Report on an unannounced inspection of

HMYOI Cookham Wood

10–20 December 2018

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by HM Chief Inspector of Prisons

10–20 December 2018

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

Introduction

HMYOI Cookham Wood, near Rochester, is a young offender institution holding up to 188 boys between the ages of 15 and 18. At the time of our inspection in December 2018, 165 young people were being held in mostly new accommodation that had been rebuilt in recent years. We last inspected the institution in late 2017 and seek to inspect facilities holding young people annually.

We found Cookham Wood to be a largely settled facility despite the challenges of holding a group of young people with complex needs, a significant minority of whom were facing quite considerable sentences for serious offences. Our overall assessment of outcomes, however, was that they remained insufficiently good in safety, purposeful activity and resettlement, but reasonably good in care. These were the same assessments we made in 2017, although we did identify improvement within the bands of our marking system. Disappointingly, we also found that the institution had achieved only half the recommendations we made in 2017.

Cookham Wood received young people from across southern England. Too many arrived late in the evening which did not help reception and risk assessment processes, although, in general, young people were received and inducted to a reasonable standard.

Safeguarding procedures were in place but referral arrangements to the local authority designated officer needed to be quicker and more consistently applied. Self-harm among young people remained low and those who needed support told us they felt well cared for. Access to regime provision for a small number who were isolating themselves, however, needed to be better.

Behaviour management arrangements mostly sought to incentivise young people, but we did see some poor behaviour go unchallenged by staff, and some inconsistencies in the application of reward schemes which undermined their legitimacy. Some aspects of procedural security were cumbersome. It was undoubtedly the case that complex and dynamic keep-apart restrictions that sought to keep numerous individuals away from each other had a serious detrimental impact on the services provided to young people and arguably the culture of the institution.

To illustrate this point, some young people, because of keep-apart restrictions, spent almost as much time each day being escorted to and from activity as they did in the activity. While the reasons for this approach were clear in terms of protecting individuals, there needed, in our view, to be some new thinking about how to challenge this restrictive culture and the causes of it.

In our survey of young people, about 10% told us they felt unsafe, which was much lower than at the last inspection. Work to resolve conflict and reduce violence was taking place, with several initiatives showing promise. Levels of violence, however, remained high, despite some encouraging reduction in recent months. About two-thirds of young people indicated to us that they had been subject to use of force but records suggested much was comparatively low level. Conditions in the old segregation unit remained poor and in our view its use should be discontinued. The Bridge landing also held young people who were being kept apart. Facilities and interventions on this unit were better, but young people held there were locked in their cells for too long.

Most young people told us they felt respected by staff and we saw evidence of care and compassion from staff despite many being relatively inexperienced. Most staff we met were growing in confidence, were knowledgeable, and spoke positively about those they cared for. Living conditions and cellular accommodation were mostly good, although we were concerned to see a number of cells extensively graffitied with unacceptable images of violence and racism. The nature and extent of this graffiti was such that we secured photographic evidence of it, and would normally have included this in our report. However, on this occasion we have not done so as there were also specific references to a convicted gang member and gang-related postcodes. These could clearly cause

distress to victims of gang violence, whether innocent members of the public or young people serving sentences in Cookham Wood, and should have been erased as a matter of urgency.

Consultation arrangements with young people were reasonably good and there was evidence that the youth council had effected some positive change in the establishment. However, the promotion of equality had seen only small improvements. Health services were very good.

The amount of time that young people spent unlocked was slightly better than at the last inspection but we still found a quarter of the population locked up during the working day. Enough education places were provided and the range on offer was good, but attendance was still poor and the quality of teaching and assessment needed improvement. Our colleagues in Ofsted judged the overall effectiveness of learning and skills provision at Cookham Wood as 'requires improvement'.

The institution now had in place an up-to-date assessment of the resettlement needs of young people, but the assessment had yet to inform strategic direction. Departments in Cookham Wood were not well integrated in support of resettlement work and sentence plans did not always address issues of risk. Caseworkers met frequently with young people but records of these meetings were poor. Public protection work similarly required improvement. The institution's support for children and family ties was better.

Overall, we believed Cookham Wood to be an institution that was progressing but not yet to the point where this could be recognised in our healthy prison assessments. The institution was nevertheless well led by a governor and team that seemed receptive to innovative ideas and were working hard to support a relatively inexperienced staff group to grow in confidence and competence. Priorities for the year ahead remained the reduction in levels of violence and ensuring young people were required to engage in purposeful activity consistently.

Peter Clarke CVO OBE QPM February 2019
HM Chief Inspector of Prisons

Fact page

Task of the establishment
Young offender institution for children aged 15 to 18 years

Certified normal accommodation and operational capacity[1]
Children held at the time of inspection: 165
Baseline certified normal capacity: 188
In-use certified normal capacity: 187
Operational capacity: 188

Notable features from this inspection

Fifty percent of officers were in their first year.

Two-thirds of children said they had been physically restrained while at Cookham Wood.

Most children had showers and telephones in their cells.

Two-thirds of children were from black and minority ethnic backgrounds.

Thirty-four children were accused or convicted of offences of murder or manslaughter.

A resettlement unit had been opened for children approaching release.

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

Region/Department
Youth Custody Service

Date of last full inspection
August 2017

Brief history
HMYOI Cookham Wood was built in the 1970s, originally for children, but its use was changed to meet the growing need for secure female accommodation at the time. In 2007-8, it changed its function to accommodate 15 to 17-year-old children to reduce capacity pressures in London and the south-east for this age group. In January 2014, a new purpose-built residential unit was opened incorporating integrated facilities and designed to meet the needs of the children and improve safety.

Short description of residential units
177 single cells with integral telephone and showers, spread over six self-contained landings.
One room to accommodate a young person with a disability.
Phoenix unit – Nine-bed separation unit
Cedar unit – 17-bed resettlement unit

[1] 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.

Name of governor
Paul Durham

Escort contractor
GeoAmey

Health service commissioner and providers
Primary care: Oxleas NHS Foundation Trust
Health and well-being: Central and North-west London NHS Foundation Trust
Substance misuse service: Open Road

Learning and skills providers
Novus

Independent Monitoring Board chair
Anne Finlayson

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:

- **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 and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

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

A11 Findings from the survey of children and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.[2]

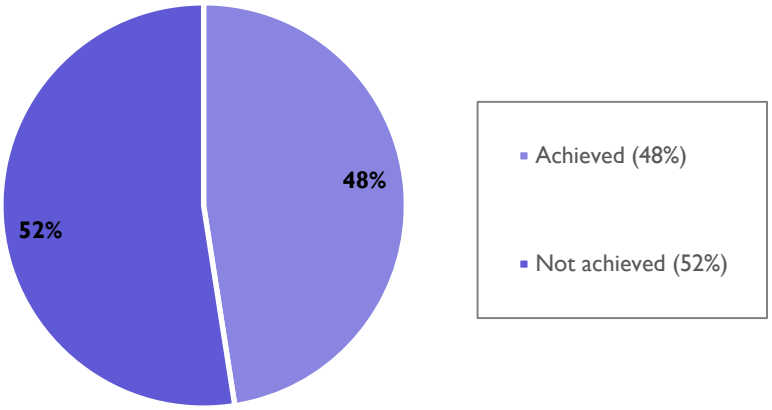
[2] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected HMYOI Cookham Wood in 2017 and made 61 recommendations overall. The prison fully accepted 39 of the recommendations and partially (or subject to resources) accepted 18. It rejected four of the recommendations.

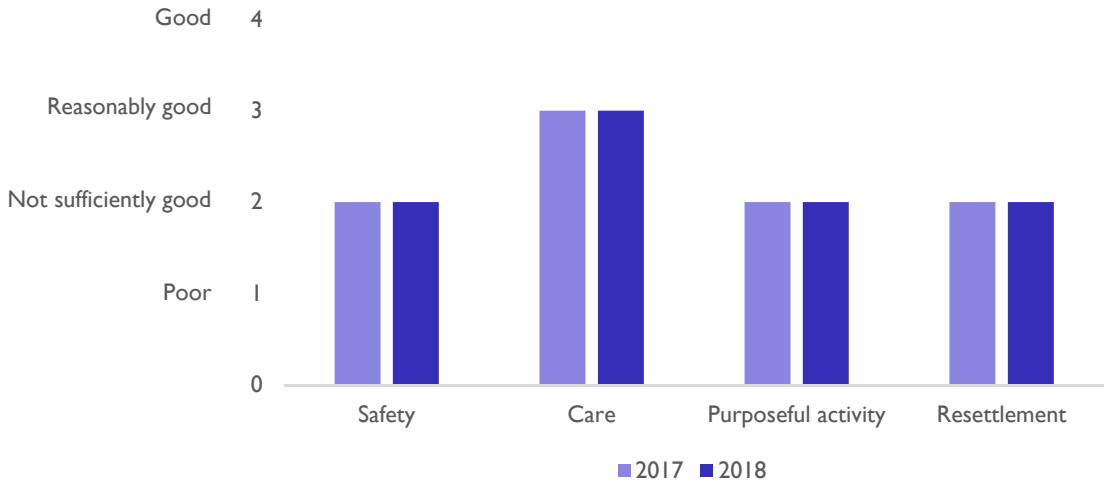
S2 At this follow-up inspection we found that the prison had achieved 29 of those recommendations and not achieved 32 recommendations.

Figure 1: HMYOI Cookham Wood progress on recommendations from last inspection (n=61)



S3 Since our last inspection outcomes for children stayed the same in all healthy prison areas. Outcomes were reasonably good in the area of care, while outcomes in all other areas were not sufficiently good.

Figure 2: HMYOI Cookham Wood healthy prison outcomes 2017 and 2018[3]



[3] 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 *Early days work at Cookham Wood was reasonably good. There were weaknesses in the safeguarding referral process. Levels of self-harm were low and there was good care for children in crisis. Levels of violence remained too high. The behaviour management strategy focused appropriately on reward. Management of the perpetrators of violence and support for victims were mostly good. Use of force was high and there were weaknesses in governance. Living conditions in the segregation unit were poor. Children separated on the Bridge unit were locked up for too long, although support and the delivery of interventions on the unit had improved.* ***Outcomes for children were not sufficiently good against this healthy prison test.***

S5 *At the last inspection in August 2017, we found that outcomes for children in Cookham Wood were not sufficiently good against this healthy prison test. We made 19 recommendations about safety. At this follow-up inspection, we found that 10 of the recommendations had been achieved and nine had not been achieved.*

S6 Almost half of all receptions in the previous six months had arrived too late at night which limited the time available to provide adequate first night support. Reception was well laid out and the holding room was clean and welcoming. The process was swift and efficient, and interviews were conducted with care by a member of the induction team. The induction cells were of a mixed standard. Most were well prepared but some were shabby and in need of refurbishment. Staff conducted enhanced welfare checks on children overnight. The induction strategy was up to date and relevant, and the delivery of induction was adequate.

S7 All the appropriate safeguarding policies and procedures were in place. However, in too many cases there was a delay in making referrals to the local authority designated officer (LADO). We were concerned to find that junior members of staff had made decisions not to refer serious allegations to the LADO for independent scrutiny.

S8 Levels of self-harm and open ACCT[4] documents remained low compared to similar establishments. Most children felt cared for and the quality of ACCT documentation had improved since the last inspection. However, there was a lack of input from health care in too many of the cases we reviewed, and insufficient scrutiny of self-harm incidents at the monthly safeguarding meeting. The use of constant watch procedures was excessive and operational managers did not always complete defensible decision logs before segregating children on an ACCT. The regime for some self-isolators was limited despite management oversight. In too many cases, cell bells were not answered promptly.

S9 Security intelligence was well managed and an effective supply reduction policy was in place. Some procedural security arrangements remained cumbersome and affected the delivery of other key work. Management of the vast numbers of complicated protocols in place to keep children apart in case they fought frequently delayed movement and the delivery of important interventions.

S10 A comprehensive behaviour management strategy was in place with a focus on incentives rather than sanctions. Children were fast tracked to the enhanced level of the incentives and earned privileges scheme and the establishment now awarded more positive green merit awards than negative yellow cards in the instant reward scheme. However, there was some inconsistency in the delivery of the scheme which undermined its legitimacy. Children could progress to one of three enhanced units which motivated them to behave. Staff on A3 and B3 enhanced units did not always challenge inappropriate behaviour or set sufficiently high

[4] Assessment, care in custody and teamwork case management of children at risk of suicide and self-harm.

standards of cleanliness and tidiness. The number of disciplinary hearings over the previous six months was similar to that recorded at the last inspection and remained lower than we have found in similar establishments.

S11 In our survey, 10% of children felt unsafe which was much lower than at the time of the previous inspection. There were numerous initiatives and interventions designed to reduce violence, with some recent evidence of success. Support for victims of bullying and management of perpetrators were good in most cases and conflict resolution work was impressive. Data integrity remained a problem which the establishment was still seeking to address. Based on performance hub data, violence remained high, although levels had been declining in recent months.

S12 In our survey, 66% of children told us that they had been restrained which was significantly higher than at similar establishments. Records indicated that about half of all incidents of force were low-level guiding holds and the incidents we reviewed demonstrated appropriate de-escalation. However, governance arrangements were inadequate. There were delays with quality assurance and not all incidents were reviewed at the weekly restraint minimisation meeting.

S13 Living conditions and the regime in the segregation unit remained poor. The Bridge landing, which was also used to separate children from mainstream units, had improved with some good support and interventions in place, but children still spent too much time locked up with little to do.

Care

S14 *Relationships between children and staff were good. Communal areas were well maintained. Most cells were adequate but some required refurbishment. A small but significant number of cells contained offensive graffiti. The provision of in-cell showers and telephones was excellent. Food was relatively good but too few children could eat together. General consultation was reasonably good and the youth council was very effective. There were weaknesses in the complaints system. Equality work was still underdeveloped. Faith provision and support from the chaplaincy were good. Child-focused health services were impressive.* ***Outcomes for children were reasonably good against this healthy prison test.***

S15 At the last inspection in August 2017, we found that outcomes for children in Cookham Wood were reasonably good against this healthy prison test.[5] We made 20 recommendations about respect. At this follow-up inspection, we found that 12 of the recommendations had been achieved and eight had not been achieved.

S16 In our survey, 72% of children said that most staff treated them with respect. Relationships between children and staff of all disciplines were good and we observed examples of care and compassion in many areas. Most staff were knowledgeable about the children in their care and spoke positively about them.

S17 The outside areas and exercise yards were clean and free of litter, and communal areas were well maintained. Children had excellent access to in-cell showers and telephones. Most cells were well maintained, although a small but significant number contained graffiti, much of which portrayed violence and racism. Cell toilets required descaling and none was fitted with seats. Cedar wing was very well organised and the cells were of a good standard. Only

[5] In our previous version of *Expectations* for children, this healthy prison test was called 'Respect'.

children on the enhanced level of the incentives scheme could wear their own clothes. Laundry and kit change arrangements worked well.

S18 The food was of good quality and better than we often see, but there were too few opportunities for children to eat together. Canteen arrangements were adequate but there were sometimes delays in children receiving catalogue orders from reception.

S19 General consultation arrangements were reasonably good. An effective youth council met monthly and was well attended by staff from across the prison. In our survey, only 33% of children said that complaints were dealt with fairly. Many of the responses we saw did not fully address the issue raised and some children did not receive a reply at all.

S20 Small improvements had been made in equality work since the previous inspection. An equality action team (EAT) met quarterly and an equality action plan had been developed. However, equality work was not being driven at a senior level and there was no written strategy explaining the plans to develop equality work. There was some local monitoring of outcomes for different ethnic groups but it did not cover a sufficiently wide number of areas. No specific consultation groups were running for children with protected characteristics and equality representatives did not attend EAT meetings. The discrimination incident report form (DIRF) process was not well publicised and the number of forms submitted was low. Children we spoke to were unaware of how and when to use the system. We found that investigations into DIRFs were not sufficiently robust and quality assurance was weak.

S21 Children with protected characteristics were identified on reception. Screenings by health care and education ensured that learning and developmental disabilities were identified, but residential staff lacked awareness and training in how to manage children with these issues. Staff were not familiar with personal emergency evacuation plans on their units. Although our survey did not show extensive differences in the experiences of black and minority ethnic children, the establishment's own monitoring data indicated that they were more likely to be on basic level or placed on report. This was still to be investigated. While some measures had been taken to raise awareness of equality issues, more needed to be done to promote tolerance and understanding of protected characteristics. The chaplaincy was well integrated into prison life and provided a wide range of services and faith classes, including for those from minority faith groups.

S22 The quality of child-focused health services was very good. Partnership working remained good and clinical governance had improved and was impressive. Access to services had improved but there were still issues in getting children to health appointments and to therapy groups. There was age-appropriate health screening, primary care and vaccination services. Open Road delivered impressive substance misuse services which centred on the needs of the population. The mental health and wellbeing team continued to provide a very good child and adolescent focused multidisciplinary mental health service. Secure Stairs[6] had started and was being rolled out across the establishment. Medicine management was very effective, with some good pharmacy practices. Dental provision was also very good and the waiting list had been eradicated.

[6] 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 professionals, education professionals and the operational staff working on a day-to-day basis at the setting. See https://www.england.nhs.uk/commissioning/health-just/children-and-young-people/

Purposeful activity

S23 *Time out of cell was insufficient for too many children. Library and gym facilities were good but access was sometimes restricted. There were enough education places to meet the needs of the population and the range of provision was good. However, managers had failed to identify and address weaknesses in the provision overall. Attendance at education was still not adequate. Too many children did not complete functional skills courses. The quality of teaching and assessment required improvement. Behaviour in vocational training courses was good. Most of those who completed their courses achieved a qualification. Outreach work was effective but did not meet the demand across the establishment.* ***Outcomes for children were not sufficiently good against this healthy prison test.***

S24 *At the last inspection in August 2017, we found that outcomes for children in Cookham Wood were not sufficiently good against this healthy prison test. We made nine recommendations about purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved and six had not been achieved.*

S25 Time out of cell had improved slightly since the previous inspection but was still insufficient to meet the needs of children. We found an average of 25% of children locked up during the core day. Children spent an average of six hours out of their cell each weekday and only 12 hours in education each week. Access to association was unpredictable and the weekend regime was inadequate. Library facilities remained good and visits to the library were scheduled regularly. However, those not in education had limited access to books. The gym was a good facility and popular with children. Gym sessions were often cancelled and no accredited fitness training programmes were offered.

S26 Leadership and management of learning and skills required improvement. Managers and staff in education were ambitious for children. They had a strong concern for their welfare and worked hard to ensure that they benefited from education and training. Sufficient education places were available for all children and the curriculum included courses and enrichment activities which broadened their options. Children were allocated quickly to learning pathways and most followed learning of their choice. Attendance at and movement to education were better but still required significant improvement. Children were too often removed from sessions to attend other activities and too few completed their learning in functional skills. The quality of outreach was good but did not meet the demand across the establishment. Critically, managers' oversight of the education contract failed to identify these weaknesses.

S27 There was a lack of integration between the work of the provider's engagement and resettlement team and that of the establishment which did not support children's resettlement effectively. A minority of children were not able to gain practical skills through the pre-release employability and life skills course because the establishment had risk assessed them as unsuitable to mix with other children on the course.

S28 The quality of teaching, learning and assessment required improvement. It was consistently more engaging and effective in vocational sessions, where most children made progress compared to their starting points. Teaching and learning on the Cedar unit was particularly effective. However, across education more generally, sessions were less effective. In such instances, too much teaching was poorly planned which led children to disengage from learning or become disruptive.

S29 Children in vocational sessions were well behaved and respectful of their peers and teachers. In these sessions children learned diligently and with interest. In a minority of non-vocational

sessions, children's behaviour was poor and not well managed by teachers, often with little or no learning taking place at all.

S30 On average, only about half the children completed the course they started. However, a very high proportion of those who did complete the course also achieved their target qualification, particularly on vocational courses. Children's completion and achievement of functional skills and personal social development courses was too often very low.

Resettlement

S31 *Work to support children and families was reasonably good. The establishment now had an up-to-date needs analysis but there was a lack of strategic direction in resettlement work. Casework lacked resettlement focus and work between departments was not well integrated. Cedar unit was effective in helping children who were preparing for release. Home detention curfew, release on temporary licence and early release were all used well. Sentence plans were not always focused on risk. Contact with caseworkers was frequent but records of meetings were poor. There were weaknesses in the management of public protection. The range of interventions available had improved. The lack of suitable accommodation on release was a serious concern for some children.* ***Outcomes for children were not sufficiently good against this healthy prison test.***

S32 At the last inspection in August 2017, we found that outcomes for children in Cookham Wood were not sufficiently good against this healthy prison test. We made 13 recommendations about resettlement. At this follow-up inspection we found that four of the recommendations had been achieved and nine had not been achieved.

S33 Work to support children and families was reasonably good. An online booking system was in place for families to book social visits but there was no system for monitoring whether there were sufficient visits to meet need. Monthly family days were well run and appreciated by all those who took part. The provision of telephones in cells provided an excellent opportunity for children to stay in contact with family. However, too many children experienced long delays in obtaining security clearance for telephone numbers to be added to their phone lists.

S34 An up-to-date needs analysis and formal meeting structure was now in place to manage resettlement. The resettlement meeting was not driving progress against the actions identified in the needs analysis and attendance was poor. Casework was not focused on specific resettlement needs. There was a lack of coordination between caseworkers and other departments involved in resettlement work, both internally and externally. Residential staff were not involved in the delivery of training and remand plans, and plans were not used in the ACCT and segregation reviews that we observed. The development of the Cedar resettlement unit was positive, offering focused resettlement work supported by a dedicated caseworker. Good use was made of release on temporary licence to support a number of meaningful resettlement activities. Home detention curfew and early release were being managed effectively.

S35 All children had a sentence plan but caseworkers did not always assess available information to establish resettlement needs or to identify the risk of harm in custody and on release. As a result, sentence plans were not always focused on risk. Contact between caseworkers and children was frequent in most cases but the purpose of this contact was unclear. The recording of assessments, plans and interactions was inconsistent, and on occasion inadequate.

S36 The monthly interdepartmental risk management meeting was poorly attended and minutes did not demonstrate oversight of work to reduce risk before release. In many instances children had been released without a confirmed MAPPA level (multi-agency public protection arrangements).

S37 A significant number of children were facing long sentences. Individual support was provided by caseworkers and the health and wellbeing team, but formal intervention work with this group was limited.

S38 Our survey highlighted that children who had been in the care of the local authority received far fewer visits than their peers. Local authorities were informed and reminded of their responsibilities to support children in custody. Despite this, some children were still not receiving their full entitlement, including a small allowance.

S39 The establishment now offered an improved range of interventions, including programmes to address violence and thinking skills. Weaknesses in identifying the risks presented by children undermined allocation to interventions. There had been a small improvement in the number of children completing their offending behaviour courses. The availability of suitable accommodation on release continued to be an issue and, in the previous six months, six children had been released to bed and breakfast or hostel accommodation, which was clearly inappropriate. There was no formal process to assess the long-term suitability of release accommodation.

S40 Work on finance, benefits and debt had improved since the last inspection and all children could now access the Department for Work and Pensions for advice. Children were assisted in obtaining National Insurance numbers and opening bank accounts. Preparation for children being released with ongoing health issues was very good. Arrangements were made with community mental health and substance misuse services. The prison mental health and substance misuse services followed up children they were concerned might not engage with services after release.

Main concerns and recommendations

S41 Concern: Levels of violence were high and assaults on staff and children had risen since the last inspection. Data integrity remained a problem which distorted the establishment's understanding of safety.

Recommendation: **Processes in place to collect and analyse data on violence should be improved to ensure that managers have an accurate picture of safety. Accurate data should be used to inform strategies to reduce violence.**

S42 Concern: Living conditions in the segregation unit were not suitable for children. The unit was dark and oppressive. Cells remained dirty with graffiti and in need of refurbishment. The regime was limited.

Recommendation: Children should not be segregated in the Phoenix unit. Those who need to be separated for their own or others' safety should be accommodated in a positive environment which provides them with a constructive regime and motivates and supports them to address the issues that led them to segregation.

S43 Concern: The regime was poor and unpredictable. Children did not have enough time out of cell to facilitate education, interventions, exercise, communal eating and evening association.

Recommendation: Children should be able to access 10 hours out of their cell each day. (Repeated (as two separate recommendations) main recommendation S42)

Recommendation: The regime should be predictable to enable children to use punctually the services designed to support their wellbeing and help to reduce their risk of reoffending. (Repeated (as two separate recommendations) main recommendation S42)

S44 Concern: The management of children on keep-apart protocols had a significant negative impact on the delivery of a full regime and access to important interventions for many children.

Recommendation: Prison managers, in conjunction with the psychology team, should consult children to learn more about their propensity to fight and to understand why the 'rules of the game' change when they move to Cedar or the enhanced units. Learning from this consultation should form the basis of a review to significantly reduce the number of keep-apart protocols in place so that more children can access a full regime and receive important interventions.

S45 Concern: Senior prison leaders did not prioritise sufficiently children's attendance at, and completion of, education and skills programmes, including the attainment of qualifications. Oversight of the education contract was not sufficiently robust. Weaknesses, such as the poor completion rates on functional skills courses, had not been identified and rectified.

Recommendation: Senior prison leaders should ensure that all children attend education. Movement times should further improve to ensure children's punctuality at activities. Working with education managers, senior prison leaders should be more challenging in their monitoring of education performance so that weaknesses are rectified at an early stage.

S46 Concern: The work of the casework team was not clearly defined and prioritised. Training and remand plans were not central to children's progression and targets within plans were not focused on identified risks of reoffending and harm. Caseworkers were not coordinating resettlement work effectively to ensure that children met appropriate targets.

Recommendation: The work of the casework team should be clearly defined and given priority. Remand and training plans should be central to a child's progression and their targets should address identified risks of offending. Caseworkers should coordinate the work of all relevant departments to support children to achieve their targets. Progress should be recorded on a central IT platform to ensure that information is communicated effectively in custody and on release.

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.

1.1 Transport vehicles were dirty. Escort staff told inspectors that children were offered a urine bag on journeys from court rather than the opportunity to stop at police stations or courts for comfort breaks. A sandwich snack was available to children who travelled before lunch time but those travelling after lunch were not given food even though many would arrive at Cookham Wood late in the evening.

1.2 Almost half of all new receptions in the previous six months had arrived at the prison after 8pm and we were told of three children who had arrived at the prison after 10pm. Their cases had finished early in the day but, as at the previous inspection, they were not prioritised for escort. Such late arrivals affected the time available to identify risk and provide adequate first night support. In our survey, 73% of children said they had problems or worries on their first night. The children who arrived late told us that they could recall very little of the information given the night before and that the process was too quick.

1.3 The reception area was well organised and children who arrived earlier in the day spoke more positively of the experience than those who arrived late. The reception holding room was clean and welcoming and interviews were conducted with care by a member of the induction team. All new children were seen by a nurse privately. Children were issued with an induction pack of writing paper, juice, shower gel, stamps, pen and biscuits, and a meal and drink was provided before they were moved to A1 (the induction unit). In our survey, 71% said they were treated well in reception.

1.4 All new arrivals spent their first night on A1 and were given a comprehensive induction booklet.

1.5 We observed the preparation of first night cells for new arrivals and staff ensured that they were clean and equipped for new occupants. All new children we spoke to said that they had been provided with adequate bedding and clothes. They also said that induction staff were caring and responsive to their needs.

1.6 Enhanced welfare checks were made on children overnight which reinforced the need to keep children safe during their early days at the prison. The landing was quiet and calm during the day although, in our survey, only 41% said that it was normally quiet enough to sleep at night.

1.7 Children were provided with a free phone call on arrival at the establishment. The approval of telephone numbers to enable children to make regular calls home still took too long in some cases, which caused unnecessary distress to children during their early days in custody.

1.8 The induction cells were of mixed standard. Most were well prepared but some were shabby and in need of refurbishment. The induction strategy was up to date and relevant and the delivery of induction was adequate. The induction programme followed a timetable and we observed children being given more time in private when it was required, for example with the chaplain. Induction staff were sensitive to children's needs, helping them to structure

their day and keeping them verbally updated on their schedule. In our survey, 63% said they were told everything they needed to know within the first few days about life at Cookham Wood.

Recommendations

1.9 The escort contractor should ensure that children are offered refreshments and comfort breaks on all long journeys to the establishment.

1.10 The escort contractor should ensure that children arrive at the prison before 8pm.

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.

1.11 An appropriate child protection policy was in place and the safeguarding team had good links with the local authority designated officer (LADO).

1.12 The safeguarding team received referrals from across the establishment through safeguarding team information reports (STIRs). STIRs were investigated by front line safeguarding officers who also decided whether the threshold had been met for a referral to the LADO. We found that in one case they had chosen not to refer a serious allegation of inappropriate touching to the local authority. We also found weaknesses in the complaints system which undermined children's confidence in the systems of redress at Cookham Wood (see paragraph 2.23).

1.13 During the previous six months, the safeguarding team had referred 39 child protection allegations to the LADO. The majority (33) continued to relate to allegations of excessive use of force. The establishment had a tracking system to try to ensure that all allegations were referred within 24 hours. However, we found that some safeguarding staff were unaware of this. There were lengthy delays in some of the referrals that we examined, although managers did take steps to protect children from harm while the investigation was continuing.

1.14 We were not confident that children were informed of the outcome of investigations in all cases.

Recommendation

1.15 All child protection allegations should be referred to the local authority designated officer within 24 hours.

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.

1.16 Self-harm and the number of ACCT[7] documents opened in the last six months had remained broadly the same since the last inspection and lower than comparator establishments.

1.17 Despite fewer incidents than at other establishments, managers did not analyse data to understand why children were self-harming, where the self-harm took place and by whom. In addition, there was no process to investigate locally incidents where a near miss or an act of serious self-harm happened.

1.18 The quality of ACCT management had improved since the last inspection. Cases were reviewed by consistent managers but a small number of ACCTs were closed with no input from health care. The ACCT process was used robustly on residential units and staff had good knowledge of it.

1.19 There were three constant supervision cells[8] on Phoenix and Cedar units and on B3 landing. We saw anti-tear clothing laid out in the cell on Cedar but prison managers assured us that children were not routinely made to wear it and any decision to put children in anti-tear clothing would have to be authorised by a senior manager.

1.20 Constant supervision had been used 38 times in the last six months which was disproportionate considering the low level of self-harm and number of ACCTs opened. The constant supervision cell on Phoenix was dirty and in need of redecoration, although this was addressed during the inspection. Fourteen out of 38 uses of constant supervision took place in Phoenix and the prison was unable to demonstrate that other alternatives had been considered first.

1.21 The Bridge unit (on B1 landing) managed children who displayed consistently disruptive or violent behaviour and vulnerable boys with complex needs. The unit offered an alternative to or progress from formal segregation on the Phoenix unit. Some children had moved to the Bridge unit without an appropriate referral or multidisciplinary consultation and some had been placed on Rule 49[9] without a structured pathway to come off it.

1.22 Self-isolators were automatically signed up to Rule 49 and the majority moved to the Bridge unit where they experienced a highly restrictive regime. Operational managers did not always complete defensible decision logs when applying Rule 49 to a child on an ACCT. In the few cases where they had, we found the documentation to be poor with no reference to the consideration of alternative locations.

1.23 Cell call information provided by the prison and our own observations showed that cell bells took too long to answer. This was concerning given that specific staff had been identified to patrol and respond to cell bells.

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

8 A constant supervision cell is designated accommodation where a person in crisis can be supervised within sight at all times. The supervision is usually conducted by a nurse or a prison officer and requires round-the-clock observation documenting any changes in circumstances or significant events in the prisoner's ACCT book.

9 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.

Recommendations

1.24 Management of suicide and self-harm should be developed and improved to ensure that managers know where self-harm is taking place and why.

1.25 Serious or repeated acts of self-harm should be investigated so that lessons learned could inform the prison safety strategy.

1.26 The segregation unit should not routinely be used for constant supervision.

1.27 All cell bells should be responded to within five minutes.

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.

1.28 Some aspects of procedural security remained cumbersome and affected the delivery of key work. Management of the vast numbers of complicated protocols in place to keep children apart in case they fought frequently delayed the delivery of important interventions. For example, it took more than 40 minutes to escort children from residential units to activities such as education, visits or offender management meetings because of the keep-apart restrictions. In some cases, children spent as much time being escorted to and from activities as they did at the activity itself. The Bridge landing (see paragraph 1.68) housed up to 20 children on restricted regimes with very controlled unlock protocols resulting in children being locked up for most of the day. While we recognised the need to keep children and staff safe, these restrictive measures had become entrenched into daily routines, limiting opportunities for progression and development.

1.29 The management of security intelligence had improved. Intelligence reports were analysed and dealt with promptly. A monthly local tactical assessment identified key security threats and set associated objectives to improve security and safety.

1.30 Relationships with the local police were reasonable but links with key agencies such as the Metropolitan Police and Trident gangs unit were underdeveloped, despite several attempts by prison managers to improve the exchange of information. The analysis of gang activity in the prison was conducted jointly by security and conflict resolution staff (see paragraph 1.51).

1.31 Drug use was low. The random mandatory drug testing (MDT) positive rate was 3.9% and there had been no positive tests for NPS[10]. A drug strategy and supply reduction policy were now in place but there was still no action plan to ensure that the strategy was delivered. However, security managers were aware of the risks presented by illicit substances and had developed a positive relationship with the substance misuse service provider (Open Road).

1.32 Children were no longer routinely strip-searched. However, during the previous six months, managers had authorised strip-searching on 78 occasions; eighteen of these authorisations had followed a serious incident involving weapons in October 2018. Only a quarter of the searches had resulted in finds, mostly of tobacco or drug-related items. Children were not routinely offered advocacy support before or after the search.

[10] New psychoactive substances: generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vapourised and inhaled in e-cigarettes and other devices.

Recommendations

1.33 Procedures controlling movement around the establishment should be kept under regular review to increase children's access to purposeful activity.

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

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.

1.35 An overarching, detailed behaviour management strategy was in place which focused on fairness and motivating positive behaviour. The strategy incorporated creative initiatives such as 'Mindful Friday', when children were encouraged to socialise proactively on music and sports projects, with rewards for those who engaged positively (see paragraph 3.35). The strategy also considered the impact of sanctions on vulnerable children, and emphasised the importance of good quality relationships between staff and children.

1.36 The rewards and sanctions policy reflected these principles and the green card system for good behaviour and yellow card for low-level poor behaviour were now embedded. In contrast to the last inspection, more green cards than yellow had been awarded over the last six months.

1.37 Monitoring and review of the rewards and sanctions scheme was conducted monthly by residential custodial managers, but this did not ensure fairness or identify positive and negative trends in the way intended. Figures were accurately recorded but there was no analysis of the system and there were inconsistencies in how the scheme worked. In one instance we found records of an officer giving out 21 yellow cards but no green cards in a one-month period. The monitoring meeting was ineffective and did not achieve its aims.

1.38 There were three enhanced areas: A3, B3 and Cedar unit. At the time of the inspection, 49% of children were on enhanced and 15% on basic. The ability to progress or maintain enhanced status had improved significantly since the last inspection. Children no longer reverted to standard level on transfer and the qualifying period for new receptions had been removed. The introduction of incentives such as games consoles for those on the enhanced level of the scheme created greater differential between levels. We observed some low-level inappropriate behaviour by children on the enhanced units, which went unchallenged by staff who were present. Levels of cleanliness and tidiness were below expected standards for enhanced units (see paragraph 2.11).

1.39 During the previous six months, there had been 1,134 adjudications which was lower than in comparable prisons. At the time of the inspection, there were only eight remanded adjudications. However, 63 adjudications had not been proceeded with over the previous six months, some of which were for serious offences, including assault. The zero-tolerance policy for assaults had led to a high number of referrals to the police but the prison did not have a grip on either the number of cases outstanding or progress being made.

1.40 The tariffs set were appropriate for the population. In the sample of adjudications that we reviewed, some indicated a lack of enquiry and unacceptable delays in the process.

1.41 Adjudications were conducted away from the segregation unit in one of the well-lit bays on the residential wings which afforded a less oppressive atmosphere. Barnardo's provided an advocacy service for children who requested support, although they were rarely asked to attend.

1.42 Adjudication review meetings took place quarterly and statistical analysis was used to identify trends, but it was unclear how this information was used. The governor reviewed an unspecified number of adjudications and fed back his findings to the meeting. However, there was no demonstrable improvement in standards since our last inspection.

Recommendations

1.43 Effective quality assurance systems should be in place to ensure that sanctions are applied fairly.

1.44 Management of the police referral system should be improved to ensure that serious offences are expedited quickly and appropriately.

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.

1.45 Children's perceptions of safety had improved since the last inspection. In our survey, 10% felt unsafe at the time of inspection compared to 25% in 2017.

1.46 Proven adjudications were still being used to measure levels of violence which limited the understanding of safety issues in the establishment. Prison managers were in the process of addressing this.

1.47 The data we analysed from the HMPPS performance hub and incident reporting systems indicated that violence remained high. All forms of violence except fights had increased since the previous inspection: there had been 95 assaults on staff, 144 on children and 58 fights. The same monitoring tools indicated a modest decrease in levels of violence since August 2018. The number of serious acts of violence was relatively low, with six incidents during the same period.

1.48 The violence reduction strategy now had clear links to the anti-bullying and behaviour management strategies. Violent incidents were discussed in a range of forums including a weekly safer regimes meeting. A risk register was used at the meeting to identify immediate concerns about individual children and allocate appropriate interventions to help them. The monthly safeguarding meeting provided some strategic oversight. A report was produced containing a reasonable amount of data but not all concerns were thoroughly interrogated. For example, there had been a rise in violence in June 2018, but subsequent meetings had not examined the reasons for this in detail. In addition, some actions were not addressed promptly and remained outstanding for several months. Despite the integrated strategies and formal meeting structure, there was no overarching violence reduction action plan to ensure that the issues discussed at these meetings were coordinated and progressed.

1.49 When an incident of bullying was identified, staff completed a STIR (see paragraph 1.12) which triggered, where necessary, an investigation to identify the appropriate course of action. Options included placing a victim or perpetrator on a bullying support plan which had

three levels ranging from monitoring to further interventions such as individual work with conflict resolution or psychology staff. In the previous six months, 55 bullying support plans had been opened. Most of the cases that we sampled demonstrated good levels of support or challenge, including post-closure follow-up reviews.

1.50 The work of the conflict resolution team was now firmly embedded and they provided valuable support to children. The team had all received the relevant training, enabling them to conduct initial individual support meetings and other interventions, such as mediation between children and oversight of gang-related problems.

1.51 Conflict resolution staff had developed strong links with voluntary groups to work with children who had previously been in conflict with each other. This impressive work had yielded success recently. We observed a sports day involving 18 children who had been in conflict with each other. They were joined by their families to celebrate their achievement in working through conflict to change their behaviour and attitudes to violence in custody.

Good practice

1.52 *The introduction of family and sports days developed by the conflict resolution team to unite children who had previously been involved in conflict with one another was good practice.*

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.

1.53 There had been 578 incidents of force since the previous inspection, which remained high. In our survey, 66% of children against the comparator of 49% said that they had been restrained at some point.

1.54 Despite the high levels of force, there had been a reduction in the use of full restraint; guiding holds and low-level force were used on more than half the occasions when force was required. In cases that we examined, we found a good focus on de-escalation and in most incidents children were returned to their own cells.

1.55 Ratchet cuffs had been used on 73 occasions, mostly to assist with de-escalation. Staff had used pain-inducing techniques to control children on eight occasions. The use of such techniques on children was inappropriate.

1.56 There had been 27 planned uses of force, most as a follow up to a previous incident where the child had to be relocated for his own safety or the safety of others. In the cases we reviewed, de-escalation was successful and a minimum of force was used. Specialist staff trained as minimising and managing restraint (MMPR) coordinators had good knowledge of the children in the establishment. They routinely supervised planned incidents and ensured that staff were well briefed.

1.57 The dedicated MMPR team reported to the head of safeguarding and in most cases the team met any child subject to restraint within 24 hours. Any complaint from the child was referred through safeguarding to the LADO for independent scrutiny (see paragraph 1.13). However, there were often delays to referrals to the LADO and referring the complaint to

the safeguarding team did not guarantee that the officer making the decision to refer to the LADO would do so (see paragraph 1.12).

1.58 The head of safeguarding chaired a weekly restraint minimisation meeting to review trends in the use of force. This was a promising development, but we were concerned that not all serious instances of force were reviewed and attendance at this meeting was generally poor. The MMPR team benefited from administrative support, but there were still 108 outstanding use of force statements which was much higher than the 12 reported in 2017.

1.59 Restraint minimisation plans[11] were sufficiently detailed and available to all relevant staff.

Recommendations

1.60 All use of force documents should be completed promptly and comprehensively after incidents have taken place. (Repeated recommendation 1.73)

1.61 The restraint minimisation meeting should achieve its stated aims of reviewing all uses of force to improve practice and reduce the need for force to be used on children.

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.

1.62 The segregation unit (Phoenix) was used to house the most challenging children who could not be kept on the main residential units. Most were held on good order or discipline (GOOD).[12] At the time of the inspection, Phoenix unit was full, holding nine children. In the previous six months, 101 children had been located on the unit, an increase from 75 at the last inspection, but still lower than in comparable prisons. The average length of stay was 5.25 days although, as a result of a serious incident and pending court case, three children had been segregated for 52 days each. Regular reviews had taken place and authority from the prison group director had been secured. However, the continued isolation and lack of meaningful intervention over such a long period was potentially harmful to the children involved and alternative options should have been considered when it was clear that the case was delayed.

1.63 Living conditions in the segregation unit were not suitable for children. The unit was dark and oppressive. Cells remained dirty, with graffiti, and in need of refurbishment. The exercise area was also covered in graffiti (see paragraph 2.10). At the start of the inspection, the constant watch cell on Phoenix was in a very poor state and not conducive to the care of a vulnerable child. The cell was cleaned and painted by the end of our inspection.

1.64 A short-term assessment of risk and need was completed by a forensic psychologist for each child on Phoenix. Individual support plans had been introduced just before the inspection, many of which were generic. However, they included a 'need to know' page detailing triggers and specific concerns for each child which was of great benefit to the staff in managing the children's behaviour.

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[11] Plans that detail any physical conditions that staff may need to be aware of in case force is used on a child.
[12] Good order and/or discipline – a prisoner can be segregated if they do not behave according to this rule.

1.65 Regular multi-agency GOOD reviews were conducted for each child on Phoenix and were well attended. We observed appropriate interactions with the children during reviews and all attendees were working to help them achieve their individual targets. However, during the reviews, children expressed frustration about longstanding issues that had not been resolved. For example, one boy had applied to have his visitors approved and the officers had followed it up 12 times with no response. This lack of action undermined the good multi-agency work that was taking place and reduced children's willingness to work towards their targets.

1.66 Relationships between staff and children on Phoenix were good and the children we spoke to said staff were respectful and helpful. However, the regime was limited, with a telephone call, 30 minutes in the open air and showers as the daily routine. There was no access to the library and a shelf with a few books was inadequate (see paragraph 3.5). Gym equipment that had been available in the past had been removed because one child had climbed on to it. A decision had been taken not to put telephones in the cells. We were not convinced by the reasons for this; managers argued that coming out of cells to make phone calls was part of a constructive regime. There was little in-cell activity, although it was positive that, at the time of the inspection, all children on Phoenix had a television in their cells. Efforts had been made to offer limited time out of cell for a short session of education and other interventions. Education took place every weekday morning but the frequency for children was determined by the numbers segregated, as education staff could only accommodate three children each session. Kinetic Youth visited Phoenix unit daily to check on children located there. They provided activity packs which were greatly appreciated by the children and held one-to-one sessions with those who requested it each week.

1.67 A monthly segregation management and review meeting undertook statistical analysis of the reasons for segregation, but it was unclear how this information was used or whether it had reduced the number of children being segregated.

1.68 The Bridge landing (BI) was also used to separate children from their peers but was seen as a progressive alternative to segregation. The unit aimed to reintegrate the most challenging and complex children into the main prison. Children were referred to the Bridge from the main wings or as a form of progression from Phoenix.

1.69 The children on the Bridge landing were either unlocked individually or in groups which were risk assessed. At the time of the inspection, there were 17 children on the unit: five were unlocked singly and there were four groups with a maximum number of four children in each group.

1.70 The regime for those unlocked singly was similar to that provided in the Phoenix segregation unit with the child placed on GOOD and unable to mix with others. Children who progressed to a small group had access to association every third day and gym once a week. Library provision for children located on the Bridge consisted of a poor selection of books located on the unit, with no access to the main library. Time in the open air and education were also conducted in groups and children had access to education facilities off the unit if risk assessed as suitable. The children unlocked singly spent their association time with an officer; this was known as 'enrichment time' and it was offered for 30 minutes every three days if staff were available. However, the regime on the Bridge unit remained too restricted and was frequently curtailed because of staff shortages.

1.71 Multi-agency GOOD reviews were completed weekly for each child, with more frequent reviews when required. Conflict resolution staff also took part in the assessments to determine membership of the individual groups. Psychology staff completed a short-term assessment of risk and need during the first 72 hours, including a need-to-know page which

highlighted to staff key issues and behaviour triggers. Kinetic Youth[13] attended daily, providing support and activity for the children.

1.72 The Bridge landing had progressed since our last inspection, and unit managers provided a number of encouraging examples of children progressing well following their time on the landing. However, progress remained slow and enhancements were needed to distinguish the landing from a relatively good segregation unit.

Recommendations

1.73 Alternatives to segregation should be identified to reintegrate children who have been segregated for extensive periods.

1.74 Living conditions in the segregation unit should be improved and cells and communal areas should be kept clean, free of graffiti and well maintained. (Repeated recommendation 1.87)

1.75 Regimes for children on good order and discipline across the establishment should be improved, with more purposeful activity and time out of cell.

[13] Kinetic Youth is a social enterprise that uses youth work methodologies to support young people to improve their lives. Kinetic Youth works with children currently in, or at risk of becoming involved in, the youth justice system.

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 Half the officers at Cookham Wood had been in post for less than a year. The new staff were a welcome resource, but managers and staff spoke of the challenges presented by the high levels of inexperience and a limited number of staff who could be drawn on to mentor the new officers.

2.2 A personal officer scheme was in operation and the local policy to support this was up to date. The policy stated that personal officers should meet children each week but this did not happen. Some children described positive relationships with their personal officer and found them accessible, but many said that they had not spoken to their personal officer for weeks. Entries on C-Nomis electronic records showed that some children had not seen their personal officer for many weeks. Entries were often cursory and did not always reflect meaningful interaction.

2.3 Managers and officers had good knowledge of the children and were well informed about recognising behaviour triggers and how to reassure and calm children when they were upset or frustrated. Most of the children we spoke to were positive about staff despite the weaknesses of the personal officer scheme and, in our survey, 72% said they felt they could turn to staff for help if they had a problem. Officers spoke positively about the children and used the instant reward system (green card) to encourage socially acceptable behaviour (see paragraph 1.36). On Cedar and B2, we saw instant rewards such as shower gel and face masks being given out to children who had met a target for the day, for example cleaning or helping a member of staff to reorganise a room.

2.4 Staff were visible on the wings and we observed very good relationships between children and staff across all disciplines. Staff were caring towards children, listening to them and giving their time freely. The wings were calm and ordered most of the time and the officers were aware of children who should be kept apart. Staff followed protocols diligently to ensure that children were not left unlocked and unsupervised at the same time to avoid conflict, although this often affected the regime severely (see paragraph 1.28). We observed some low-level poor behaviour that went unchallenged.

Recommendation

2.5 All personal officers should meet children weekly and contact should be meaningful and relevant to the child's needs.

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

2.6 The living area was contained in one house block consisting of six main landings: A1 induction, A2 and B2 ordinary location, A3 and B3 enhanced units, B1 (the Bridge landing) complex needs. There were two stand-alone units: Cedar, resettlement/release on temporary licence unit, and Phoenix, the segregation unit.

2.7 The external areas were clean and free of litter and the exercise yards contained fixed exercise equipment.

2.8 Communal areas on the wings were generally tidy with comfortable furniture for relaxing and eating together, although not all children were given the opportunity to do the latter every day. All landings had well maintained association equipment, televisions and a variety of games.

2.9 All cellular accommodation was single occupancy. In our survey, 98% of children said they had regular access to showers because there were showers and toilets in all cells, which was excellent. Most showers had curtains but the toilets across the prison had no lids and required descaling. Most mattresses in the cells were fit for purpose and any that were not were replaced during the inspection. With the exception of photographs, there was little evidence of children being encouraged to personalise their cells on any of the wings.

2.10 The local offensive material policy was up to date and comprehensive but we saw images that quite clearly contravened the policy in cells on B2, A3 and B3. Despite a painting programme, graffiti was evident in areas around the prison and portrayed racism, images of knives with blood dripping off, gang-related signs and inappropriate comments about staff.

2.11 A3 and B3 were the designated landings for children who had reached the enhanced level of the incentives and earned privileges (IEP) scheme. Both landings resembled the other landings but were considerably brighter because daylight came in from the glass above. The children we spoke to said they were relieved to be located away from children who they deemed troublesome. Standards on the enhanced unit were not as good as we would expect to see, and not all children on the landing were being encouraged to keep their cells clean and tidy (see paragraph 1.38).

2.12 The standard of cells varied on all wings. Some were acceptable, but others were shabby and needed painting or showers required refurbishing. We saw some cells on the induction wing which had been recently painted, but toothpaste on the walls had simply been painted over.

2.13 Cedar wing, the resettlement wing, was very well organised and the cells were of a good standard (see Appendix III - photograph 1). The staff provided incentives for positive behaviour with a more relaxed regime which gave children more time unlocked during the core day than on other wings. Children spoke highly of the unit, the staff and facilities. The communal areas were informal with equipment appropriate to preparation for release (see Appendix III – photograph 2).

2.14 In our survey, 70% of children said they had access to clean clothes and 82% said they received clean bedding each week. Those on A3 and Cedar wing could wear and wash their own clothes and the machines were fully functioning. All children not on the enhanced level were required to wear prison clothing.

Recommendations

2.15 Graffiti should be eliminated from all cells.

2.16 All toilets should have seats with lids and should be cleaned and descaled.

2.17 All children should be able to wear and wash their own clothes.

Residential services

2.18 In our survey, 50% of children said the food was very or quite good. We found the food to be better than we usually see; the national Youth Custody Service menu was varied and included plenty of fruit and vegetables. However, the evening meal was served too early and opportunities to eat together were limited. Children on the enhanced units and on Cedar could eat the evening meal together, but this was often not the case for other units. Breakfast and lunch were always pre-packaged and eaten in cells.

2.19 The canteen was adequate and children were able to make weekly orders. Newly arrived children waited too long to receive their first order. This was mitigated in part by a reception pack (see paragraph 1.3), but the only option for children who wanted more basic groceries was to pay for an additional pack, including items they did not require.

Recommendations

2.20 All meals should be issued at the servery and eaten in association. (Repeated recommendation 2.97)

2.21 Children should be able to make and receive a shop order within 24 hours of arrival.

Consultation, application and redress

2.22 Consultation arrangements were reasonably good and the monthly youth council was well facilitated and attended by staff from across the prison. There was evidence that the council had effected some positive change in the establishment. The applications system functioned well through the electronic kiosks, although at the time of the inspection these kiosks were not working on two wings. A paper system was also in place but many children we spoke to on these wings were unaware of it.

2.23 There were significant problems with the complaints system. In our survey, only 33% of children said that complaints were dealt with fairly and our findings supported this view. Children were encouraged to use the electronic kiosks but they were not private and were limited to 240 characters which restricted those who had more complicated complaints. The kiosks also had no option to appeal a complaint, and reliance was placed on complaint clerks to recognise and deal with appeals, which did not always happen. A paper based system was also in operation but many children, including those living on wings where the electronic

kiosks were broken, did not have free access to complaint forms or complaint boxes. Staff on these units said that children would have to give complaint forms to them to put in the complaint boxes, which was inappropriate.

2.24 Many of the responses to complaints that we looked at were perfunctory and did not fully address the issues raised, which compounded the deficiencies of the system. We also saw evidence that some children had only received an interim reply. This included complaints dealt with by senior managers and through the confidential access system.

2.25 Support for children to understand and exercise their legal rights was reasonable. Since the last inspection, the establishment had reviewed the demand for legal visits and the number of sessions offered had been increased.

Recommendations

2.26 Children should be able to make a complaint without asking officers.

2.27 All complaints should be thoroughly investigated and quality assurance procedures should ensure that replies to complaints address all the issues raised. (Repeated recommendation 2.37)

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 There had been small improvements in equality and diversity work. The equality action team (EAT) meetings were taking place more regularly and there was now an equality action plan. However, the meeting was still not chaired at a sufficiently senior level to ensure that the work was prioritised and actions from the meeting were regularly carried over. There was no local strategy on how the establishment planned to develop equality work in the future.

2.29 The equality officer was still also responsible for safeguarding which limited the time available for equality work. There was no written job description or training on what was expected of the role. There was very little promotion or awareness campaigns on equality issues and the establishment's commitment to eliminate discrimination. The exception to this was the publication of a monthly safeguarding and equality newsletter which covered issues such as disability in sport, Black History Month and gender equality (see paragraph 2.38).

2.30 Three children were appointed as equality representatives with plans to appoint three more. Again, there was no job description, they did not meet regularly as a group or attend the EAT meetings, and they were not well promoted or known around the establishment. No specific consultation groups were running for children with protected characteristics which impeded the opportunity for them to contribute to the development of equality work. Two ad hoc focus groups aimed at raising awareness of equality issues had been held but for small numbers of children.

2.31 The EAT meeting reviewed local monitoring data illustrating outcomes for different ethnic groups and disabilities. While the scope of the data had been extended, it required further improvement to determine if there were any disproportionate outcomes in a wider range of areas such as use of force.

2.32 The discrimination incident report form (DIRF) process was not well publicised and, although it was increasing, the overall number of DIRFs submitted remained low. Staff were well informed about the process but the children we spoke to were not. Investigations into DIRFs were not sufficiently robust and there was no evidence of regular quality assurance.

Recommendations

2.33 The governor should ensure that there is regular consultation and consistent, effective promotion of equality and diversity to develop understanding, encourage tolerance and embrace difference.

2.34 A local equality strategy should identify the needs of children with protected characteristics and set out how those needs will be met.

2.35 The equality officer and child equality representatives should be clear about their role and how they can contribute to the equality agenda.

Protected characteristics

2.36 Children with protected characteristics were identified on reception and a record kept centrally and in individual files. The equality officer continued to take part in induction, and screenings by health care and education staff ensured that learning and developmental disabilities were identified.

2.37 Two-thirds of children were from a black and minority ethnic background and, in our survey, most responses given by this group were similar to those of their white counterparts. However, only 31% said they felt 'cared for' by most staff against 57% of white children. This needed to be explored further. In addition, the establishment's own monitoring data indicated that black and minority ethnic children were more likely to be put on the basic level of the IEP scheme or placed on report, an issue which the EAT had committed to investigate.

2.38 In our survey, eight children said they were from the Traveller community. The June edition of the safeguarding and equality newsletter had celebrated Gypsy, Roma and Traveller History Month (see paragraph 2.29) and a focus group had been held to raise awareness, although it had been poorly attended.

2.39 A quarter of children were Muslim and, in our survey, their responses were similar to non-Muslim children. During Ramadan thermal boxes of food were prepared for children who were fasting and catering staff attended Friday prayers to consult the Muslim chaplain and children in preparation for celebrating Eid.

2.40 At the time of our inspection, 20 children were registered as foreign nationals. None was recorded as needing assistance to stay in touch with families abroad, as they had lived in the UK with their families. A free five-minute phone call overseas was provided each month where needed. Soon after reception, children met the Home Office immigration enforcement officer who attended the establishment regularly, but there was no access to independent immigration advice and the children we spoke to were confused about the

implications of criminal convictions for their immigration status. However, a new service provided by Citizens' Advice was due to start in January 2019 to provide basic immigration advice and support. Although a language line was available, there was no record of it being used and no record of how many foreign nationals had come into the establishment unable to speak English. The EAT was working to remedy this.

2.41 Twenty-six children had been identified as having a disability at the time of our inspection. Sixteen of these related to attention deficit hyperactivity disorder (ADHD), conduct disorder, autism and dyslexia, all of which could have implications for behaviour. Staff we spoke to on the residential units were generally unaware of the children in their care with these disabilities and there were no plans to help staff understand or manage their behaviour. Even on the Bridge unit (for children with complex needs) where individual plans were available, some staff were unaware of them or had not read them. Staff knew where personal emergency evacuation plans (PEEPS) were kept, but did not know whom they related to or what help would be required in an evacuation, even when the child was directly in their care.

2.42 At the time of our inspection, no child in the establishment had identified himself as gay or bisexual. A focus group had been held to raise awareness of gay and bisexual issues and promote tolerance. This had been addressed by an outside speaker and we were told that a number of staff had identified openly as gay and lesbian. However, staff and children we spoke to said it was unlikely children would be open about their sexuality for fear of facing intolerance from their peers. Staff had not had experience of taking care of a trans or inter-sex child, although a policy remained in place.

2.43 The chaplaincy was active and well integrated into prison life. Chaplains met all new arrivals, made daily visits around the prison, including the segregation and complex needs units, and attended all key establishment meetings. The managing chaplain attended the senior management team meeting. Any child suffering a bereavement or requiring other support could see a chaplain in private and chaplains attended individual review meetings where possible. Children of no faith were also supported and invited to use the multi-faith room when needed.

2.44 In our survey, 76% of children said they had a religion and regular services were held for all faiths, including minority faiths. Volunteers attended Christian and Muslim services which helped to provide links with faith communities outside the prison. When children wished to link with places of worship on release, chaplains made the initial contact. Issues concerning children's attendance at services which we found at the last inspection had been resolved and the prison now prioritised movement to faith services. The scheduling of a senior team meeting had been changed to accommodate Friday prayers.

2.45 A range of religious artefacts were available for children to use and a range of classes were run, including Youth Alpha bible study, Muslim class, Roman Catholic instruction and Sikh class.

Recommendations

2.46 Residential staff should be able to identify children in their care with a disability and understand the impact of the disability on the child. Reasonable adjustments should be made to meet the child's needs.

2.47 Residential staff should know which children on their unit are subject to a personal emergency evacuation plan and understand what they are required to do for the child should there be an evacuation.

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.

2.48 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[14] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

2.49 The Care Quality Commission found there were no breaches of the relevant regulations.

2.50 Health services commissioning arrangements were complex. Oxleas NHS Trust delivered primary care services, Central and North-west London NHS Trust (CNWL) delivered child and adolescent mental health services (CAMHS), and Forward Trust and Open Road substance misuse services. There were several other contract holders. Despite this complexity, working relationships and governance were effective. There was no in-date health needs assessment to guide developments, although NHS England assured us that one was being commissioned. Working relationships between the health partners and prison were strong.

2.51 In our survey, 82% of respondents said they had been helped with a health problem at the prison. Children we spoke to were very satisfied with the quality of health care provision.

2.52 Age-appropriate care was delivered by dedicated health care professionals who knew their patients well. Interactions that we observed were caring and nurturing.

2.53 Health care professionals were available from 7am to 9pm each day with slightly shorter hours at weekends. There had been a striking improvement in staffing since the last inspection, now with only 0.5 vacancies in primary care. Staff were competent and motivated and felt well supported. Each provider's staff were in receipt of clinical and managerial supervision, and all appraisals were up to date. All mandatory training had been completed except for one individual. Disclosure Barring Service and all professional registrations were in date.

2.54 Albeit improved, access to all health services continued to be hindered because of delays in movements and frequent lockdowns, which wasted valuable clinical resources. One member of staff told us 'we have the same row every Wednesday' (because patients had not arrived for their clinics). On Wednesday we observed only three patients arrive for a therapy group for 10 patients, and a patient arrived 20 minutes late for an appointment with a consultant clinician, which curtailed therapy. The overall did-not attend rates were too high, for example 9.4% for the GP and 33.9% for the optician, which was unacceptable.

2.55 Service user feedback for all providers was positive in exit surveys, patient experience reports, the prison youth council and health council. There had only been four complaints in 2018, which were managed well. Patient comments were influential and had, for example, resulted in more GP and dental sessions.

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

2.56 Reporting and learning from clinical incidents had improved through Datix (NHS electronic log). Seventeen incidents had been logged to date in 2018, and there was evidence of learning from them.

2.57 The comprehensive health assessment tool (CHAT) was used to screen and assess the needs of the patients. CHAT included a neuro-disability assessment for all children to identify dysfunction. SystmOne (electronic clinical records) was used by all health providers, which enabled shared understanding and integrated care. Individual patient records were very good, with detailed care plans for complex and long-term conditions, although most were generic and none in primary care had been reviewed.

2.58 Report of injury and post-restraint health care assessment templates on SystmOne had been completed for all children involved in restraints or injuries resulting from fights. This enabled health care professionals to log post-incident health checks.

2.59 Health care staff had good awareness of their safeguarding responsibilities and effective links with the safer regimes department. After appropriate capacity testing, consent to share medical information or receive treatment was sought.

2.60 A relevant range of policies were used and systems for the management of communicable diseases were effective.

2.61 Treatment rooms were clinically appropriate and cleaned each day. Infection control had improved: a recent audit had scored 91% (85% in 2017), and the actions proposed were being progressed.

2.62 Prison-owned automated external defibrillators (AEDs) were strategically sited and available to all staff but the audit trail to verify routine checks and maintenance remained inconsistent. Other emergency equipment maintained by health care professionals was in date and checked regularly. Only 20% of custody staff had completed first aid at work and basic life support training, which was disappointing. However, arrangements were in place to ensure that first aid trained custody staff were present on each shift. Ambulances were called promptly.

Recommendations

2.63 Patients' access to health care should not be curtailed by prison issues and they should arrive promptly for consultations and therapy.

2.64 All automated external defibrillators should be in good working order with a clear audit trail to ensure they are regularly checked and maintained.

Good practice

2.65 *The CHAT neuro-disability assessment ensured that all children with functional impairments were identified for further testing.*

2.66 *The post-restraint health assessment checks ensured that a child who had been restrained was seen by an independent person who was concerned for his welfare.*

Promoting health and well-being

2.67 Health care assistants took the lead on individual and corporate health promotion using the NHS timetable of events to promote health and minimise harm. Events included promotion of oral hygiene, sexual health, smoking cessation, sleep hygiene, healthy eating and family health. There were effective links with education and the gym, though work with the library was less developed. Campaigning posters and leaflets were evident in the prison.

2.68 Health screening and vaccination services were age appropriate. Barrier protection was discussed with patients and was available from health care professionals. Smoking cessation support lasted up to six weeks and included nicotine replacement patches. Children seemed to respond well to treatment.

Primary care and inpatient services

2.69 The dedicated health care room in reception remained separated from the main reception area. Nurses said that custody staff stood outside the room on a risk-assessed basis, but potential safety issues remained because of the location of the room.

2.70 Access to health care was very good. Registered nurses screened children for health needs as they arrived using the CHAT, and comprehensive health assessment took place during induction. All children received a school health-equivalent sight and hearing screening, which was positive.

2.71 Children could request health services on the wings via the ATMs or through pictorial applications, which were collected daily by the health care assistants. Nurse-led triage clinics were effective and urgent needs were prioritised well.

2.72 Oxleas offered a full range of primary care clinics appropriate to the needs of children including asthma, epilepsy, GP consultations, nurse-led clinics, physiotherapy, podiatry and ophthalmics. One patient had waited 11 weeks to see the podiatrist because his appointment had been cancelled while he was locked up, which was unacceptable.

2.73 A local GP practice delivered three sessions a week including Saturday mornings, which was sufficient to meet need. Routine GP appointments were available within two days and emergency cover was provided at the same level as in the community. Long-term conditions were well managed by the GPs with referral to specialists as necessary. Patients with potentially life-threatening medical conditions were given written guidance about the condition and encouraged to wear a medical alert wristband to help custody staff to ensure their safety, which was good.

2.74 External hospital appointments were well managed. Only 5% of 253 appointments in 2018 to date had been cancelled and rebooked.

Good practice

2.75 *Medical alert wristbands and the information given to custody staff on potentially life-threatening health conditions continued to ensure the support and safety of patients.*

Mental health

2.76 Patients we spoke to appreciated the health and wellbeing team (HWBT) from CNWL. The team had an impressive skills mix including art therapy, mental health nursing, psychiatry, psychology and speech and language therapy. This offered a multidisciplinary child and adolescent focused mental health service.

2.77 There were 89 patients in one-to-one therapy, with a range of mild to moderate and complex mental health conditions, including developmental and post-traumatic problems. Cases continued to be triaged using CHAT, and prioritised through an effective weekly multidisciplinary referral meeting. Urgent cases were responded to promptly through the team's duty rota. The clinical records that we examined demonstrated individual formulations and treatment pathways.

2.78 The HWBT offered a range of focused group sessions, including art therapy, managing emotions and resilience groups, with a lifer group about to start. Up to 30 patients could attend groups at any time. However, difficulties remained in getting patients to one-to-one and group sessions, largely because of the lack of escort officers. Between July to September 2018 only 3% of groups had had full attendance because of regime constraints, which represented a waste of expensive NHS resources.

2.79 The sexual behaviour service continued to provide a valuable assessment and intervention service for up to 15 patients at a time.

2.80 The HWBT had recently introduced 'Secure Stairs[15] to Cedar unit to provide psychologically informed working practices, which showed promise.

2.81 The service user development programme was an excellent initiative involving children who had previous or current involvement with the HWBT in the promotion and enhancement of the service. Service user representatives co-facilitated induction sessions and participated in staff recruitment interviews. HWBT peer workers co-facilitated therapy groups and motivated contemporaries to seek help. They also promoted the service with community health agencies while on release on temporary licence (ROTL).

2.82 The team worked effectively with other departments, including case workers, and 49% of officers had been trained in emotional and mental wellbeing.

2.83 There had been one transfer to hospital under the Mental Health Act since our last inspection. The transfer had occurred within the guideline of 14 days.

Good practice

2.84 *The service user development programme remained an excellent initiative to help remove the stigma of emotional and mental health needs and promote self-esteem.*

[15] 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 professionals, education professionals and the operational staff working on a day-to-day basis at the setting. https://www.england.nhs.uk/commissioning/health-just/children-and-young-people/

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.

2.85 Forward Trust delivered clinical treatment for substance misuse and sub-contracted Open Road to provide psychosocial interventions. Forward Trust was ready for competent clinicians to deliver opiate substitution therapy and symptomatic relief but only one patient had received treatment since our last inspection. Open Road had a mature team of drug recovery workers who received regular training and supervision.

2.86 All new arrivals were screened by a primary care nurse and substance misuse needs were identified using CHAT, which was followed by a comprehensive assessment. Induction included age-appropriate harm reduction advice from peer supporters. Following this, there was an open referral system for children in need of help.

2.87 Care plans and clinical notes on SystmOne were of the highest standard.

2.88 Children had mainly used cannabis and alcohol in the community. About half the patients (80 plus) were in impressive individual or group therapies at any time. The personal social and health education programme included substance awareness groups and bespoke sessions and, in our survey, 60% of respondents said they had been helped with a drug or alcohol problem. However, attendance for therapy was hampered by the restricted regime and too many appointments had to be rescheduled.

2.89 Peer recovery workers were active in motivating and engaging their contemporaries throughout the establishment.

2.90 Open Road provided prison staff with good drug awareness training, including new psychoactive substances.[16]

Medicines optimisation and pharmacy services

2.91 Medicine management was efficient. Medicines were supplied by the pharmacy at HMP Rochester on a named patient basis via a secure supply chain. Medicines storage was efficient, with clear differentiation of supervised and stock medicines. Nurses undertook stock checks and there was good oversight by the pharmacist who visited each week.

2.92 The pharmacist completed monthly medicine use reviews for patients with unusual medicines or controlled drugs which ensured safety, and was available to see children to give advice.

2.93 Prescribing was age appropriate and most medicines were administered twice a day in a confidential, safe and supervised manner. Nurses used patient group directions[17] on a limited basis to supply and administer medicines such as vaccines. Over-the-counter medicines administered by nurses were appropriately recorded on SystmOne, under a homely remedy policy.

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[16] Generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vapourised and inhaled in e-cigarettes and other devices.

[17] Authorise appropriate health care professionals to supply and administer prescription-only medicine.

2.94 The use of in-possession medicines was uncommon because of the risk profile of the population, although patients could keep medicines, such as inhalers and ointments, in their cells.

2.95 Children experiencing pain at night could request paracetamol (a simple analgesic) from wing staff which was carefully logged by officers and monitored by nurses. Medicines such as insulin pens (for diabetes) and EpiPens (to counteract allergic reactions) were kept by nursing or custody staff and given to children as necessary on a risk-assessed basis.

2.96 Controlled drugs were prescribed mainly for ADHD and were received on a named patient basis. Storage and administration were appropriate.

2.97 A well-attended medicines and therapeutics committee met regularly to review standing operational instructions, the formulary and prescribing trends.

Good practice

2.98 *The regular medicine use reviews for patients with unusual medicines and/or controlled drugs ensured that prescribing was assured and appropriate.*

Dental services and oral health

2.99 A local dentist was subcontracted to deliver a range of dental treatments equivalent to the community. There were now five dental sessions a month and no waiting list, which was exemplary.

2.100 The identification of dental needs and promotion of oral hygiene were efficient. The health care assistants and dental nurse triaged all children for dental needs during reception/induction and they saw the dentist promptly where necessary. We observed only three patients arrive for a 10-patient session, which illustrated the continuing problems with the regime seriously impairing NHS efficiency.

2.101 The dental suite was clean and well equipped. There was no separate decontamination room, but best practice guidance for decontamination was being followed. Equipment in the dental suite had up-to-date maintenance certification including X-ray equipment, the dental chair and legionella risk assessment.

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.[18]

3.1 There were no longer staff shortages which we had observed at the previous inspection. Time out of cell had, therefore, improved slightly but was still not enough to meet the children's needs. The establishment continued to overestimate the average time out of cell which we found to be only about six hours each weekday with only 12 hours of education each week. Many children received far less than this. During our check, an average of 25% of children were locked up, which was similar to the last inspection.

3.2 Despite the improved staffing levels, the restricted regime limited association for most children to every other day. This was regularly curtailed further and, although the orderly officers were responsible for making the decision to curtail the regime, they did not record accurately how often this happened. The only record available indicated that the restricted regime was in place on 14 occasions over the previous 33 days. The log had not been completed on eight of the 33 days. The weekend regime was wholly inadequate. In our survey, only 24% said they were out of their cell for more than two hours at the weekend and our findings supported this view.

3.3 There were still too many important meetings and interventions that children did not attend because there was no member of staff available to take them (see paragraphs 2.78 and 4.19). Staff were constantly caught up in the management of extensive and complicated keep-apart protocols which forced them to unlock and lock up children individually in case they might fight or attack others. The greatest impact of this was found on the Bridge landing where these cumbersome unlock practices resulted in a limited regime for every child located there. Children we spoke to described the 'rules of the game' in relation to fighting: a culture had been established whereby there was an obligation on children to fight with children from a different postcode, gang or wing. However, this obligation ceased when a child moved onto the enhanced wing or to Cedar unit. Once there, children were 'allowed' to socialise with the former enemy because they now shared a desire to protect the enhancements and privileges available to them on these units.

3.4 The library facilities run by Medway Library Services remained good. The library was a calm and welcoming space with a good range of books including graphic novels and other fiction and non-fiction books popular with the age group. The library could source any book requested through its wider service. There were some audio books and foreign language books could be ordered. Only a limited range of resources were available to support education and this was under review.

3.5 Children in education could attend the library for half an hour each week, although these sessions were cancelled in the event of regular regime curtailment. Those on the complex needs unit (not in education) or in the segregation unit did not have access to the main library. Instead a limited range of books was made available on the units. The librarian visited each week to take requests from children and refresh the books on the shelves, although the provision we saw on Phoenix unit was inadequate (see paragraph 1.66).

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

3.6 Computers in the library provided computerised driving test courses and the library had run a programme of outside speakers. There was a limited stock of easy reading books, but their clear identification as easy reads could have made children reluctant to look at them in front of their peers. Every child could borrow up to six books, although library records only recorded overall numbers of children attending the library rather than individual names of those who attended. This made it impossible to determine which children needed encouragement to engage in reading.

3.7 The gym was well managed and facilities were good. In addition to the established gym and sports hall, a second gym had been installed which included equipment particularly suited to children with lower fitness levels. The two all-weather pitches had undergone essential repairs and were in use.

3.8 Despite a recent recruitment drive, staffing levels in the gym remained low which limited opportunities for children to participate in gym and sports activities. Although children in education could attend the gym regularly, opportunities for those on the complex needs unit and in segregation were too restricted and piecemeal. A good range of classes and gym sessions were offered in the evenings and weekends, but the number of children able to attend was regularly reduced by half because there were not enough staff. A remedial session was in place for children referred by health care but, at the time of our inspection, only one child had been referred.

3.9 Accredited courses, other than manual handling, were still not taking place because of limited staffing levels. Planned developments to provide external opportunities and training related to sport through release on temporary licence (ROTL) were also on hold until staff levels could be increased. A survey on use of the gym had been conducted with all children, which was good. Results showed satisfaction with gym facilities and activities, a request for more gym sessions, and the opportunity to acquire sport-related qualifications.

Recommendation

3.10 The number of PE staff should be increased to ensure that children have appropriate access to the gym.

3.11 The number of PE staff should be increased to enable planned accredited courses and opportunities for ROTL to be provided.

Education, learning and skills

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.

3.12 *Ofsted*[19] *made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work:	***Requires improvement***
Outcomes for children engaged in learning and skills and work activities:	*Requires improvement*
Quality of learning and skills and work activities, including the quality of teaching, training, learning and assessment:	*Requires improvement*
Personal development and behaviour:	*Requires improvement*
Effectiveness of leadership and management of learning and skills and work activities:	*Requires improvement*

Management of education and learning and skills

3.13 Prison leaders did not give sufficient priority to children's attendance at, and completion of, education and skills programmes, including the attainment of qualifications. Attendance rates and punctuality were too low. During 2017 to 2018, a quarter of classes had been cancelled and there had been only a marginal improvement in the current year. Prison staff too often removed children from sessions to attend other activities, such as reviews and meetings with external visitors, which interrupted their learning.

3.14 The strategy for teaching and learning functional skills did not ensure that education provision met the needs of all children. Far too many who started essential courses in English and mathematics functional skills had not completed them.

3.15 Managers' judgements about teaching, learning and assessment were generally accurate. Their observations and feedback helped teachers to improve their practice, particularly those new to working in a secure setting. However, managers did not focus sufficiently on measuring and evaluating the impact of teaching on learning. Instead, they focused excessively on describing what teachers did rather than the impact they had on learning,

3.16 Prison leaders' oversight of the education contract was not critical enough. Managers had not identified clearly enough or rectified weaknesses, such as the poor completion rates on functional skills courses. Consequently, too many children were not gaining a key qualification. The quality improvement group focused excessively on operational matters

[19] Inspection of the provision of education and educational standards, as well as vocational training in YOIs for children undertaken by the Office for Standards in Education Children's Services and Skills (Ofsted) working under the general direction of HM Inspectorate of Prisons. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: http://www.ofsted.gov.uk.

such as the range of courses, with too little consideration of all aspects of the quality improvement plan.

3.17 Managers and staff were very concerned about children's welfare and worked hard to ensure that they benefited from education and training. Sufficient education places were available for all children.

3.18 Teachers assessed children's skills well on entry and allocated them quickly to learning pathways - most followed learning of their choice. Education managers monitored children's progress well and regularly, including, as far as was practical, their destinations on release. An outreach strategy, aimed at non-attenders, was significantly more effective in returning children to education than at the previous inspection. However, managers had allocated too few teaching hours to outreach work to meet the growing need.

3.19 Children benefited from a good range of accredited and vocational courses at different levels, including woodwork, catering, hospitality and horticulture. A well-established distance learning programme had enabled children to follow topics of interest, such as fitness, business studies and A-level qualifications. Managers had kept the curriculum under review and had introduced new enrichment activities to reflect children's interests. A good range of community partners also helped to enrich the curriculum.

3.20 Following the previous inspection, managers had created new work places in the servery and kitchen and through carpentry commissions. Managers had put in place skills training and qualifications to underpin these new work opportunities.

3.21 At their initial interview, support staff encouraged children to undertake pathways relevant to their possible future employment. Beyond that, teachers gave children good work-related guidance and emphasised the development of their work ethic which most children displayed well in workshops. Children had access to specialist careers advice towards the end of their sentence which helped them to plan for a job or college place where appropriate. However, there was a lack of integration and communication between the education provider's 'engagement and resettlement team' and the caseworkers, which meant that children's resettlement needs were not being met effectively.

Recommendation

3.22 Managers should improve links between the resettlement and engagement team and the prison so that children receive appropriate support once released.

Quality of provision

3.23 The quality of teaching, learning and assessment required improvement because it was not consistently effective in all classes and areas of learning.

3.24 Too much teaching in education sessions was poorly planned. In too many cases, sessions lacked pace, dynamism and variety, and had little impact on learning. Feedback to children in these sessions failed to help them improve and more able children often lost interest, which prevented them from making the progress of which they were capable. On occasions, teachers' management of poor behaviour was not effective, leading to serious disruption of children's learning. Consequently, learners in these sessions disengaged from learning and made little, and in some cases no, progress.

3.25 By contrast, teaching, training and learning in vocational sessions were consistently effective. This was particularly so in music technology, horticulture, catering, healthy living and prison radio. The standard of children's work in prison radio was particularly impressive and helped them develop digital skills applicable in the work place. In these sessions, teachers used questioning skilfully to promote informed debate involving all the children in the class. Teachers ensured all children were highly engaged in learning by using interesting teaching strategies. They set children tasks which focused their thinking and which they could achieve in short but realistic time scales.

3.26 Children received an appropriate initial assessment. Those identified with additional learning needs often benefited from specialist support in class in areas such as speech, writing and behaviour management. As a result, they usually completed their work and showed increasing self-control. Education support staff communicated information to teachers from initial assessments about the individual needs of children. A minority of teachers failed to use this to adapt their teaching, leading to occasional disruption in class.

3.27 Most teachers used children's records of achievement well to set and monitor targets and skills development. Teachers generally marked work well so that children were able to see the progress they had made.

3.28 Teachers were dedicated to developing children's knowledge, skills and behaviour. They were knowledgeable about children's wider health and emotional needs and skilled in providing individual support. Teaching resources were good and children benefited from up-to-date equipment in, for example, music and radio workshops.

3.29 Teachers ensured that they planned stimulating and thought-provoking lessons for children on Cedar unit, the great majority of whom participated with enthusiasm and made good progress.

3.30 A training programme designed by managers to increase staff confidence and competence in teaching about values, attitudes and the dangers of radicalisation had had a good impact. Most teachers readily discussed controversial topics, such as knife crime and gender stereotyping, enabling children to share their views.

Recommendations

3.31 Education managers should ensure that all teachers are competent in classroom management techniques.

3.32 Teachers should routinely draw on the information held about children's individual needs to plan their teaching.

Personal development and behaviour

3.33 Poor punctuality at sessions and overall low attendance impeded children's progress in education. Much of this was caused by excessive use of 'keep apart' arrangements to separate children who may be in conflict with each other (see paragraph 3.3) However, children who did attend regularly made significant progress in their personal and social development and self-confidence. Most were interested in learning or had become so while at Cookham Wood. They appreciated the opportunity for vocational training which they saw as useful. In the main, children were cooperative and enthusiastic and took pride in their work. Many articulated how much they had learned and how this could help them gain employment on release.

3.34 Children's behaviour in a minority of functional skills sessions was very poor and poorly managed. Conversely, in vocational classes, children were respectful of their peers and teachers. Their attention in these sessions was frequently exemplary. In most cases, they were learning diligently and with interest.

3.35 Children and staff viewed positively the 'Mindful Friday' reward-based approach, part of the prison incentives policy. It enabled children to enjoy extra music or sports projects for example. A minority of teachers were over-generous when issuing rewards to children and this often had a detrimental effect on behaviour in class.

3.36 Most children were able to gain practical cookery and domestic skills through the pre-release employability and life skills course. However, managers had not found an alternative programme for children risk assessed as unsuitable to mix with other children. Consequently, these children were unable even to learn some key skills.

3.37 Engagement and resettlement workers had worked tenaciously to support children in securing education, employment or training on release. They followed up on children's destinations and there were good examples of jobs secured in, for example, football, arts and catering.

3.38 Education managers had developed links with employers, which had led to a recent job-search event attracting a very high proportion of children. A few children had been able to visit employers' workplaces. Managers had increased opportunities for children to be released for temporary periods, allowing them visits to college or to attend an interview. Children were positive about such opportunities.

Recommendation

3.39 Prison and education managers should ensure that all children are able to access practical life skills training to support their resettlement before release.

Education and vocational achievements

3.40 On average, only about half the children who started a course completed it and gained the qualification or achieved their learning aim. However, a very high proportion of those who did complete a course also gained their qualification.

3.41 Children's achievement on non-vocational courses, particularly in English and mathematics, was too low. The proportion of children achieving in mathematics at levels 1 and 2 required further improvement. Achievement rates in information technology were more positive. However, achievement rates for the large majority of vocational qualifications were high, notably in catering, music, technology and horticulture.

3.42 The vast majority of children made good progress from their starting points. There were no significant gaps in achievement between different groups of learners. Children with complex or special educational needs and/or learning difficulties and disabilities were effectively supported by teachers and specialist staff and achieved as well as their peers. As a result, a good proportion were able to rejoin or remain in mainstream classes.

3.43 Most children made good progress in the development of their practical and interpersonal skills and had readily taken on positions of responsibility, such as peer mentors or youth council members. They articulated their role as mentor or council member well and had gained real-life skills and relevant qualifications.

3.44 A high proportion of children were engaged in supplementary activities, such as the arts; a few had enjoyed local and national recognition for their efforts.

Recommendation

3.45 Education staff should review short-course provision, especially in functional skills, to tackle very high rates of non-completion of courses.

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 Improvements in work to support children and families identified at the last inspection had been maintained and further developed. The creation of a family strategy and action plan was in progress, including plans to incorporate the recommendations of the Farmer review[20]. A number of actions had been put in place but were not yet completed.

4.2 The provision of in-cell telephones, subject to the availability of phone credit, remained an excellent facility for children to stay in contact with family and friends. Access to calling Childline and the Samaritans without restriction was also good. However, approval of telephone numbers still took too long in some cases, causing unnecessary distress to children and impeding important external support during their early days in custody.

4.3 The continued running of monthly family days was positive. The session that we observed was well organised and much appreciated by families and children, helping to maintain important ties. It also provided good opportunities for casework staff to talk to families where relevant.

4.4 There was an efficient online system for booking social and family visits, although there was no monitoring or assessment of whether the number of visits was sufficient to meet the need. Four social visit sessions were provided at weekends and two during the week on Monday and Wednesday, although the Wednesday visits session was cancelled on the weeks that a family day took place.

4.5 The visits room remained basic. A review of the vending facilities had resulted in a three-month trial for the contractor to improve the provision. The visitors' centre, now run by Kinetic Youth, had recently been redecorated and new furnishings, toys and additional family games had been provided. The outside of the centre was still in need of redecoration and there was still no sign in the car park with directions to the visitors' centre.

4.6 A small number of children were already fathers. The fathers in prison and healthy relationships course introduced by the health and wellbeing team had not run for a year because of low take-up. Staff we spoke to, including caseworkers and a governor, were unaware of its existence and so were unlikely to be promoting and encouraging participation.

Recommendation

4.7 **Young fathers should be encouraged to participate in the fathers in prison and healthy relationships course in an effort to break the cycle of intergenerational offending.**

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[20] *The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime* by Lord Farmer (2016).

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 management of pre-release and resettlement work had not improved significantly since the previous inspection. A needs analysis had been developed in consultation with the children, which addressed all relevant pathways.

4.9 Monthly resettlement meetings were held, although attendance by key departments was inconsistent. The minutes did not indicate that the meeting was driving the actions arising from the needs analysis, and there was no evidence that data were analysed to assess the effectiveness of resettlement work, particularly outcomes for children after release.

4.10 In early 2018 the casework team seconded from Medway youth offending team had been withdrawn. The establishment had recruited to bring the provision in house but the new team of caseworkers had not been provided with sufficient training and guidance to be fully effective in their role. Each child had a nominated caseworker, with each caseworker managing an average of 19 children. We saw evidence of frequent contact between children and their caseworkers, but this usually focused on issues concerning life at Cookham Wood rather than also addressing risk and needs as part of resettlement work.

4.11 The development of the Cedar resettlement unit was positive. The unit housed up to 17 children and delivered focused resettlement work supported by a dedicated caseworker. The establishment was working towards achieving accreditation for the Cedar unit as an enabling environment.

4.12 In May 2018 the establishment had appointed a business and community engagement manager to develop links with community bodies to work with children inside and outside the establishment, and identify opportunities for release on temporary licence (ROTL). There had been 330 such releases during the previous six months, including employment and education opportunities. Home detention curfew (HDC) and early release were being managed effectively, with 21 children achieving early release and three released on HDC in the previous six months.

4.13 Support for children who would transfer to adult establishments depended on the receiving establishments. In better cases children met staff from the adult sites they were moving to, for example Belmarsh and Isis arranged this in person or by video link. We spoke to an offender supervisor from Isis who was visiting Cookham Wood to meet four children who were preparing to move to Isis after their 18th birthday. However, in some of the cases we reviewed, there was no evidence of a planned transition to adult services, including the change in relationship from youth offending team (YOT) worker to probation officer.

4.14 There remained little follow-up data on the progress of children after release, which prevented assessment of the long-term effectiveness of resettlement work.

Recommendation

4.15 Children's progress after release should be followed up as a measure of the effectiveness of resettlement work across the YCS and the findings used to inform future provision at local and national level.

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.

4.16 All children had a training or remand plan and were provided with a copy. In our survey, only 61% said that they had a plan which set out what they needed to work on before release. This suggested that the plans were not always explained to children when they were issued.

4.17 All children were involved in the development of their own plan and parents, care givers and community agencies were routinely invited to planning meetings. Plans often focused on the immediate needs of the child in custody and not on resettlement. Caseworkers did not always recognise the significance of available information for establishing resettlement needs or identifying the risk of harm in custody and on release. As a result, sentence plans were not always focused on risk or longer-term needs. Appropriate information was not shared with others in the establishment, for example to inform interventions or services. Quality assurance was not effective.

4.18 Individual departments, such as health and education, put measures in place to help boys on release. For example, appointments with health professionals were made and college interviews set up. However, this work was not always coordinated by the caseworker, and often they were not aware of it. Similarly, case workers did not drive or monitor actions that needed to be taken by community YOT workers. Residential staff were not expected to have knowledge of plans and were thus not able to support them. Training and remand plans were not integrated with plans managed by other departments, for example there was never any reference to the content of training plans in the ACCT[21] and segregation reviews that we observed.

4.19 Caseworkers held regular planning and review meetings with children. Often these meetings were delayed because children were not moved around the establishment in a timely manner (see paragraph 3.3).

4.20 The youth justice application framework, an IT based case management information system used by both custodial and community practitioners, had recently been introduced to support a multi-agency approach to information sharing. This was not being used effectively, either to inform the planning process or to record planning meetings. Consequently, all staff working with the children, whether internal or in the community, did not have access to comprehensive information.

Public protection

4.21 The monthly interdepartmental risk management meeting considered the risk level of new arrivals at Cookham Wood. However, the meeting was often poorly attended and the minutes did not demonstrate oversight of work carried out to reduce the risk posed by children before their release. Notes from planning reviews did not indicate that caseworkers had assessed all available information to establish the risk of harm a child may present on release.

[21] Assessment, care in custody and teamwork case management of children at risk of suicide and self-harm.

4.22 A member of the casework team contacted the relevant YOT to confirm if new arrivals were subject to multi-agency public protection arrangements (MAPPA). The escalation process when the YOT did not respond was not effective, and in many instances children had been released without a confirmed MAPPA level.

Recommendation

4.23 **The role of the interdepartmental risk management board should be reviewed to ensure that it is a forum which consistently identifies and manages risk**. (Repeated recommendation 4.15)

Indeterminate and long-sentenced children

4.24 A significant number of children were serving or facing long and indeterminate sentences. Thirty-four were accused of or had been convicted of offences involving murder or manslaughter. Individual support was provided by caseworkers and the health and wellbeing team. Formal intervention work with this group was still being developed.

Looked-after children

4.25 In our survey, 40% of children who had been in the care of the local authority said they received a visit once a week compared to 71% of children who had not been looked after. Children entitled to support from their local authority formed the majority at the establishment.

4.26 There was a process on arrival to identify children entitled to support and to remind the local authority of its responsibilities to support children in custody. We saw examples of caseworkers and the designated social worker challenging local authorities when these responsibilities were not met. Some authorities still refused to pay a small allowance to children in custody.

4.27 We saw an example of good practice where a child had just reached 18 years of age and was due to be released to adult services with no social worker allocated. The caseworker identified that he had spent 13 weeks on remand and was therefore eligible for support from his local authority. A leaving care social worker was subsequently assigned to him to aid his return to the community.

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 Caseworkers told us that release planning was considered at the outset when a child arrived at Cookham Wood. However, there was still significant difficulty in identifying and securing suitable accommodation well in advance of the release date, which hampered meaningful reintegration.

4.29 During the previous six months, six children had been released to bed and breakfast or hostel accommodation, which was clearly inappropriate. We were aware of one child who

was still waiting at 11am on the day of his release for suitable accommodation. He was met at 4pm by his 18-year-old cousin and failed to attend at the accommodation that was eventually identified. There was no formal process to assess the long-term suitability of release accommodation.

4.30 Despite this, we saw concerted efforts by some caseworkers to ensure that practical arrangements for the day of release were well organised, including arranging for a suitable adult to meet all children.

Interventions

Expected outcomes:
Children can access interventions designed to promote successful rehabilitation.

4.31 Work to support children's finance, benefit and debt needs had developed since the last inspection. All children had the opportunity to access the Department for Work and Pensions for advice. They were also helped to obtain their National Insurance numbers and open bank accounts ready for their release.

4.32 A range of interventions were offered, including programmes to address violence and thinking skills. A local intervention management team met each month, although attendance by other departments was inconsistent. Many of the suggested actions to improve delivery noted in the interventions risk register had not been updated for several months.

4.33 An improvement in the availability of staff trained to deliver programmes had resulted in an increased number of children completing their offending behaviour courses.

4.34 During the previous eight months, 46 children had completed group interventions and 24 interventions had been delivered to individuals. The health and wellbeing team had worked one to one with children exhibiting sexually harmful behaviour. Despite this, a considerable number of children were awaiting interventions.

4.35 Sessions had been organised to make staff aware of the content of interventions and encourage them to reinforce children's learning and progress. In spite of this, some caseworkers we spoke to did not have a good understanding of the interventions available.

4.36 The work of the interventions team and caseworkers was not always well coordinated and weaknesses in the records of planning meetings affected confidence that interventions were allocated based on the risks presented by children. No victim-based interventions were provided, and the life skills course was not used sufficiently.

Recommendations

4.37 Children leaving custody should be provided with suitable accommodation in time for other elements of release planning to be completed.

4.38 Children's learning from participation in programmes to address their offending behaviour should be reinforced by staff across the establishment.

Health, social care and substance misuse

4.39 Oxleas health care assistants saw all patients before their release to coordinate take-home medications and care summaries for their GPs, or to assist in finding GPs where necessary. CNWL health care practitioners coordinated discharge with community mental health teams, using the care programme approach[22]. Open Road coordinated care with community drug services and ensured that through-the-gate care was optimal.

4.40 Both CNWL and Open Road followed up children who they were concerned might not engage with services after release.

4.41 During the previous month, an integrated discharge process had started, which showed promise as a more holistic approach.

[22] Mental health services for individuals diagnosed with a mental illness.

Section 5. Summary of recommendations and good practice

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

Main recommendations — To the governor

5.1 Processes in place to collect and analyse data on violence should be improved to ensure that managers have an accurate picture of safety. Accurate data should be used to inform strategies to reduce violence. (S41)

5.2 Children should not be segregated in the Phoenix unit. Those who need to be separated for their own or others' safety should be accommodated in a positive environment which provides them with a constructive regime and motivates and supports them to address the issues that led them to segregation. (S42)

5.3 Children should be able to access 10 hours out of their cell each day. (S43, repeated (as two separate recommendations) main recommendation S42)

5.4 The regime should be predictable to enable children to use punctually the services designed to support their wellbeing and help to reduce their risk of reoffending. (S43, repeated (as two separate recommendations) main recommendation S42)

5.5 Prison managers, in conjunction with the psychology team, should consult children to learn more about their propensity to fight and to understand why the 'rules of the game' change when they move to Cedar or the enhanced units. Learning from this consultation should form the basis of a review to significantly reduce the number of keep-apart protocols in place so that more children can access a full regime and receive important interventions. (S44)

5.6 Senior prison leaders should ensure that all children attend education. Movement times should further improve to ensure children's punctuality at activities. Working with education managers, senior prison leaders should be more challenging in their monitoring of education performance so that weaknesses are rectified at an early stage. (S45)

5.7 The work of the casework team should be clearly defined and given priority. Remand and training plans should be central to a child's progression and their targets should address identified risks of offending. Caseworkers should coordinate the work of all relevant departments to support children to achieve their targets. Progress should be recorded on a central IT platform to ensure that information is communicated effectively in custody and on release. (S46)

Recommendation — To the Ministry of Justice

5.8 Children's progress after release should be followed up as a measure of the effectiveness of resettlement work across the YCS and the findings used to inform future provision at local and national level. (4.15)

Recommendation — To the Ministry of Justice and Youth Custody Service

5.9 Children leaving custody should be provided with suitable accommodation in time for other elements of release planning to be completed. (4.37)

Recommendations — To the governor

Early days in custody

5.10 The escort contractor should ensure that children are offered refreshments and comfort breaks on all long journeys to the establishment. (1.9)

5.11 The escort contractor should ensure that children arrive at the prison before 8pm. (1.10)

Safeguarding of children

5.12 All child protection allegations should be referred to the local authority designated officer within 24 hours. (1.15)

Suicide and self-harm prevention

5.13 Management of suicide and self-harm should be developed and improved to ensure that managers know where self-harm is taking place and why. (1.24)

5.14 Serious or repeated acts of self-harm should be investigated so that lessons learned could inform the prison safety strategy. (1.25)

5.15 The segregation unit should not routinely be used for constant supervision. (1.26)

5.16 All cell bells should be responded to within five minutes. (1.27)

Security

5.17 Procedures controlling movement around the establishment should be kept under regular review to increase children's access to purposeful activity. (1.33)

5.18 Prison managers should ensure that a child has full access to advocacy support following authorisation of a strip-search. (1.34)

Behaviour management

5.19 Effective quality assurance systems should be in place to ensure that sanctions are applied fairly. (1.43)

5.20 Management of the police referral system should be improved to ensure that serious offences are expedited quickly and appropriately. (1.44)

The use of force

5.21 All use of force documents should be completed promptly and comprehensively after incidents have taken place. (1.60, repeated recommendation 1.73)

5.22 The restraint minimisation meeting should achieve its stated aims of reviewing all uses of force to improve practice and reduce the need for force to be used on children. (1.61)

Separation/removal from normal location

5.23 Alternatives to segregation should be identified to reintegrate children who have been segregated for extensive periods. (1.73)

5.24 Living conditions in the segregation unit should be improved and cells and communal areas should be kept clean, free of graffiti and well maintained. (1.74, repeated recommendation 1.87)

5.25 Regimes for children on good order and discipline across the establishment should be improved, with more purposeful activity and time out of cell. (1.75)

Relationships between staff and children

5.26 All personal officers should meet children weekly and contact should be meaningful and relevant to the child's needs. (2.5)

Living conditions

5.27 Graffiti should be eliminated from all cells. (2.15)

5.28 All toilets should have seats with lids and should be cleaned and descaled. (2.16)

5.29 All children should be able to wear and wash their own clothes. (2.17)

Residential services

5.30 All meals should be issued at the servery and eaten in association. (2.20, repeated recommendation 2.97)

5.31 Children should be able to make and receive a shop order within 24 hours of arrival. (2.21)

Consultation, application and redress

5.32 Children should be able to make a complaint without asking officers. (2.26)

5.33 All complaints should be thoroughly investigated and quality assurance procedures should ensure that replies to complaints address all the issues raised. (2.27, repeated recommendation 2.37)

Strategic management of equality and diversity

5.34 The governor should ensure that there is regular consultation and consistent, effective promotion of equality and diversity to develop understanding, encourage tolerance and embrace difference. (2.33)

5.35 A local equality strategy should identify the needs of children with protected characteristics and set out how those needs will be met. (2.34)

5.36 The equality officer and child equality representatives should be clear about their role and how they can contribute to the equality agenda. (2.35)

Protected characteristics

5.37 Residential staff should be able to identify children in their care with a disability and understand the impact of the disability on the child. Reasonable adjustments should be made to meet the child's needs. (2.46)

5.38 Residential staff should know which children on their unit are subject to a personal emergency evacuation plan and understand what they are required to do for the child should there be an evacuation. (2.47)

Strategy, clinical governance and partnerships

5.39 Patients' access to health care should not be curtailed by prison issues and they should arrive promptly for consultations and therapy. (2.63)

5.40 All automated external defibrillators should be in good working order with a clear audit trail to ensure they are regularly checked and maintained. (2.64)

Time out of cell

5.41 The number of PE staff should be increased to ensure that children have appropriate access to the gym. (3.10)

5.42 The number of PE staff should be increased to enable planned accredited courses and opportunities for ROTL to be provided. (3.11)

Education, skills and work activities (Ofsted)

5.43 Managers should improve links between the resettlement and engagement team and the prison so that children receive appropriate support once released. (3.22)

5.44 Education managers should ensure that all teachers are competent in classroom management techniques. (3.31)

5.45 Teachers should routinely draw on the information held about children's individual needs to plan their teaching. (3.32)

5.46 Prison and education managers should ensure that all children are able to access practical life skills training to support their resettlement before release. (3.39)

5.47 Education staff should review short-course provision, especially in functional skills, to tackle very high rates of non-completion of courses. (3.45)

Children, families and contact with the outside world

5.48 Young fathers should be encouraged to participate in the fathers in prison and healthy relationships course in an effort to break the cycle of intergenerational offending. (4.7)

Public protection

5.49 The role of the interdepartmental risk management board should be reviewed to ensure that it is a forum which consistently identifies and manages risk**.** (4.23, Repeated recommendation 4.15)

Interventions

5.50 Children's learning from participation in programmes to address their offending behaviour should be reinforced by staff across the establishment. (4.38)

Examples of good practice

5.51 The CHAT neuro-disability assessment ensured that all children with functional impairments were identified for further testing. (2.65)

5.52 The post-restraint health assessment checks ensured that a child who had been restrained was seen by an independent person who was concerned for his welfare. (2.66)

5.53 Medical alert wristbands and the information given to custody staff on potentially life-threatening health conditions continued to ensure the support and safety of patients. (2.75)

5.54 The service user development programme remained an excellent initiative to help remove the stigma of emotional and mental health needs and promote self-esteem. (2.84)

5.55 The regular medicine use reviews for patients with unusual medicines and/or controlled drugs ensured that prescribing was assured and appropriate. (2.98)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
David Foot	Inspector
Angela Johnson	Inspector
Angus Mulready-Jones	Inspector
David Owens	Inspector
Fran Russell	Inspector
Esra Sari	Inspector
Sharlene Andrew	Researcher
Charli Bradley	Researcher
Emma Seymour	Researcher
Joe Simmonds	Researcher
Helen Ranns	Researcher
Claudia Vince	Researcher
Paul Tarbuck	Health services inspector
Andrea Crosby-Joseph	Care Quality Commission inspector
Jane Attfield	HMI Probation inspector
Mark Freeman	HMI Probation inspector
Tony Gallagher	Ofsted inspector
Nick Crombie	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, particularly the most vulnerable, are held safely.

At the last inspection in 2017, boys were received and inducted well and formal safeguarding procedures were in place. One in four boys felt unsafe and levels of violence were high. Efforts to reduce violence lacked coordination. Systems to manage bullying and support for victims had deteriorated. Levels of self-harm had increased significantly. Management of ACCT[23] was adequate. Work to progress boys with complex needs lacked rigour and too many boys remained segregated within the complex cohort group.[24] There was better use of rewards to motivate good behaviour. Bad behaviour caused disruption to the regime, which affected the delivery of important work. Too many adjudications were not proceeded with and, as a result, some of the most serious violence went unpunished. Use of force was high but usually proportionate. Substance misuse services were good. Outcomes for children and young people were not sufficiently good against this healthy prison test.

Main recommendations

Accurate data should be used to inform a clear and effective strategy to reduce levels of violence. Systems to manage violent behaviour and support the victims of bullying should be strengthened. (S40)
Not achieved

The complex cohort units should be staffed and managed more effectively to fulfil their progressive purpose. Boys segregated within the cohort should have well communicated individual plans, with more meaningful targets, to support safe and swift reintegration. (S41)
Not achieved

Recommendations

Boys should not travel with adults and their arrival at the prison should not be delayed. (1.2)
Achieved

The local safeguarding children board should be notified of all significant child protection incidents. (1.18)
Achieved

All incidents of bullying and intimidation should be reported, investigated and appropriately managed. Systems to identify and support victims of bullying should be improved. (1.23)
Achieved

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23 Assessment, care in custody and teamwork case management of children at risk of suicide or self-harm
24 Complex cohort group (CCG) is the collective name given to three areas of the establishment dedicated to the management of children with complex needs and challenging behaviours.

There should be a procedure for the identification of incidents of serious self-harm so that they can be investigated and learned from. (1.28)
Not achieved

The quality of ACCT case management documents and support for boys in crisis should be improved. (1.29)
Achieved

An overarching behaviour management strategy should be developed to improve oversight of the various systems in place and make them more effective in improving behaviour. (1.35)
Achieved

The removal of basic amenities, such as kettles, should not form part of the incentives and earned privileges scheme. (1.43)
Achieved

The use of sanctions to supplement warnings for poor behaviour should be appropriately monitored to ensure proportionality and fairness and to provide assurance that sanctions are not awarded to individual boys frequently or for longer than authorised. (1.44)
Achieved

All adjudications should be heard and adjudication review meetings should analyse trends. (1.55)
Not achieved

All allegations of bullying should be recorded and investigated thoroughly and action taken where required. (1.63)
Achieved

A coherent approach should be taken to the management of violence and bullying, including meaningful analysis of data and a comprehensive action plan to maintain the safety of boys. (1.64)
Not achieved

All use of force documents should be completed promptly and comprehensively after incidents have taken place. (1.73)
Not achieved (Recommendation repeated 1.60)

Living conditions in the segregation unit should be improved and cells and communal areas should be kept clean, free of graffiti and well maintained. (1.87)
Not achieved (Recommendation repeated 1.74)

Risks, triggers and vulnerability identified when a boy is first segregated should be clearly documented and accessible to all staff. (1.88)
Not achieved

The regime for boys segregated as part of the CCG should be improved and time out of cell activities should be consistently available. 1.89)
Not achieved

A regular meeting with appropriate attendance should analyse comprehensive data to identify trends or patterns in relation to segregation. Appropriate governance should be provided to reduce the number of boys segregated across the CCG. (1.90)
Achieved

A drug strategy for the establishment should be produced which contains an action plan with performance measures which are regularly reviewed and used to inform service delivery. (1.99)
Achieved

Respect

Children are treated with respect for their human dignity.

At the last inspection in 2017, the provision of telephones and screened showers in single cells was excellent. Too many cells were dirty and graffiti was widespread. Relationships were positive and most staff managed boys with care and patience. The youth council lacked impact, although there was good use of peer support. Equality work was not given appropriate priority and again there was little consultation with boys with protected characteristics. The chaplaincy provided a good service. Boys lacked confidence in the applications and complaints systems, with some justification. The quality of health services was good. The food was adequate and some boys could eat out together. Outcomes for children and young people were reasonably good against this healthy prison test.

Recommendations

Cells should be clean and free of graffiti. (2.8)
Not achieved

There should be a range of games and activities for boys to use in association areas. (2.9)
Achieved

Consultation with boys should be effective and lead to tangible outcomes. (2.15)
Achieved

Equality work should be given greater priority and the equality action team should ensure that an up-to-date action plan addresses all identified weaknesses in the system. (2.20)
Achieved

Regular effective consultation should take place. (2.21)
Not achieved

The promotion of tolerance and support for gay and bisexual boys should be strengthened. (2.29)
Achieved

The establishment should investigate why boys feel it is not easy to attend faith services and address any issues identified. (2.33)
Achieved

All complaints should be thoroughly investigated and quality assurance procedures should ensure that replies to boys' complaints cover fully all issues raised. (2.37)
Not achieved (Recommendation repeated, 2.27)

The establishment should review legal visits provision in the light of demand. (2.40)
Achieved

Clinical incidents should be reported and monitored effectively so that lessons can be learned. (2.58)
Achieved

All automated external defibrillators should be in good working order with a clear audit trail to ensure they are regularly checked and maintained. Monitoring processes for other emergency equipment should be more robust. (2.59)
Not achieved

The reception health treatment room should provide a safe environment for health staff and better visibility for prison staff. (2.68)
Achieved

Boys should have timely access to dental care and treatment. (2.80)
Achieved

Maintenance schedules and contemporary safety certification should be readily available to demonstrate compliance, (2.81)
Achieved

The regime should support sustained attendance by boys at therapeutic group sessions. (2.89)
Not achieved

Boys who need a secure mental health bed should be transferred as soon as possible. (2.90)
Achieved

Boys should be employed to prepare food so that they can achieve related qualifications. (2.95)
Achieved

Food should not be left in heated trolleys or on serveries for extended periods of time before being served. (2.96)
Not achieved

All meals should be issued at the servery and eaten in association. (2.97)
Not achieved

Boys should be able to place a canteen order within 24 hours of their arrival. (2.100)
Not achieved

Purposeful activity

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

At the last inspection in 2017, time out of cell was inadequate. Regime curtailments and unlock procedures hindered access to important services and support. Leadership and management of learning, skills and work required improvement. Attendance was poor. Punctuality had improved but was still not good enough. Once boys were at education the provision was good and the curriculum met the needs of learners. The quality of teaching, learning and assessment was good and boys achieved very well, including in English and mathematics. Behaviour in lessons was good and boys were motivated to learn. The library provision met boys' needs. PE was still limited to recreational sessions. Outcomes for children and young people were not sufficiently good against this healthy prison test.

Main recommendation

All boys should be able to access 10 hours out of their cell each day. The regime should be predictable to enable boys to access punctually the services designed to support their well-being and help to reduce their risk of reoffending. (S42)
Not achieved (Recommendation repeated as two separate recommendations, S43)

Recommendations

Senior prison managers should ensure that regimes are managed better to ensure that all boys arrive at activities on time. Education staff should be informed promptly when boys are not going to attend and given the reasons for non-attendance. (3.12)
Not achieved

Senior prison managers and Ministry of Justice staff should frequently monitor the performance and quality of all learning delivered by subcontractors to ensure that all boys make good progress. (3.12)
Not achieved

Prison managers should provide more work opportunities in the establishment to enhance vocational training and provide boys with work experience. (3.17)
Achieved

The good standard of teaching and learning in education and vocational training should be improved further to ensure that the pace of sessions challenges all boys and helps them progress. (3.24)
Not achieved

Prison managers should provide more peer mentoring opportunities for boys who have achieved the qualification. (3.28))
Achieved

The number of PE staff should be increased to ensure that boys have appropriate access to the gym. (3.39)
Not achieved

PE staff should reintroduce appropriate accredited training courses. (3.40)
Not achieved

There should be urgent maintenance and repair work to the all-weather sports facilities. (3.41)
Achieved

Resettlement

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

At the last inspection in 2017, the strategy to manage resettlement was not informed by an up-to-date needs analysis. Organisational uncertainties and staffing shortfalls affected the work of the department. The provision of release on temporary licence (ROTL) and early release was good, as were transition arrangements for boys moving on from Cookham Wood. There were regular remand and sentence planning meetings but caseloads were high which affected the frequency of contact and the quality of sentence planning. Public protection and MAPPA (multi-agency public protection arrangements) were mostly sound. Not all looked-after children received the support they were entitled to. Despite good efforts by caseworkers to reintegrate boys on release, outcomes on some important pathways required improvement. Provision for children and families had improved. Outcomes for children and young people were not sufficiently good against this healthy prison test.

Main recommendation

Individual training and remand plans should be central to a boy's progression. Targets should be specific and address identified risks of reoffending and harm. Staff from all relevant departments should be represented at training planning or remand management reviews, or submit a detailed report if they cannot attend. (S43)
Not achieved

Recommendations

All boys should receive regular meaningful contact with their caseworker. (4.7)
Not achieved

There should be a young people's estate-wide approach to enable young offender institutions to collect data systematically to determine the resettlement and reoffending outcomes for boys released into the community. (4.8)
Not achieved

There should be a case management system in place to record a boy's progress in custody and facilitate information sharing with community agencies. (4.12)
Not achieved

The role of the interdepartmental risk management board should be reviewed to ensure that it is a forum which consistently identifies and manages risk. (4.15)
Not achieved (Recommendation repeated, 4.23)

Systems should be put in place to ensure that all looked-after children promptly receive the support they are entitled to on arrival at Cookham Wood. (4.19)
Achieved

The Youth Justice Board should work with relevant government departments to ensure that boys are not released from custody into bed and breakfast or hostel accommodation. (4.23)
Not achieved

Engagement and resettlement workers should attend boys' review meetings to ensure that all aspects of their progress are considered when planning their time in the establishment. (4.27)
Achieved

Managers should maintain effective records to monitor the destinations and sustained employment or training of boys who leave. (4.28)
Not achieved

Boys should receive comprehensive advice and guidance on finance, benefit and debt. (4.32)
Achieved

The area in which the visitors' centre is located should be made more welcoming and appropriate signage should be installed to identify the location of the centre clearly. (4.39)
Not achieved

Learning from programmes should be reinforced by staff across the establishment. (4.44)
Not achieved

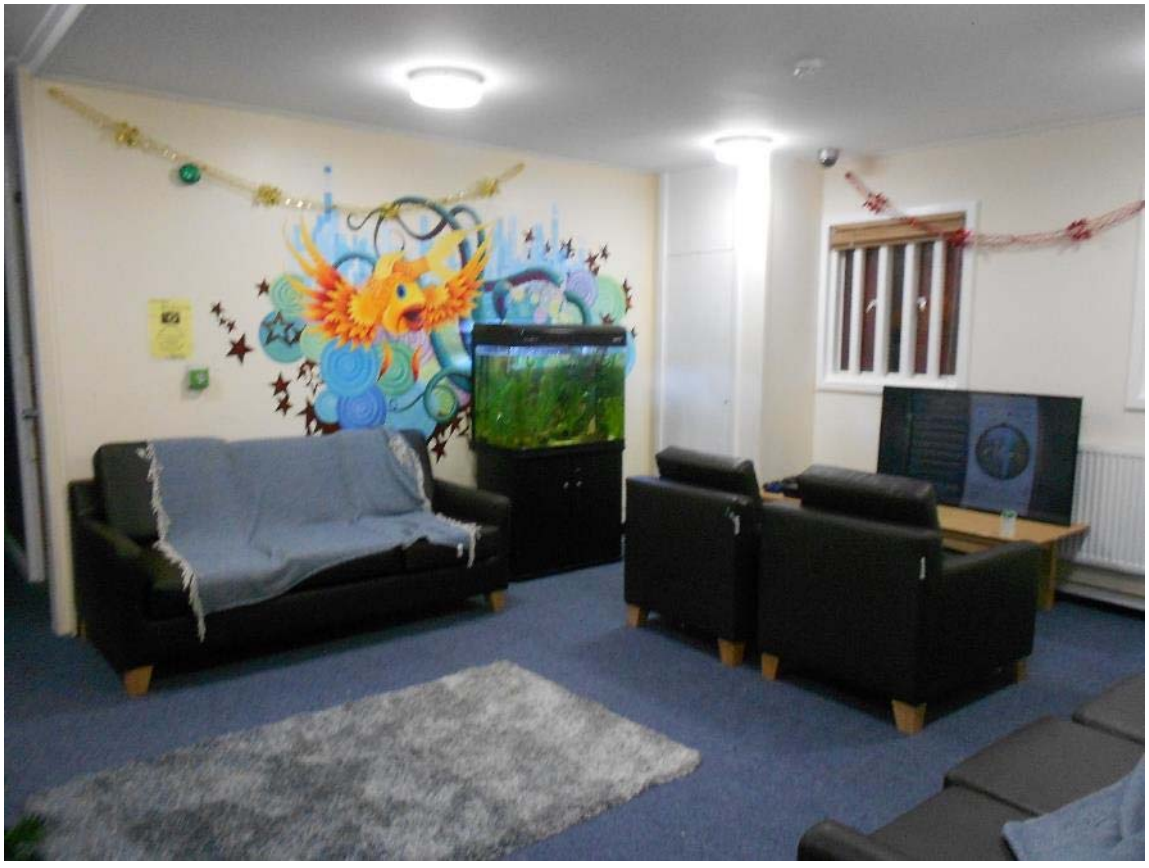
Staff who deliver interventions should be trained promptly to maximise the number of boys who can benefit from the programmes offered. (4.45)
Achieved

Appendix III: Photographs

1. Cell on Cedar unit



2. Association area on Cedar unit



Appendix IV: 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 children	%
Sentenced	108	65.1%
Recall	0	0.0%
Convicted unsentenced	0	0.0%
Remand	44	26.5%
Detainees	0	0.0%
Other	14	8.4%
Total	**166**	**100%**

Age	Number of children	%
15 years	9	5.4%
16 years	36	21.7%
17 years	97	58.4%
18 years	24	14.5%
Other	0	0.0%
Total	**166**	**100%**

Nationality	Number of children	%
British	149	89.8%
Foreign nationals	17	10.2%
Total	**166**	**100%**

Ethnicity	Number of children	%
White		
British	52	31.3%
Irish	0	0.0%
Gypsy/Irish Traveller	4	2.4%
Other white	7	4.2%
Total	63	38%
Mixed		
White and black Caribbean	10	6%
White and black African	6	3.6%
White and Asian	0	0.0%
Other mixed	6	3.6%
Total	22	13.3 %
Asian or Asian British	2	1.2%
Indian	2	1.2%
Pakistani	5	3.0%
Bangladeshi	4	2.4%
Chinese	0	0.0%
Other Asian		
Total	13	7.8%
Black or black British	16	9.6%
Caribbean	21	12.7%
African	28	16.9%
Other black		
	65	39.2%

Other ethnic group		
Arab	0	0.0%
Total Other ethnic group	2	1.2%
Not stated	1	0.6%
Total	**166**	**100%**

Religion	**Number of children**	**%**
Baptist	1	0.6
Church of England	1	0.6
Roman Catholic	42	25.3%
Other Christian denominations	30	18.1%
Muslim	41	24.7%
Sikh	1	0.6%
Hindu	0	0.0%
Buddhist	0	0.0%
Jewish	0	0.0%
Other	0	0.0%
No religion	50	30.1%
Total	**166**	**100%**

Other demographics	**Number of children**	**%**
Gypsy/Romany/Traveller		
Total		

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	2	2	2	1	0	0		6.2%
16 years	0	8	4	4	3	0		16.8%
17 years	6	16	13	24	7	1		59.3%
18 years	0	1	3	9	6	1		17.7%
Total	**8**	**27**	**22**	**38**	**16**	**2**		**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	1	1	0	0	0	0		3.8%
16 years	7	3	2	4	1	0		32.%
17 years	10	11	8	1	0	0		56.6%
18 years	0	1	1	2	0	0		7.5%
Total	**18**	**16**	**11**	**7**	**1**	**0**		**100%**

Main offence	Number of children	%
Violence against the person	79	47.7
Sexual offences	5	2.9
Burglary	9	6.5
Robbery	30	17.3
Theft and handling	6	3.5
Fraud and forgery	0	0
Drugs offences	13	7.7
Other offences	24	14.4
Offence not recorded / holding warrant	0	0
Total	**169**	**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	+24 mths	Total
Age									
15 years	1	0	0	0	1	0	0	0	4.7%
16 years	0	0	3	2	1	1	0	0	16.3%
17 years	5	0	5	2	2	6	2	7	67.4%
18 years	0	0	0	0	0	0	5	0	11.6%
Total	**6**	**0**	**8**	**4**	**4**	**7**	**7**	**7**	**100%**

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

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Recall	Total
Age							
15 years	0	0	0	1	0	0	2.7%
16 years	0	2	2	4	0	0	22.3%
17 years	0	2	4	6	6	0	50.0%
18 years	1	1	3	3	1	0	25.0
Total	**1**	**5**	**9**	**14**	**7**	**0**	**36/100%**

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	2	0	0	0	14.2
16 years	0	0	2	0	0	0	14.2
17 years	0	1	5	2	1	0	64.5
18 years	0	0	1	0	0	0	7.1
Total	**0**	**1**	**10**	**2**	**1**	**0**	**14/100%**

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	0	1	0	20.0%
17 years	0	0	0	1	2	0	60.0%
18 years	0	0	0	0	1	0	20.0%
Total	**0**	**0**	**0**	**1**	**4**	**0**	**5/100%**

Appendix V: 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 were 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[25] 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.

[25] 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/hmiprisons/about-our-inspections/

Response rate

At the time of the survey on 10 December 2018 the population at HMYOI Cookham Wood was 162. Using the approach described above, questionnaires were distributed to 156 children[26].

We received a total of 126 completed questionnaires, a response rate of 80%. Ten children declined to participate in the survey and 20 questionnaires were not returned.

Survey results and analyses

Over the following pages we present the survey results for HMYOI Cookham Wood.

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 Cookham Wood 2018 compared with responses from other YOIs holding children. The comparator surveys have been carried out in five YOIs since December 2017.
- The current survey responses from HMYOI Cookham Wood 2018 compared with the responses of children surveyed at HMYOI Cookham Wood 2017.
- responses of children on the complex needs unit (B1) compared with those from the rest of the establishment.
- responses of children on the induction unit (A1) compared with those from the rest of the establishment.
- A comparison within the 2018 survey between the responses of white children and those from a black and minority ethnic group.
- A comparison within the 2018 survey between the responses of Muslim children and non-Muslim children.
- A comparison within the 2018 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 2018 survey between the responses of children who reported that they had been in local authority care and those who did not.
- A comparison within the 2018 survey between the responses of children aged 18 or over compared and those children under 18.

In all the comparative analyses above, statistically significant[27] differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in 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.

[26] Questionnaires were not distributed to six children who were at court on the day of the survey.

[27] 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.

Survey summary

Background information

Q1.1 What wing or houseblock are you currently living on?

A1 wing	17 (13%)
A2 wing	19 (15%)
A3 wing	17 (13%)
B1 wing	13 (10%)
B2 wing	15 (12%)
B3 wing	22 (17%)
C wing	16 (13%)
Segregation unit	7 (6%)

Q1.2 How old are you?

12	13	14	15	16	17	18 or over
0 (0%)	0 (0%)	0 (0%)	6 (5%)	25 (20%)	75 (60%)	20 (16%)

Q1.3 What is your gender?

Male	123 (100%)
Female	0 (0%)

Q1.4 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	37 (30%)
White - Irish	4 (3%)
White - Gypsy or Irish Traveller	5 (4%)
White - any other White background	4 (3%)
Mixed - White and Black Caribbean	9 (7%)
Mixed - White and Black African	3 (2%)
Mixed - White and Asian	0 (0%)
Mixed - any other Mixed ethnic background	4 (3%)
Asian/ Asian British - Indian	1 (1%)
Asian/ Asian British - Pakistani	6 (5%)
Asian/ Asian British - Bangladeshi	5 (4%)
Asian/ Asian British - Chinese	0 (0%)
Asian - any other Asian background	0 (0%)
Black/ Black British - Caribbean	15 (12%)
Black/ Black British - African	20 (16%)
Black - any other Black/ African/ Caribbean background	9 (7%)
Arab	0 (0%)
Any other ethnic group	3 (2%)

Q1.5 Do you have any children?

Yes	12 (10%)
No	110 (90%)

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

Yes	8 (6%)
No	116 (94%)

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	66 (52%)
No	60 (48%)

Arrival and induction

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

Yes	79 (63%)
No	13 (10%)
Don't remember	32 (25%)
I wasn't searched	2 (2%)

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

Well	89 (71%)
Badly	12 (10%)
Don't remember	24 (19%)

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

Yes	47 (38%)
No	32 (26%)
Don't remember	12 (10%)
I didn't have any problems or worries	34 (27%)

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

Yes	88 (70%)
No	19 (15%)
Don't remember	18 (14%)

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

Yes	79 (63%)
No	47 (37%)

Living conditions

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

Too cold	69 (57%)
About right	45 (37%)
Too hot	8 (7%)

Q3.2 Can you shower every day?

Yes	124 (98%)
No	2 (2%)
Don't know	0 (0%)

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

Yes	87 (70%)
No	33 (27%)
Don't know	4 (3%)

Q3.4 Do you have clean sheets every week?

Yes	102 (82%)
No	18 (14%)
Don't know	5 (4%)

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

Yes	55 (45%)
No	39 (32%)
Don't know	29 (24%)

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

Yes	50 (41%)
No	69 (57%)
Don't know	3 (2%)

Q3.7 Do you usually spend more than 2 hours out of your cell on weekdays?

Yes	88 (72%)
No	29 (24%)
Don't know	6 (5%)

Q3.8 Do you usually spend more than 2 hours out of your cell on Saturdays and Sundays?

Yes	29 (24%)
No	80 (67%)
Don't know	11 (9%)

Food and canteen

Q4.1 What is the food like here?

Very good	1 (1%)
Quite good	60 (49%)
Quite bad	49 (40%)
Very bad	13 (11%)

Q4.2 Do you get enough to eat at mealtimes?

Always	16 (13%)
Most of the time	31 (25%)
Some of the time	57 (46%)
Never	21 (17%)

Q4.3 Does the canteen sell the things that you need?

Yes	96 (79%)
No	21 (17%)
Don't know	5 (4%)

Health and well-being

Q5.1 How easy or difficult is it to see the following health staff?

	Easy	Difficult	Don't know
Doctor	58 (48%)	46 (38%)	18 (15%)
Nurse	81 (66%)	27 (22%)	14 (11%)
Dentist	37 (30%)	65 (52%)	23 (18%)
Mental health workers	71 (58%)	20 (16%)	31 (25%)

Q5.2 Do you have any health problems (including mental health problems)?

Yes	38 (32%)
No	82 (68%)

Q5.3 Have you been helped with your health problems since you've been here?

Yes	32 (26%)
No	7 (6%)
Don't have any health problems	82 (68%)

Q5.4 Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.

Yes	18 (15%)
No	103 (85%)

Q5.5 If you have a disability, are you getting the support you need?

Yes	13 (11%)
No	4 (3%)
Don't have a disability	103 (86%)

Q5.6 Did you have an alcohol problem when you came here?

Yes	6 (5%)
No	118 (95%)

Q5.7 Did you have a drug problem when you came here?

Yes	17 (14%)
No	105 (86%)

Q5.8 Have you been helped with your drug or alcohol problem since you've been here?

Yes	12 (10%)
No	8 (7%)
Did not have a drug or alcohol problem	103 (84%)

Q5.9 Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?

Yes	72 (59%)
No	40 (33%)
Don't know	10 (8%)

Q5.10 How often do you go to the gym or play sports?

More than once a week	40 (33%)
About once a week	55 (46%)
Less than once a week	13 (11%)
Never	12 (10%)

Complaints

Q6.1 Do you know how to make a complaint?

Yes	106 (86%)
No	17 (14%)

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?	22 (18%)	45 (37%)	54 (45%)
Were your complaints usually dealt with within 7 days?	21 (18%)	44 (37%)	54 (45%)

Q6.3 Have you ever felt too scared to make a complaint?

Yes	8 (7%)
No	80 (66%)
Never wanted to make a complaint	34 (28%)

Safety and security

Q7.1 Have you ever felt unsafe here?

Yes	37 (31%)
No	84 (69%)

Q7.2 Do you feel unsafe now?

Yes	12 (10%)
No	110 (90%)

Q7.4 Is your emergency call bell or intercom normally answered within 5 minutes?

Yes	31 (25%)
No	81 (66%)
Don't know	10 (8%)

Q7.5 Have other young people here ever done any of the following to you? (Please tick all that apply to you.)

Verbal abuse	51 (45%)
Threats or intimidation	29 (25%)
Physical assault	25 (22%)
Sexual assault	0 (0%)
Being forced to assault another young person	9 (8%)
Theft of canteen or property	5 (4%)
Other bullying or victimisation	2 (2%)
Young people here have not done any of these things to me	61 (54%)

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

Yes	36 (33%)
No	72 (67%)

Q7.7 Have staff here ever done any of the following to you? (Please tick all that apply to you.)

Verbal abuse	38 (33%)
Threats or intimidation	24 (21%)
Physical assault	14 (12%)
Sexual assault	3 (3%)
Theft of canteen or property	5 (4%)
Other bullying or victimisation	6 (5%)
Staff here have not done any of these things to me	68 (59%)

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

Yes	72 (63%)
No	42 (37%)

Behaviour management

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

Yes	64 (52%)
No	41 (34%)
Don't know	17 (14%)

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

Yes	54 (45%)
No	54 (45%)
Don't know	13 (11%)

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

Yes	45 (38%)
No	75 (63%)

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

Yes	72 (60%)
No	35 (29%)
Not applicable (never been in trouble here)	13 (11%)

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

Yes	80 (66%)
No	42 (34%)

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

Yes	56 (46%)
No	19 (16%)
Don't remember	4 (3%)
Not been restrained here	42 (35%)

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	65 (54%)
No	55 (46%)

Staff

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

Yes	50 (42%)
No	69 (58%)

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

Yes	84 (72%)
No	32 (28%)

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

Yes	86 (72%)
No	33 (28%)

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

Yes	94 (78%)
No	8 (7%)
Don't know	18 (15%)

Faith

Q10.1 What is your religion?

No religion	28 (24%)
Christian (including Church of England, Catholic, and other branches of Christianity)	60 (51%)
Buddhist	0 (0%)
Hindu	0 (0%)
Jewish	0 (0%)
Muslim	26 (22%)
Sikh	1 (1%)
Other	2 (2%)

Q10.2 Are your religious beliefs respected here?

Yes	75 (64%)
No	8 (7%)
Don't know	6 (5%)
Not applicable (no religion)	28 (24%)

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

Yes	63 (54%)
No	6 (5%)
Don't know	19 (16%)
Not applicable (no religion)	28 (24%)

Keeping in touch with family and friends

Q11.1 Has anyone here helped you to keep in touch with your family and friends?

Yes	79 (68%)
No	37 (32%)

Q11.2 Are you able to use a phone every day (if you have credit)?

Yes	109 (95%)
No	6 (5%)

Q11.3 How easy or difficult is it for your family and friends to get here?

Very easy	8 (7%)
Quite easy	40 (33%)
Quite difficult	46 (38%)
Very difficult	12 (10%)
Don't know	14 (12%)

Q11.4 How often do you have visits from family or friends?

More than once a week	3 (3%)
About once a week	53 (44%)
Less than once a week	45 (38%)
Not applicable (haven't had any visits)	19 (16%)

Education and training

Q12.1 Are you doing any of the following activities at the moment? (Please tick all that apply to you.)

Education	103 (87%)
Training for a job (vocational training)	2 (2%)
Paid work	10 (8%)
Interventions (e.g. offending behaviour programmes)	28 (24%)
None of these	14 (12%)

Q12.2 Do staff encourage you to attend education, training or work?

Yes	80 (68%)
No	37 (32%)

Q12.3 Have you learned anything here that will help you when you are released (e.g. education or skills)?

Yes	64 (54%)
No	54 (46%)

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	72 (61%)
No	29 (24%)
Don't know	18 (15%)

Q13.2 Do you understand what you need to do to achieve your objectives or targets?

Yes	66 (57%)
No	4 (3%)
Don't know what my objectives or targets are	45 (39%)

Q13.3 Are staff here supporting you to achieve your objectives or targets?

Yes	41 (36%)
No	28 (25%)
Don't know what my objectives or targets are	45 (39%)

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

Yes	45 (38%)
No	75 (63%)

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

Yes	51 (44%)
No	66 (56%)

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	12 (11%)
Less likely to offend	68 (60%)
Made no difference	34 (30%)

HMYOI Cookham Wood 2018
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 Cookham Wood 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other Young Offender Institutions (5 establishments). Please note that we do not have comparable data for the new questions introduced in October 2018.

- Summary statistics from HMYOI Cookham Wood in 2018 are compared with those from HMYOI Cookham Wood in 2017. Please note that we do not have comparable data for the new questions introduced in October 2018.

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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*

			HMYOI Cookham Wood 2018	All other YOIs	HMYOI Cookham Wood 2018	HMYOI Cookham Wood 2017
	Number of completed questionnaires returned		126	412	126	135
		n=number of valid responses to question (HMYOI Cookham Wood 2018				
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 15 years of age?	*n=126*	0%	0%	0%	0%
	Are you aged 18 or over?	*n=126*	16%	13%	16%	16%
1.4	Are you from a minority ethnic group?	*n=125*	60%	49%	60%	62%
1.5	Do you have any children?	*n=122*	10%	9%	10%	5%
1.6	Are you from a traveller community?	*n=124*	7%	5%	7%	10%
1.7	Have you ever been in local authority care?	*n=126*	52%	39%	52%	45%
5.2	Do you have any health problems (including mental health problems)?	*n=120*	32%		32%	
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	*n=121*	15%	20%	15%	16%
10.1	Are you Muslim?	*n=117*	22%	21%	22%	27%
	ARRIVAL AND INDUCTION					
2.1	Were you searched in reception/admissions?	*n=126*	98%	99%	98%	100%
	For those who had been searched:					
2.1	Was this search done in a respectful way?	*n=124*	64%		64%	
2.2	Overall, were you treated well in reception/admission?	*n=125*	71%		71%	
2.3	When you first arrived, did you have any problems or worries?	*n=125*	73%		73%	
	For those who had any problems when they first arrived:					
2.3	Did staff help you to deal with these problems or worries?	*n=91*	52%		52%	
2.4	Did you feel safe on your first night here?	*n=125*	70%	74%	70%	73%
2.5	In your first few days, were you told everything you needed to know about life here?	*n=126*	63%		63%	
	LIVING CONDITIONS					
3.1	Is the temperature of your room or cell about right?	*n=122*	37%		37%	
3.2	Can you shower everyday?	*n=126*	98%	69%	98%	98%
3.3	Do you normally have enough clean, suitable clothes for the week?	*n=124*	70%		70%	
3.4	Do you have clean sheets every week?	*n=125*	82%		82%	
3.5	Can you get to your stored property if you need it?	*n=123*	45%		45%	
3.6	Is it normally quiet enough for you to relax or sleep at night?	*n=122*	41%		41%	
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	*n=123*	72%		72%	
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	*n=120*	24%		24%	

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

			HMYOI Cookham Wood 2018	All other YOIs	HMYOI Cookham Wood 2018	HMYOI Cookham Wood 2017
	Number of completed questionnaires returned		**126**	**412**	**126**	**135**
	n=number of valid responses to question (HMYOI Cookham Wood 2018					
FOOD AND CANTEEN						
4.1	Is the food here very / quite good?	*n=123*	**50%**		**50%**	
4.2	Do you get enough to eat at mealtimes always / most of the time?	*n=125*	**38%**		**38%**	
4.3	Does the shop / canteen sell the things that you need?	*n=122*	**79%**		**79%**	
HEALTH AND WELL-BEING						
5.1	Is it easy to see:					
	- Doctor?	*n=122*	**48%**		**48%**	
	- Nurse?	*n=122*	**66%**		**66%**	
	- Dentist?	*n=125*	**30%**		**30%**	
	- Mental health worker?	*n=122*	**58%**		**58%**	
5.2	Do you have any health problems (including mental health problems)?	*n=120*	**32%**		**32%**	
	For those who have health problems:					
5.3	Have you been helped with your health problems since you have been here?	*n=39*	**82%**		**82%**	
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	*n=121*	**15%**	**20%**	**15%**	**16%**
	For those who have a disability					
5.5	Are you getting the support you need?	*n=17*	**77%**		**77%**	
5.6	Did you have an alcohol problem when you came here?	*n=124*	**5%**	**7%**	**5%**	**3%**
5.7	Did you have a drug problem when you came here?	*n=122*	**14%**	**30%**	**14%**	**28%**
	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=20*	**60%**		**60%**	
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	*n=122*	**59%**		**59%**	
5.10	Do you go to the gym or play sports once a week or more?	*n=120*	**33%**		**33%**	
COMPLAINTS						
6.1	Do you know how to make a complaint?	*n=123*	**86%**		**86%**	
	For those who have made a complaint:					
6.2	Were your complaints usually dealt with fairly?	*n=67*	**33%**		**33%**	
	Were your complaints usually dealt with within 7 days?	*n=65*	**32%**		**32%**	
6.3	Have you ever felt too scared to make a complaint?	*n=88*	**9%**	**14%**	**9%**	**20%**

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

			HMYOI Cookham Wood 2018	All other YOIs	HMYOI Cookham Wood 2018	HMYOI Cookham Wood 2017
	Number of completed questionnaires returned		126	412	126	135
	n=number of valid responses to question (HMYOI Cookham Wood 2018					
SAFETY AND SECURITY						
7.1	Have you ever felt unsafe here?	*n=121*	31%	35%	31%	50%
7.2	Do you feel unsafe now?	*n=122*	10%	12%	10%	25%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	*n=122*	25%	31%	25%	16%
7.5	Have other young people here ever done any of the following to you?					
	- Verbal abuse?	*n=114*	45%		45%	
	- Threats or intimidation?	*n=114*	25%		25%	
	- Physical assault?	*n=114*	22%		22%	
	- Sexual assault?	*n=114*	0%		0%	
	- Being forced to assault another young person?	*n=114*	8%		8%	
	- Theft of canteen or property?	*n=114*	4%		4%	
	- Other bullying or victimisation?	*n=114*	2%		2%	
	- Young people here have not done any of these things to me	*n=114*	54%		54%	
7.6	If you were being bullied / victimised by other young people here, would you report it?	*n=108*	33%		33%	
7.7	Have staff here ever done any of the following to you?					
	- Verbal abuse?	*n=116*	33%		33%	
	- Threats or intimidation?	*n=116*	21%		21%	
	- Physical assault?	*n=116*	12%		12%	
	- Sexual assault?	*n=116*	3%		3%	
	- Theft of canteen or property?	*n=116*	4%		4%	
	- Other bullying / victimisation?	*n=116*	5%		5%	
	- Staff here have not done any of these things to me	*n=116*	59%		59%	
7.8	If you were being bullied / victimised by staff here, would you report it?	*n=114*	63%		63%	
BEHAVIOUR MANAGEMENT						
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	*n=122*	53%		53%	
8.2	Do you think the system of rewards or incentives is fair?	*n=121*	45%		45%	
8.3	Do staff usually let you know when your behaviour is good?	*n=120*	38%		38%	
8.4	If you get in trouble, do staff usually explain what you have done wrong?	*n=107*	67%		67%	
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	*n=122*	66%	49%	66%	53%
	For those who have been restrained:					
8.6	Did a member of staff come and talk to you about it afterwards?	*n=79*	71%		71%	
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=120*	54%		54%	
STAFF						
9.1	Do you feel cared for by most staff here?	*n=119*	42%		42%	
9.2	Do most staff here treat you with respect?	*n=116*	72%	66%	72%	62%
9.3	If you had a problem, are there any staff here you could turn to for help?	*n=119*	72%		72%	
9.4	Can you speak to a Barnardo's advocate when you need to?	*n=120*	78%	38%	78%	31%

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n=number of valid responses to question (HMYOI Cookham Wood 2018

			HMYOI Cookham Wood 2018	All other YOIs	HMYOI Cookham Wood 2018	HMYOI Cookham Wood 2017
	Number of completed questionnaires returned		126	412	126	135
FAITH						
10.1	Do you have a religion?	*n=117*	76%	63%	76%	64%
	For those who have a religion:					
10.2	Are your religious beliefs respected here?	*n=89*	84%		84%	
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	*n=88*	72%		72%	
KEEPING IN TOUCH WITH FAMILY AND FRIENDS						
11.1	Has anyone here helped you to keep in touch with your family / friends?	*n=116*	68%		68%	
11.2	Are you able to use a phone every day (if you have credit)?	*n=115*	95%		95%	
11.3	Is it quite / very easy for your family and friends to get here?	*n=120*	40%		40%	
11.4	Do you get visits from family or friends?	*n=120*	84%		84%	
	For those who do get visits:					
11.4	Do you get visits from family or friends once a week or more?	*n=101*	55%		55%	
EDUCATION AND TRAINING						
12.1	Are you doing any of the following activities at the moment:					
	- Education?	*n=119*	87%	80%	87%	78%
	- Training for a job (vocational training)?	*n=119*	2%		2%	
	- Paid work?	*n=119*	8%		8%	
	- Interventions (e.g. offending behaviour programmes)?	*n=119*	24%		24%	
	- Not doing any of these activities	*n=119*	12%		12%	
12.2	Do staff encourage you to attend education, training or work?	*n=117*	68%		68%	
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	*n=118*	54%		54%	
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=119*	61%		61%	
	For those who do have a plan:					
13.2	Do you understand what you need to do to achieve your objectives or targets?	*n=70*	94%		94%	
13.3	Are staff here supporting you to achieve your objectives or targets?	*n=69*	59%		59%	
13.4	Is anybody here helping you to prepare for when you leave?	*n=120*	38%		38%	
13.5	Have you had a say in what will happen to you when you leave here?	*n=117*	44%		44%	
FINAL QUESTIONS ABOUT THIS YOI						
14.1	Do you think your experiences here have made you less likely to offend in the future?	*n=114*	60%		60%	

HMYOI Cookham Wood 2018

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.

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

	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	75	50	26	91
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2 Are you under 15 years of age?	0%	0%	0%	0%
Are you aged 18 or over?	15%	18%	19%	13%
1.4 Are you from a minority ethnic group?			96%	50%
1.5 Do you have any children?	4%	19%	4%	12%
1.6 Are you from a traveller community?	0%	16%	0%	8%
1.7 Have you ever been in local authority care?	53%	50%	54%	52%
5.2 Do you have any health problems (including mental health problems)?	19%	49%	35%	30%
5.4 Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	6%	30%	8%	16%
10.1 Are you Muslim?	36%	2%		
ARRIVAL AND INDUCTION				
2.1 Were you searched in reception/admissions?	97%	100%	100%	98%
For those who had been searched:				
2.1 Was this search done in a respectful way?	56%	74%	46%	67%
2.2 Overall, were you treated well in reception/admission?	65%	80%	54%	76%
2.3 When you first arrived, did you have any problems or worries?	77%	66%	72%	70%
For those who had any problems when they first arrived:				
2.3 Did staff help you to deal with these problems or worries?	49%	58%	44%	53%
2.4 Did you feel safe on your first night here?	66%	78%	64%	71%
2.5 In your first few days, were you told everything you needed to know about life here?	64%	62%	58%	67%
LIVING CONDITIONS				
3.1 Is the temperature of your room or cell about right?	33%	44%	28%	41%
3.2 Can you shower everyday?	100%	96%	100%	98%
3.3 Do you normally have enough clean, suitable clothes for the week?	77%	60%	69%	73%
3.4 Do you have clean sheets every week?	82%	80%	77%	84%
3.5 Can you get to your stored property if you need it?	51%	34%	40%	48%
3.6 Is it normally quiet enough for you to relax or sleep at night?	39%	43%	35%	43%
3.7 Do you usually spend more than 2 hours out of your cell or room on weekdays?	70%	76%	76%	70%
3.8 Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	18%	33%	25%	23%

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

		Black and minority ethnic	White	Muslim	Non-Muslim
	Number of completed questionnaires returned	75	50	26	91
FOOD AND CANTEEN					
4.1	Is the food here very / quite good?	46%	56%	42%	55%
4.2	Do you get enough to eat at mealtimes always / most of the time?	37%	39%	35%	40%
4.3	Does the shop / canteen sell the things that you need?	74%	86%	63%	84%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	45%	53%	35%	54%
	- Nurse?	67%	67%	58%	71%
	- Dentist?	27%	35%	19%	32%
	- Mental health worker?	60%	57%	50%	61%
5.2	Do you have any health problems (including mental health problems)?	19%	49%	35%	30%
	For those who have health problems:				
5.3	Have you been helped with your health problems since you have been here?	73%	88%	67%	85%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	6%	30%	8%	16%
	For those who have a disability				
5.5	Are you getting the support you need?	50%	85%	0%	85%
5.6	Did you have an alcohol problem when you came here?	5%	4%	4%	3%
5.7	Did you have a drug problem when you came here?	11%	20%	8%	15%
	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?	50%	70%	67%	77%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	53%	69%	42%	66%
5.10	Do you go to the gym or play sports once a week or more?	31%	38%	31%	33%
COMPLAINTS					
6.1	Do you know how to make a complaint?	85%	88%	85%	87%
	For those who have made a complaint:				
6.2	Were your complaints usually dealt with fairly?	31%	38%	33%	36%
	Were your complaints usually dealt with within 7 days?	37%	24%	28%	33%
6.3	Have you ever felt too scared to make a complaint?	9%	10%	9%	7%

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

	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	75	50	26	91
SAFETY AND SECURITY				
7.1 Have you ever felt unsafe here?	29%	32%	23%	32%
7.2 Do you feel unsafe now?	11%	8%	8%	9%
7.4 Is your emergency call bell or intercom normally answered within 5 minutes?	24%	28%	12%	28%
7.5 Have other young people here ever done any of the following to you?				
- Verbal abuse?	46%	43%	41%	45%
- Threats or intimidation?	21%	32%	18%	27%
- Physical assault?	26%	17%	27%	20%
- Sexual assault?	0%	0%	0%	0%
- Being forced to assault another young person?	5%	13%	0%	8%
- Theft of canteen or property?	0%	9%	0%	5%
- Other bullying or victimisation?	0%	4%	0%	2%
- Young people here have not done any of these things to me	53%	55%	59%	54%
7.6 If you were being bullied / victimised by other young people here, would you report it?	25%	43%	18%	37%
7.7 Have staff here ever done any of the following to you?				
- Verbal abuse?	37%	27%	36%	33%
- Threats or intimidation?	28%	10%	23%	20%
- Physical assault?	15%	8%	18%	12%
- Sexual assault?	3%	2%	5%	1%
- Theft of canteen or property?	6%	2%	9%	3%
- Other bullying / victimisation?	7%	2%	9%	5%
- Staff here have not done any of these things to me	50%	71%	55%	59%
7.8 If you were being bullied / victimised by staff here, would you report it?	55%	75%	52%	67%
BEHAVIOUR MANAGEMENT				
8.1 Do the rewards or incentives for good behaviour encourage you to behave well?	51%	55%	60%	49%
8.2 Do you think the system of rewards or incentives is fair?	44%	46%	44%	45%
8.3 Do staff usually let you know when your behaviour is good?	32%	46%	38%	38%
8.4 If you get in trouble, do staff usually explain what you have done wrong?	68%	66%	70%	67%
8.5 Have you been physically restrained (e.g. MMPR) since you have been here?	70%	59%	72%	62%
For those who have been restrained:				
8.6 Did a member of staff come and talk to you about it afterwards?	70%	72%	67%	71%
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)	60%	46%	48%	55%

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

	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	75	50	26	91
STAFF				
9.1 Do you feel cared for by most staff here?	31%	57%	39%	41%
9.2 Do most staff here treat you with respect?	70%	76%	77%	71%
9.3 If you had a problem, are there any staff here you could turn to for help?	66%	82%	48%	78%
9.4 Can you speak to a Barnardo's advocate when you need to?	83%	71%	67%	81%
FAITH				
10.1 Do you have a religion?	89%	59%	100%	69%
For those who have a religion:				
10.2 Are your religious beliefs respected here?	86%	82%	81%	86%
10.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	74%	73%	71%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS				
11.1 Has anyone here helped you to keep in touch with your family / friends?	71%	65%	58%	72%
11.2 Are you able to use a phone every day (if you have credit)?	96%	93%	92%	96%
11.3 Is it quite / very easy for your family and friends to get here?	44%	35%	39%	41%
11.4 Do you get visits from family or friends?	86%	81%	81%	85%
For those who do get visits:				
11.4 Do you get visits from family or friends once a week or more?	51%	64%	38%	61%
EDUCATION AND TRAINING				
12.1 Are you doing any of the following activities at the moment:				
- Education?	89%	83%	85%	88%
- Training for a job (vocational training)?	1%	2%	0%	2%
- Paid work?	7%	11%	8%	7%
- Interventions (e.g. offending behaviour programmes)?	27%	19%	19%	24%
- Not doing any of these activities	9%	17%	12%	11%
12.2 Do staff encourage you to attend education, training or work?	63%	78%	62%	71%
12.3 Have you learned anything here that will help you when you are released (e.g. education or skills)?	60%	47%	56%	54%
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)?	65%	55%	65%	59%
For those who do have a plan:				
13.2 Do you understand what you need to do to achieve your objectives or targets?	96%	92%	94%	94%
13.3 Are staff here supporting you to achieve your objectives or targets?	56%	67%	56%	58%
13.4 Is anybody here helping you to prepare for when you leave?	40%	34%	39%	36%
13.5 Have you had a say in what will happen to you when you leave here?	41%	48%	40%	44%
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%	66%	63%	61%

HMYOI Cookham Wood 2018

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 disbaility 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

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*

	Have a disability	Do not have a disability
Number of completed questionnaires returned	18	103

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	28%	15%
1.4	Are you from a minority ethnic group?	22%	68%
1.5	Do you have any children?	18%	8%
1.6	Are you from a traveller community?	17%	4%
1.7	Have you ever been in local authority care?	78%	47%
5.2	Do you have any health problems (including mental health problems)?	78%	23%
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?	13%	24%
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?	56%	64%
2.2	Overall, were you treated well in reception/admission?	67%	72%
2.3	When you first arrived, did you have any problems or worries?	88%	69%
	For those who had any problems when they first arrived:		
2.3	Did staff help you to deal with these problems or worries?	47%	52%
2.4	Did you feel safe on your first night here?	59%	72%
2.5	In your first few days, were you told everything you needed to know about life here?	61%	64%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	35%	38%
3.2	Can you shower everyday?	100%	99%
3.3	Do you normally have enough clean, suitable clothes for the week?	72%	72%
3.4	Do you have clean sheets every week?	78%	84%
3.5	Can you get to your stored property if you need it?	33%	48%
3.6	Is it normally quiet enough for you to relax or sleep at night?	39%	41%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	61%	75%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	33%	24%

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

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Orange shading shows significant differences in demographics and background information

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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*

	Have a disability	Do not have a disability
Number of completed questionnaires returned	18	103

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	56%	48%
4.2	Do you get enough to eat at mealtimes always / most of the time?	39%	37%
4.3	Does the shop / canteen sell the things that you need?	78%	79%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	29%	52%
	- Nurse?	59%	69%
	- Dentist?	33%	29%
	- Mental health worker?	71%	56%
5.2	Do you have any health problems (including mental health problems)?	78%	23%
	For those who have health problems:		
5.3	Have you been helped with your health problems since you have been here?	79%	83%
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?	77%	
5.6	Did you have an alcohol problem when you came here?	0%	6%
5.7	Did you have a drug problem when you came here?	18%	14%
	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?	75%	56%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	72%	56%
5.10	Do you go to the gym or play sports once a week or more?	39%	33%
COMPLAINTS			
6.1	Do you know how to make a complaint?	89%	86%
	For those who have made a complaint:		
6.2	Were your complaints usually dealt with fairly?	42%	30%
	Were your complaints usually dealt with within 7 days?	27%	33%
6.3	Have you ever felt too scared to make a complaint?	21%	6%

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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*

	Have a disability	Do not have a disability
Number of completed questionnaires returned	18	103

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	**41%**	**28%**
7.2	Do you feel unsafe now?	**17%**	**9%**
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	**22%**	**27%**
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	**56%**	**44%**
	- Threats or intimidation?	**44%**	**22%**
	- Physical assault?	**28%**	**21%**
	- Sexual assault?	**0%**	**0%**
	- Being forced to assault another young person?	**11%**	**7%**
	- Theft of canteen or property?	**17%**	**2%**
	- Other bullying or victimisation?	**0%**	**2%**
	- Young people here have not done any of these things to me	**39%**	**55%**
7.6	If you were being bullied / victimised by other young people here, would you report it?	**47%**	**32%**
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	**44%**	**29%**
	- Threats or intimidation?	**22%**	**20%**
	- Physical assault?	**22%**	**10%**
	- Sexual assault?	**6%**	**1%**
	- Theft of canteen or property?	**0%**	**5%**
	- Other bullying / victimisation?	**6%**	**5%**
	- Staff here have not done any of these things to me	**56%**	**61%**
7.8	If you were being bullied / victimised by staff here, would you report it?	**67%**	**63%**
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	**67%**	**51%**
8.2	Do you think the system of rewards or incentives is fair?	**44%**	**46%**
8.3	Do staff usually let you know when your behaviour is good?	**44%**	**36%**
8.4	If you get in trouble, do staff usually explain what you have done wrong?	**65%**	**67%**
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	**61%**	**66%**
	For those who have been restrained:		
8.6	Did a member of staff come and talk to you about it afterwards?	**82%**	**69%**
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)	**59%**	**55%**

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

	Have a disability	Do not have a disability
Number of completed questionnaires returned	18	103

STAFF			
9.1	Do you feel cared for by most staff here?	**39%**	**43%**
9.2	Do most staff here treat you with respect?	**61%**	**76%**
9.3	If you had a problem, are there any staff here you could turn to for help?	**71%**	**74%**
9.4	Can you speak to a Barnardo's advocate when you need to?	**82%**	**78%**
FAITH			
10.1	Do you have a religion?	**63%**	**77%**
	For those who have a religion:		
10.2	Are your religious beliefs respected here?	**80%**	**87%**
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	**60%**	**73%**
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	**81%**	**66%**
11.2	Are you able to use a phone every day (if you have credit)?	**94%**	**96%**
11.3	Is it quite / very easy for your family and friends to get here?	**41%**	**40%**
11.4	Do you get visits from family or friends?	**88%**	**86%**
	For those who do get visits:		
11.4	Do you get visits from family or friends once a week or more?	**47%**	**57%**
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	**88%**	**88%**
	- Training for a job (vocational training)?	**6%**	**1%**
	- Paid work?	**19%**	**7%**
	- Interventions (e.g. offending behaviour programmes)?	**25%**	**23%**
	- Not doing any of these activities	**13%**	**10%**
12.2	Do staff encourage you to attend education, training or work?	**77%**	**67%**
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	**47%**	**55%**
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)?	**67%**	**60%**
	For those who do have a plan:		
13.2	Do you understand what you need to do to achieve your objectives or targets?	**92%**	**95%**
13.3	Are staff here supporting you to achieve your objectives or targets?	**55%**	**60%**
13.4	Is anybody here helping you to prepare for when you leave?	**39%**	**37%**
13.5	Have you had a say in what will happen to you when you leave here?	**56%**	**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?	**72%**	**57%**

HMYOI Cookham Wood 2018

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:

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

		18 or over	Under 18
	Number of completed questionnaires returned	20	106
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.4	Are you from a minority ethnic group?	55%	61%
1.5	Do you have any children?	16%	9%
1.6	Are you from a traveller community?	11%	6%
1.7	Have you ever been in local authority care?	50%	53%
5.2	Do you have any health problems (including mental health problems)?	35%	31%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	13%
10.1	Are you Muslim?	29%	21%
	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?	55%	65%
2.2	Overall, were you treated well in reception/admission?	80%	70%
2.3	When you first arrived, did you have any problems or worries?	80%	71%
	For those who had any problems when they first arrived:		
2.3	Did staff help you to deal with these problems or worries?	63%	49%
2.4	Did you feel safe on your first night here?	70%	71%
2.5	In your first few days, were you told everything you needed to know about life here?	70%	61%
	LIVING CONDITIONS		
3.1	Is the temperature of your room or cell about right?	50%	34%
3.2	Can you shower everyday?	100%	98%
3.3	Do you normally have enough clean, suitable clothes for the week?	75%	69%
3.4	Do you have clean sheets every week?	75%	83%
3.5	Can you get to your stored property if you need it?	70%	40%
3.6	Is it normally quiet enough for you to relax or sleep at night?	50%	39%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	84%	69%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	55%	18%

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

	18 or over	Under 18
Number of completed questionnaires returned	20	106

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	**60%**	**48%**
4.2	Do you get enough to eat at mealtimes always / most of the time?	**50%**	**35%**
4.3	Does the shop / canteen sell the things that you need?	**84%**	**78%**
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	**60%**	**45%**
	- Nurse?	**74%**	**65%**
	- Dentist?	**25%**	**31%**
	- Mental health worker?	**50%**	**60%**
5.2	Do you have any health problems (including mental health problems)?	**35%**	**31%**
	For those who have health problems:		
5.3	Have you been helped with your health problems since you have been here?	**71%**	**84%**
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	**25%**	**13%**
	For those who have a disability		
5.5	Are you getting the support you need?	**75%**	**77%**
5.6	Did you have an alcohol problem when you came here?	**5%**	**5%**
5.7	Did you have a drug problem when you came here?	**20%**	**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?	**75%**	**56%**
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	**55%**	**60%**
5.10	Do you go to the gym or play sports once a week or more?	**60%**	**28%**
COMPLAINTS			
6.1	Do you know how to make a complaint?	**95%**	**85%**
	For those who have made a complaint:		
6.2	Were your complaints usually dealt with fairly?	**39%**	**32%**
	Were your complaints usually dealt with within 7 days?	**33%**	**32%**
6.3	Have you ever felt too scared to make a complaint?	**0%**	**11%**

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

	18 or over	Under 18
Number of completed questionnaires returned	20	106

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	35%	30%
7.2	Do you feel unsafe now?	10%	10%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	30%	25%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	37%	46%
	- Threats or intimidation?	26%	25%
	- Physical assault?	16%	23%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	5%	8%
	- Theft of canteen or property?	5%	4%
	- Other bullying or victimisation?	0%	2%
	- Young people here have not done any of these things to me	58%	53%
7.6	If you were being bullied / victimised by other young people here, would you report it?	28%	34%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	37%	32%
	- Threats or intimidation?	16%	22%
	- Physical assault?	16%	11%
	- Sexual assault?	5%	2%
	- Theft of canteen or property?	11%	3%
	- Other bullying / victimisation?	5%	5%
	- Staff here have not done any of these things to me	47%	61%
7.8	If you were being bullied / victimised by staff here, would you report it?	63%	63%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	65%	50%
8.2	Do you think the system of rewards or incentives is fair?	53%	43%
8.3	Do staff usually let you know when your behaviour is good?	42%	37%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	70%	67%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	70%	65%
	For those who have been restrained:		
8.6	Did a member of staff come and talk to you about it afterwards?	62%	73%
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)	58%	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*

	18 or over	Under 18
Number of completed questionnaires returned	20	106

STAFF			
9.1	Do you feel cared for by most staff here?	32%	44%
9.2	Do most staff here treat you with respect?	83%	70%
9.3	If you had a problem, are there any staff here you could turn to for help?	79%	71%
9.4	Can you speak to a Barnardo's advocate when you need to?	83%	78%
FAITH			
10.1	Do you have a religion?	71%	77%
	For those who have a religion:		
10.2	Are your religious beliefs respected here?	75%	86%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	75%	71%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	82%	66%
11.2	Are you able to use a phone every day (if you have credit)?	100%	94%
11.3	Is it quite / very easy for your family and friends to get here?	53%	38%
11.4	Do you get visits from family or friends?	94%	83%
	For those who do get visits:		
11.4	Do you get visits from family or friends once a week or more?	63%	54%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	88%	86%
	- Training for a job (vocational training)?	13%	0%
	- Paid work?	25%	6%
	- Interventions (e.g. offending behaviour programmes)?	31%	22%
	- Not doing any of these activities	13%	12%
12.2	Do staff encourage you to attend education, training or work?	65%	69%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	81%	50%
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)?	71%	59%
	For those who do have a plan:		
13.2	Do you understand what you need to do to achieve your objectives or targets?	100%	93%
13.3	Are staff here supporting you to achieve your objectives or targets?	79%	55%
13.4	Is anybody here helping you to prepare for when you leave?	44%	36%
13.5	Have you had a say in what will happen to you when you leave here?	61%	40%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	82%	56%

HMYOI Cookham Wood 2018

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.

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*

	Have been in local authority care	Have not been in local authority care
Number of completed questionnaires returned	66	60

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	15%	17%
1.4	Are you from a minority ethnic group?	62%	58%
1.5	Do you have any children?	14%	5%
1.6	Are you from a traveller community?	9%	3%
1.7	Have you ever been in local authority care?		
5.2	Do you have any health problems (including mental health problems)?	44%	19%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	23%	7%
10.1	Are you Muslim?	23%	21%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	99%	98%
	For those who had been searched:		
2.1	Was this search done in a respectful way?	66%	61%
2.2	Overall, were you treated well in reception/admission?	74%	68%
2.3	When you first arrived, did you have any problems or worries?	74%	72%
	For those who had any problems when they first arrived:		
2.3	Did staff help you to deal with these problems or worries?	50%	54%
2.4	Did you feel safe on your first night here?	72%	68%
2.5	In your first few days, were you told everything you needed to know about life here?	64%	62%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	38%	36%
3.2	Can you shower everyday?	99%	98%
3.3	Do you normally have enough clean, suitable clothes for the week?	69%	71%
3.4	Do you have clean sheets every week?	77%	86%
3.5	Can you get to your stored property if you need it?	40%	50%
3.6	Is it normally quiet enough for you to relax or sleep at night?	44%	37%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	64%	80%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	19%	30%

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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*

	Have been in local authority care	Have not been in local authority care
Number of completed questionnaires returned	66	60

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	50%	49%
4.2	Do you get enough to eat at mealtimes always / most of the time?	35%	40%
4.3	Does the shop / canteen sell the things that you need?	78%	80%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	45%	50%
	- Nurse?	63%	71%
	- Dentist?	26%	33%
	- Mental health worker?	54%	63%
5.2	Do you have any health problems (including mental health problems)?	44%	19%
	For those who have health problems:		
5.3	Have you been helped with your health problems since you have been here?	78%	92%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	23%	7%
	For those who have a disability		
5.5	Are you getting the support you need?	71%	100%
5.6	Did you have an alcohol problem when you came here?	9%	0%
5.7	Did you have a drug problem when you came here?	18%	10%
	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?	57%	67%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	59%	59%
5.10	Do you go to the gym or play sports once a week or more?	30%	37%
COMPLAINTS			
6.1	Do you know how to make a complaint?	89%	83%
	For those who have made a complaint:		
6.2	Were your complaints usually dealt with fairly?	34%	31%
	Were your complaints usually dealt with within 7 days?	33%	31%
6.3	Have you ever felt too scared to make a complaint?	15%	3%

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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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*

	Have been in local authority care	Have not been in local authority care
Number of completed questionnaires returned	66	60

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	34%	27%
7.2	Do you feel unsafe now?	13%	7%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	33%	17%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	42%	47%
	- Threats or intimidation?	26%	25%
	- Physical assault?	25%	19%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	9%	7%
	- Theft of canteen or property?	5%	4%
	- Other bullying or victimisation?	2%	2%
	- Young people here have not done any of these things to me	54%	53%
7.6	If you were being bullied / victimised by other young people here, would you report it?	36%	31%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	36%	30%
	- Threats or intimidation?	23%	19%
	- Physical assault?	13%	11%
	- Sexual assault?	2%	4%
	- Theft of canteen or property?	2%	7%
	- Other bullying / victimisation?	3%	7%
	- Staff here have not done any of these things to me	57%	61%
7.8	If you were being bullied / victimised by staff here, would you report it?	66%	60%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	48%	58%
8.2	Do you think the system of rewards or incentives is fair?	38%	52%
8.3	Do staff usually let you know when your behaviour is good?	41%	34%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	68%	66%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	70%	61%
	For those who have been restrained:		
8.6	Did a member of staff come and talk to you about it afterwards?	74%	67%
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)	63%	45%

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

	Have been in local authority care	Have not been in local authority care
Number of completed questionnaires returned	66	60

STAFF			
9.1	Do you feel cared for by most staff here?	38%	46%
9.2	Do most staff here treat you with respect?	70%	75%
9.3	If you had a problem, are there any staff here you could turn to for help?	67%	78%
9.4	Can you speak to a Barnardo's advocate when you need to?	79%	78%
FAITH			
10.1	Do you have a religion?	77%	75%
	For those who have a religion:		
10.2	Are your religious beliefs respected here?	83%	86%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	75%	68%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	70%	67%
11.2	Are you able to use a phone every day (if you have credit)?	93%	96%
11.3	Is it quite / very easy for your family and friends to get here?	40%	40%
11.4	Do you get visits from family or friends?	81%	88%
	For those who do get visits:		
11.4	Do you get visits from family or friends once a week or more?	40%	71%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	82%	91%
	- Training for a job (vocational training)?	2%	2%
	- Paid work?	5%	12%
	- Interventions (e.g. offending behaviour programmes)?	23%	24%
	- Not doing any of these activities	15%	9%
12.2	Do staff encourage you to attend education, training or work?	67%	70%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	52%	57%
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)?	57%	65%
	For those who do have a plan:		
13.2	Do you understand what you need to do to achieve your objectives or targets?	94%	94%
13.3	Are staff here supporting you to achieve your objectives or targets?	54%	65%
13.4	Is anybody here helping you to prepare for when you leave?	40%	35%
13.5	Have you had a say in what will happen to you when you leave here?	38%	50%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	51%	69%

HMYOI Cookham Wood 2018
Comparison of survey responses from different residential locations

In this table responses from induction unit (A1) are compared with those from rest of the establishment.

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*

	Induction Unit (A1)	Rest of the establishment
Number of completed questionnaires returned	17	102

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	6%	17%
1.4	Are you from a minority ethnic group?	59%	57%
1.5	Do you have any children?	6%	11%
1.6	Are you from a traveller community?	0%	8%
1.7	Have you ever been in local authority care?	59%	50%
5.2	Do you have any health problems (including mental health problems)?	38%	30%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	6%	15%
10.1	Are you Muslim?	20%	21%
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?	82%	62%
2.2	Overall, were you treated well in reception/admission?	88%	70%
2.3	When you first arrived, did you have any problems or worries?	82%	71%
	For those who had any problems when they first arrived:		
2.3	Did staff help you to deal with these problems or worries?	64%	51%
2.4	Did you feel safe on your first night here?	77%	68%
2.5	In your first few days, were you told everything you needed to know about life here?	59%	63%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	18%	40%
3.2	Can you shower everyday?	100%	98%
3.3	Do you normally have enough clean, suitable clothes for the week?	65%	71%
3.4	Do you have clean sheets every week?	77%	84%
3.5	Can you get to your stored property if you need it?	12%	49%
3.6	Is it normally quiet enough for you to relax or sleep at night?	25%	43%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	59%	78%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	18%	27%

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

	Induction Unit (AI)	Rest of the establishment
Number of completed questionnaires returned	17	102

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	**50%**	**49%**
4.2	Do you get enough to eat at mealtimes always / most of the time?	**35%**	**38%**
4.3	Does the shop / canteen sell the things that you need?	**77%**	**80%**
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	**47%**	**46%**
	- Nurse?	**53%**	**67%**
	- Dentist?	**18%**	**31%**
	- Mental health worker?	**53%**	**58%**
5.2	Do you have any health problems (including mental health problems)?	**38%**	**30%**
	For those who have health problems:		
5.3	Have you been helped with your health problems since you have been here?	**71%**	**90%**
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	**6%**	**15%**
	For those who have a disability		
5.5	Are you getting the support you need?	**100%**	**79%**
5.6	Did you have an alcohol problem when you came here?	**12%**	**3%**
5.7	Did you have a drug problem when you came here?	**25%**	**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?	**40%**	**64%**
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	**44%**	**62%**
5.10	Do you go to the gym or play sports once a week or more?	**13%**	**39%**
COMPLAINTS			
6.1	Do you know how to make a complaint?	**75%**	**87%**
	For those who have made a complaint:		
6.2	Were your complaints usually dealt with fairly?	**20%**	**36%**
	Were your complaints usually dealt with within 7 days?	**60%**	**32%**
6.3	Have you ever felt too scared to make a complaint?	**38%**	**6%**

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

	Induction Unit (A1)	Rest of the establishment
Number of completed questionnaires returned	17	102

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	53%	28%
7.2	Do you feel unsafe now?	13%	9%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	25%	25%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	47%	46%
	- Threats or intimidation?	33%	25%
	- Physical assault?	27%	22%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	20%	7%
	- Theft of canteen or property?	0%	5%
	- Other bullying or victimisation?	0%	2%
	- Young people here have not done any of these things to me	53%	52%
7.6	If you were being bullied / victimised by other young people here, would you report it?	29%	36%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	19%	34%
	- Threats or intimidation?	6%	21%
	- Physical assault?	6%	12%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	13%	2%
	- Other bullying / victimisation?	0%	5%
	- Staff here have not done any of these things to me	75%	57%
7.8	If you were being bullied / victimised by staff here, would you report it?	75%	62%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	50%	54%
8.2	Do you think the system of rewards or incentives is fair?	44%	47%
8.3	Do staff usually let you know when your behaviour is good?	53%	36%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	64%	69%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	50%	67%
	For those who have been restrained:		
8.6	Did a member of staff come and talk to you about it afterwards?	75%	73%
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)	25%	57%

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

	Induction Unit (A1)	Rest of the establishment
Number of completed questionnaires returned	17	102

STAFF			
9.1	Do you feel cared for by most staff here?	69%	40%
9.2	Do most staff here treat you with respect?	94%	70%
9.3	If you had a problem, are there any staff here you could turn to for help?	88%	72%
9.4	Can you speak to a Barnardo's advocate when you need to?	88%	78%
FAITH			
10.1	Do you have a religion?	60%	77%
	For those who have a religion:		
10.2	Are your religious beliefs respected here?	89%	85%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	78%	68%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	92%	63%
11.2	Are you able to use a phone every day (if you have credit)?	79%	97%
11.3	Is it quite / very easy for your family and friends to get here?	13%	44%
11.4	Do you get visits from family or friends?	53%	92%
	For those who do get visits:		
11.4	Do you get visits from family or friends once a week or more?	63%	54%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	67%	93%
	- Training for a job (vocational training)?	7%	1%
	- Paid work?	13%	8%
	- Interventions (e.g. offending behaviour programmes)?	7%	25%
	- Not doing any of these activities	33%	6%
12.2	Do staff encourage you to attend education, training or work?	85%	66%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	36%	57%
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)?	40%	63%
	For those who do have a plan:		
13.2	Do you understand what you need to do to achieve your objectives or targets?	83%	95%
13.3	Are staff here supporting you to achieve your objectives or targets?	67%	61%
13.4	Is anybody here helping you to prepare for when you leave?	27%	40%
13.5	Have you had a say in what will happen to you when you leave here?	20%	48%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	64%	61%

HMYOI Cookham Wood 2018
Comparison of survey responses from different residential locations

In this table responses from the complex needs (B1) are compared with those from the rest of the establishment.

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

	Complex needs unit (B1)	Rest of the establishment
Number of completed questionnaires returned	13	106

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	15%	15%
1.4	Are you from a minority ethnic group?	39%	60%
1.5	Do you have any children?	31%	8%
1.6	Are you from a traveller community?	23%	5%
1.7	Have you ever been in local authority care?	62%	50%
5.2	Do you have any health problems (including mental health problems)?	55%	28%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	13%
10.1	Are you Muslim?	8%	22%
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?	54%	66%
2.2	Overall, were you treated well in reception/admission?	54%	75%
2.3	When you first arrived, did you have any problems or worries?	85%	71%
	For those who had any problems when they first arrived:		
2.3	Did staff help you to deal with these problems or worries?	46%	55%
2.4	Did you feel safe on your first night here?	62%	71%
2.5	In your first few days, were you told everything you needed to know about life here?	39%	65%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	15%	39%
3.2	Can you shower everyday?	92%	99%
3.3	Do you normally have enough clean, suitable clothes for the week?	54%	72%
3.4	Do you have clean sheets every week?	69%	85%
3.5	Can you get to your stored property if you need it?	46%	43%
3.6	Is it normally quiet enough for you to relax or sleep at night?	8%	45%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	50%	78%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	8%	28%

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

	Complex needs unit (B1)	Rest of the establishment
Number of completed questionnaires returned	13	106

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	67%	47%
4.2	Do you get enough to eat at mealtimes always / most of the time?	42%	37%
4.3	Does the shop / canteen sell the things that you need?	83%	79%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	46%	46%
	- Nurse?	55%	66%
	- Dentist?	25%	29%
	- Mental health worker?	67%	56%
5.2	Do you have any health problems (including mental health problems)?	55%	28%
	For those who have health problems:		
5.3	Have you been helped with your health problems since you have been here?	86%	86%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	25%	13%
	For those who have a disability		
5.5	Are you getting the support you need?	67%	83%
5.6	Did you have an alcohol problem when you came here?	8%	4%
5.7	Did you have a drug problem when you came here?	27%	14%
	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?	50%	60%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	83%	56%
5.10	Do you go to the gym or play sports once a week or more?	0%	39%
COMPLAINTS			
6.1	Do you know how to make a complaint?	92%	85%
	For those who have made a complaint:		
6.2	Were your complaints usually dealt with fairly?	25%	37%
	Were your complaints usually dealt with within 7 days?	25%	36%
6.3	Have you ever felt too scared to make a complaint?	9%	9%

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

	Complex needs unit (B1)	Rest of the establishment
Number of completed questionnaires returned	13	106

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	67%	28%
7.2	Do you feel unsafe now?	25%	8%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	0%	28%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	92%	41%
	- Threats or intimidation?	50%	23%
	- Physical assault?	42%	20%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	17%	7%
	- Theft of canteen or property?	25%	2%
	- Other bullying or victimisation?	17%	0%
	- Young people here have not done any of these things to me	8%	57%
7.6	If you were being bullied / victimised by other young people here, would you report it?	50%	34%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	54%	29%
	- Threats or intimidation?	39%	17%
	- Physical assault?	23%	9%
	- Sexual assault?	8%	1%
	- Theft of canteen or property?	0%	4%
	- Other bullying / victimisation?	0%	5%
	- Staff here have not done any of these things to me	39%	63%
7.8	If you were being bullied / victimised by staff here, would you report it?	82%	62%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	46%	54%
8.2	Do you think the system of rewards or incentives is fair?	0%	52%
8.3	Do staff usually let you know when your behaviour is good?	15%	42%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	69%	68%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	92%	61%
	For those who have been restrained:		
8.6	Did a member of staff come and talk to you about it afterwards?	67%	74%
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)	77%	50%

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

	Complex needs unit (B1)	Rest of the establishment
Number of completed questionnaires returned	13	106

STAFF			
9.1	Do you feel cared for by most staff here?	**39%**	**45%**
9.2	Do most staff here treat you with respect?	**46%**	**77%**
9.3	If you had a problem, are there any staff here you could turn to for help?	**69%**	**75%**
9.4	Can you speak to a Barnardo's advocate when you need to?	**92%**	**77%**
FAITH			
10.1	Do you have a religion?	**75%**	**75%**
	For those who have a religion:		
10.2	Are your religious beliefs respected here?	**89%**	**85%**
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	**78%**	**68%**
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	**50%**	**68%**
11.2	Are you able to use a phone every day (if you have credit)?	**92%**	**95%**
11.3	Is it quite / very easy for your family and friends to get here?	**23%**	**42%**
11.4	Do you get visits from family or friends?	**85%**	**87%**
	For those who do get visits:		
11.4	Do you get visits from family or friends once a week or more?	**46%**	**56%**
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	**75%**	**91%**
	- Training for a job (vocational training)?	**0%**	**2%**
	- Paid work?	**0%**	**10%**
	- Interventions (e.g. offending behaviour programmes)?	**42%**	**20%**
	- Not doing any of these activities	**25%**	**8%**
12.2	Do staff encourage you to attend education, training or work?	**69%**	**68%**
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	**31%**	**58%**
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)?	**54%**	**61%**
	For those who do have a plan:		
13.2	Do you understand what you need to do to achieve your objectives or targets?	**100%**	**93%**
13.3	Are staff here supporting you to achieve your objectives or targets?	**43%**	**64%**
13.4	Is anybody here helping you to prepare for when you leave?	**46%**	**37%**
13.5	Have you had a say in what will happen to you when you leave here?	**46%**	**44%**
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	**69%**	**60%**

HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.