and encourage interaction, which was positive. Overall, attempts to engage the child in activities and mix with other children were better than we see at other prisons.
- I.25 During the previous six months, there had been one serious self-harm attempt which had been recorded as a near miss. The actions by staff to enter the cell promptly and give life-saving aid were commendable. However, the subsequent investigation by a senior manager lacked detail. It did not identify what caused the child to ligature nor did it clarify if the child

or staff who gave assistance had been interviewed. The single recommendation related to ensuring that removal of televisions was considered as part of self-harm risk management. However, this was not happening and it was concerning that senior managers had not checked compliance with the recommendation.

- I.26 In our survey, 30% of children said that their cell call bells were answered on time. Prison records showed that, while most response times were swift, in a minority of cases it took far longer than five minutes. There were robust systems to take calls from concerned third parties such as families and friends. We tested both systems out of hours and both worked well, which was commendable.

Recommendations

- I.27 **The increase in levels of self-harm should be investigated and a reduction strategy implemented.**
- I.28 **Near miss incidents should be thoroughly investigated and subsequent recommendations should be reviewed.**

Security

Expected outcomes:

Children are kept safe through attention to physical and procedural matters, including effective security intelligence and positive relationships between staff and children.

- I.29 Physical security remained good and the new security manager applied an integrated approach to attending meetings and sharing information with other senior managers. This ensured that children placed on Rule 49 (Young Offender Rule 49 enables managers to segregate any child who, by their behaviour, presents a risk to the maintenance of good order or discipline or who is themselves at risk of harm from other children) were managed more effectively.
- I.30 Leaders and managers had prioritised work to reduce the number of children who needed to be kept apart from each for safety reasons. At the previous inspection most children had to be kept apart from at least one other person and many had to be kept apart from several, leading to more than 500 different non-associations in a population of less than 100. This meant that an individual's access to services including education, sport, offending behaviour programmes and visits was more dependent on who else was going than their own needs. Successful partnership work between the safety team, security and education had dramatically reduced the number of non-associations to around 70. This has led to an increase in time out of cell for all children and had positive impact on all areas of life at Werrington.
- I.31 The number of intelligence reports had increased slightly since the last inspection. The security department's response to intelligence reports was now more dynamic and three times more intelligence-led suspicion testing was being conducted. The number of positive random and suspicion drug tests remained very low.
- I.32 Since the previous inspection, 19 children had been strip-searched following intelligence but there had been only two findings of illicit items. Managers explained that intelligence often related to weapons fashioned from broken furniture designed to cause serious harm. This reflected the proactive approach taken by the establishment to preventing harm.

- I.33 The Staffordshire police force provided good support. All matters referred to the on-site police officer were progressed promptly and the oldest case that we found was dated November 2019.
- I.34 The analysis of intelligence was very good and systems to map out security threats were impressive. This enabled the prison to react to intelligence almost as soon as it arrived. The introduction of the seven-minute briefing delivered each day to all staff on duty kept them abreast of emerging security and other matters and was an excellent initiative.

Good practice

- I.35 Partnership work between the safeguarding team, security and education had dramatically reduced the number of children who needed to be kept apart for safety reasons. This had a positive impact on all areas of life at Werrington including improved access to education, interventions and association.
- I.36 Daily seven-minute briefings had been introduced since our last inspection which kept all staff on duty abreast of emerging security and other issues.

Behaviour management

Expected outcomes:

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

- I.37 Behaviour management systems remained too complicated and, in our survey, only a quarter of children said that the rewards and incentives scheme encouraged them to behave well. The incentives and earned privileges scheme (IEP) was too complex, with five different levels. Children were confused about how to progress and what sanctions could be applied if they were demoted. A new, far simpler policy was awaiting implementation which focused more on rewards (see key concern and recommendation S4I).
- I.38 The use of instant rewards had increased and become more consistent. Good consultations had been carried out with children to ensure that the rewards shop, which enabled children to exchange merits for good behaviour for sweets, toiletries or phone credit, stocked items that children wanted. Schemes such as a clean cell competition took place each week and every child who scored top marks was given access to the rewards shop.
- I.39 We observed low-level poor behaviour, such as swearing, going unchallenged by staff which undermined the behaviour management strategy.
- I.40 During the previous six months, there had been 1,128 adjudications, slightly fewer than at our last inspection but still much higher than in other young offender institutions. Oversight of the adjudications process had improved; the deputy governor now quality assured a number of completed adjudications each month which had led to an improvement in the quality of enquiry.
- I.41 Tariffs (the level of punishments for each case to ensure consistency) and types of punishment awarded were generally appropriate to the offence. However, there were still too many adjudications that could have been dealt with more informally.

- I.42 Barnardo's delivered an independent advocacy service for children who were subject to an adjudication. Access to this service had improved, and support was facilitated the day before an adjudication when children wanted it.
- I.43 The number of minor reports (a form of adjudication for lesser offences held by supervising officers with appeals heard by custodial managers) had increased significantly since the previous inspection from 165 to 362 and was much higher than in comparable prisons. Levels of enquiry were inconsistent; some reports that we examined were thorough but too many demonstrated limited investigation.
- I.44 The welfare and development enhancement unit (WADE) had been transformed from a unit which separated children to one which supported those unable to mix on normal location. At the time of the inspection, four children with very complex needs were held there. These children had been isolating themselves, or had been bullied or violent to staff and children. All of these children would have previously been separated and limited to a regime of less than two hours out of their cell each day. On WADE, they now had a better regime and some accessed mainstream education where they mixed with children from different wings.
- I.45 Children on WADE benefited from the implementation of the SECURE STAIRS model*. We observed in-depth multi-agency meetings which identified actions that generated good outcomes for these children. A positive culture pervaded the unit and it was clear that the staff who worked there cared for the children and were excellent role models. Since its inception in summer 2019, the WADE unit had successfully reintegrated 18 children back on to normal location. This was good practice which offered a potential way forward for the service as a whole.

Good practice

- I.46 The WADE unit had been re-roled as a reintegration unit, which allowed the most complex children to mix together, eat out and associate in the evenings. They were actively supported to return to education and mix with other children. The SECURE STAIRS model had been used to provide support with comprehensive, multi-agency meetings generating outcome focused actions to help children lead as normal a life as possible while in custody. The culture generated by managers and staff was caring and had led to a number of challenging children reintegrating into life on the other wings.

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation. Active and fair systems to prevent and respond to bullying behaviour are known to staff, children and visitors.

- I.47 Levels of violence were similar to our last inspection but remained higher than in comparable establishments. Despite the high levels of violence, only 4% of children in our survey said they felt unsafe at the time of the inspection.
- I.48 The security department collated information reports on violence and bullying and had a good understanding of why and where they occurred. They produced a good analysis at their monthly meetings and generated actions to reduce violent and bullying incidents. These actions while effective, addressed shorter-term issues. However, there was no overarching strategic plan to coordinate all the information and actions and address longer-term issues (see key concern and recommendation S42).

- I.49 A new bullying and violence reduction measure had been introduced called personalised encouragement and community engagement (PEACE). This measure was comprehensive and included instant rewards for prosocial behaviour which gave staff the flexibility to encourage further positive behaviour, with additional time out of cell (see paragraph I.60), while continuing to monitor and support through the PEACE process.
- I.50 It was unfortunate that the application of PEACE had become confused and inconsistent, with more than one version published and managers and staff uncertain which to use. This was also confusing to children and undermined the benefits of the system.
- I.51 The conflict resolution team (a team of trained staff working to resolve conflict, initially through sessions with each party to the dispute and then through a session with both parties present) saw every child who was reported to be involved in a violent incident as perpetrator or victim. This measure had been reintroduced in early December 2019 and the team had subsequently seen 154 children and delivered 28 interventions, including referrals for courses to help children manage conflict. At the time of inspection, 13 children were on interventions called Juggler one or two, which included face-to-face meetings to resolve conflict between children. Kinetic Youth (a social enterprise that delivers youth work in the youth justice system) also organised a group programme of four sessions for children who had been involved in conflict.

The use of force

Expected outcomes:

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

- I.52 In our survey, 57% of children said that force had been used against them. Prison data showed that use of force had increased by 32%. Prison managers demonstrated detailed data collection on most incidents but were unable to explain the reasons for the increase.
- I.53 Most incidents of use of force were in response to violence. Opportunities to de-escalate were sometimes missed and it was notable that a manager was not present to supervise many incidents, including planned incidents, and help to resolve them more quickly (see key concern and recommendation S43). Nurses were present at most incidents but were not always close enough to provide clinical observations.
- I.54 There was limited use of handcuffs, but they were not always applied as a last resort. We saw examples of handcuffs being applied to compliant children, which was unnecessary. When we asked managers about this, they explained that handcuffs were sometimes applied to compliant children as a risk management aid to reduce the potential for further harm to staff or the child.
- I.55 Our concerns at the previous inspection about high levels of outstanding documentation following use of force had been addressed and missing documentation was now very limited, which was commendable.
- I.56 Quality assurance of all use of force incidents was carried out by MMPR coordinators (managing and minimising physical restraint) and incidents that met the threshold of higher risk were discussed at the weekly restraint minimisation meeting. An additional layer of scrutiny was provided by the Stoke-on-Trent and Staffordshire Safeguarding Children Partnership Group (SSCP) which met quarterly to discuss emerging themes such as the length of restraint and overall proportionality. Despite this robust three-tiered approach,

quality assurance was sometimes undermined because concerns about the use of force were not always identified or escalated at the initial screening (see key concern and recommendation S44).

- I.57 Prison staff now filmed most incidents with body-worn cameras. However, unplanned incidents were not recorded or filmed clearly enough to inform the quality assurance of use of force.
- I.58 In our survey, 78% of children said they were spoken to after force had been used on them. At the time of inspection, the MMPR team had very few outstanding debriefs, which was impressive. However, some debriefs were carried out through the crack of a locked cell door. This did not indicate a thorough debrief in which the trust of the child was secured and they could explain in detail what had happened.
- I.59 Pain compliance techniques were used very infrequently. During the previous six months, there was one report of the use of pain infliction.

Separation/removal from normal location

Expected outcomes:

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

- I.60 The use of separation had increased by 33% since the last inspection, while the number of days children were separated remained similar to the previous inspection and other YOIs. There remained a need for accurate data on separation. Recent oversight by the governor had prioritised a prison-wide focus to address the management of separated children. The governor chaired a daily meeting which scrutinised all separated children and determined their management for that day. This was impressive and the regime for separated children had improved significantly in recent weeks.
- I.61 The prison was working hard to rectify shortfalls in Rule 49 documentation and it was clear that there had been an improvement. Less paperwork was missing and most children were seen by a nurse and a manager on most days.
- I.62 The WADE unit was no longer used routinely as a separation unit (see paragraph I.46) but two cells had been identified for this purpose if required. Most children were separated on ordinary location where, subject to a risk assessment, they could experience a less restricted regime including access to fresh air and education. These cells had been used very rarely and the movement away from a designated separation area towards integration was impressive.

Good practice

- I.63 The oversight of separation had improved significantly and the daily meeting chaired by the governor scrutinised every separated child, which was an excellent initiative.

Section 2. Care

Relationships between staff and children

Expected outcomes:

Children are treated with care by all staff, and are expected, encouraged and enabled to take responsibility for their own actions and decisions. Staff set clear and fair boundaries. Staff have high expectations of all children and help them to achieve their potential.

- 2.1 In our survey, only 52% of children said they had a member of staff they could turn to for help against the comparator for all establishments holding children of 69%. During our interviews children spoke of some unsupportive interactions with staff. We observed respectful interactions between staff and children, and staff engaging with children during association and meals - an improvement since our last inspection. Almost three-quarters of children said they could speak to Barnardo's staff, who were easily accessible.
- 2.2 In September 2019 a new approach had been introduced to the custody support plan (CuSP developed between a child and their named officer to support them during custody) with 12 trained officers allocated dedicated time to see children each week. Initially, implementation had been haphazard with half the meetings cancelled. However, at the time of the inspection, all children had a designated CuSP officer, 45% had an active CuSP and only 5% of meetings with children were being cancelled. These revised measures showed promise.
- 2.3 The prison was now fully staffed and 80% of custody officers were enrolled in professional studies. A weekly reflective practice support group run by Inclusion and SECURE STAIRS enabled officers to peer review the application of their learning with the intention of introducing further psychological practices.
- 2.4 Although 40% of custody officers were relatively inexperienced, those we spoke to showed reasonable knowledge of the children in their care.
- 2.5 Leadership on the wings was more visible. Experienced officers were present on each wing, the governor visited each day and interacted with children and staff. The residential governor who was based on Doulton was readily accessible to staff and visited each wing frequently. Governors had chosen to wear polo shirts which reflected a relaxed atmosphere.
- 2.6 Custody officers who needed more support could approach seven mentors from the Standards Coaching Team, a national initiative which had started three weeks before the inspection. Restorative play had been introduced in the gym, which encouraged resolution of conflicts between children by the development of common exercise interests. While not yet fully embedded, these initiatives to build a person-centred culture were positive.

Daily life

Expected outcomes:

Children live in a clean and decent environment and are aware of the rules and routines of the establishment. They are provided with essential basic services, are consulted

regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 2.7 The residential accommodation consisted of Doulton unit (two wings) and Denby unit. The ground floor of Denby (C1) was used for the welfare and development enhancement unit (WADE) (see paragraph 1.46) while the upper floor (C2) housed children in the Diamond community (see paragraph 1.6) and first night accommodation.
- 2.8 Doulton unit had been repainted recently and colour coded to reflect the needs of children with dyslexia. Some children had been involved in the repainting, which was good. Monthly inspections were carried out of the cells on Doulton wings and an award was made for the cleanest cell on the wing. As a result, the wings were very clean.
- 2.9 The toilets and sinks in the cells had been descaled, and graffiti was consistently removed. Children were able to personalise their cells, but they were otherwise austere.
- 2.10 In-cell telephones had been fitted in 2019, which improved children's contact with their families. Noticeboards were up to date and had been re-sited to places where children congregated. Electronic noticeboards were visible to children from each wing office, and the rolling notices contained useful information.
- 2.11 External areas, exercise yards and communal areas were clean and free of litter.
- 2.12 Children could now wear their own clothes during visits, except for those on the lowest level of the incentives and earned privileges scheme who were required to wear prison clothing. Children told us they had enough clean clothes for the week and daily access to showers. The laundry was now managed centrally but some children complained that their clothes were returned with marks.
- 2.13 Children had access to a good range of recreational equipment in association areas and youth clubs, which we saw being used. Access was determined by a rota and linked to incentive scheme levels.

Residential services

- 2.14 A new catering supervisor had recently started and had introduced effective quality assurance systems for the delivery of food. New ovens had been fitted in 2019 and bids were in place to renew the shabby kitchen flooring. Food preparation areas, delivery trolleys and serveries were cleaned to a high standard. The kitchen catered for the religious and cultural requirements of different faiths.
- 2.15 The national young people estate menu met dietary and religious needs and operated on a four-week cycle. We found the food to be varied and sufficient although only 25% of children in our survey said the food was good.
- 2.16 The catering supervisor attended the junior management team (JMT) meeting and was considering requests for changes to the menu at the time of the inspection. There were comments books in the serveries, but they were not prominently displayed and were underused.

- 2.17 In our survey, only 43% of children against the comparator of 63% said the canteen sold a wide enough range of products. The canteen list contained a reasonable range of products and the business hub manager had recently attended the JMT meeting to consult on changes proposed by the members.
- 2.18 Visitors were able to supply clothes and footwear and the use of catalogues had reduced. Ordered items were usually delivered promptly and perishable goods the same day.

Consultation, application and redress

- 2.19 The weekly access meeting had been replaced by the JMT, which comprised two representatives from each wing and a coordinator/chairperson from the education team. A rota was being developed for department heads to attend. Issues were raised by the children, and early signs indicated the responsiveness of department heads. Proposals were under consideration for catering on the wings and revisions to the merit system. Decisions and actions were tracked to ensure completion.
- 2.20 A meeting of the Diamond community (the enhanced unit) took place regularly on C2, and other 'pop-up' forums occurred as required, for example a series of seven forums to review progress with the complaints system was to conclude in February 2020. This had improved the feedback to children on trends in complaints.
- 2.21 In our survey, 87% of children said they knew how to make a complaint, although only 39% of children who had made a complaint said that complaints were usually dealt with fairly.
- 2.22 There were complaints boxes and appropriate forms on all wings. There had been 272 complaints in the last six months. All the complaints in our sample had been investigated properly and answered within five days (or reasons given for a delayed response) and included a face-to-face meeting with the child. The main areas of complaint concerned personal finances, canteen and property. Responses were appropriate and addressed the issues raised although handwriting remained difficult to read on some occasions. This was now being fed back to individual respondents via the quality assurance system.
- 2.23 An upgrade of the quality assurance of complaints had been completed in 2019 and was impressive. The head of business assurance (HBA), the head of safeguarding, a senior practitioner social worker and the independent monitoring board examined 10% of all complaints. If responses were inadequate, the HBA addressed this with the investigator. About 30% of complaints were upheld or led to improvements, which was impressive, and the analysis of trends was discussed by senior managers at the monthly performance meeting. The HBA followed through actions arising from individual cases and analysis of trends to ensure that learning was embedded.
- 2.24 Caseworkers helped children to understand their legal status, length of sentence and early release dates. Children were no longer impeded from telephoning solicitors or legal helplines. In-cell telephones facilitated private legal calls and the length of the call was no longer limited compared with seven minutes previously.
- 2.25 Good access to independent advocacy provided by Barnardo's and the Children's Rights Service (a specialist advocacy service across the UK for young people who need someone to support them, protect their rights and help them speak out) remained. An advocate met each child during induction and gave them a children's rights information pack. A group meeting was run each week for newly arrived children which explained their legal rights in custody, and how to access support.

- 2.26 The visits area had been refurbished and only two booths were now available for legal visits, which was not enough to meet demand. Some children had to meet their solicitors at tables in the visits hall during social visits, which was not confidential or appropriate. The reception video link suite was also used to facilitate remote legal consultations.

Good practice

- 2.27 The quality assurance system for complaints ensured that children's formal complaints were rigorously scrutinised and that actions were taken to rectify faults.

Equality and diversity

Expected outcomes:

The establishment demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no child is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The diverse needs of each child are recognised and addressed.

Strategic management

- 2.28 The management of equality and diversity had benefited from the strong direction of the governor that each function manager should take responsibility for and place emphasis on equality work in their area and produce a report for their monthly function meetings which included an analysis of data.
- 2.29 Information from each function report was discussed at a strategic level at the monthly equality meeting, the individual analyses were checked for potentially disproportionate behaviour and actions agreed at the functional meetings were monitored. This was a recent initiative and the quality of function reports varied greatly. However, it was evident that the manager responsible for equality and diversity was taking action to improve this.
- 2.30 Discrimination incident report forms (DIRFs) were available on each unit. A robust quality assurance process was now in place and the quality of responses to DIRFs had improved. Each response was read by an equality manager and all were sent to the governor for her quality assurance and the youth offending service provided external scrutiny of a random selection of reports.
- 2.31 During the previous six months, 70 DIRFs had been submitted which was more than at our last inspection and at comparable establishments. Many of these had been submitted by staff and teachers in education.
- 2.32 Six children were designated equality and diversity representatives; two each on Diamond, A and B wings. They were allowed to go on any wing during unlock times to meet other children, which represented significant progress. The representatives met each week and were supported by the equality management team.

Protected characteristics

- 2.33 At the time of the inspection, 55% of children identified themselves as from a black and minority ethnic background which was similar to our last inspection. Our survey indicated that the perceptions of these children broadly reflected those of white children.
- 2.34 A member of staff had been appointed as the lead for each protected characteristic group and was responsible for consulting children and improving outcomes for their group. So far there had only been regular consultations with children with disabilities and one meeting with children who identified as LGBTQ+.
- 2.35 Legal support for children who were foreign nationals had improved and all the resettlement practitioners had been trained in legal services to help support children. However, the prison had still not sourced a community agency to deliver independent legal advice despite the availability of public funding.
- 2.36 The chaplaincy was enthusiastic and engaged well with children. The chapel was a warm and pleasant environment and there was a well-appointed multi-faith room and suitable ablutions for Muslim children. The chaplaincy was able to provide religious services for children of any denomination.
- 2.37 The chaplaincy delivered support and group work at different levels. At the time of the inspection, five children who were segregated or separating themselves attended regularly for 'time out' and spent two hours socialising in the chapel. The chaplaincy also delivered courses ranging from Bible study to Story Building for Peace, a nine-week programme which promoted religious understanding and social skills.

Recommendation

- 2.38 **Forums should be organised for children from each of the protected characteristic groups enabling the prison to understand and respond to the views of children from these groups.**

Health services

Expected outcomes:

Children are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which children could expect to receive elsewhere in the community.

- 2.39 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)* and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 2.40 Care UK Health and Rehabilitation Services Ltd (Care UK) had delivered health services since April 2016 and the contract had been extended to 2023. Mental health and psychosocial substance misuse services were sub-contracted to Inclusion, part of Midlands Partnership NHS Foundation Trust and dental services to Time for Teeth Limited.

- 2.41 A health needs assessment had been completed in 2018 and recommendations guided service developments.
- 2.42 Strong and effective working relationships between the establishment, providers and commissioners drove service improvements. Regular, well attended local delivery board meetings and integrated quality assurance and improvement meetings addressed key areas.
- 2.43 Children we spoke to were positive about the health care they received and feedback from service user questionnaires was positive. Attempts had been made to establish a patient forum but with limited uptake. However, health care staff attended the fortnightly junior management team meeting run by the children where topics including health care were discussed and actions taken to address concerns.
- 2.44 A conscientious, caring and skilled staff group continued to deliver a good standard of child-focused health care. Staffing levels and an appropriate skill mix were maintained throughout the 24-hour period. Staff training, managerial and clinical supervision were well managed and annual appraisals were completed with all staff.
- 2.45 The small health care unit was very well maintained, meticulously clean, and complied with infection prevention and control arrangements. Health equipment was regularly checked and calibrated.
- 2.46 Waiting times and attendance at health appointments had improved since the last inspection for a number of reasons: two prison officers had been allocated to escort children to health appointments; both entrances to health care were being used to manage keep-apart children more effectively; and in-possession medication was now delivered to the units rather than children coming to health care. However, children still had problems accessing some of their appointments because escort staff were not always available when scheduled. This was being investigated.
- 2.47 A comprehensive annual audit programme, including a review of records, gave assurances of an efficient service, and any deficits were addressed. Incidents were managed effectively, trends were analysed and lessons learned were shared with staff.
- 2.48 A confidential health care complaints system was readily accessible. One complaint and 12 concerns had been received in the last 12 months. All had been dealt with by face-to-face meetings and responded to appropriately.
- 2.49 Nurses attended all response alarms and MMPR (minimising and managing physical restraint) meetings to discuss trends. There was evidence of follow-up mechanisms to review children who had been injured or had attended hospital following an incident or a change in circumstance such as a court or video link appearance.
- 2.50 Staff had a good understanding of their safeguarding responsibilities and had received the appropriate level of training for clinical staff working with children.
- 2.51 All health staff had undertaken intermediate life support training and emergency equipment continued to be organised and maintained in an exemplary manner.

Promoting health and well-being

- 2.52 A monthly health care newsletter based on the national calendar of health promotion events provided a wealth of relevant health information in a friendly, easily understood format.

Following patient feedback, a health-related puzzle/word search had been included and every child received a copy, which was good practice.

- 2.53 Health promotion boards were displayed in the health care unit and on WADE unit, but not on other units which was a missed opportunity to display relevant health information.
- 2.54 An action plan for the prison-wide health promotion action group was being refreshed and a health fair was held annually for children and staff, which was positive. At the time of the inspection, six children had received accredited training to become health champions. The scheme was ready to be launched imminently and was a promising initiative.
- 2.55 Health staff were aware of what to do on the outbreak of a communicable disease, although there had been no recent cases.
- 2.56 Smoking cessation support and nicotine replacement therapy were available, but rarely required.
- 2.57 Health screening and immunisation services were age appropriate, including MMR and meningitis vaccines. Blood-borne virus testing was very well managed and the team had achieved hepatitis C micro-elimination (eliminating a virus in defined segments of the population to achieve incremental national elimination).
- 2.58 Sexual health screening and treatment were available, including barrier protection on release.

Good practice

- 2.59 The child friendly health promotion newsletter which all children received was a proactive and positive way to raise awareness of relevant health issues.
- 2.60 The proactive approach to blood-borne virus testing, which promoted the public health agenda to improve health, was commendable and the service had achieved hepatitis C micro-elimination.

Primary care and inpatient services

- 2.61 The dedicated health care consultation room in reception remained a confidential, clean and bright space which was suitably equipped. All children were assessed for immediate health needs by a registered nurse within two hours of their arrival and received a child-friendly leaflet about health services and how to access them. Telephone interpreting services were available.
- 2.62 Subsequent assessments using CHAT (comprehensive health assessment tools) were completed within recommended timescales, including physical health, substance misuse, mental health and neuro-disability assessments. Efforts were made to ensure continuity of care through contact with community GPs and other services and medicine reconciliation.
- 2.63 Children could access health services using pictorial application forms which were collected every day, or by speaking directly to health staff. Health appointment slips were delivered by the night nurse and children were escorted by officers to their appointments.
- 2.64 A suitable range of allied health professionals visited, including a physiotherapist, podiatrist and optician, and waiting times were reasonable. Nurse-led triage clinics were effective and

urgent needs were prioritised well. Those needing to be seen by a GP were seen within three days and there was an out-of-hours GP service.

- 2.65 The use of NHS England's Quality and Outcomes Framework (QOF) supported the identification and monitoring of children with long-term conditions. Nurses liaised with the GP and community specialists to ensure a coordinated approach. The few children with long-term conditions, 12 children with asthma at the time of the inspection, received regular reviews and a good standard of care.
- 2.66 External health care appointments were well managed by the administration team, with clinical oversight. Two escort slots were provided each day and patients could access external health care services within community equivalent waiting times. A few appointments had been rescheduled since the last inspection because of limited escort capacity. Most rescheduling was caused by hospital cancellations, but this had improved. The telemedicine system which facilitated specialist video link consultations for conditions such as dermatology and tissue viability services had been used.

Mental health

- 2.67 Inclusion delivered a weekday integrated mental health and psychosocial substance misuse service for the children at Werrington, with on-call support at weekends.
- 2.68 A strong skill mix in the team included mental health and learning disability nurses, clinical psychologists, psychiatrists, a drama therapist and substance misuse recovery workers. Attempts to recruit a speech and language therapist had been unsuccessful, but children with communication needs were identified and supported by the wider team with input from education.
- 2.69 A duty rota ensured that children were seen promptly for CHAT assessment, and there was little delay for any child who required interventions or psychiatric support. The team accepted open referrals from all staff using a threshold assessment grid (electronic screening tool), and children could also self-refer. The team attended most ACCT reviews. Two children had been transferred to hospital under the Mental Health Act in the last 12 months. While one transfer had been undertaken promptly, the other child waited too long because of NHS funding delays (see key concern and recommendation S45).
- 2.70 The Inclusion team had expanded to support the introduction of SECURE STAIRS, a holistic, trauma-informed approach to supporting children's health and wellbeing which was being introduced across the youth custodial estate (see paragraph 1.46).
- 2.71 SECURE STAIRS had been launched at Werrington in April 2019, and was in place on the WADE unit, where 10 dedicated officers had been trained to work with children using attachment theory and care plans to understand their experiences, needs and behaviour.
- 2.72 The WADE unit was small and to date a limited number of children at Werrington had benefited from this initiative. The majority of staff still had to undertake SECURE STAIRS training. More general mental health training for operational staff had also been limited, with just five new starters in the previous 12 months. However, reflective practice sessions had been started with officers working on the other units to support their work with children displaying the most challenging behaviour, including assaults on staff.
- 2.73 Inclusion were currently working with 79 children to address concerns including emerging psychosis, ADHD, emotional regulation, anxiety, sleep difficulties and substance misuse. The

majority of Inclusion work was delivered in individual sessions, with group acupuncture sessions also available to any child on the Inclusion caseload.

- 2.74 Sessions were delivered in a number of locations around the site. Some lacked privacy and dedicated former clinical treatment rooms on the wings were not therapeutic or soundproofed environments.
- 2.75 The Inclusion team had been the driving force behind establishing the Restart Dog Project, which was being offered to children as an education pathway to improve attachments, take responsibility for care and provide an insight into their own behaviour. Outcomes were measured by the team to understand the impact on children taking part in the project.

Recommendation

- 2.76 **The former wing treatment rooms should be refurbished to ensure that they are appropriate therapeutic and soundproofed environments for mental health and related interventions.**

Good practice

- 2.77 The Restart Dog Project provided therapeutic outcomes for children while teaching them dog training skills.

Substance misuse

Expected outcomes:

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

- 2.78 There was an up-to-date drug strategy and a member of the Inclusion team attended quarterly well-structured meetings which promoted effective joint working with the establishment and a good forum for information sharing.
- 2.79 Children who had used substances in the community had mainly used cannabis. In our survey, 88% of respondents who said they had a drug or alcohol problem when they arrived said they had received help with it at Werrington.
- 2.80 Psychosocial support for children was provided by Inclusion and two recovery practitioners and a psychosocial team leader delivered holistic age-appropriate interventions. All new arrivals were given harm minimisation information during induction including the effects of psychoactive substances (PS) and cannabis. Most interventions were one to one and tailored to individual needs. An appropriate range of workbooks and awareness sessions were used, including the effects of alcohol and cocaine and motivational enhancement and relapse prevention.
- 2.81 The integrated team were supporting 79 children, with 38 on the psychosocial caseload and 23 shared cases.
- 2.82 Clinical substance misuse treatment was provided by Care UK. Appropriate clinical input was available and additional expertise could be accessed if necessary. Demand remained low, and only one child had received opiate substitution therapy since the last inspection.

Medicines optimisation and pharmacy services

- 2.83 Medicines were now supplied by Lloyds pharmacy from HMP Oakwood, mostly on a named patient basis via a secure supply chain.
- 2.84 The pharmacy room was clean and tidy and medicines were stored securely. Medicine cabinets were very well organised, with clear differentiation of supervised and stock medicines. Daily monitoring of drug refrigerators ensured that heat-sensitive items were stored within the correct temperature range. The room temperature was also recorded each day.
- 2.85 A pharmacy assistant from Oakwood now attended one day a week to assist with the ordering, undertake stock checks and spot checks of children on in-possession medication. The lead GP and nurses undertook medicine reviews.
- 2.86 A review of in-possession medication had increased the amount and type of medication children could keep, following robust assessment. An in-possession medication risk assessment was completed on reception and at every repeated prescription or there was a change of circumstances. This was safe practice.
- 2.87 Medicines were prescribed and recorded on SystmOne (electronic clinical records). Administration was completed competently and the team had good rapport with the children. Missed doses were recorded and followed up as necessary. At the time of the inspection, 14 children were receiving supervised medication, including six children on controlled drugs prescribed for ADHD who attended health care every morning. Three children were on night medication administered by the night nurse which was prescribed on a short-term basis.
- 2.88 At the time of the inspection, 31 children were risk assessed to have medicines such as antibiotics, inhalers and ointments in possession, which encouraged personal responsibility.
- 2.89 A reasonable range of patient group directions enabled nurses to administer specific medications including vaccinations and medications for treating minor ailments without an individual prescription.
- 2.90 Governance was assured by Care UK local operating policies and analysis of prescribing trends via the regular quality assurance meetings which a pharmacist from the dispensing pharmacy attended. Medicine management incidents were discussed. Prescribing was age appropriate and there was an agreed formulary.

Dental services and oral health

- 2.91 The dental service, including oral health promotion, provided fortnightly dentist clinics and a dental therapist visited once every four weeks. All sessions were supported by a dental nurse. Waiting times for routine appointments were short at around three weeks, although occasional escort shortages meant that clinics were not always fully used, including during the week of inspection. This resulted in a few children having to wait longer than planned.
- 2.92 If children required emergency treatment, they were prioritised at the next session. If the need was urgent, children were triaged by the primary care nurses and a Time for Teeth dentist attended on site or they were sent out for treatment.
- 2.93 The dental suite was clean and met current infection control standards, with modern well-maintained equipment.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

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

- 3.1 The daily regime had been revised and movements between departments had become more efficient. The published core day now allowed children up to 11.5 hours out of cell during the week and six hours at the weekend. Local data indicated that over the previous six months children had had an average of 7.48 hours out of cell during the week and 4.64 at weekends, which was a slight increase. At the time of our inspection, it was rare for children to be locked in their cells when timetabled activities were taking place and there was little slippage of the regime. We observed many children having around 11 hours out of cell during the week, which was very good. Time out of cell was significantly less for a few children under restrictions following disciplinary incidents.
- 3.2 Our roll checks identified that an average of 6% of children were locked up during the core day which was better than we usually see. We observed most children accessing evening association when it was timetabled. These findings were reflected in our survey in which 70% of children said that they could spend more than two hours out of cell during the week, but only 35% at weekends.
- 3.3 A new library supervisor was reviewing all aspects of the Staffordshire County Council library service, which remained popular. While the exterior of the building looked shabby, the interior environment was warm, with comfortable seating and sufficient study space.
- 3.4 Children had weekly access to the library and prison data showed that 75% from all ethnic backgrounds made use of it, which was good. Children unable to attend in allotted weekly sessions had access on Saturday mornings.
- 3.5 There was a decent range of stock, which was being renewed at the time of the inspection. This included suitable teenage and adult fiction. Daily newspapers were very popular. An extensive choice of easy readers encouraged children to engage in literacy and supported those who struggled with reading. Legal reference texts and Prison Service instructions were available but rarely used. There were enough books for foreign national children. Special-order books could be requested from other libraries across Staffordshire. Losses were very low at around 1%, which was very good.
- 3.6 Two computers provided appropriate learning material for children, including typing and driving theory modules.
- 3.7 Library staff promoted literacy well and were supported by visiting authors twice a year. The Storybook Dads scheme (an independent, registered charity that helps prisoners to record a story for their children to listen to at home) was still available, but unused. Consideration was being given to stimulating interest by producing stories on DVD and for siblings.

- 3.8 In our survey, 65% of children against the comparator of 39% said they could access the gym or sports at least once a week. Access to physical education facilities was remarkably good, with more than 95% of children engaged during the last three months of 2019. Children from WADE unit and others not engaged in daily activities had dedicated gym sessions.
- 3.9 PE staffing and resources had increased since the last inspection, offering broader access through an expanded range of activities. Staff delivered suitable programmes for children to improve their fitness and health, and formal remedial gym sessions were now available. The 'Active IQ' accredited award scheme was popular, and Parkrun was being promoted. Rugby had been introduced, and the cardiovascular and other equipment had been renewed. Good age-appropriate pictorial advice was freely available on healthy eating and exercises that could be completed safely in cell.
- 3.10 Activities to encourage relaxation of muscles were also popular with children, including auricular acupuncture and ear candling (this, or 'coning,' is an alternative remedy used to draw out impurities and wax from the inner ear).
- 3.11 There were still no funds to replace the external sports pitch, which affected the delivery of outdoor sports during bad weather. Visiting teams from the North Staffordshire football league were often cancelled which was a lost opportunity for children to engage in developing personal skills and team working. However, it was possible to use some of the pitch for rugby, despite its unevenness. There were plans to introduce an external running track and an assault course in 2020, following consultation with the children.
- 3.12 The constructive use of release on temporary licence (ROTL) enabled children to be involved in external activities such as Parkrun, the Airborne Initiative* and Duke of Edinburgh award scheme.
- 3.13 Children were encouraged to engage with creative activities. These included visual arts projects, care of rescue dogs and bee keeping (see paragraph 2.91). Children participated in occasional events such as Black History Month, mindfulness month, dog shows and static bike rides to raise money for charities. A Booker Prize 'books unlocked' event was planned for 2020 to encourage involvement in group book reviews.

Good practice

- 3.14 Gym staff provided daily sessions for children living on WADE unit and dedicated sessions for children who were separated from their peers.

Education, learning and skills (Ofsted)

Expected outcomes:

All children are expected and enabled to engage in education, skills or work activities that promote personal development and employability. There are sufficient, suitable education, skills and work places to meet the needs of the population and provision is of a good standard.

- 3.15 Ofsted made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work:

Good

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

Good

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

Good

Personal development and behaviour:

Good

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

Good

Management of education and learning and skills

- 3.16 Education and prison managers had worked together successfully to improve outcomes for children. They had introduced a range of measures to improve attendance at education, which had averaged over 90% during the previous six months. College staff responded quickly to absences, visiting children on the wing to determine the reasons for their absence and encourage them to attend.
- 3.17 Managers had introduced a revised curriculum since the last inspection. Each child now followed a vocational pathway with options including construction, catering, graphic design, radio and uniformed services. Pathways also incorporated mathematics, English, information technology, physical education and personal development sessions. The contract with Kinetic Youth provided an alternative education programme which engaged children effectively, enabling them to reflect on their actions and develop positive attitudes. The revised arrangements provided a good range of study and work-based learning options.
- 3.18 Managers were prepared to innovate, for example a course enabling children to care for dogs successfully engaged children who were not yet ready to participate in mainstream education (see paragraph 2.75). Children attended enrichment classes, giving them the opportunity to try new activities and develop their personal and social skills. There were sufficient places for all children at Werrington.
- 3.19 Managers had implemented effective measures to reduce the number of children who had to be separated from the main population because of their behaviour. At the time of the inspection there were only two children in this category. They received up to 15 hours a week of face-to-face education, which was significantly better than at the last inspection. Most were able to return to mainstream education within a few days.
- 3.20 Education staffing was more stable than at the last inspection. Managers regularly monitored class cancellations which were now low. Staff had appropriate expertise to support children with additional learning needs and could access good learning support where necessary. At the time of the inspection there were several learning support practitioner vacancies, but new staff had been recruited to these posts.
- 3.21 Induction to education was well managed. Staff interviewed children individually and provided encouragement, advice and support to help them choose appropriate pathway activities.

Their assessment of each child's needs was passed to the learning support team and made available to all staff involved in their care.

- 3.22 Allocation to the education pathways was well managed and efficient. Staff knew the children's needs well and were able to place them quickly in an appropriate activity, usually their first choice. The pay policy for children was fair and encouraged attendance and positive behaviour appropriately.
- 3.23 Managers had improved arrangements for release on temporary licence (ROTL) since the previous inspection. Contacts with local and national companies had enabled 21 children to work or study outside the prison in the last year. Children eligible for ROTL were given additional support and they made good progress while on placement.
- 3.24 Induction for new teachers introduced them well to processes such as personal learning plans, tracking progress, and support for children with additional needs. Managers monitored the quality of teaching through regular observations and planned suitable staff development to address weaknesses in teaching.
- 3.25 Managers had identified a few cases where teachers faced difficulties with classroom management, but they had not intervened rapidly enough to provide teachers with support. As a result, a minority of lessons failed to achieve their potential.
- 3.26 Prison officers of necessity entered classrooms quite often to escort children to health care or legal meetings. However, on too many occasions, this was done in a way which disrupted the flow of teaching.

Recommendation

- 3.27 **Managers should provide training for staff who have to collect children from classes, to ensure that this is done with respect for the teacher and minimum disruption to the class.**

Quality of provision

- 3.28 The majority of teaching was good. Most teachers were adept at managing their class and were skilled and confident in guiding discussion. They used questioning well to check progress and develop children's understanding. They modified their approaches to prevent potentially disruptive behaviour and to accommodate the needs of children who had hitherto had very limited experience of formal schooling. Learning resources were good and there were sufficient teaching materials.
- 3.29 In a small number of classes, less experienced teachers had not developed an effective strategy for classroom management to cope with the poor behaviour of a few children. In these classes, teachers' attention was diverted to correcting low-level disruption, which prevented the class from completing their learning activities (see key concern and recommendation S46).
- 3.30 Children's educational levels and obstacles to learning were assessed on entry. These assessments were generally supplemented by detailed subject-based assessments. This information was included in class profiles, which most teachers applied well.
- 3.31 Children's progress was well monitored. In most cases, their targets were individual and regularly reviewed, and they made good progress from their starting points. Most were able

to describe the progress they had made and what they had learned. Children received good and affirmative verbal feedback from teachers. Teachers marked work but did not always include pointers for improvement.

- 3.32 As a result of effective teaching, in creative arts for example, children produced attractive, high-quality work through which they expressed their personal views. In the radio workshop, children were engaged in recording and editing a radio piece. Their understanding of diversity was enhanced through discussions about censorship. Those following a sports award were motivated by recording their rapid improvement in personal fitness. In mathematics, teachers effectively helped to reinforce children's existing skills and knowledge before moving on to the next stage.
- 3.33 In practical learning workshops such as construction multi-skills and painting and decorating, teachers ensured that children worked diligently and achieved good results. However, in one vocational training area instructors did not set sufficiently high industry standards, which impeded children's progress.
- 3.34 Learning support practitioners (LSPs) were effective and complemented the work of teachers well. They operated unobtrusively, read situations well and often intervened before a potentially disruptive incident occurred. Children responded well to LSPs and readily sought their guidance. As a result, children with additional needs were often able to make some progress or to remain in the classroom with their peers.

Recommendations

- 3.35 **Staff development programmes should continue to focus on behaviour management and the need to manage challenging behaviour.**
- 3.36 **Teachers should ensure that their marking of written work indicates clearly what children need to do to improve their work.**
- 3.37 **Instructors should set clear expectations for children in all vocational areas, which reflect the standards which apply in work situations outside the prison.**

Personal development and behaviour

- 3.38 Most children enjoyed their time in education and were positive about their experience. They were respectful of their peers and polite towards adults. They appreciated the good care and pastoral support that they had received from a range of staff.
- 3.39 Attendance was very good. Almost all children attended their classes punctually. Children who had problems which prevented them attending were guided towards a re-engagement programme which helped them overcome their barriers to attending education. Children felt safe in education.
- 3.40 The standard of children's work was high. On some courses, such as uniformed services, workbooks were completed to a high standard with good examples of extended, descriptive writing. In vocational subjects they had reflected on the skills and interests they had gained through achieving units and qualifications which motivated them to pursue further study. Children's awareness of health and safety and the need for personal protective equipment in practical training environments was good.

- 3.41 Children approaching their release date received good careers guidance from the college engagement team to help them prepare for their next steps. Engagement staff liaised with youth offending teams to arrange training for children after release. However, teachers did not make enough use of the virtual campus (internet access to community education, training and employment opportunities for prisoners) to help children research job and learning opportunities while in the establishment.
- 3.42 There were limited opportunities for children to take responsible roles as mentors. Mentor roles had recently been introduced, and mentor training had started. Managers had firm plans to develop and formalise the mentor scheme.
- 3.43 A small minority of children failed to manage their own behaviour well in classroom situations. They were vocal and disruptive, which had a negative impact on their peers, and in some cases prevented the whole class from making progress (see paragraph 3.29 and key concern and recommendation S46).

Education and vocational achievements

- 3.44 Children worked diligently and produced good standards of work in practical classes such as construction multi-skills and art. Much written work was of a good standard, for example workbooks on the uniformed services course included good examples of extended writing about the topics children were covering.
- 3.45 Pass rates for those completing their courses were high. Children with learning difficulties and/or disabilities achieved outcomes very similar to their peers. There were no significant differences in the achievement rates of children from different ethnic groups.
- 3.46 Despite improvements, achievement rates within the planned time for mathematics and English qualifications remained too low. In the academic year beginning in August 2019, only 35 learners had completed English and mathematics awards, out of 212 starts. Most were still on the programme, but about 30 had left without achieving.

Recommendation

- 3.47 **Managers should ensure that the progress of children in functional skills classes is carefully monitored, so that they move more quickly to assessment and progression to the next level.**

Section 4. Resettlement

Children, families and contact with the outside world

Expected outcomes:

Managers support children in establishing and maintaining contact with families, including corporate parents, and other sources of support in the community.

Community partners drive training and remand planning and families are involved in all major decisions about detained children.

- 4.1 Support for children to help maintain contact with their families and friends continued to develop. Resettlement practitioners remained an important point of contact for parents and carers together with the PACT (Prison Advice and Care Trust) family engagement worker, who monitored which children did not have visits or phone contact with their families so that this could be addressed.
- 4.2 In-cell telephones had been installed since the previous inspection which was a positive step towards enabling children to have regular contact with their family and friends. Email a prisoner and prisoner voicemail were both available.
- 4.3 Family visits took place every other month and there were opportunities to improve this provision so that more families could benefit. The engagement worker had held consultation events with visitors which had generated some changes, for example an increase in the money that visitors could take in to spend at the visits snack bar. Regular visitor surveys were carried out, with the most recent seeking views on introducing evening visits sessions. Families were invited to attend celebration events, including at the end of their child's interventions programme.
- 4.4 The visitors' centre was clean and functional and contained relevant information. It was run by helpful prison staff but there was scope to offer more guidance on visits procedures to visitors, particularly those visiting for the first time.
- 4.5 Children could have weekly social visits in the small visits hall. This had recently been refurbished and now offered a more welcoming environment, including a play area for younger visitors. Hot and cold food and refreshments were available from the visits snack bar. Children could now wear their own clothes for visits, and we observed a relaxed atmosphere during the inspection.
- 4.6 In our survey, 9% of children said they had children of their own which was consistent with prison records. Plans for a parenting skills pathway were at a very early stage and initiatives such as Storybook Dads needed to be better advertised (see paragraph 3.7).
- 4.7 Facilities for private legal visits were still limited.

Pre-release and resettlement

Expected outcomes:

Planning for a child's release or transfer starts on their arrival at the establishment.

Resettlement underpins the work of the whole establishment, supported by strategic

partnerships in the community and informed by assessment of a child's risk and need. Ongoing planning ensures a seamless transition into the community.

- 4.8 The prison had responded positively to previous inspection findings and had strengthened the focus on resettlement work.
- 4.9 The reducing reoffending policy and action plan were being updated following a recently completed needs analysis which had been based on a wider range of data and consultation than previously. Children, staff and youth offending teams (YOTs) had been invited to participate through questionnaires and focus groups.
- 4.10 The quarterly reducing reoffending meetings continued to have good attendance and there were signs of more collaborative working between departments, although this was not yet evident in the remand and sentence plan meetings for individual children (see paragraph 4.20).
- 4.11 The resettlement team included eight resettlement practitioners, three of whom were uniformed staff. They received regular supervision from team managers. Training since the previous inspection had included contextualised safeguarding, county lines and trauma informed. The resettlement practitioners had manageable caseloads of 10 to 12 children which included remanded and sentenced children.
- 4.12 Managers were focused on strengthening joint working and ongoing communication with community youth offending services (YOS). This had included joint forums with YOTs, attending YOT management boards and attending custody scrutiny panels in two YOS areas to raise individual cases of concern. Resettlement team members had visited other YOTs to strengthen working relationships and were now attending initial community reviews in person or by telephone.
- 4.13 During 2019, 21 children had used release on temporary licence (ROTL) 336 times which had increased since the previous year. ROTL had included work experience, family contact and participation in the Airborne Initiative*. One child had successfully completed work experience and secured employment for their release. ROTL processes were managed well. All children who were eligible were reviewed and suitable children were risk assessed before attending a ROTL board. The community engagement worker continued where possible to follow up ROTL graduates three and six months after they left Werrington.
- 4.14 Early release and home detention curfew processes continued to be managed appropriately.
- 4.15 During 2019, more children had transitioned to adult prisons after their 18th birthday than had been released to the community at the end of their sentence. Remanded children who turned 18 continued to move to adult prisons directly from Werrington rather than after a court appearance, which was good. The resettlement team was continuously developing its work to support transitions and links with the prisons that 18-year olds most often moved to. Work was in progress with one of these prisons to develop a video information package. Some adult prisons remained less proactive and cooperative about accepting 18-year olds and refused to accept them. Too much time had to be taken by the resettlement team to arrange these moves which could create unnecessary uncertainty for children as they approached a significant change in their circumstances (see key concern and recommendation S47).
- 4.16 Consistent data on outcomes after children left Werrington were not available to inform the analysis of needs. Follow-up of children was carried out by several teams in the prison, but information was not collated to inform future resettlement provision.

Training planning and remand management

Expected outcomes:

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

- 4.17 We looked at nine cases in detail, and it was clear that the resettlement practitioners knew the children on their caseloads well.
- 4.18 Children had sentence or remand plans that were reviewed regularly with community YOT workers and Werrington resettlement practitioners. The format of the plans had been changed to make them more child friendly and it was encouraging that fewer targets than previously focused on behaviour in custody. In our survey, only 61% of children knew they had a plan, which was disappointing.
- 4.19 Contact between the resettlement practitioners and the children was usually recorded on P-Nomis (Prison Service records). There was evidence in most records of regular and detailed contact which explained progress or concerns about the children, good and poor behaviour, and engagement with the children on addressing their sentence plan targets. However, in some cases the recording of contact was inconsistent and not readily accessible to all staff. This was exacerbated by problems with the Youth Justice Assessment Framework system which in some cases was not enabling records to be updated or information shared.
- 4.20 All the cases that we reviewed had an up-to-date assessment including a record of initial, review and final planning meetings in advance of release with appropriate objectives and targets. These were a composite of work to be done in custody and on release. Meetings were usually timely and almost always attended by the YOT officer and, at pre-release meetings, by other staff such as YOT workers who would seek further employment and training opportunities in the community. In one case where the child was to transition to probation, it was good that the final review meeting was attended by the YOT worker and a police officer from the Integrated Offender Management Unit who was to work with the child on his release. There was little evidence that review meetings were being attended by other staff in the establishment which undermined an integrated approach to resettlement work. Data provided by the resettlement team indicated, for example, that in the second half of 2019 residential staff had attended only 2% of sentence and remand planning meetings (see key concern and recommendation S48).

Public protection

- 4.21 The monthly risk management meeting was chaired by a resettlement team manager. The minutes indicated that an effective review was carried out of cases involving the need for public protection measures such as mail and phone monitoring and restricted access to contacting children outside the establishment.
- 4.22 The meeting also reviewed the management of MAPPA cases (multi-agency public protection arrangements), demonstrating a thorough approach to identifying the category and level of risk associated with children who were due for release up to six months in advance of their release date. However, the meeting did not routinely oversee release planning for children who posed a high or very high risk of serious harm and who were not eligible for MAPPA (see key concern and recommendation S49). This was an omission that needed attention. In one very high risk of serious harm case due for release 10 days after the inspection, the risk

management meeting had not identified the case nor had the responsible YOT confirmed any release licence conditions. Werrington had also not been informed of an imminent community risk management meeting to be held five days before the release date.

- 4.23 The MAPPA Fs (information sharing forms) that we reviewed gave a good and detailed account of the child's behaviour and achievements at Werrington and a consideration of safeguarding issues on release. However, a more detailed assessment of the risk of harm to individuals and the public generally was needed.

Indeterminate and long-sentenced children

- 4.24 At the time of the inspection, 10 children were serving indeterminate sentences or remanded for offences that could result in such a sentence. Others had lengthy determinate sentences. Since the previous inspection, managers had organised life sentence awareness training for resettlement practitioners and an event for children with, or potentially facing, a lengthy sentence that made their progression subject to Parole Board decisions. Participants had included a Parole Board member, staff from young adult and open prisons and an adult prisoner serving an indeterminate sentence who was approaching release on licence. There were plans to repeat this event. However, there was no formal staff or peer support for this group of children and not enough development and education opportunities for children spending extended periods at Werrington.

Recommendation

- 4.25 **Children who are remanded or sentenced and facing a long period in custody should have access to formal staff and peer support to help them progress through their sentence.**

Looked-after children

- 4.26 In our survey, 46% of children said that they had been in local authority care. Data provided by the small team of independent social workers who supported looked-after children showed that more than two-thirds of children had existing, or previous, involvement with children's social care.
- 4.27 Children with looked-after status were identified on arrival and their local authority notified. Reviews for these children were completed as required but the social work team sometimes had to remind local authorities of their responsibility to provide pocket money and clothing allowances.

Reintegration planning

Expected outcomes:

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

- 4.28 The prison worked to ensure that the release of children was managed effectively in liaison with community partners. There was good evidence of this in most of the cases that we looked at where, for example, in a case due for transition to probation on release, the final review meeting was attended by the YOT worker and the case probation officer from the

National Probation Service. Release arrangements were discussed from an early stage, but some licence conditions were still provided too late for children to be able to process fully, or clarify, the implications before their release.

- 4.29 The resettlement team now asked YOTs to complete a 'my resettlement timetable' for each child being released which set out what they would be doing for the first two weeks after release. Completion was patchy but the better ones contained a full programme of activity. One timetable detailed daily attendance at a construction skills certification scheme (CSCS) course at the end of which the child would have their CSCS card. Despite this, and the efforts of the education department workers, some children left with no clear idea of how they would be filling their time productively immediately after their release.
- 4.30 There had been 47 releases from Werrington over the previous six months. None had been released without accommodation, but one 18-year-old had been released to bed and breakfast accommodation. Just under seven weeks later he was recalled to an adult prison where he remained in custody. In contrast, accommodation for another 18-year-old was being retained for him by his local authority while he was in custody. Some accommodation was not long term. One child approaching release knew he would have to move from his release accommodation when he became 18 a few months after his release. Discussion of release accommodation took place at all review meetings, but there was no routine tracking of how close to the release date accommodation was confirmed. A check of the most recent month showed that one out of 10 children did not know their address at the final review 10 days before release. Suitable escalation processes were in place for such cases.
- 4.31 Finance, benefit and debt provision needed development. The prison was trying to arrange external help with this and was at an early stage of planning a resettlement pathway. Resettlement practitioners had received some awareness training from the Department of Work and Pensions about universal credit applications and could obtain children's national insurance numbers before release. There was still no facility to open a bank account.
- 4.32 Resettlement practitioners ensured that children knew the identity of the adult meeting them at the gate on their day of release. Practical arrangements for release were organised well. Children were provided with plain bags to carry their personal possessions and a stock of non-prison clothes was kept in reception to ensure that children were released with suitable clothes.

Interventions

Expected outcomes:

Children can access interventions designed to promote successful rehabilitation.

- 4.33 Children had access to the interventions approved by HMPPS for use in the youth custody estate. They covered motivation to engage (A-Z), thinking skills (JETS), anger and/or emotional management (STAG: starving the anger gremlin) and violence (ART: aggression replacement therapy). Eighty children had participated in one of these interventions during 2019, some in groups and others individually. This had increased since the previous year, and more children had taken part in lengthier, higher intensity interventions.
- 4.34 Allocation to interventions was managed well, starting with a screening completed by resettlement practitioners. A weekly allocation meeting determined the child's need for interventions and other work and prioritised the order in which these should be completed. For some children work with mental health practitioners would be prioritised or with the counselling psychologist if trauma had been identified during screening.

- 4.35 When children had completed interventions, progress reports were shared with resettlement practitioners and community YOTs. Celebration events to which families or carers were invited were held to mark the successful completion of an intervention.
- 4.36 Work with children with harmful sexual behaviour was undertaken by the health care provider.
- 4.37 Children also had access to individual interventions from the on-site forensic psychology team which included a counselling psychologist, one of two in the youth custody estate. The work usually focused on behaviour management or offending behaviour needs not addressed by the interventions available. One child, for example, had undertaken work designed for children with a history of fire setting. Detailed assessments were completed of children with indeterminate sentences to inform their sentence plan and progression.

Health, social care and substance misuse

- 4.38 All children on transfer or release were seen in reception by a registered nurse to identify outstanding health needs. They were offered health promotion advice, including barrier protection, and were given a discharge summary for their GP with relevant health information, including immunisation history. Children on medication were given a week's supply or a prescription. Strenuous efforts were made by the administration team to register any child without a GP before release with mixed results.
- 4.39 Inclusion team members attended final detention and training order reviews when release plans were discussed. They also liaised with community child and adolescent mental health services or adult services to ensure continuity of care. Harm reduction advice was given and liaison with case workers, YOT workers and other community agencies was undertaken to arrange support for children with substance use needs after release.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers in the left-hand column refer to the paragraph location in the main report.

Key concerns and recommendations

- 5.1 Key concern (S41): Children had poor perceptions of behaviour management systems. In our survey only 25% of children said that the scheme encouraged them to behave well. The ineffectiveness of the incentives and earned privileges scheme and the lack of challenge by some staff had led to increased use of minor reports and adjudications. (Directed to: the governor)

Recommendation: Managers should revise the behaviour management schemes to ensure consistent implementation and reduce the incidence of poor behaviour.

- 5.2 Key concern (S42): There was no overarching strategy or action plan to reduce violence across the establishment. (Directed to: the governor)

Recommendation: A strategy should be implemented to reduce violence across the establishment and to provide effective management of children perpetrating or subjected to bullying and violence.

- 5.3 Key concern (S43): Managers did not always attend use of force incidents. This meant that the responsibility of supervising an incident was not always held by an appropriately trained member of staff. This led to poor incident management in some instances. (Directed to: the governor)

Recommendation: Managers should ensure that staff who are trained and competent to manage incidents attend and supervise all incidents where use of force has been applied.

- 5.4 Key concern (S44): Quality assurance of the use of force did not always identify concerns about technique and proportionality. Recorded footage of use of force incidents was of poor quality, making some incidents almost impossible to quality assure effectively. (Directed to: the governor)

Recommendation: All use of force incidents should be clearly recorded and robust quality assurance of incidents should ensure that concerns about technique and proportionality are properly investigated.

- 5.5 Key concern (S45): Inclusion had made every effort to strengthen their internal processes to identify and request Mental Health Act assessments in a timely fashion. However, delays in the agreement of NHS funding led to an unacceptable delay in the transfer of a child to an appropriate mental health facility. (Directed to: the governor (NHS England and NHS Wales))

Recommendation: Children should be transferred to mental health care facilities in line with national NHS guidelines.

- 5.6 Key concern (S46): A small number of classes were disrupted by poor behaviour that some teachers found difficult to manage. (Directed to: the governor)

Recommendation: Managers should establish measures for rapid intervention to support teachers when classes are affected by significant and continuing disruption to ensure that children's education is not interrupted.

- 5.7 Key concern (S47): The number of children transitioning to the adult estate after their 18th birthday was increasing and some prisons were reluctant, or even refused, to accept them. Staff had to spend too much time trying to arrange moves. This was unsettling for children as they prepared for a significant change in their experience of custody and hindered their sentence progression. (Directed to: HMPPS)

Recommendation: Eighteen-year olds held in children's establishments should be able to transition to the most suitable prison for them in the adult estate in a safe and timely manner.

- 5.8 Key concern (S48): Prison records showed low levels of attendance by some departments at sentence and remand planning review meetings, undermining an integrated approach to planning. There was not enough participation by staff working with the child in discussions on their needs, risks, successes and weaknesses and how they would help the child to progress. (Directed to: the governor)

Recommendation: All departments working with a child should attend their planning review meetings to contribute information about the child and how they would help them to progress.

- 5.9 Key concern (S49): The risk management meeting did not provide routine oversight of release planning for children who posed a high or very high risk of harm and who were not subject to MAPPA (multi-agency public protection arrangements). The approach to the management of the risk of harm presented to others by both MAPPA and non-MAPPA children was not sufficiently robust. (Directed to: the governor)

Recommendation: There should be timely, stringent oversight of release arrangements for all children who present high, or very high, risk of harm to others.

General recommendations

- 5.10 Recommendation 1.18: Child protection allegations should be referred to the designated officer within 24 hours. (Directed to: the governor)
- 5.11 Recommendation 1.27: The increase in levels of self-harm should be investigated and a reduction strategy implemented. (Directed to: the governor)
- 5.12 Recommendation 1.28: Near miss incidents should be thoroughly investigated and subsequent recommendations should be reviewed. (Directed to: the governor)
- 5.13 Recommendation 2.38: Forums should be organised for children from each of the protected characteristic groups enabling the prison to understand and respond to the views of children from these groups. (Directed to: the governor)

- 5.14 Recommendation 2.76: The former wing treatment rooms should be refurbished to ensure that they are appropriate therapeutic and soundproofed environments for mental health and related interventions. (Directed to: the governor)
- 5.15 Recommendation 3.27: Managers should provide training for staff who have to collect children from classes, to ensure that this is done with respect for the teacher and minimum disruption to the class. (Directed to: the governor)
- 5.16 Recommendation 3.35: Staff development programmes should continue to focus on behaviour management and the need to manage challenging behaviour. (Directed to: the governor)
- 5.17 Recommendation 3.36: Teachers should ensure that their marking of written work indicates clearly what children need to do to improve their work. (Directed to: the governor)
- 5.18 Recommendation 3.37: Instructors should set clear expectations for children in all vocational areas, which reflect the standards which apply in work situations outside the prison. (Directed to: the governor)
- 5.19 Recommendation 3.47: Managers should ensure that the progress of children in functional skills classes is carefully monitored, so that they move more quickly to assessment and progression to the next level. (Directed to: the governor)
- 5.20 Recommendation 4.25: Children who are remanded or sentenced and facing a long period in custody should have access to formal staff and peer support to help them progress through their sentence. (Directed to: the governor)

Examples of good practice

- 5.21 Good practice example (I.12): Prison and health care staff conducted in-depth, private interviews with children on arrival and with those who had returned from court with a change of status, such as being sentenced. These interviews were also recorded on the various IT systems staff and health care used. A copy of relevant safety information required on the first night centre was printed immediately and made available to the staff responsible for first night care. The reception manager quality assured this information each morning, and quickly addressed any issues. This system ensured that staff were immediately aware of all safety concerns for children on their first arrival into Werrington.
- 5.22 Good practice example (I.35): Partnership work between the safeguarding team, security and education had dramatically reduced the number of children who needed to be kept apart for safety reasons. This had a positive impact on all areas of life at Werrington including improved access to education, interventions and association.
- 5.23 Good practice example (I.36): Daily seven-minute briefings had been introduced since our last inspection which kept all staff on duty abreast of emerging security and other issues.
- 5.24 Good practice example (I.46): The WADE unit had been re-roled as a reintegration unit, which allowed the most complex children to mix together, eat out and associate in the evenings. They were actively supported to return to education and mix with other children. The SECURE STAIRS model had been used to provide support with comprehensive, multi-agency meetings generating outcome focused actions to help children lead as normal a life as possible while in custody. The culture generated by managers and staff was caring and had led to a number of challenging children reintegrating into life on the other wings.

- 5.25 Good practice example (1.63): The oversight of separation had improved significantly and the daily meeting chaired by the governor scrutinised every separated child, which was an excellent initiative.
- 5.26 Good practice example (2.27): The quality assurance system for complaints ensured that children's formal complaints were rigorously scrutinised and that actions were taken to rectify faults.
- 5.27 Good practice example (2.59): The child friendly health promotion newsletter which all children received was a proactive and positive way to raise awareness of relevant health issues.
- 5.28 Good practice example (2.60): The proactive approach to blood-borne virus testing, which promoted the public health agenda to improve health, was commendable and the service had achieved hepatitis C micro-elimination.
- 5.29 Good practice example (2.77): The Restart Dog Project provided therapeutic outcomes for children while teaching them dog training skills.
- 5.30 Good practice example (3.14): Gym staff provided daily sessions for children living on WADE unit and dedicated sessions for children who were separated from their peers.

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Angus Mulready-Jones	Team leader
David Foot	Inspector
Keith Humphries	Inspector
Angela Johnson	Inspector
Esra Sari	Inspector
Catherine Shaw	Researcher
Joe Simmonds	Researcher
Becky Duffield	Researcher
Billie Powell	Researcher
Shannon Sahni	Researcher
Catriona Reeves	Care Quality Commission inspector
Maureen Jamieson	Health care inspector
Steven Oliver Watts	Ofsted inspector
Tony Gallagher	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

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

At the last inspection in 2019, most children were well supported during their first few days at Werrington. Internal safeguarding arrangements were reasonably good but lacked consistent external scrutiny. Care for children at risk of self-harm was generally reasonable but some ACCT documents lacked evidence of meaningful engagement by staff. The systems for managing behaviour were not implemented effectively on residential units and there was an over-reliance on adjudications. Violence against children and staff remained high and some of it was very serious. Use of force had risen and there were weaknesses in governance. Oversight of use of separation needed to improve to ensure that all separated children received a decent regime. **Outcomes for children were not sufficiently good against this healthy prison test.**

Main recommendations

Concern: The use of keep-apart protocols as a tool to manage children had a negative impact on the delivery of the regime and children's access to important interventions.

Recommendation: Prison managers should do more to understand children's propensity to fight and seek alternatives to the extensive use of keep-apart protocols. (S47)

Achieved

Concern: Children who were separated from their peers did not receive sufficient education and had limited access to offending behaviour programmes

Recommendation: All children, including those separated from others, should receive a full and constructive regime. (S48)

Achieved

Concern: Several methods were available to manage the behaviour of children, but the emphasis had become more punitive. The implementation of the sanctions and rewards scheme was not balanced in favour of rewards and the use of minor reports was increasing. This undermined both children's perceptions of the scheme and its effectiveness.

Recommendation: Behaviour management processes should focus on meaningful rewards for good behaviour. Managers should ensure that staff implement behaviour management schemes as required. (S49)

Not achieved

Concern: Body-worn camera footage was not used in the review of use of force in every instance that it was available, even though every incident was reviewed. The establishment and external panel

viewed body-worn camera footage in only about 13% of cases and could not be sure that every use of force was proportionate.

Recommendation: Body-worn camera footage should be easily accessible and should be reviewed in all cases. (S50)

Not achieved

Concern: Children were being separated for too long with a limited regime and in some cases no access to education or physical activities. There was no strategy to address this.

Recommendation: Managers should do more to ensure that the length of time children are separated is significantly reduced and that they access education and physical activities regularly. (S51)

Achieved

Recommendations

Children should be transported from court to the establishment as soon as possible after their hearing ends to enable them to settle on their first night. (I.8)

Achieved

Child protection allegations should be referred to the local authority designated officer within 24 hours. (I.12)

Not achieved (Recommendation repeated, I.18)

Prison managers should ensure that a child has full access to advocacy support following authorisation of a strip-search. (I.28)

Achieved

Pain infliction techniques should not be used on children. (I.46)

Not achieved

Care

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

At the last inspection in 2019, relationships between staff and children were respectful but staff missed opportunities for more meaningful interaction. As a result, we found many staff had limited knowledge of the children in their care. There was an absence of visible senior leadership to support and develop staff. Residential units and cells were clean and largely free of graffiti. Children had good access to appropriate association equipment. The food was adequate but unpopular. Consultation with children was not responsive. Complaints were generally well managed. Facilities for legal visits were poor. There was no evidence of consistent disproportionate treatment of children and the promotion of equality and diversity by education was very good. There was a lack of support for foreign national children. The chaplaincy provided children with valued support. Health care was very good. **Outcomes for children were reasonably good against this healthy prison test.**

Main recommendations

Concern: Most officers operated in a respectful way, but children did not feel cared for and staff lacked detailed knowledge of them. Many staff were inexperienced, trying to do their best, but as a

group required stronger leadership to ensure that children were appropriately looked after. We observed many staff simply unlocking and locking up children, focusing too heavily on process and not forming appropriate relationships with children.

Recommendation: The support for staff should be improved, with effective leadership to develop their skills and knowledge. Staff should be skilled and confident in supporting the children in their care and understanding the triggers for their behaviour. They should be encouraged to build strong professional relationships that help children to progress and feel cared for. (S52)

Partially achieved

Concern: There was an absence of visible leadership on residential units. We saw many areas where failures of implementation had undermined potentially positive reforms, including in separation, behaviour management and the coordination of resettlement. In addition, there was a need to ensure that, when new reforms were implemented, existing processes were reviewed and stopped if necessary.

Recommendation: Managers should be visible and ensure effective implementation of policies across the establishment. (S53)

Partially achieved

Recommendations

All children's consultation forums should be promoted on the wings, including information about the peer representatives who attend. (2.23)

Achieved

An accurate range of data should be used to inform and monitor all protected characteristics and to ensure that there is no disproportionate treatment of children. (2.30)

Not achieved

Minority groups should be consulted regularly and the outcome of consultations used to improve services and conditions for children. (2.42)

Not achieved

The establishment should identify and address the reasons for children with disabilities saying that they feel unsafe. (2.43)

Not achieved

Patients should be enabled to receive their health care services at the appointed times and should not be held in transit for excessive periods. (2.55)

Achieved

The prison should develop a memorandum of understanding with the local authority and social care provider to ensure that arrangements are in place should a child require social care while at HMYOI Werrington. (2.68)

Achieved

The transfer of patients to community mental health services under the Mental Health Act should occur within the national guideline timescale. (2.77)

Not achieved

Purposeful activity

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

At the last inspection in 2019, most children spent more than 10 hours out of their cell each weekday, but the regime was limited at the weekend. Access to both the gym and library was good and the range of enrichment activities for children was better than we normally see. Managers had increased attendance at education and improved the range of vocational subjects. However, the provision did not meet the needs of more able children. Children made good progress and achieved well in the majority of subjects but there were significant weaknesses in the provision of English and mathematics. Support for children with additional learning needs was very good. Outreach provision was insufficient to meet the needs of children who were unable to attend mainstream education.

Outcomes for children were reasonably good against this healthy prison test.

Main recommendation

Concern: In English and mathematics courses, slow progress meant that many children were transferred or released before completing their qualifications.

Recommendation: Managers should ensure that more children complete their functional skills awards while in the prison. (S54)

Achieved

Recommendations

All children should receive at least 10 hours out of their cell every day (3.10)

Not achieved

The drainage on the outdoor field should be rectified to ensure that full use is made of the facilities. (3.11)

Not achieved

Managers should ensure that all children have a fully settled plan for the next stage of their education and training when they leave the establishment. (3.20)

Not achieved

Teachers should ensure that all children are able to use the virtual campus, particularly to help familiarise them with employment opportunities. (3.21)

Not achieved

Leaders and managers should provide support for new teachers, to help them plan learning which meets the needs and potential of all children in mixed-ability classes. (3.28)

Achieved

Managers should ensure that learning and personal development targets in each session are sufficiently personalised to meet each child's needs, so that all learners make the progress they are capable of. (3.29)

Achieved

Resettlement

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

At the last inspection in 2019, children received good support to help them maintain contact with family and friends, but facilities for visits remained poor. Many children received good resettlement support from different agencies, but this was poorly coordinated and the role of caseworkers was not well understood by other departments. All children had a sentence or remand plan. However, review meetings were poorly attended, plans were too focused on custody, and sentence planning did not drive the care of children. Home detention curfew and public protection arrangements were good. Looked-after children received good support from prison based social workers. Release planning was organised well but undermined by accommodation and licence conditions not being identified in a timely manner. **Outcomes for children were reasonably good against this healthy prison test.**

Main recommendations

Concern: Fifteen children at Werrington were serving long sentences or were on remand facing a long period in custody. Managers were experienced in supporting these children, but caseworkers and prison staff required training. Little formal or peer support was in place to help children who were facing long periods in custody to prepare for their future.

Recommendation: Children who are serving or facing potentially long sentences should be provided with appropriate, developmental support. (S55)

Not achieved

Recommendations

There should be good facilities for social and legal visits. (4.9)

Achieved

Future needs analyses should gather data from wider sources on the profile and offence of children in custody to inform resettlement and intervention programmes. (4.18)

Achieved

Sentence plans should be written in language that can be understood by children. (4.26)

Achieved

All staff should be aware of the multiple forms of exploitation, for example county lines, and how these affect a child in custody. (4.27)

Not achieved

Appendix III: Establishment population profile

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

Population breakdown by:

Status	Number of young people	%
Sentenced	63	61.8%
Recall	0	0.0%
Convicted unsentenced	0	0.0%
Remand	34	33.3%
Detainees	0	0.0%
Other	5	4.9%
Total	102	100%

Age	Number of young people	%
15 years	3	2.9%
16 years	30	29.4%
17 years	55	53.9%
18 years	14	13.7%
Other	0	0.0%
Total	102	100%

Nationality	Number of young people	%
British	94	92.2%
Foreign nationals	8	7.8%
Total	102	100%

Ethnicity	Number of young people	%
White	0	0%
British	40	39.2%
Irish	0	0%
Gypsy/Irish Traveller	0	0%
Other white	5	4.9%
Mixed		
White and black Caribbean	7	6.9%
White and black African	1	1.0%
White and Asian	0	0%
Other mixed	5	4.9%
Asian or Asian British	1	1.0%
Indian	2	2.0%
Pakistani	12	11.8%
Bangladeshi	2	2.0%
Chinese	0	0.0%
Other Asian	0	0%
Black or black British		
Caribbean	9	8.8%
African	9	8.8%
Other black	6	5.9%

Other ethnic group	2	2.0%
Arab	0	0.0%
Other ethnic group	-	-
Not stated	1	1.0%
Total	102	100%

Religion	Number of young people	%
Baptist	0	0.0%
Church of England	3	2.9%
Roman Catholic	4	3.9%
Other Christian denominations	20	19.6%
Muslim	26	25.5%
Sikh	0	0.0%
Hindu	0	0.0%
Buddhist	0	0.0%
Jewish	0	0.0%
Other	0	0.0%
No religion	48	47.1%
Total	102	100.0%

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

Sentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs +	4 yrs +	Total
Age								
15 years	0	1	0	1	0	0	-	3.0%
16 years	2	7	3	3	3	0	-	26.9%
17 years	2	8	4	15	6	1	-	53.7%
18 years	0	1	3	4	3	0	-	16.4%
Total	4	17	10	23	12	1	-	100%

Unsentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs+	4 yrs +	Total
Age								
15 years	0	0	1	0	0	0	-	2.9%
16 years	4	5	2	1	0	0	-	34.3%
17 years	6	7	5	1	0	0	-	54.3%
18 years	0	1	1	0	1	0	-	8.6%
Total	10	13	9	2	1	0	-	100%

Main offence	Number of young people	%
Violence against the person	40	36
Sexual offences	2	2
Burglary	11	10
Robbery	27	25
Theft and handling	3	3
Fraud and forgery	0	0
Drugs offences	12	11
Other offences	14	13
Offence not recorded / holding warrant	0	0
Total	109	100

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

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Recall	Total
Age									
15 years	0	0	0	0	0	0	0	-	0
16 years	0	0	0	0	0	0	0	-	0
17 years	0	0	0	0	0	1	0	-	100%
18 years	0	0	0	0	0	0	0	-	0
Total	0	0	0	0	0	1	0	-	1

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

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Recall	Total
Age							
15 years			1				1
16 years		2	1		3		6
17 years		1	2	2	10	3	18
18 years		1	1				2
Total		4	5	2	13	3	27

Number of indeterminate sentences under Section 226b (extended determinate sentence) by age and length of tariff

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

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

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

Appendix IV: Summary of questionnaires and interviews

Children's survey methodology

A confidential survey of children is carried out at the start of every inspection. A self-completion questionnaire is offered to every child resident in the establishment on the day of the survey. The questionnaire consists of structured questions covering the child's 'journey' from admission to release together with demographic and background questions which enable us to compare responses from different sub-groups (numbers permitting). There are also a few open questions which provide opportunities for children to express in their own words what they find most positive and negative about the establishment.

The survey results are used in inspections, where they are triangulated with inspectors' observations, discussions with children and staff and documentation held in the establishment. More detail can be found in the inspection report.

The current questionnaire has been in use since October 2018 and is being used to support inspections of both STCs and YOIs holding children. The questionnaire was developed in consultation with HMIP and Ofsted inspectors. Draft questions were tested with children in both types of establishment and their input and feedback was invaluable in improving the relevance and accessibility of questions.

Distribution and collection of questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that children can give their informed consent (For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>) to participate, the purpose of the survey and the inspection is explained. We make clear that the questionnaire can also be administered via a face-to-face interview for those who have literacy difficulties and via a telephone interpreting service for those with limited English.

Children are made aware that participation in the survey is voluntary. We also explain that while they do not need to put their name on the questionnaire, individual respondents can be identified via a numbering system which is only accessible to the inspection team. This is so that any child protection and safeguarding concerns can be followed up (see section below for further information).

Children who agree to participate in the survey are provided with a sealable envelope for their completed questionnaire, which will later be collected by researchers.

Child protection and safeguarding

All completed questionnaires are checked by researchers for potential child protection and safeguarding issues on the day of the survey. Any concerns are followed up by inspectors and passed on to establishment staff if necessary.

Survey results

Response rate

At the time of the survey on 20 January 2020 the population at HMYOI Werrington was 102. Using the approach described above, questionnaires were distributed to all 102 children.

We received a total of 93 completed questionnaires, a response rate of 91%. Seven young people declined to participate in the survey and two questionnaires were not returned.

Survey results and analyses

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

First a full breakdown of responses is provided for each question. Percentages have been rounded and therefore may not add up to 100%.

We also present the following comparative analyses:

- The current survey responses from HMYOI Werrington 2020 compared with responses from other YOIs holding children. The comparator surveys were carried out in five YOIs since March 2019.
- The current survey responses from HMYOI Werrington 2020 compared with the responses of children surveyed at HMYOI Werrington 2019.
- The current survey responses from HMYOI Werrington 2020 compared with responses from other establishments holding children. The comparator surveys were carried out in three STCs and five YOIs since October 2018.
- A comparison within the 2020 survey of children on the Diamond and Induction unit (C2) compared with those on A and B wing.
- A comparison within the 2020 survey between the responses of children from black and minority ethnic groups and white children.
- A comparison within the 2020 survey between the responses of Muslim children and non-Muslim children.
- A comparison within the 2020 survey between the responses of children who reported that they were from a Traveller community and those who said that they were not.
- A comparison within the 2020 survey between the responses of children who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2020 survey between the responses of children who reported that they had been in local authority care and those who said they had not.
- A comparison within the 2020 survey between the responses of those aged 18 and those aged 17 and under.

In all the comparative analyses above, statistically significant differences are indicated by shading. A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in children's background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of children filtered to that question.

For all other questions, percentages refer to the total number of responses to that question. All missing responses have been excluded from analyses.

Survey summary

Background information

Q1.1 What wing, unit or houseblock do you live on?

A Wing	33 (35%)
B Wing	37 (40%)
C Wing	19 (20%)
Wade Unit	4 (4%)

Q1.2 How old are you?

12	13	14	15	16	17	18 or over
1	0	0	3	21	50	16
(1%)	(0%)	(0%)	(3%)	(23%)	(55%)	(18%)

Q1.3 What is your gender?

Male	89 (100%)
Female	0 (0%)

Q1.4 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	31 (34%)
White - Irish	2 (2%)
White - Gypsy or Irish Traveller	2 (2%)
White - any other White background	1 (1%)
Mixed - White and Black Caribbean	9 (10%)
Mixed - White and Black African	1 (1%)
Mixed - White and Asian	2 (2%)
Mixed - any other Mixed ethnic background	5 (6%)
Asian/ Asian British - Indian	0 (0%)
Asian/ Asian British - Pakistani	9 (10%)
Asian/ Asian British - Bangladeshi	2 (2%)
Asian/ Asian British - Chinese	0 (0%)
Asian - any other Asian background	1 (1%)
Black/ Black British - Caribbean	10 (11%)
Black/ Black British - African	11 (12%)
Black - any other Black/ African/ Caribbean background	1 (1%)
Arab	2 (2%)
Any other ethnic group	1 (1%)

Q1.5 Do you have any children?

Yes	8 (9%)
No	79 (91%)

Q1.6 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	10 (11%)
No	81 (89%)

Q1.7 Have you ever been in local authority care (e.g. lived with foster parents or in a children's home, or had a social worker)?

Yes	42 (46%)
No	49 (54%)

Arrival and induction

Q2.1 When you were searched in reception/admissions, was this done in a respectful way?

Yes	67 (74%)
-----------	----------

No.....	7 (8%)
Don't remember	16 (18%)
I wasn't searched.....	1 (1%)

Q2.2 Overall, how were you treated in reception/admissions?

Well.....	72 (78%)
Badly	6 (7%)
Don't remember	14 (15%)

Q2.3 When you first arrived here did staff help you with any problems or worries you had?

Yes.....	28 (31%)
No.....	25 (28%)
Don't remember	10 (11%)
I didn't have any problems or worries.....	27 (30%)

Q2.4 Did you feel safe on your first night here?

Yes.....	70 (78%)
No.....	12 (13%)
Don't remember	8 (9%)

Q2.5 In your first few days were you told everything you needed to know about life here?

Yes.....	48 (54%)
No.....	41 (46%)

Living conditions**Q3.1 How comfortable is the temperature of your cell?**

Too cold.....	36 (43%)
About right	36 (43%)
Too hot	11 (13%)

Q3.2 Can you shower every day?

Yes.....	62 (69%)
No.....	24 (27%)
Don't know.....	4 (4%)

Q3.3 Do you normally have enough clean, suitable clothes for the week?

Yes.....	62 (67%)
No.....	28 (30%)
Don't know.....	3 (3%)

Q3.4 Do you have clean sheets every week?

Yes.....	69 (76%)
No.....	20 (22%)
Don't know.....	2 (2%)

Q3.5 Can you get your stored property if you need it?

Yes.....	47 (51%)
No.....	15 (16%)
Don't know.....	30 (33%)

Q3.6 Is it normally quiet enough for you to relax or sleep at night?

Yes.....	52 (56%)
No.....	35 (38%)
Don't know.....	6 (6%)

- Q3.7 Do you usually spend more than 2 hours out of your cell on weekdays?**
 Yes 64 (70%)
 No..... 22 (24%)
 Don't know..... 6 (7%)
- Q3.8 Do you usually spend more than 2 hours out of your cell on Saturdays and Sundays?**
 Yes 32 (35%)
 No..... 49 (53%)
 Don't know..... 11 (12%)

Food and canteen

- Q4.1 What is the food like here?**
 Very good 0 (0%)
 Quite good 22 (25%)
 Quite bad 38 (43%)
 Very bad 29 (33%)
- Q4.2 Do you get enough to eat at mealtimes?**
 Always..... 9 (10%)
 Most of the time..... 17 (18%)
 Some of the time..... 42 (46%)
 Never 24 (26%)
- Q4.3 Does the canteen sell the things that you need?**
 Yes 37 (43%)
 No..... 45 (52%)
 Don't know..... 5 (6%)

Health and well-being

- Q5.1 How easy or difficult is it to see the following health staff?**
- | | Easy | Difficult | Don't know |
|-----------------------|----------|-----------|------------|
| Doctor | 39 (44%) | 31 (35%) | 18 (20%) |
| Nurse | 56 (65%) | 18 (21%) | 12 (14%) |
| Dentist | 29 (33%) | 43 (49%) | 15 (17%) |
| Mental health workers | 46 (54%) | 19 (22%) | 20 (24%) |
- Q5.2 Do you have any health problems (including mental health problems)?**
 Yes 26 (30%)
 No..... 61 (70%)
- Q5.3 Have you been helped with your health problems since you've been here?**
 Yes 18 (21%)
 No..... 6 (7%)
 Don't have any health problems..... 61 (72%)
- Q5.4 Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.**
 Yes 21 (23%)
 No..... 69 (77%)
- Q5.5 If you have a disability, are you getting the support you need?**
 Yes 12 (14%)
 No..... 6 (7%)
 Don't have a disability 69 (79%)

Q5.6	Did you have an alcohol problem when you came here?	
	Yes	2 (2%)
	No	89 (98%)
Q5.7	Did you have a drug problem when you came here?	
	Yes	16 (18%)
	No	74 (82%)
Q5.8	Have you been helped with your drug or alcohol problem since you've been here?	
	Yes	14 (16%)
	No	2 (2%)
	Did not have a drug or alcohol problem	74 (82%)
Q5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	
	Yes	57 (64%)
	No	21 (24%)
	Don't know	11 (12%)
Q5.10	How often do you go to the gym or play sports?	
	More than once a week	57 (65%)
	About once a week	19 (22%)
	Less than once a week	7 (8%)
	Never	5 (6%)

Complaints

Q6.1	Do you know how to make a complaint?	
	Yes	79 (87%)
	No	12 (13%)
Q6.2	If you have made any complaints here, please answer the questions below:	
		Yes No Not made a complaint
	Were your complaints usually dealt with fairly?	21 (23%) 33 (37%) 36 (40%)
	Were your complaints usually dealt with within 7 days?	18 (21%) 33 (38%) 36 (41%)
Q6.3	Have you ever felt too scared to make a complaint?	
	Yes	9 (10%)
	No	56 (64%)
	Never wanted to make a complaint	23 (26%)

Safety and security

Q7.1	Have you ever felt unsafe here?	
	Yes	30 (33%)
	No	61 (67%)
Q7.2	Do you feel unsafe now?	
	Yes	4 (4%)
	No	86 (96%)
Q7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	
	Yes	27 (30%)
	No	54 (61%)
	Don't know	8 (9%)

Q7.5 Have other young people here ever done any of the following to you?

Verbal abuse.....	25 (31%)
Threats or intimidation.....	15 (19%)
Physical assault.....	12 (15%)
Sexual assault	2 (2%)
Being forced to assault another young person	7 (9%)
Theft of canteen or property.....	2 (2%)
Other bullying or victimisation	7 (9%)
Young people here have not done any of these things to me	54 (67%)

Q7.6 If you were being bullied/victimised by other young people here, would you report it?

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

Q7.7 Have staff here ever done any of the following to you?

Verbal abuse.....	31 (38%)
Threats or intimidation.....	22 (27%)
Physical assault.....	12 (15%)
Sexual assault	1 (1%)
Theft of canteen or property.....	14 (17%)
Other bullying or victimisation	9 (11%)
Staff here have not done any of these things to me	43 (53%)

Q7.8 If you were being bullied/victimised by staff here, would you report it?

Yes	53 (62%)
No.....	32 (38%)

Behaviour management**Q8.1 Do the rewards or incentives for good behaviour encourage you to behave well?**

Yes	22 (25%)
No.....	51 (57%)
Don't know	16 (18%)

Q8.2 Do you think the system of rewards or incentives is fair?

Yes	22 (24%)
No.....	60 (67%)
Don't know.....	8 (9%)

Q8.3 Do staff usually let you know when your behaviour is good?

Yes	27 (30%)
No.....	63 (70%)

Q8.4 If you get in trouble, do staff usually explain what you have done wrong?

Yes	28 (31%)
No.....	49 (55%)
Not applicable (never been in trouble here).....	12 (13%)

Q8.5 Have you been physically restrained (e.g. MMR) since you have been here?

Yes	51 (57%)
No.....	39 (43%)

Q8.6 If you have been restrained, did a member of staff come and talk to you about it afterwards?

Yes	40 (44%)
No.....	7 (8%)
Don't remember	4 (4%)
Not been restrained here	39 (43%)

Q8.7 Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment?

Yes	53 (59%)
No.....	37 (41%)

Staff**Q9.1 Do you feel cared for by most staff here?**

Yes	27 (30%)
No.....	63 (70%)

Q9.2 Do most staff here treat you with respect?

Yes	46 (53%)
No.....	40 (47%)

Q9.3 If you had a problem, are there any staff here you could turn to for help?

Yes	46 (52%)
No.....	42 (48%)

Q9.4 Can you speak to a Barnardo's advocate when you need to?

Yes	67 (74%)
No.....	7 (8%)
Don't know.....	16 (18%)

Faith**Q10.1 What is your religion?**

No religion.....	20 (23%)
Christian (including Church of England, Catholic, and other branches of Christianity)	38 (44%)
Buddhist.....	0 (0%)
Hindu.....	0 (0%)
Jewish	0 (0%)
Muslim.....	26 (30%)
Sikh	0 (0%)
Other	3 (3%)

Q10.2 Are your religious beliefs respected here?

Yes	54 (61%)
No.....	9 (10%)
Don't know.....	6 (7%)
Not applicable (no religion).....	20 (22%)

Q10.3 Are you able to speak to a Chaplain of your faith in private, if you want to?

Yes	47 (53%)
No.....	7 (8%)
Don't know.....	14 (16%)
Not applicable (no religion).....	20 (23%)

Keeping in touch with family and friends

Q11.1	Has anyone here helped you to keep in touch with your family and friends?	
	Yes.....	55 (63%)
	No.....	32 (37%)
Q11.2	Are you able to use a phone every day (if you have credit)?	
	Yes.....	81 (92%)
	No.....	7 (8%)
Q11.3	How easy or difficult is it for your family and friends to get here?	
	Very easy.....	6 (7%)
	Quite easy.....	27 (30%)
	Quite difficult.....	26 (29%)
	Very difficult.....	20 (22%)
	Don't know.....	10 (11%)
Q11.4	How often do you have visits from family or friends?	
	More than once a week.....	5 (6%)
	About once a week.....	25 (28%)
	Less than once a week.....	34 (39%)
	Not applicable (haven't had any visits).....	24 (27%)

Education and training

Q12.1	Are you doing any of the following activities at the moment?	
	Education.....	74 (83%)
	Training for a job (vocational training).....	5 (6%)
	Paid work.....	11 (12%)
	Interventions (e.g. offending behaviour programmes).....	9 (10%)
	None of these.....	11 (12%)
Q12.2	Do staff encourage you to attend education, training or work?	
	Yes.....	47 (54%)
	No.....	40 (46%)
Q12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	
	Yes.....	37 (42%)
	No.....	51 (58%)

Preparing to move on

Q13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	
	Yes.....	55 (61%)
	No.....	23 (26%)
	Don't know.....	12 (13%)
Q13.2	Do you understand what you need to do to achieve your objectives or targets?	
	Yes.....	49 (56%)
	No.....	4 (5%)
	Don't know what my objectives or targets are.....	35 (40%)
Q13.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes.....	26 (30%)

No..... 25 (29%)
 Don't know what my objectives or targets are..... 35 (41%)

Q13.4 Is anybody here helping you to prepare for when you leave?

Yes..... 30 (34%)
 No..... 57 (66%)

Q13.5 Have you had a say in what will happen to you when you leave here?

Yes..... 32 (36%)
 No..... 56 (64%)

Final questions about this YOI

Q14.1 Do you think your experiences here have made you more or less likely to offend in the future?

More likely to offend..... 8 (9%)
 Less likely to offend..... 46 (52%)
 Made no difference..... 34 (39%)

HMYOI Werrington 2020

Comparison of survey responses between different sub-populations of children

In this table the following analyses are presented:

- responses of children from black and minority ethnic groups are compared with those of white children
- Muslim children's responses are compared with those of non-Muslim children

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:		Black and minority ethnic	White	Muslim	Non-Muslim
	Green shading shows results that are significantly more positive than the comparator				
	Blue shading shows results that are significantly more negative than the comparator				
	Orange shading shows significant differences in demographics and background information				
	No shading means that differences are not significant and may have occurred by chance				
	Grey shading indicates that we have no valid data for this question				
* less than 1% probability that the difference is due to chance					
Number of completed questionnaires returned		54	36	26	61

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 15 years of age?	0%	3%	0%	0%
	Are you aged 18 or over?	17%	20%	16%	17%
1.4	Are you from a black and minority ethnic group?			100%	42%
1.5	Do you have any children?	6%	12%	9%	10%
1.6	Are you from a traveller community?	0%	22%	0%	15%
1.7	Have you ever been in local authority care?	44%	44%	35%	48%
5.2	Do you have any health problems (including mental health problems)?	14%	53%	8%	41%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	12%	40%	12%	27%
10.1	Are you Muslim?	50%	0%		
ARRIVAL AND INDUCTION					
2.1	Were you searched in reception/admissions?	98%	100%	96%	100%
For those who had been searched:					
2.1	Was this search done in a respectful way?	78%	69%	80%	73%
2.2	Overall, were you treated well in reception/admission?	79%	81%	73%	80%
2.3	When you first arrived, did you have any problems or worries?	64%	79%	81%	64%
For those who had any problems when they first arrived:					
2.3	Did staff help you to deal with these problems or worries?	38%	52%	38%	47%
2.4	Did you feel safe on your first night here?	83%	74%	77%	78%
2.5	In your first few days, were you told everything you needed to know about life here?	56%	50%	50%	56%
LIVING CONDITIONS					
3.1	Is the temperature of your room or cell about right?	37%	53%	38%	46%
3.2	Can you shower everyday?	63%	76%	54%	76%
3.3	Do you normally have enough clean, suitable clothes for the week?	69%	64%	73%	64%
3.4	Do you have clean sheets every week?	70%	83%	68%	82%
3.5	Can you get to your stored property if you need it?	53%	50%	50%	53%
3.6	Is it normally quiet enough for you to relax or sleep at night?	52%	61%	54%	57%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	67%	77%	62%	75%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	32%	40%	27%	40%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
54	36	26	61

FOOD AND CANTEEN					
4.1	Is the food here very / quite good?	22%	31%	19%	26%
4.2	Do you get enough to eat at mealtimes always / most of the time?	24%	34%	19%	30%
4.3	Does the shop / canteen sell the things that you need?	36%	53%	35%	43%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	45%	46%	42%	46%
	- Nurse?	68%	65%	65%	63%
	- Dentist?	32%	38%	39%	30%
	- Mental health worker?	50%	61%	54%	55%
5.2	Do you have any health problems (including mental health problems)?	14%	53%	8%	41%
For those who have health problems:					
5.3	Have you been helped with your health problems since you have been here?	50%	87%	33%	81%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	12%	40%	12%	27%
For those who have a disability					
5.5	Are you getting the support you need?	40%	75%	33%	69%
5.6	Did you have an alcohol problem when you came here?	2%	0%	0%	3%
5.7	Did you have a drug problem when you came here?	17%	15%	12%	17%
For those who did have a drug or alcohol problem					
5.8	Have you been helped with your drug or alcohol problem since you've been here?	78%	100%	67%	90%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	57%	71%	46%	72%
5.10	Do you go to the gym or play sports once a week or more?	67%	62%	60%	64%
COMPLAINTS					
6.1	Do you know how to make a complaint?	83%	92%	81%	89%
For those who have made a complaint:					
6.2	Were your complaints usually dealt with fairly?	29%	50%	25%	41%
	Were your complaints usually dealt with within 7 days?	25%	46%	19%	39%
6.3	Have you ever felt too scared to make a complaint?	14%	14%	10%	16%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
54	36	26	61

SAFETY AND SECURITY					
7.1	Have you ever felt unsafe here?	27%	39%	35%	34%
7.2	Do you feel unsafe now?	4%	3%	4%	5%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	27%	32%	24%	32%
7.5	Have other young people here ever done any of the following to you?				
	- Verbal abuse?	22%	41%	26%	33%
	- Threats or intimidation?	9%	31%	13%	20%
	- Physical assault?	11%	22%	13%	15%
	- Sexual assault?	0%	6%	0%	2%
	- Being forced to assault another young person?	9%	9%	13%	6%
	- Theft of canteen or property?	0%	6%	0%	2%
	- Other bullying or victimisation?	2%	19%	4%	9%
	- Young people here have not done any of these things to me	76%	56%	74%	64%
7.6	If you were being bullied / victimised by other young people here, would you report it?	31%	33%	29%	32%
7.7	Have staff here ever done any of the following to you?				
	- Verbal abuse?	38%	36%	39%	40%
	- Threats or intimidation?	24%	30%	39%	24%
	- Physical assault?	18%	9%	13%	16%
	- Sexual assault?	0%	3%	0%	2%
	- Theft of canteen or property?	24%	3%	30%	13%
	- Other bullying / victimisation?	16%	6%	13%	11%
	- Staff here have not done any of these things to me	51%	61%	48%	53%
7.8	If you were being bullied / victimised by staff here, would you report it?	60%	63%	55%	65%
BEHAVIOUR MANAGEMENT					
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	28%	14%	32%	23%
8.2	Do you think the system of rewards or incentives is fair?	18%	31%	15%	28%
8.3	Do staff usually let you know when your behaviour is good?	19%	44%	23%	30%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	23%	59%	24%	41%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	67%	44%	65%	53%
For those who have been restrained:					
8.6	Did a member of staff come and talk to you about it afterwards?	68%	100%	77%	78%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	65%	47%	69%	54%

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	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
54	36	26	61

STAFF					
9.1	Do you feel cared for by most staff here?	19%	43%	8%	37%
9.2	Do most staff here treat you with respect?	46%	63%	42%	56%
9.3	If you had a problem, are there any staff here you could turn to for help?	42%	66%	32%	58%
9.4	Can you speak to a Barnardo's advocate when you need to?	71%	78%	69%	75%
FAITH					
10.1	Do you have a religion?	88%	59%	100%	67%
For those who have a religion:					
10.2	Are your religious beliefs respected here?	76%	86%	65%	88%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	59%	91%	60%	73%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Has anyone here helped you to keep in touch with your family / friends?	61%	68%	58%	64%
11.2	Are you able to use a phone every day (if you have credit)?	92%	91%	88%	93%
11.3	Is it quite / very easy for your family and friends to get here?	40%	33%	42%	35%
11.4	Do you get visits from family or friends?	66%	80%	56%	80%
For those who do get visits:					
11.4	Do you get visits from family or friends once a week or more?	42%	46%	57%	44%
EDUCATION AND TRAINING					
12.1	Are you doing any of the following activities at the moment:				
	- Education?	82%	83%	80%	84%
	- Training for a job (vocational training)?	4%	8%	4%	5%
	- Paid work?	6%	19%	8%	13%
	- Interventions (e.g. offending behaviour programmes)?	12%	8%	20%	5%
	- Not doing any of these activities	16%	8%	16%	12%
12.2	Do staff encourage you to attend education, training or work?	54%	51%	50%	53%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	30%	57%	32%	43%
PREPARING TO MOVE ON					
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	62%	60%	58%	61%
For those who do have a plan:					
13.2	Do you understand what you need to do to achieve your objectives or targets?	97%	86%	93%	91%
13.3	Are staff here supporting you to achieve your objectives or targets?	41%	60%	40%	50%
13.4	Is anybody here helping you to prepare for when you leave?	29%	40%	25%	35%
13.5	Have you had a say in what will happen to you when you leave here?	41%	28%	29%	38%
FINAL QUESTIONS ABOUT THIS STC/YOI					
14.1	Do you think your experiences here have made you less likely to offend in the future?	48%	60%	48%	56%

HMYOI Werrington 2020
Comparison of survey responses between different sub-populations of children

In this table the following analyses are presented:
- responses of children aged 18 or over compared with responses of children under 18
Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:		18 or over	Under 18
<div></div>	Green shading shows results that are significantly more positive than the comparator		
<div></div>	Blue shading shows results that are significantly more negative than the comparator		
<div></div>	Orange shading shows significant differences in demographics and background information		
<div></div>	No shading means that differences are not significant and may have occurred by chance		
<div></div>	Grey shading indicates that we have no valid data for this question		
* less than 1% probability that the difference is due to chance			
Number of completed questionnaires returned		16	75

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?		1%
1.4	Are you from a black and minority ethnic group?	56%	61%
1.5	Do you have any children?	6%	10%
1.6	Are you from a traveller community?	0%	14%
1.7	Have you ever been in local authority care?	56%	43%
5.2	Do you have any health problems (including mental health problems)?	25%	30%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	22%
10.1	Are you Muslim?	29%	30%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	100%	99%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	69%	75%
2.2	Overall, were you treated well in reception/admission?	63%	81%
2.3	When you first arrived, did you have any problems or worries?	69%	69%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	27%	48%
2.4	Did you feel safe on your first night here?	81%	78%
2.5	In your first few days, were you told everything you needed to know about life here?	57%	53%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	25%	48%
3.2	Can you shower everyday?	50%	72%
3.3	Do you normally have enough clean, suitable clothes for the week?	56%	69%
3.4	Do you have clean sheets every week?	56%	80%
3.5	Can you get to your stored property if you need it?	50%	50%
3.6	Is it normally quiet enough for you to relax or sleep at night?	31%	61%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	69%	69%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	25%	35%

Shading is used to indicate statistical significance*, as follows:

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

18 or over	Under 18
16	75

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	44%	20%
4.2	Do you get enough to eat at mealtimes always / most of the time?	19%	30%
4.3	Does the shop / canteen sell the things that you need?	38%	45%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	47%	45%
	- Nurse?	60%	68%
	- Dentist?	27%	36%
	- Mental health worker?	53%	56%
5.2	Do you have any health problems (including mental health problems)?	25%	30%
For those who have health problems:			
5.3	Have you been helped with your health problems since you have been here?	33%	85%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	22%
For those who have a disability			
5.5	Are you getting the support you need?	67%	71%
5.6	Did you have an alcohol problem when you came here?	6%	1%
5.7	Did you have a drug problem when you came here?	19%	17%
For those who did have a drug or alcohol problem			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	100%	83%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	46%	66%
5.10	Do you go to the gym or play sports once a week or more?	73%	62%
COMPLAINTS			
6.1	Do you know how to make a complaint?	93%	85%
For those who have made a complaint:			
6.2	Were your complaints usually dealt with fairly?	25%	45%
	Were your complaints usually dealt with within 7 days?	25%	41%
6.3	Have you ever felt too scared to make a complaint?	15%	12%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	18 or over	Under 18
	16	75

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	20%	35%
7.2	Do you feel unsafe now?	0%	6%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	7%	35%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	36%	28%
	- Threats or intimidation?	36%	16%
	- Physical assault?	18%	13%
	- Sexual assault?	9%	2%
	- Being forced to assault another young person?	18%	6%
	- Theft of canteen or property?	9%	2%
	- Other bullying or victimisation?	27%	6%
	- Young people here have not done any of these things to me	64%	69%
7.6	If you were being bullied / victimised by other young people here, would you report it?	25%	34%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	40%	38%
	- Threats or intimidation?	30%	28%
	- Physical assault?	10%	16%
	- Sexual assault?	10%	0%
	- Theft of canteen or property?	30%	16%
	- Other bullying / victimisation?	0%	13%
	- Staff here have not done any of these things to me	50%	54%
7.8	If you were being bullied / victimised by staff here, would you report it?	55%	64%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	14%	27%
8.2	Do you think the system of rewards or incentives is fair?	14%	27%
8.3	Do staff usually let you know when your behaviour is good?	14%	34%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	23%	40%
8.5	Have you been physically restrained (e.g. MPR) since you have been here?	86%	50%
For those who have been restrained:			
8.6	Did a member of staff come and talk to you about it afterwards?	75%	78%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	86%	54%

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

18 or over	Under 18
16	75

STAFF			
9.1	Do you feel cared for by most staff here?	21%	31%
9.2	Do most staff here treat you with respect?	50%	53%
9.3	If you had a problem, are there any staff here you could turn to for help?	46%	53%
9.4	Can you speak to a Barnardo's advocate when you need to?	64%	76%
FAITH			
10.1	Do you have a religion?	71%	79%
For those who have a religion:			
10.2	Are your religious beliefs respected here?	90%	76%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	72%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	50%	65%
11.2	Are you able to use a phone every day (if you have credit)?	85%	93%
11.3	Is it quite / very easy for your family and friends to get here?	31%	37%
11.4	Do you get visits from family or friends?	85%	70%
For those who do get visits:			
11.4	Do you get visits from family or friends once a week or more?	55%	45%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	100%	80%
	- Training for a job (vocational training)?	0%	7%
	- Paid work?	0%	14%
	- Interventions (e.g. offending behaviour programmes)?	0%	11%
	- Not doing any of these activities	0%	15%
12.2	Do staff encourage you to attend education, training or work?	43%	56%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	39%	43%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	53%	63%
For those who do have a plan:			
13.2	Do you understand what you need to do to achieve your objectives or targets?	88%	93%
13.3	Are staff here supporting you to achieve your objectives or targets?	25%	57%
13.4	Is anybody here helping you to prepare for when you leave?	47%	33%
13.5	Have you had a say in what will happen to you when you leave here?	33%	37%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	43%	53%

HMYOI Werrington 2020

Comparison of survey responses between different sub-populations of children

In this table the following analyses are presented:

- responses of children who reported that they had a disability compared with those who did not

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability
21	69

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	5%	0%
	Are you aged 18 or over?	20%	18%
1.4	Are you from a black and minority ethnic group?	30%	69%
1.5	Do you have any children?	16%	8%
1.6	Are you from a traveller community?	19%	9%
1.7	Have you ever been in local authority care?	48%	44%
5.2	Do you have any health problems (including mental health problems)?	75%	16%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.		
10.1	Are you Muslim?	16%	35%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	100%	99%
For those who had been searched:			
2.1	Was this search done in a respectful way?	76%	73%
2.2	Overall, were you treated well in reception/admission?	81%	77%
2.3	When you first arrived, did you have any problems or worries?	74%	68%
For those who had any problems when they first arrived:			
2.3	Did staff help you to deal with these problems or worries?	36%	46%
2.4	Did you feel safe on your first night here?	60%	84%
2.5	In your first few days, were you told everything you needed to know about life here?	45%	58%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	30%	48%
3.2	Can you shower everyday?	67%	70%
3.3	Do you normally have enough clean, suitable clothes for the week?	71%	64%
3.4	Do you have clean sheets every week?	80%	75%
3.5	Can you get to your stored property if you need it?	57%	48%
3.6	Is it normally quiet enough for you to relax or sleep at night?	57%	55%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	81%	67%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	29%	38%

Shading is used to indicate statistical significance*, as follows:

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability
21	69

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	26%	24%
4.2	Do you get enough to eat at mealtimes always / most of the time?	29%	26%
4.3	Does the shop / canteen sell the things that you need?	50%	40%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	56%	41%
	- Nurse?	72%	64%
	- Dentist?	42%	30%
	- Mental health worker?	50%	54%
5.2	Do you have any health problems (including mental health problems)?	75%	16%
For those who have health problems:			
5.3	Have you been helped with your health problems since you have been here?	85%	64%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.		
For those who have a disability			
5.5	Are you getting the support you need?	67%	
5.6	Did you have an alcohol problem when you came here?	10%	0%
5.7	Did you have a drug problem when you came here?	32%	13%
For those who did have a drug or alcohol problem			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	100%	75%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	75%	59%
5.10	Do you go to the gym or play sports once a week or more?	75%	61%
COMPLAINTS			
6.1	Do you know how to make a complaint?	86%	87%
For those who have made a complaint:			
6.2	Were your complaints usually dealt with fairly?	50%	33%
	Were your complaints usually dealt with within 7 days?	58%	24%
6.3	Have you ever felt too scared to make a complaint?	33%	10%

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability
21	69

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	43%	29%
7.2	Do you feel unsafe now?	20%	0%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	45%	26%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	50%	24%
	- Threats or intimidation?	28%	15%
	- Physical assault?	33%	8%
	- Sexual assault?	11%	0%
	- Being forced to assault another young person?	22%	5%
	- Theft of canteen or property?	11%	0%
	- Other bullying or victimisation?	17%	7%
	- Young people here have not done any of these things to me	50%	73%
7.6	If you were being bullied / victimised by other young people here, would you report it?	39%	29%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	22%	42%
	- Threats or intimidation?	11%	31%
	- Physical assault?	6%	18%
	- Sexual assault?	6%	0%
	- Theft of canteen or property?	11%	19%
	- Other bullying / victimisation?	6%	13%
	- Staff here have not done any of these things to me	72%	48%
7.8	If you were being bullied / victimised by staff here, would you report it?	55%	65%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	20%	26%
8.2	Do you think the system of rewards or incentives is fair?	30%	21%
8.3	Do staff usually let you know when your behaviour is good?	50%	24%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	63%	29%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	45%	59%
For those who have been restrained:			
8.6	Did a member of staff come and talk to you about it afterwards?	89%	75%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	50%	62%

Shading is used to indicate statistical significance*, as follows:

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	Blue shading shows results that are significantly more negative than the comparator
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	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability
21	69

STAFF			
9.1	Do you feel cared for by most staff here?	45%	25%
9.2	Do most staff here treat you with respect?	72%	47%
9.3	If you had a problem, are there any staff here you could turn to for help?	55%	50%
9.4	Can you speak to a Barnardo's advocate when you need to?	75%	74%
FAITH			
10.1	Do you have a religion?	74%	80%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	80%	78%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	80%	66%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	70%	60%
11.2	Are you able to use a phone every day (if you have credit)?	95%	91%
11.3	Is it quite / very easy for your family and friends to get here?	35%	37%
11.4	Do you get visits from family or friends?	75%	73%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	47%	46%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	95%	79%
	- Training for a job (vocational training)?	10%	5%
	- Paid work?	15%	12%
	- Interventions (e.g. offending behaviour programmes)?	25%	6%
	- Not doing any of these activities	0%	16%
12.2	Do staff encourage you to attend education, training or work?	50%	54%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	55%	36%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	55%	62%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	100%	90%
13.3	Are staff here supporting you to achieve your objectives or targets?	70%	44%
13.4	Is anybody here helping you to prepare for when you leave?	55%	28%
13.5	Have you had a say in what will happen to you when you leave here?	35%	35%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	50%	52%

HMYOI Werrington 2020 **Survey responses compared with those from other HMIP surveys of YOIs** **and with those from the previous survey**

In this table summary statistics from HMYOI Werrington 2020 are compared with the following HMIP survey data:

- Summary statistics from the most recent surveys of all other establishments holding children surveyed since October 2018 (8 establishments).
- Summary statistics from most recent surveys of all other Young Offender Institutions (5 establishments).
- Summary statistics from HMYOI Werrington in 2020 are compared with those from HMYOI Werrington in 2019.

Shading is used to indicate statistical significance*, as follows:

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	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMYOI Werrington	All responses by children	HMYOI Werrington 2020	All other YOIs	HMYOI Werrington 2020	HMYOI Werrington 2019
93	571	93	460	93	99

n=number of valid responses to question (HMYOI Werrington 2020)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION										
1.2	Are you under 15 years of age?	<i>n=91</i>	1%	2%	1%	1%	1%	1%	1%	1%
	Are you aged 18 or over?	<i>n=91</i>	18%	10%	18%	12%	18%	11%	18%	11%
1.4	Are you from a black and minority ethnic group?	<i>n=90</i>	60%	52%	60%	52%	60%	62%	60%	62%
1.5	Do you have any children?	<i>n=87</i>	9%	9%	9%	9%	9%	8%	9%	8%
1.6	Are you from a traveller community?	<i>n=91</i>	11%	9%	11%	8%	11%	8%	11%	8%
1.7	Have you ever been in local authority care?	<i>n=91</i>	46%	53%	46%	55%	46%	51%	46%	51%
5.2	Do you have any health problems (including mental health problems)?	<i>n=87</i>	30%	35%	30%	33%	30%	35%	30%	35%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	<i>n=90</i>	23%	27%	23%	26%	23%	28%	23%	28%
10.1	Are you Muslim?	<i>n=87</i>	30%	17%	30%	17%	30%	30%	30%	30%
ARRIVAL AND INDUCTION										
2.1	Were you searched in reception/admissions?	<i>n=91</i>	99%	95%	99%	95%	99%	95%	99%	95%
<i>For those who had been searched:</i>										
2.1	Was this search done in a respectful way?	<i>n=90</i>	74%	70%	74%	71%	74%	67%	74%	67%
2.2	Overall, were you treated well in reception/admission?	<i>n=92</i>	78%	70%	78%	70%	78%	72%	78%	72%
2.3	When you first arrived, did you have any problems or worries?	<i>n=90</i>	70%	73%	70%	72%	70%	66%	70%	66%
<i>For those who had any problems when they first arrived:</i>										
2.3	Did staff help you to deal with these problems or worries?	<i>n=63</i>	44%	48%	44%	45%	44%	49%	44%	49%
2.4	Did you feel safe on your first night here?	<i>n=90</i>	78%	73%	78%	72%	78%	71%	78%	71%
2.5	In your first few days, were you told everything you needed to know about life here?	<i>n=89</i>	54%	55%	54%	53%	54%	54%	54%	54%
LIVING CONDITIONS										
3.1	Is the temperature of your room or cell about right?	<i>n=83</i>	43%	44%	43%	45%	43%	39%	43%	39%
3.2	Can you shower everyday?	<i>n=90</i>	69%	63%	69%	56%	69%	62%	69%	62%
3.3	Do you normally have enough clean, suitable clothes for the week?	<i>n=93</i>	67%	69%	67%	65%	67%	76%	67%	76%
3.4	Do you have clean sheets every week?	<i>n=91</i>	76%	79%	76%	79%	76%	74%	76%	74%
3.5	Can you get to your stored property if you need it?	<i>n=92</i>	51%	50%	51%	47%	51%	56%	51%	56%
3.6	Is it normally quiet enough for you to relax or sleep at night?	<i>n=93</i>	56%	45%	56%	42%	56%	54%	56%	54%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	<i>n=92</i>	70%	75%	70%	71%	70%	86%	70%	86%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	<i>n=92</i>	35%	37%	35%	27%	35%	28%	35%	28%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMYOI Werrington	All responses by children	HMYOI Werrington 2020	All other YOIs	HMYOI Werrington 2020	HMYOI Werrington 2019
93	571	93	460	93	99

n=number of valid responses to question (HMYOI Werrington 2020)

FOOD AND CANTEEN								
4.1	Is the food here very / quite good?	n=89	25%	30%	25%	31%	25%	27%
4.2	Do you get enough to eat at mealtimes always / most of the time?	n=92	28%	37%	28%	38%	28%	39%
4.3	Does the shop / canteen sell the things that you need?	n=87	43%	55%	43%	63%	43%	51%
HEALTH AND WELL-BEING								
5.1	Is it easy to see:							
	- Doctor?	n=88	44%	35%	44%	35%	44%	41%
	- Nurse?	n=86	65%	57%	65%	56%	65%	55%
	- Dentist?	n=87	33%	22%	33%	20%	33%	23%
	- Mental health worker?	n=85	54%	43%	54%	42%	54%	41%
5.2	Do you have any health problems (including mental health problems)?	n=87	30%	35%	30%	33%	30%	35%
For those who have health problems:								
5.3	Have you been helped with your health problems since you have been here?	n=24	75%	55%	75%	54%	75%	72%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=90	23%	27%	23%	26%	23%	28%
For those who have a disability								
5.5	Are you getting the support you need?	n=18	67%	44%	67%	40%	67%	46%
5.6	Did you have an alcohol problem when you came here?	n=91	2%	7%	2%	7%	2%	6%
5.7	Did you have a drug problem when you came here?	n=90	18%	26%	18%	28%	18%	18%
For those who did have a drug or alcohol problem								
5.8	Have you been helped with your drug or alcohol problem since you've been here?	n=16	88%	50%	88%	52%	88%	60%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	n=89	64%	44%	64%	44%	64%	62%
5.10	Do you go to the gym or play sports once a week or more?	n=88	65%	43%	65%	39%	65%	65%
COMPLAINTS								
6.1	Do you know how to make a complaint?	n=91	87%	83%	87%	81%	87%	91%
For those who have made a complaint:								
6.2	Were your complaints usually dealt with fairly?	n=54	39%	34%	39%	32%	39%	33%
	Were your complaints usually dealt with within 7 days?	n=51	35%	29%	35%	24%	35%	36%
6.3	Have you ever felt too scared to make a complaint?	n=65	14%	16%	14%	17%	14%	15%

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Number of completed questionnaires returned

n=number of valid responses to question (HMYOI Werrington 2020)

SAFETY AND SECURITY								
7.1	Have you ever felt unsafe here?	n=91	33%	38%	33%	40%	33%	33%
7.2	Do you feel unsafe now?	n=90	4%	14%	4%	15%	4%	13%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	n=89	30%	29%	30%	23%	30%	18%
7.5	Have other young people here ever done any of the following to you?							
	- Verbal abuse?	n=81	31%	44%	31%	43%	31%	43%
	- Threats or intimidation?	n=81	19%	32%	19%	32%	19%	34%
	- Physical assault?	n=81	15%	29%	15%	28%	15%	21%
	- Sexual assault?	n=81	3%	3%	3%	2%	3%	0%
	- Being forced to assault another young person?	n=81	9%	8%	9%	8%	9%	3%
	- Theft of canteen or property?	n=81	3%	7%	3%	6%	3%	4%
	- Other bullying or victimisation?	n=81	9%	8%	9%	8%	9%	8%
	- Young people here have not done any of these things to me	n=81	67%	49%	67%	48%	67%	58%
7.6	If you were being bullied / victimised by other young people here, would you report it?	n=81	32%	31%	32%	29%	32%	29%
7.7	Have staff here ever done any of the following to you?							
	- Verbal abuse?	n=81	38%	35%	38%	36%	38%	43%
	- Threats or intimidation?	n=81	27%	21%	27%	22%	27%	32%
	- Physical assault?	n=81	15%	16%	15%	17%	15%	14%
	- Sexual assault?	n=81	1%	3%	1%	2%	1%	0%
	- Theft of canteen or property?	n=81	17%	10%	17%	10%	17%	17%
	- Other bullying / victimisation?	n=81	11%	11%	11%	11%	11%	8%
	- Staff here have not done any of these things to me	n=81	53%	57%	53%	56%	53%	48%
7.8	If you were being bullied / victimised by staff here, would you report it?	n=85	62%	52%	62%	53%	62%	53%
BEHAVIOUR MANAGEMENT								
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	n=89	25%	35%	25%	36%	25%	39%
8.2	Do you think the system of rewards or incentives is fair?	n=90	24%	28%	24%	29%	24%	30%
8.3	Do staff usually let you know when your behaviour is good?	n=90	30%	41%	30%	37%	30%	43%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	n=77	36%	62%	36%	61%	36%	45%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	n=90	57%	67%	57%	69%	57%	57%
For those who have been restrained:								
8.6	Did a member of staff come and talk to you about it afterwards?	n=51	78%	64%	78%	64%	78%	64%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	n=90	59%	64%	59%	65%	59%	54%

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Number of completed questionnaires returned

HMYOI Werrington	All responses by children	HMYOI Werrington 2020	All other YOIs	HMYOI Werrington 2020	HMYOI Werrington 2019
93	571	93	460	93	99

n=number of valid responses to question (HMYOI Werrington 2020)

STAFF									
9.1	Do you feel cared for by most staff here?	n=90	30%	46%	30%	43%	30%	33%	
9.2	Do most staff here treat you with respect?	n=86	54%	67%	54%	63%	54%	62%	
9.3	If you had a problem, are there any staff here you could turn to for help?	n=88	52%	69%	52%	66%	52%	62%	
9.4	Can you speak to a Barnardo's advocate when you need to?	n=90	74%	65%	74%	63%	74%	79%	
FAITH									
10.1	Do you have a religion?	n=87	77%	67%	77%	67%	77%	77%	
For those who have a religion:									
10.2	Are your religious beliefs respected here?	n=69	78%	75%	78%	75%	78%	82%	
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=68	69%	72%	69%	70%	69%	72%	
KEEPING IN TOUCH WITH FAMILY AND FRIENDS									
11.1	Has anyone here helped you to keep in touch with your family / friends?	n=87	63%	62%	63%	58%	63%	72%	
11.2	Are you able to use a phone every day (if you have credit)?	n=88	92%	66%	92%	61%	92%	73%	
11.3	Is it quite / very easy for your family and friends to get here?	n=89	37%	36%	37%	36%	37%	37%	
11.4	Do you get visits from family or friends?	n=88	73%	79%	73%	77%	73%	81%	
For those who do get visits:									
11.4	Do you get visits from family or friends once a week or more?	n=64	47%	44%	47%	42%	47%	54%	
EDUCATION AND TRAINING									
12.1	Are you doing any of the following activities at the moment:								
	- Education?	n=89	83%	84%	83%	83%	83%	91%	
	- Training for a job (vocational training)?	n=89	6%	7%	6%	6%	6%	6%	
	- Paid work?	n=89	12%	6%	12%	6%	12%	5%	
	- Interventions (e.g. offending behaviour programmes)?	n=89	10%	18%	10%	16%	10%	15%	
	- Not doing any of these activities	n=89	12%	13%	12%	14%	12%	8%	
12.2	Do staff encourage you to attend education, training or work?	n=87	54%	65%	54%	61%	54%	62%	
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	n=88	42%	53%	42%	49%	42%	53%	
PREPARING TO MOVE ON									
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	n=90	61%	60%	61%	61%	61%	67%	
For those who do have a plan:									
13.2	Do you understand what you need to do to achieve your objectives or targets?	n=53	93%	89%	93%	89%	93%	97%	
13.3	Are staff here supporting you to achieve your objectives or targets?	n=51	51%	51%	51%	46%	51%	45%	
13.4	Is anybody here helping you to prepare for when you leave?	n=87	35%	36%	35%	32%	35%	48%	
13.5	Have you had a say in what will happen to you when you leave here?	n=88	36%	42%	36%	40%	36%	51%	
FINAL QUESTIONS ABOUT THIS STC/YOI									
14.1	Do you think your experiences here have made you less likely to offend in the future?	n=88	52%	56%	52%	55%	52%	58%	

HMYOI Werrington 2020

Comparison of survey responses from different residential locations

In this table responses from the Diamond and Induction unit (C2 wing) are compared with those from A and B wing.

Shading is used to indicate statistical significance*, as follows:

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Diamond and Induction unit (C2 wing)	A and B wing
19	70

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	11%	19%
1.4	Are you from a black and minority ethnic group?	50%	66%
1.5	Do you have any children?	5%	11%
1.6	Are you from a traveller community?	5%	12%
1.7	Have you ever been in local authority care?	37%	47%
5.2	Do you have any health problems (including mental health problems)?	32%	27%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	26%	21%
10.1	Are you Muslim?	26%	32%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	95%	100%
For those who had been searched:			
2.1	Was this search done in a respectful way?	83%	72%
2.2	Overall, were you treated well in reception/admission?	74%	78%
2.3	When you first arrived, did you have any problems or worries?	63%	72%
For those who had any problems when they first arrived:			
2.3	Did staff help you to deal with these problems or worries?	33%	47%
2.4	Did you feel safe on your first night here?	68%	84%
2.5	In your first few days, were you told everything you needed to know about life here?	47%	58%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	65%	37%
3.2	Can you shower everyday?	84%	63%
3.3	Do you normally have enough clean, suitable clothes for the week?	79%	64%
3.4	Do you have clean sheets every week?	74%	78%
3.5	Can you get to your stored property if you need it?	42%	52%
3.6	Is it normally quiet enough for you to relax or sleep at night?	68%	54%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	74%	70%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	74%	26%

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Diamond and Induction unit (C2 wing)	A and B wing
19	70

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	11%	28%
4.2	Do you get enough to eat at mealtimes always / most of the time?	42%	24%
4.3	Does the shop / canteen sell the things that you need?	53%	37%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	58%	41%
	- Nurse?	58%	67%
	- Dentist?	32%	34%
	- Mental health worker?	63%	52%
5.2	Do you have any health problems (including mental health problems)?	32%	27%
For those who have health problems:			
5.3	Have you been helped with your health problems since you have been here?	100%	71%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	26%	21%
For those who have a disability			
5.5	Are you getting the support you need?	75%	58%
5.6	Did you have an alcohol problem when you came here?	0%	3%
5.7	Did you have a drug problem when you came here?	5%	21%
For those who did have a drug or alcohol problem			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	100%	86%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	72%	63%
5.10	Do you go to the gym or play sports once a week or more?	59%	64%
COMPLAINTS			
6.1	Do you know how to make a complaint?	74%	90%
For those who have made a complaint:			
6.2	Were your complaints usually dealt with fairly?	50%	31%
	Were your complaints usually dealt with within 7 days?	38%	31%
6.3	Have you ever felt too scared to make a complaint?	9%	16%

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Number of completed questionnaires returned

Diamond and Induction unit (C2 wing)	A and B wing
19	70

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	63%	25%
7.2	Do you feel unsafe now?	6%	4%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	56%	22%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	13%	33%
	- Threats or intimidation?	13%	18%
	- Physical assault?	6%	13%
	- Sexual assault?	0%	2%
	- Being forced to assault another young person?	0%	10%
	- Theft of canteen or property?	0%	2%
	- Other bullying or victimisation?	6%	8%
	- Young people here have not done any of these things to me	88%	64%
7.6	If you were being bullied / victimised by other young people here, would you report it?	39%	31%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	38%	38%
	- Threats or intimidation?	25%	26%
	- Physical assault?	6%	18%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	19%	18%
	- Other bullying / victimisation?	6%	13%
	- Staff here have not done any of these things to me	56%	53%
7.8	If you were being bullied / victimised by staff here, would you report it?	78%	60%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	28%	24%
8.2	Do you think the system of rewards or incentives is fair?	32%	22%
8.3	Do staff usually let you know when your behaviour is good?	32%	30%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	42%	35%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	16%	70%
For those who have been restrained:			
8.6	Did a member of staff come and talk to you about it afterwards?	100%	77%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	26%	69%

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Number of completed questionnaires returned

Diamond and Induction unit (C2 wing)	A and B wing
19	70

STAFF			
9.1	Do you feel cared for by most staff here?	32%	30%
9.2	Do most staff here treat you with respect?	61%	50%
9.3	If you had a problem, are there any staff here you could turn to for help?	56%	52%
9.4	Can you speak to a Barnardo's advocate when you need to?	74%	75%
FAITH			
10.1	Do you have a religion?	58%	83%
For those who have a religion:			
10.2	Are your religious beliefs respected here?	73%	78%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	50%	71%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	72%	60%
11.2	Are you able to use a phone every day (if you have credit)?	83%	94%
11.3	Is it quite / very easy for your family and friends to get here?	26%	39%
11.4	Do you get visits from family or friends?	68%	74%
For those who do get visits:			
11.4	Do you get visits from family or friends once a week or more?	46%	50%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	61%	88%
	- Training for a job (vocational training)?	17%	2%
	- Paid work?	22%	9%
	- Interventions (e.g. offending behaviour programmes)?	6%	9%
	- Not doing any of these activities	33%	8%
12.2	Do staff encourage you to attend education, training or work?	53%	53%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	37%	42%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	47%	64%
For those who do have a plan:			
13.2	Do you understand what you need to do to achieve your objectives or targets?	88%	93%
13.3	Are staff here supporting you to achieve your objectives or targets?	29%	51%
13.4	Is anybody here helping you to prepare for when you leave?	24%	38%
13.5	Have you had a say in what will happen to you when you leave here?	22%	41%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	56%	53%

HMYOI Werrington 2020

Comparison of survey responses between different sub-populations of children

In this table the following analyses are presented:

- responses of children who had been in local authority care are compared with responses of those who had not been in local authority care

Please note that these analyses are based on summary data from selected survey questions only.

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have been in local authority care	Have not been in local authority care
42	49

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	3%	0%
	Are you aged 18 or over?	23%	14%
1.4	Are you from a black and minority ethnic group?	59%	59%
1.5	Do you have any children?	8%	11%
1.6	Are you from a traveller community?	17%	6%
5.2	Do you have any health problems (including mental health problems)?	35%	27%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	22%
10.1	Are you Muslim?	24%	35%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	100%	98%
For those who had been searched:			
2.1	Was this search done in a respectful way?	67%	81%
2.2	Overall, were you treated well in reception/admission?	74%	82%
2.3	When you first arrived, did you have any problems or worries?	76%	65%
For those who had any problems when they first arrived:			
2.3	Did staff help you to deal with these problems or worries?	45%	45%
2.4	Did you feel safe on your first night here?	68%	85%
2.5	In your first few days, were you told everything you needed to know about life here?	49%	59%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	33%	50%
3.2	Can you shower everyday?	68%	71%
3.3	Do you normally have enough clean, suitable clothes for the week?	57%	74%
3.4	Do you have clean sheets every week?	78%	76%
3.5	Can you get to your stored property if you need it?	43%	59%
3.6	Is it normally quiet enough for you to relax or sleep at night?	48%	63%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	61%	78%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	24%	45%

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Number of completed questionnaires returned

Have been in local authority care	Have not been in local authority care
42	49

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	21%	27%
4.2	Do you get enough to eat at mealtimes always / most of the time?	32%	25%
4.3	Does the shop / canteen sell the things that you need?	41%	45%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	34%	50%
	- Nurse?	60%	68%
	- Dentist?	19%	42%
	- Mental health worker?	43%	61%
5.2	Do you have any health problems (including mental health problems)?	35%	27%
For those who have health problems:			
5.3	Have you been helped with your health problems since you have been here?	67%	83%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	22%
For those who have a disability			
5.5	Are you getting the support you need?	63%	70%
5.6	Did you have an alcohol problem when you came here?	5%	0%
5.7	Did you have a drug problem when you came here?	29%	6%
For those who did have a drug or alcohol problem			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	82%	100%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	60%	68%
5.10	Do you go to the gym or play sports once a week or more?	63%	65%
COMPLAINTS			
6.1	Do you know how to make a complaint?	88%	86%
For those who have made a complaint:			
6.2	Were your complaints usually dealt with fairly?	42%	39%
	Were your complaints usually dealt with within 7 days?	39%	29%
6.3	Have you ever felt too scared to make a complaint?	16%	12%

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Number of completed questionnaires returned

Have been in local authority care	Have not been in local authority care
42	49

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	34%	33%
7.2	Do you feel unsafe now?	8%	2%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	21%	40%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	46%	16%
	- Threats or intimidation?	27%	9%
	- Physical assault?	16%	12%
	- Sexual assault?	3%	2%
	- Being forced to assault another young person?	11%	7%
	- Theft of canteen or property?	3%	2%
	- Other bullying or victimisation?	11%	7%
	- Young people here have not done any of these things to me	54%	79%
7.6	If you were being bullied / victimised by other young people here, would you report it?	25%	36%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	43%	33%
	- Threats or intimidation?	35%	21%
	- Physical assault?	19%	12%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	24%	9%
	- Other bullying / victimisation?	8%	12%
	- Staff here have not done any of these things to me	43%	63%
7.8	If you were being bullied / victimised by staff here, would you report it?	47%	74%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	18%	29%
8.2	Do you think the system of rewards or incentives is fair?	33%	18%
8.3	Do staff usually let you know when your behaviour is good?	33%	27%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	41%	35%
8.5	Have you been physically restrained (e.g. MPR) since you have been here?	60%	53%
For those who have been restrained:			
8.6	Did a member of staff come and talk to you about it afterwards?	79%	77%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	68%	51%

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Number of completed questionnaires returned

Have been in local authority care	Have not been in local authority care
42	49

STAFF			
9.1	Do you feel cared for by most staff here?	26%	35%
9.2	Do most staff here treat you with respect?	55%	53%
9.3	If you had a problem, are there any staff here you could turn to for help?	51%	54%
9.4	Can you speak to a Barnardo's advocate when you need to?	68%	80%
FAITH			
10.1	Do you have a religion?	71%	81%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	75%	80%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	61%	74%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	65%	61%
11.2	Are you able to use a phone every day (if you have credit)?	95%	90%
11.3	Is it quite / very easy for your family and friends to get here?	31%	43%
11.4	Do you get visits from family or friends?	64%	79%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	36%	55%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	83%	83%
	- Training for a job (vocational training)?	8%	4%
	- Paid work?	15%	10%
	- Interventions (e.g. offending behaviour programmes)?	10%	10%
	- Not doing any of these activities	10%	15%
12.2	Do staff encourage you to attend education, training or work?	61%	48%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	40%	45%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	61%	63%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	92%	93%
13.3	Are staff here supporting you to achieve your objectives or targets?	52%	50%
13.4	Is anybody here helping you to prepare for when you leave?	39%	31%
13.5	Have you had a say in what will happen to you when you leave here?	37%	35%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	44%	60%

HMYOI Werrington 2020

Comparison of survey responses between different sub-populations of children

In this table the following analyses are presented:
- responses of children from traveller communities are compared with those of children not from traveller communities
Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

Traveller	Non-traveller
10	81

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	10%	0%
	Are you aged 18 or over?	0%	20%
1.4	Are you from a black and minority ethnic group?	0%	65%
1.5	Do you have any children?	25%	8%
1.7	Have you ever been in local authority care?	70%	44%
5.2	Do you have any health problems (including mental health problems)?	63%	26%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	40%	22%
10.1	Are you Muslim?	0%	34%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	100%	99%
For those who had been searched:			
2.1	Was this search done in a respectful way?	60%	76%
2.2	Overall, were you treated well in reception/admission?	80%	78%
2.3	When you first arrived, did you have any problems or worries?	78%	70%
For those who had any problems when they first arrived:			
2.3	Did staff help you to deal with these problems or worries?	86%	39%
2.4	Did you feel safe on your first night here?	70%	79%
2.5	In your first few days, were you told everything you needed to know about life here?	70%	51%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	50%	41%
3.2	Can you shower everyday?	88%	66%
3.3	Do you normally have enough clean, suitable clothes for the week?	40%	69%
3.4	Do you have clean sheets every week?	78%	75%
3.5	Can you get to your stored property if you need it?	50%	51%
3.6	Is it normally quiet enough for you to relax or sleep at night?	50%	57%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	40%	73%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	20%	38%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Traveller	Non-traveller
10	81

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	13%	25%
4.2	Do you get enough to eat at mealtimes always / most of the time?	20%	30%
4.3	Does the shop / canteen sell the things that you need?	63%	40%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	38%	45%
	- Nurse?	63%	66%
	- Dentist?	38%	33%
	- Mental health worker?	38%	56%
5.2	Do you have any health problems (including mental health problems)?	63%	26%
For those who have health problems:			
5.3	Have you been helped with your health problems since you have been here?	100%	67%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	40%	22%
For those who have a disability			
5.5	Are you getting the support you need?	75%	64%
5.6	Did you have an alcohol problem when you came here?	10%	1%
5.7	Did you have a drug problem when you came here?	50%	13%
For those who did have a drug or alcohol problem			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	100%	82%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	70%	64%
5.10	Do you go to the gym or play sports once a week or more?	40%	67%
COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	85%
For those who have made a complaint:			
6.2	Were your complaints usually dealt with fairly?	67%	36%
	Were your complaints usually dealt with within 7 days?	60%	31%
6.3	Have you ever felt too scared to make a complaint?	14%	14%

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Number of completed questionnaires returned

Traveller	Non-traveller
10	81

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	50%	30%
7.2	Do you feel unsafe now?	20%	3%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	50%	29%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	75%	25%
	- Threats or intimidation?	50%	14%
	- Physical assault?	25%	13%
	- Sexual assault?	13%	1%
	- Being forced to assault another young person?	25%	7%
	- Theft of canteen or property?	13%	1%
	- Other bullying or victimisation?	38%	6%
	- Young people here have not done any of these things to me	25%	72%
7.6	If you were being bullied / victimised by other young people here, would you report it?	30%	30%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	22%	40%
	- Threats or intimidation?	22%	29%
	- Physical assault?	22%	14%
	- Sexual assault?	0%	1%
	- Theft of canteen or property?	11%	17%
	- Other bullying / victimisation?	0%	11%
	- Staff here have not done any of these things to me	56%	53%
7.8	If you were being bullied / victimised by staff here, would you report it?	50%	63%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	30%	23%
8.2	Do you think the system of rewards or incentives is fair?	40%	23%
8.3	Do staff usually let you know when your behaviour is good?	67%	25%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	75%	33%
8.5	Have you been physically restrained (e.g. MPR) since you have been here?	40%	59%
For those who have been restrained:			
8.6	Did a member of staff come and talk to you about it afterwards?	100%	76%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	70%	58%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Traveller	Non-traveller
10	81

STAFF			
9.1	Do you feel cared for by most staff here?	56%	27%
9.2	Do most staff here treat you with respect?	70%	52%
9.3	If you had a problem, are there any staff here you could turn to for help?	60%	51%
9.4	Can you speak to a Barnardo's advocate when you need to?	80%	73%
FAITH			
10.1	Do you have a religion?	67%	79%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	57%	80%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	68%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	75%	61%
11.2	Are you able to use a phone every day (if you have credit)?	100%	91%
11.3	Is it quite / very easy for your family and friends to get here?	60%	34%
11.4	Do you get visits from family or friends?	90%	70%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	67%	43%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	80%	83%
	- Training for a job (vocational training)?	10%	5%
	- Paid work?	40%	9%
	- Interventions (e.g. offending behaviour programmes)?	10%	10%
	- Not doing any of these activities	0%	14%
12.2	Do staff encourage you to attend education, training or work?	67%	51%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	50%	42%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	70%	60%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	86%	93%
13.3	Are staff here supporting you to achieve your objectives or targets?	83%	46%
13.4	Is anybody here helping you to prepare for when you leave?	50%	33%
13.5	Have you had a say in what will happen to you when you leave here?	30%	37%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	40%	54%