

Report on an unannounced inspection of

HMYOI Feltham A

Children's Unit

by HM Chief Inspector of Prisons

14–24 January 2019

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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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Care	27
Section 3. Purposeful activity	39
Section 4. Resettlement	47
Section 5. Summary of recommendations and good practice	55
Section 6. Appendices	61
Appendix I: Inspection team	61
Appendix II: Progress on recommendations from the last report	63
Appendix III: Care Quality Commission Requirement Notice	69
Appendix IV: Establishment population profile	71
Appendix V: Survey methodology and results	75

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 Feltham is an institution in West London comprising a facility for young adult prisoners and a smaller facility, Feltham A, holding children aged 15 to 18. Although Feltham A could accommodate 180 children, there were just 148 in residence at the time of the inspection. This inspection concerned only Feltham A and, in keeping with our inspection arrangements for similar institutions for children and young people, was the latest in a cycle of annual inspections.

Last year we reported on a much-improved institution where good leadership had resulted in outcomes across three of our healthy prison tests - safety, care and resettlement - being reasonably good. More needed to be done to improve purposeful activity and we cautioned that any loss of leadership focus could expose the fragilities, which at the time, we felt characterised some of the improvements we had observed. In light of the clear warning in our last report it was disappointing to be told that since our last visit, there had been an interregnum when Feltham had been left without a governor for a period of five months. A new governor was now in post and beginning to stabilise the establishment, but it was evident to us that there had been a degree of drift resulting in deteriorating outcomes, notably in safety and care.

Feltham A was now not safe enough. Arrangements to receive young people into custody were adequate despite there frequently being quite long waits in court cells following the completion of proceedings, and often long journeys from the courts. Risk assessments on arrival were appropriate, although first night accommodation needed to be cleaner and better prepared, and induction needed to be delivered promptly.

There was evidence of a significant increase in the number of children self-harming. The case management of those in crisis was reasonable. The care experienced by those in need was also reasonably good, although it would have been better if such children were not locked up, often alone, for extended periods. General child protection and safeguarding arrangements remained robust.

In our survey some 13% of children said they currently felt unsafe and levels of violence had increased significantly since the last inspection; the levels of violence are now comparable with those of similar institutions. Initiatives to reduce violence existed, but needed to be applied with more rigour and coordination. Similarly, a comprehensive behaviour management strategy had been formulated, but it was applied inconsistently. Oversight had lost focus; the enhanced support unit, meant to help children with complex needs, was underused; incentive arrangements no longer sufficiently motivated children; and operational staff were neither setting ambitious standards nor sufficiently challenging antisocial behaviour.

The application of 'keep-apart protocols', a mechanism to separate individuals or gangs who were perceived as a threat to one another, had become all-consuming. We understood the over-riding need to keep children safe from one another, but such arrangements were having an impact on all aspects of the regime, limiting opportunities for children to make any progress. The prison needed to rethink this approach and develop new strategies for conflict resolution.

In our survey nearly two-thirds of children told us they had been physically restrained and it was unquestionably the case that the use of force had increased. Oversight and scrutiny were, however, lacking and we found evidence of poor practice, including the use of pain-inducing techniques, that had not been accounted for. We were encouraged to see that children were now no longer subject to segregation in the neighbouring adult facility. However, those now subject to separation on normal location spent too long locked up and required better and more active management plans.

As with safety, outcomes in care were also not sufficiently good. Too few children felt respected by staff and too many suggested they felt victimised. We did see many patient and caring encounters,

but too many staff were too preoccupied with keeping children apart to be able to develop trusting relationships. The residential environment had deteriorated and we could best describe many cells as spartan. Consultation, application and complaints procedures were just adequate, but would benefit from tighter more accountable oversight. There were gaps in the work undertaken to promote equality and much more could have been achieved with a little more application and creative energy. Health services met most needs.

At this inspection our roll checks found 26% of children locked in cell during the working day, a situation that was worse than last year and overall very poor. However, there was evidence of real improvements to the education and training curriculum and to the management of teachers. Most children valued education and behaved well. Despite this, attendance and punctuality were poor. Our colleagues in Ofsted judged the overall effectiveness of learning and skills as 'requires improvement'.

Outcomes in resettlement work were reasonable, but there were a number of shortcomings. The reducing reoffending strategy and oversight arrangements needed to be updated, although partnership working with third-sector organisations provided invaluable support. We found that most children had a training or remand plan and that these were reviewed regularly. Case workers were motivated, but needed more training support. Public protection arrangements were managed well, but offending behaviour interventions had been limited by staff shortages and also by the imposition of the 'keep-apart requirements'.

Feltham is a high profile and challenging institution, and the decline in standards since the last inspection was disappointing. However, we were impressed by the new governor's commitment to the institution and her grasp of the issues that need attention.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

March 2019

Fact page

Task of the establishment

Feltham A manages children on remand and those who have been convicted by the courts.

Certified normal accommodation and operational capacity¹

Number of children held at the time of inspection: 148

Baseline certified normal capacity: 210

In-use certified normal capacity: 180

Operational capacity: 180

Notable features from this inspection

In our survey, only 51% of children said they felt respected by staff.

Feltham A has the only in-patient unit in the YOI estate.

Only 20% of children say they spend more than two hours out of their cells on Saturdays and Sundays.

30 children were being held for murder or attempted murder.

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

Public

Region/Department

Youth Custody Service

Date of last full inspection

January 2018

Brief history

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

The current HM Prison and Young Offender Institution Feltham was formed by the amalgamation of Ashford Remand Centre and Feltham Borstal in 1990/91.

Short description of residential units

Albatross	Enhanced support unit
Bittern	Induction
Curlew	Children on the enhanced level of the rewards and sanctions scheme
Dunlin	normal location
Eagle	normal location
Falcon	Closed

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.

Grebe	Closed
Heron	normal location
Jay	normal location

Name of governor/director

Emily Martin

Escort contractor

Serco

Health service commissioner and providers

NHS England (London)

Care UK

Barnet, Enfield and Haringey Mental Health Trust

Learning and skills providers

Prospects

Independent Monitoring Board chair

Caroline Langton

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

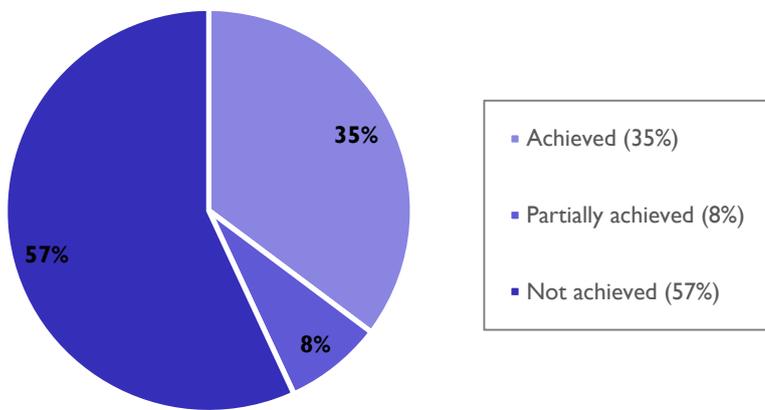
- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of children and conditions 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, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the establishment population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of children and 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

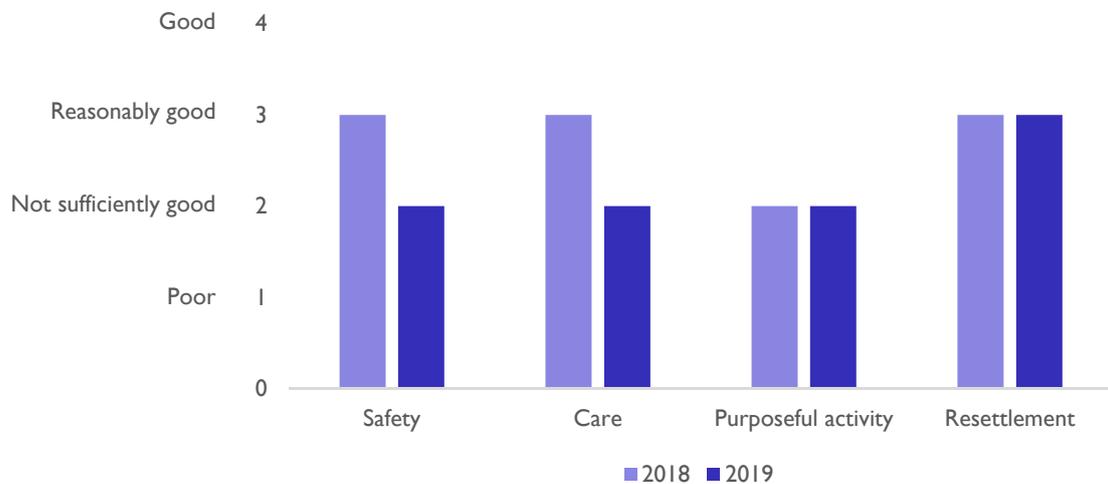
- S1 We last inspected HMYOI Feltham A in 2018 and made 51 recommendations overall. The prison fully accepted 37 of the recommendations and partially (or subject to resources) accepted 11. It rejected three of the recommendations.
- S2 At this follow-up inspection we found that the prison had achieved 18 of those recommendations, partially achieved four recommendations and not achieved 29 recommendations.

Figure 1: HMYOI Feltham A 2019 progress on recommendations from last inspection (n=51)



- S3 Since our last inspection outcomes for children stayed the same in the healthy prison areas of purposeful activity and resettlement and declined in safety and care. Outcomes were reasonably good in resettlement and not sufficiently good in safety, care and purposeful activity.

Figure 2: HMYOI Feltham A healthy prison outcomes 2018 and 2019³



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 *Support for children during their first days in custody was adequate. Child protection procedures were robust. Self-harm had increased significantly and care for children in crisis was inconsistent. The incentives scheme had lost focus on motivating positive behaviour. Levels of violence had increased since the last inspection and were high. Measures to reduce violence were not yet effective and anti-bullying measures were inadequate. Security procedures to keep children apart affected the delivery of key work. Use of force had risen significantly and not all serious cases were subject to scrutiny. Children were no longer segregated in an inappropriate unit with young adults. **Outcomes for children were not sufficiently good against this healthy prison test.***

S5 *At the last inspection in January 2018 we found that outcomes for children in Feltham A were reasonably good against this healthy prison test. We made 12 recommendations about safety. At this follow-up inspection we found that five of the recommendations had been achieved and seven had not been achieved.*

S6 Some children continued to experience long waits in court cells before being transferred to Feltham. Staff carried out appropriate risk assessments and health checks before children were allocated to their residential units. First night accommodation was not always clean or adequately prepared for new arrivals. Induction was comprehensive, but children waited too long to receive some parts of it and were locked up between modules.

S7 Oversight of child protection investigations remained good. The prison had a positive relationship with the local authority and managers swiftly consulted the local authority designated officer and took appropriate action to protect children from further harm.

S8 Incidents of self-harm and the number of children supported on ACCT⁴ documents had increased significantly since the previous inspection. Some analysis of self-harm was presented at the monthly safeguarding meeting but resulted in few meaningful actions to address the problems identified. ACCT documentation was reasonably good and we found consistent case management and multidisciplinary review meetings. However, many care plans were underdeveloped. Care for some children in crisis was reasonably good but too many spent long periods locked in cells with little to occupy them.

S9 The management of children on keep-apart protocols absorbed too much staff time and affected the delivery of key work. The use of illicit substances remained low and supply reduction measures were effective.

S10 The establishment had formulated a comprehensive behaviour management strategy. The purpose of the weekly behaviour management meeting was to monitor progress against the behaviour strategy, but it had become too focused on dealing with day to day operational matters to be effective as a strategy meeting. There was improved management oversight of the enhanced support unit which provided a purposeful regime and multidisciplinary support for children with complex needs and challenging behaviour. As at the last inspection, only three or four children were located there to benefit from the additional support provided. The incentives scheme had lost focus on motivating positive behaviour. Operational staff did not always challenge antisocial behaviour or set sufficiently high standards for children. The number of disciplinary hearings had increased compared to the last inspection and was now higher than we see elsewhere. Some matters that were being dealt with through the adjudication process could potentially have been managed better using the rewards and sanctions scheme.

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

- S11 In our survey, 13% of children said they felt unsafe. Levels of violence against children and staff had increased significantly since the last inspection and were high. Levels were now comparable to similar establishments. Violent incidents were discussed at the weekly behaviour management meeting with some analysis at the monthly safeguarding meeting, but there was no action plan to reduce violence. Not all violent incidents were properly investigated and the system lacked robust quality assurance. The systems to manage the perpetrators of violence and to support victims were inadequate.
- S12 In our survey, 64% of children said they had been physically restrained. Records showed that the use of force had increased significantly since the previous inspection. Around 400 use of force reports had not yet been completed, and in the previous three months about 200 incidents had not been scrutinised by MMPR (managing and minimising physical restraint) coordinators. It was the coordinators' job to refer prominent cases to the use of force committee, but their significant backlog meant that the committee did not view footage of all relevant and serious incidents.
- S13 It was positive that children were no longer located with young adults in the Feltham B segregation unit. Children separated on Rule 49 on normal location spent too much time locked up with little to do.⁵ Management plan targets were too generic and did not provide staff with any guidance on how they could help children return to a normal regime. The use of special accommodation was too high, particularly as there were suitable alternative options to deal with very challenging behaviour.

Care

S14 *Relationships between staff and children were not as strong as at the previous inspection. Living conditions had deteriorated. Communal showers were in poor condition and access was inadequate. Consultation arrangements were reasonably good. The quality and quantity of food was adequate. Applications and complaints systems were administered reasonably well but more analysis and monitoring were needed to increase confidence in the systems. There was a structure in place with the potential to support delivery of effective equality management. Meetings were regular, with active involvement from children and several independent organisations. Health services met most of the needs of the young population. **Outcomes for children were not sufficiently good against this healthy prison test.***

S15 *At the last inspection in January 2018 we found that outcomes for children in Feltham A were reasonably good against this healthy prison test.⁶ We made 15 recommendations about respect. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and nine had not been achieved.*

S16 In our survey, only 51% of children said that most staff treated them with respect and only 47% said that they had never experienced victimisation by staff. We saw examples of good, caring and patient interactions between children and staff across all disciplines, particularly in specialist areas such as education and Kinetic Youth. Too many residential staff were tied up managing complicated keep-apart protocols with little time to build trusting relationships with the children in their care. Relationships were better on the induction and enhanced units where children had more time to interact with staff. The personal officer scheme did not function well and nearly half the children in our survey said they had no one to turn to for help.

⁵ Young Offender Rule 49 enables managers to segregate any prisoner 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 prisoners.

⁶ In our previous version of *Expectations* for children, this healthy prison test was called 'Respect'.

- S17 The residential environment had deteriorated. Most cells contained the basics, but overall the living conditions were austere and spartan. There was little evidence of cells being personalised, or of children taking pride in keeping them clean and tidy. All the shower areas were in a very poor state, often with large areas of peeling paint on the ceilings and discoloured wall panels. In our survey, only 28% of children said they could take a shower every day, which was much poorer than at similar establishments. Unit records reflected a similar picture.
- S18 Children held generally negative perceptions about their food. We found balanced and varied menu options, although children did not always select the healthiest options. The quality and quantity provided were adequate, with the exception of breakfast packs that were too small. Wing serveries were dirty and staff did not ensure that serveries workers were dressed appropriately before serving food to their peers. Canteen arrangements were good. Imminent plans to enable children to purchase groceries as soon as they arrived at the establishment had the potential to be good practice.
- S19 Children had good opportunities to express their views and we found examples where matters raised by children had resulted in changes to local work practice. However, there was a need to formalise the way that meetings were organised and minuted so that progress could be tracked. Attempts had been made to improve the applications system. Checks we carried out showed quick responses, but there was still no method for managers to track progress to ensure that applications were always dealt with appropriately. The complaints system was well administered and most responses were timely and adequate. However, the number of complaints had increased significantly, particularly about staff, and the reasons for the increase had not been analysed.
- S20 The strategic management of equality work remained reasonably good. Meetings were regular, with active involvement from children and several independent organisations. Relevant data were considered but discussions tended to be descriptive rather than analytical. However, there was evidence that, where anomalies had been identified, the equality adviser carried out investigations. Consultation was through monthly focus groups, but these were generic in content and did not adequately cover the range of protected characteristics. There was not enough promotion of diversity and overall a lack of creativity in equality work given the resource allocated to it.
- S21 In our survey, children with protected characteristics reported broadly similar treatment to the rest of the population. The exception was those who said they had a disability, who were much more negative about their experience of victimisation by other children. Support for some children with additional needs was good. Plans were available to help unit staff to manage children with developmental disorders but in practice these were not always understood or followed. The chaplaincy provided a good service to children. Survey results were positive but attendance at religious services was quite low, primarily due to keep-apart measures.
- S22 Health care governance arrangements needed refreshing to ensure effective oversight of practice. There were some vacancies in the primary care team which were stretching service delivery, but overall, we found that health services met most need. The availability and access to services were good, but too many children were not attending planned appointments. Dental waits had increased due to a burst pipe in the treatment room, but this had now been repaired and there were plans to enhance clinical capacity to reduce waiting times. Although activity was low, medicine administration was poorly co-ordinated and medicines were not always delivered at the appropriate times. We also observed some unsafe practices which could put patients at risk. Mental health services remained good and provided a range of timely and clinically appropriate interventions. Substance misuse support was reasonable.

Purposeful activity

- S23** *One in four children were locked up and not involved in purposeful activity which was worse than at the previous inspection. The library and gym facilities were good, but access was too limited. There had been improvements to the learning and skills curriculum and better performance management of teachers. Attendance and punctuality were poor. Most children valued education and behaved well in class. Children developed their English and mathematics skills well. Regime restrictions severely affected the delivery of outreach work on units. Qualification outcomes for children were not consistently good. **Outcomes for children were not sufficiently good against this healthy prison test.***
- S24** *At the last inspection in January 2018, we found that outcomes for children in Feltham A were not sufficiently good against this healthy prison test. We made 14 recommendations about purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved, one had been partially achieved and six had not been achieved.*
- S25** Time out of cell had deteriorated since our last inspection, with 26% of children locked in cells during our roll checks compared to 17% in 2018. Regime slippage and protocols to keep children apart significantly affected their access to essential activities. The library had been refurbished and was impressive. However, its location on the young adult side of the establishment limited access for children. The gym was a good facility with a wider range of activities than in 2018. Again, access was limited for most children.
- S26** The head of education, supported by the prison governor, provided clear and decisive leadership that had resulted in an improved curriculum and a much-needed focus on the performance management of teachers. Senior leaders had implemented a range of successful measures to tackle poor behaviour during learning sessions. Measures such as reflective learning and outreach removed children from the classroom and provided them with limited education on their residential units. However, these measures were not fully understood or prioritised by unit staff. One in four children in our survey said they did not attend any purposeful activity and records demonstrated that attendance at education was poor. The establishment also failed to ensure that children moved promptly to education from their accommodation units to improve punctuality at sessions and increase the time children spent in learning.
- S27** Most teaching and learning were well planned with a good range of relevant and accessible resources. Most children with special educational needs received good support from teachers. However, in a few cases, teachers did not adapt teaching and learning strategies sufficiently well to meet the needs of those with additional needs. Most children valued education, engaged willingly and were keen to attend. On a few occasions, teachers failed to manage disruptive behaviour effectively. Children were able to develop their English and mathematics skills well.
- S28** Most children were well behaved during learning sessions and were respectful of their teachers and of each other. Children receiving outreach provision overcame their anxieties about participating in learning and understood its benefits. It was very concerning, therefore, that regime restrictions resulted in most of the profiled outreach hours not being delivered which also left children locked up longer with nothing to do.
- S29** Children made suitable progress from their different starting points; however, qualification achievement rates were not yet consistently good.

Resettlement

S30 *Children and families work was well developed. A recent needs analysis gave more focus to resettlement work and some provision had developed since the last inspection. Children had regular contact with their caseworker, but regime restrictions often prevented the delivery of quality casework. Sentence plan objectives were not focused on reducing risk in the community on release. Public protection processes were sound. Looked-after children were provided with good support. There was some proactive work to ensure continuity of support in the community, but late confirmation of release addresses hampered meaningful reintegration planning for many children.*
Outcomes for children were reasonably good against this healthy prison test.

S31 *At the last inspection in January 2018, we found that outcomes for children in Feltham A were reasonably good against this healthy prison test. We made 10 recommendations about resettlement. At this follow-up inspection we found that two of the recommendations had been achieved, one had been partially achieved and seven had not been achieved.*

S32 A good strategy for children and families had been introduced and the work we commended at the last inspection had continued. This included family support, parenting courses and Storybook Dads.⁷ However, only 33% of children in our survey said that they had daily access to telephones. We also received numerous complaints about this during the inspection and found that too many children had to compete to use too few phones at limited times in the day when access was granted.

S33 The reducing reoffending strategy required updating and there was no formal action plan to drive the work of the department. Attendance at the monthly reducing reoffending meeting was inconsistent and did not demonstrate a whole establishment approach to effective resettlement. The establishment had engaged the services of community agencies to support resettlement work, for example Spurgeon's, a national charity, helped children to maintain family contact. The use of release on temporary licence to facilitate preparation for release had decreased since the previous inspection. Access to children to conduct rehabilitative work was hampered by cumbersome unlock arrangements on residential units. Conversations had to take place through cell doors and keep-apart protocols made it difficult to deliver group interventions. Early release and home detention curfew processes were being managed appropriately.

S34 In our survey, only 60% of children stated that they had a training or remand management plan. We found that all children did actually have a plan and there were regular meetings to review them. Most of the casework team were new in post. They were motivated to help children progress but lacked the necessary training to be fully effective in their role. The team made good use of the youth justice case recording system to share information with the community but, as at the previous inspection, training and remand management plans were not being used to drive children's progress. Input from other departments was limited and resettlement work was not coordinated. Resettlement planning was too focused on the custodial element of the child's sentence and centred on behaviour management. Joint working between caseworkers and youth offending team workers lacked challenge and did not ensure adequate outcomes for children leaving custody.

S35 Public protection processes, including MAPPAs (multi-agency public protection arrangements), were managed well.

⁷ An independent, registered charity that helps prisoners to record a story for their children to listen to at home.

- S36 The introduction of more specific support for children with indeterminate sentences was positive. Work to manage transitions to the adult estate was organised well, although some adult prisons were more cooperative and proactive than others.
- S37 Looked-after children benefited from the input of dedicated social workers who successfully advocated for them to receive the support they were entitled to from their local authority.
- S38 The standard range of interventions approved for use in the children's estate were available. Staff shortages and difficulties arranging groups because of the extensive keep-apart arrangements meant that not all children were able to access the interventions they needed. Work with children with sexually harmful behaviours required further development. There was some targeted work from psychological services, including a counselling service.
- S39 The establishment provided basic guidance on money management and budgeting, and limited advice about gambling and linked debts. Healthcare arrangements for release were satisfactory and there was proactive work by the integrated mental health and substance misuse team to source community support. Practical arrangements for the day of release were properly organised. However, late confirmation of suitable addresses for some children hampered meaningful reintegration.
- S40 For many children, late confirmation of release addresses hampered meaningful reintegration planning until very close to the release date. This was in spite of the existence of escalation processes.

Main concerns and recommendations

- S41 Concern: Too many aspects of the behaviour management strategy were not working effectively at the point of delivery on the units. Low-level antisocial behaviour often went unchallenged and no minimum standards had been set for cell cleanliness and personal conduct. The incentives and earned privileges scheme (IEP) did little to motivate positive behaviour. Some adjudication charges could have been dealt with through the IEP scheme.

Recommendation: All aspects of the behaviour management strategy should be reviewed regularly and managed more robustly to ensure that the strategy is delivered and effective in ensuring measurable improvements in good behaviour amongst children.

- S42 Concern: Levels of violence had increased significantly since the previous inspection and were too high. Support for the victims and the management of perpetrators of violence were inadequate. The prison relied on a complex matrix of keep-apart protocols to keep violence at bay but had not developed an effective strategy to tackle the root causes of violence. Analysis of information/data and consultation with children to develop a better understanding of the root causes of violence was too limited.

Recommendation: A robust action plan setting out clear objectives to reduce violence should be delivered. Support for the victims of bullying should be strengthened and perpetrators should be challenged and helped to address their violent behaviour.

- S43 Concern: Children had poor perceptions of staff and 46% of children said they had no member of staff they could turn to for help. There was inadequate leadership of an inexperienced staff group and the role of many prison officers was limited to administering keep-apart protocols and single unlock arrangements. Staff lacked the time and had too few opportunities to develop meaningful relationships with children in their care.

Recommendation: The role of the prison officer should be developed to ensure that staff understand their responsibility to form respectful, caring and effective relationships with the children in their care.

- S44 Concern: Cells were austere, often dirty and poorly equipped. Communal areas were frequently noisy and sometimes cold. The residential accommodation was institutional and not designed to provide a suitable environment for children to live in. Staff and managers were failing to set and enforce ambitious standards in cells and communal areas.

Recommendation: Accommodation should be decent, clean and adequately equipped. It should be suitable for children.

- S45 Concern: The management of children on keep-apart protocols had a significantly negative impact on the delivery of a full regime and access to important interventions for many children. Many children were missing out on or arriving late for the education sessions, or being denied full access to offending behaviour interventions.

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

- S46 Concern: Caseworkers did not formulate risk-based sentence plans. Targets often focused on behaviour in custody rather than addressing the risks the child would pose in the community. Caseworkers at Feltham and community YOT workers did not challenge each other sufficiently to deliver the rehabilitation and resettlement outcomes that children needed.

Recommendation: Comprehensive assessments of risk of harm should be used to inform sentence plan targets that address risk and reduce the likelihood of future offending.

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 Feltham continued to receive about seven children a week, most of whom travelled from courts in London and experienced shorter journeys than children in similar establishments. The escort vehicles that we looked at were clean, albeit with some graffiti, and had food and drink on board. The number of late arrivals had reduced recently, although we still found examples of children experiencing long waits for transport from court after their case had finished and placement decisions had been made. Some of these children still arrived after evening lock up, limiting the time for staff to identify risks and support children new to custody.
- 1.2 Handovers between escort and reception staff were prompt and appropriately focused on key areas of risk. The reception area was spacious. Holding rooms were stark but had televisions and were clean. Reception staff carried out a private first night interview and offered children a free telephone call and a meal.
- 1.3 Most children spent less than two hours in reception before being moved to Bittern unit (the induction unit) where they underwent a health care assessment before being allocated a cell. Cells that we looked at were not adequately prepared for new arrivals: some were dirty or contained graffiti and some children were not given a kettle. Children were not always offered a shower on their first night in custody. Bittern unit was a calmer environment than other areas of the establishment and children appreciated the opportunity to eat together which did not happen on other units.
- 1.4 In our survey, two-thirds of children said they had problems or worries when they arrived at Feltham. It was concerning that only 28% of these children said that staff helped them to deal with these problems. Staff carried out enhanced checks on children during their first night which helped to reassure new arrivals. However, we found the induction unit was a busy environment where staff focused on delivering the regime and managing keep-apart issues. This limited opportunities to support new arrivals and address their problems.
- 1.5 In our survey, only 53% of children said they had been told everything they needed to know during their first few days. The induction programme was comprehensive with contributions from a range of agencies. However, there was no scheduled programme and children did not know what was going to happen next. Some waited a long time to be given key information about life at Feltham. This was compounded by a waste of resources as different agencies often tried to see children at the same time. Children were allocated to education after about a week and spent too long locked in their cells before this.

Recommendations

- 1.6 **Children should be transported from court to the establishment as soon as possible after their hearing ends to enable them to settle on their first night.**

- I.7 The induction should be coordinated to ensure children receive important information without delay.**

Safeguarding of children

Expected outcomes:

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

- I.8** The establishment continued to manage a range of policies to safeguard and protect children. Useful reports on self-harm, violence and restraint were discussed at monthly and quarterly safeguarding meetings. However, few actions were generated from these discussions to address the continuing high level of incidents.
- I.9** The prison had a positive relationship with the local authority and the head of safeguarding attended meetings of Hounslow Safeguarding Children Board.
- I.10** During the previous six months, 47 child protection referrals had been made to Hounslow Children's Services, more than at the previous inspection. Oversight of this by the safeguarding team remained good. Once referrals had been made, the team consulted the local authority designated officer within 24 hours and managers took appropriate action to protect children from potential harm while the investigation was continuing. Some allegations submitted on complaint forms were unnecessarily delayed before the safeguarding team was informed, because complaints staff had not prioritised them (see paragraph 2.26).
- I.11** Most child protection investigations concerned allegations about use of force which had increased since the previous inspection. Residential staff knew how to raise concerns and were confident that they received good advice and guidance from the safeguarding team.
- I.12** Independent social workers continued to provide support for children who made allegations of abuse or harm.

Suicide and self-harm prevention

Expected outcomes:

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

- I.13** Recorded levels of harm had more than doubled, with 76 incidents of self-harm over the previous six months compared to 34 recorded at the previous inspection. Most of these incidents continued to involve superficial cuts or punching walls, but some were more serious involving ligatures or significant cuts.
- I.14** The safeguarding team provided oversight of self-harm and suicide prevention procedures. They analysed data on the causes of self-harm and the increase in incidents which were presented at the monthly safeguarding meetings. However, this did not result in an action plan to address the rise in incidents. Only one action relating to self-harm had been raised in the previous six months, which was recorded as 'not being readily actioned' at the time of the inspection.

- I.15** Day-to-day management was better than strategic oversight. Safeguarding managers and officers quality assured ACCT documentation and this had resulted in some improvements.⁸ Initial assessments were good, care reviews were multidisciplinary and most were chaired consistently by the same case manager. However, many care plans were underdeveloped and lacked key actions in response to issues raised in reviews.
- I.16** Despite these improvements in ACCTs, the care given to children at risk of self-harm on residential units was inconsistent. In about half the cases, we observed interactions between staff and children on open ACCTs which were of good quality. Children were given distraction packs and had contact with therapy pets and additional support from agencies, including the chaplaincy. However, other children at risk of harm spent long periods locked in their cells with little to occupy them. All units had access to Samaritans telephones.

Recommendation

- I.17 Children at risk of self-harm should receive consistently good care from staff, including access to activity and education.**

Security

Expected outcomes:

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

- I.18** The security department remained a shared resource across both sites. Physical security arrangements were broadly proportionate, with the exception of measures to manage children on keep-apart protocols which absorbed too much staff time and affected time out of cell and the delivery of key work (see paragraphs 3.2 and 4.8). Despite the presence of sufficient staff, we witnessed a reluctance to unlock a child on a protocol when any other child was in the vicinity, even when staff could clearly prevent them from making contact with each other. The impact of this was seen most acutely when outreach workers and other specialists were routinely refused access to a child on a residential wing, staffed by at least three officers, because one child was using the telephone (see paragraph 3.25).
- I.19** Several departments, including security, safeguarding and residential, made decisions to place children on keep-apart protocols, principally following an incident of violence or bullying (see paragraph 1.43). We recognised the need to keep children and staff safe, but the keep-apart protocols had become too comfortably embedded in daily routines and the system lacked oversight at a senior level.
- I.20** There had been a significant reduction in the number of intelligence reports submitted by staff to the security team. During the previous six months, 960 reports had been submitted compared to over 1,600 at the last inspection. Intelligence was analysed promptly and used to set security objectives, which were broadly aligned to the key risks faced by the establishment. Despite this, communication of security objectives to staff was ineffective.
- I.21** Joint work with local police had diminished following a reduction in dedicated police resource at the establishment. A counter-terrorism police officer was available to the establishment for an average of three days a week, but the crime police intelligence officer based at Feltham was often cross-deployed to other policing work in the community.

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

Funding for the Trident central gangs' unit had ceased and the prison no longer benefited from Trident police staff on site to assist with gang-related concerns.

- I.22** The security department had taken steps to mitigate the impact of the reduction in police support. For example, they helped the conflict resolution team (see paragraph I.44) to manage the local gang database. They also provided useful briefings and oversight of the small number of children with restricted status and those at risk of holding extremist views.⁹
- I.23** Drug availability remained low and supply reduction measures were effective. There had been one positive mandatory drug test (MDT) for cannabis in the previous six months and no positive tests for NPS.¹⁰ The MDT suite was located in Feltham B reception where children could encounter young adults which required additional staff to supervise the children.
- I.24** Children were not routinely strip-searched, but records indicated that managers had authorised strip-searching on 20 occasions in the previous six months. Searches were usually carried out in response to intelligence that the child may have an improvised weapon, although no such items had been found during any search. Children were not routinely offered advocacy support before or after the search, which was poor practice.

Recommendations

- I.25** **Keep-apart protocols should be overseen by a senior manager to ensure there is a focus on mediation to increase time out of cell and participation in purposeful activity. Reviews should be timely.**
- I.26** **A child should have 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.

- I.27** The behaviour management strategy was now more comprehensive and encompassed many key procedures and systems designed to manage behaviour, including adjudications, violence reduction, the enhanced support unit (ESU) and the separation of children from their peers.¹¹ The strategy retained focus on mostly punitive measures, with an over reliance on ineffective keep-apart protocols (see paragraph I.18). Many aspects of the strategy were not working effectively at the point of delivery on the units.
- I.28** A well-attended behaviour management meeting took place weekly with the primary purpose of monitoring progress against the behaviour strategy. However, much of the discussion had become too focused on operational matters and the aim to improve behaviour management processes was not being achieved. Plans were in place to review the

⁹ Restricted status: any young person or young adult prisoner convicted or on remand whose escape would present a serious risk to the public, and who is required to be held in designated secure accommodation.

¹⁰ NPS 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 vaporised and inhaled in e-cigarettes and other devices.

¹¹ ESU: a residential unit that provides individualised care and multidisciplinary case management for a small number of children who present with the most complex needs and challenging behaviour.

structure of such meetings to ensure that both operational and strategic objectives could be met.

- I.29** Management and oversight of the ESU had improved since the previous inspection. A local management team met regularly to discuss children's progress and admission criteria were now in place. The aim of the unit was to deliver a purposeful regime and multidisciplinary support for children with the most complex needs and challenging behaviour.
- I.30** While the supportive ethos of the ESU was positive, only three or four individuals benefited from it at any one time. Fourteen children had been resident on the unit during the last year and only one child had been successfully reintegrated to normal location. Most had been released from the unit into the community. Progress towards increasing the population had been hampered by delays in funding the refurbishment of out-of-use cells. Key intervention work was also hindered by the lack of electrical points in rooms used for association.
- I.31** The prison had failed to build on the improvements to the incentives and earned privileges (IEP) scheme we reported on at the last inspection. Some children with significant behavioural issues responded well to instant rewards for meeting short-term goals but the current system at Feltham did not meet that need. Children could earn merits for positive behaviour but could only exchange items at the merit shop once a week which made the scheme less effective than the 'instant reward' schemes in place at most similar establishments.
- I.32** The IEP scheme was not used effectively to motivate good behaviour and electronic case notes indicated that very few merits were awarded by operational staff. Staff did not always role model the best behaviours, some were unapproachable and we witnessed casual swearing by a number of staff. Low-level antisocial behaviour often went unchallenged and no minimum standards had been set for cell cleanliness and personal conduct.
- I.33** Children had highlighted several concerns about the IEP scheme at the youth council, including the focus by staff on negative behaviour rather than encouraging positive behaviour. There was no evidence of actions to address these issues and the use of merits was not monitored to evaluate the effectiveness of the system.
- I.34** The most motivating feature of the IEP scheme was Curlew unit which was still the designated unit for children on the highest level (gold) of the scheme. Although it was disappointing that Curlew was no better equipped than other units (see paragraph 2.8), children located there were offered additional benefits such as the opportunity to eat together and access to more association time. Children on gold level located elsewhere in the establishment had a less positive experience: association was often more limited because of the complexity of unlock protocols in the keep-apart system (see paragraph 1.19).
- I.35** The rise in adjudications seen at the last inspection had continued and the number of hearings were now higher than at similar prisons. Many of the charges that we reviewed and hearings that we observed could have been dealt with by other means such as the IEP scheme or by simply talking to the child. For example, two children were placed on report for tickling each other in class and another child had been placed on report for eating a lollipop during association.
- I.36** The hearings that we observed were fair and courteous and checks were made that children understood the process. However, Barnardo's advocates had only been asked to support children on 20 occasions in the previous quarter.
- I.37** Although adjudications were integral to the behaviour management strategy, monitoring was limited to brief discussion at the segregation management and review group. The number of additional days awarded to children were recorded, but the reasons for the sharp increase in

adjudications and their use for trivial matters had not been analysed, which undermined the system.

Bullying and violence reduction

Expected outcomes:

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

- I.38** In our survey, 38% of children said they had felt unsafe at some point and 13% felt unsafe at the time of inspection. A third of prisoners said they had been victimised by their peer group. Even more alarmingly, over half said they had been victimised by staff.
- I.39** Levels of violence had increased significantly since the previous inspection and were too high. In the previous six months there had been 230 incidents of violence, a return to the high levels reported in 2017. There had been a substantial increase in violence against staff, with 62 reported incidents compared to just eight at the last inspection. Despite this marked increase, the level of violence was now comparable to similar prisons and very few incidents were of a serious nature.
- I.40** Recent incidents of violence were discussed at the weekly behaviour management meeting (see paragraph I.28) and there was further analysis at the monthly and quarterly safeguarding meetings. However, analysis was inadequate and inconsistent and there was no evidence that the very few actions identified had been addressed. The prison lacked an overarching violence reduction strategy or associated action plan.
- I.41** Managers were aware of HMPPS national systems such as the violence and safety diagnostic tools which could identify hotspots of violence and predict the children most likely to be involved. Both systems were underused and not enough had been done to identify the reasons behind the increase in violence.
- I.42** The bullying reduction policy set out clear guidance on the need to make a referral to the safeguarding team following a violent incident or concerns about bullying. Some residential staff were identified as champions to support this procedure. When an incident of bullying or violence took place, a bullying referral form was raised which triggered an investigation. We found that referrals were often incomplete and care maps were not routinely monitored which meant that victims and perpetrators of violence were not adequately supported.
- I.43** The bullying reduction policy was fit for purpose, but it was not always applied effectively by residential staff and the system lacked quality assurance by managers. Most staff relied on other departments to pick up and address the underlying factors leading to bullying. Instead they focused their attention on managing keep-aparts and the use of Rule 49 separation which resulted in significant curtailment of the regime for all children (see paragraphs I.19 and 2.3).¹²
- I.44** The conflict resolution team consisted of staff trained to help young people to manage conflict; initially through individual sessions and then through joint sessions with both parties present. In conjunction with voluntary sector organisations such as Kinetic Youth and Road Light, it helped to support victims and taught children how to resolve problems before they led to more violence.¹³ A team of five trained conflict resolution staff were allocated to

¹² Young Offender Rule 49 enables managers to segregate any prisoner 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 prisoners.

¹³ Kinetic Youth is a social enterprise that uses youth work methodologies to support young people who are in the youth justice system, or at risk of becoming involved in it, to improve their lives.

residential units to develop the skills of inexperienced staff to build relationships with children. The team managed approximately 25 referrals each month with an average of 14 cases progressing to mediation between children. Kinetic Youth and Road Light delivered individual and group sessions to support the work of conflict resolution staff.

Recommendation

- I.45 Analysis of violent incidents should inform the violence reduction strategy which should include clear actions to reduce the high levels of violence.**

The use of force

Expected outcomes:

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

- I.46** In our survey, 64% of children said they had been physically restrained compared to 46% at the previous inspection. There had been 488 incidents involving force in the previous six months, an increase of about a third compared to the last inspection. During the previous three months, the most common recorded reason for force being used was children refusing to do what they had been asked rather than as a last resort to protect others from harm. This was concerning. Managers suggested that this stemmed from a largely inexperienced staff group lacking the confidence to deescalate conflict (see paragraph 2.2).
- I.47** Most of the incidents that we reviewed were conducted appropriately. However, we also saw examples of very poor practice including the use of pain-inducing techniques to prompt a response from a child who had gone limp during a restraint, and two other serious incidents which did not appear to be legitimate use of force. In all these cases, managers had referred the allegations to the local authority and child protection investigations were ongoing.
- I.48** Managers had not instilled in staff the necessity to complete use of force reports immediately after each incident. At the time of the inspection, about 400 staff statements had not been completed. The safeguarding meeting had identified an action to resolve this in June 2018, but no meaningful progress had been made.
- I.49** There was a shortage of minimising and managing physical restraint (MMPR) coordinators. In the previous three months, about 200 incidents had not been quality assured which risked examples of good and bad practice going unnoticed. In the minority of incidents which had been quality assured, MMPR coordinators had identified concerns and made child protection referrals.
- I.50** The use of force meeting was scheduled to take place weekly, but it was cancelled in the first week of every month because it coincided with another meeting. This limited the time available to scrutinise all high-risk incidents that had taken place.
- I.51** There were not enough body-worn video cameras at the time of the inspection for all front-line staff to use. Those who did collect them did not always turn them on during incidents which further hindered governance of this area.

- I.52** MMPR handling plans were in place for seven children with medical conditions which could be exacerbated by MMPR techniques. We found that unit staff were unaware of four of these plans.

Recommendations

- I.53** **Pain-inducing techniques should not be used on children.**
- I.54** **Governance of use of force should be improved to ensure that all incidents are recorded, written statements are completed by staff and all incidents are reviewed by MMPR coordinators.**

Separation/removal from normal location

Expected outcomes:

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

- I.55** Prison managers had stopped placing Feltham A children in the Feltham B young adult segregation unit following a court hearing in November 2018 which ruled against its use other than in exceptional circumstances. Between July and November 2018, there had been 57 recorded uses of segregation in Ibis, a decrease since the last inspection.
- I.56** The children who did not associate with others for more than two hours a day were now managed on residential units under YOI rule 49. In December 2018, 16 children had been subject to rule 49 separation on normal location, predominantly for their own safety.
- I.57** The regime for those on rule 49 separation was poor and we found examples of children spending excessive periods locked in cells with very little to occupy them. Regular review boards for separated children were better attended than we see elsewhere, but targets were often perfunctory and were not adequately communicated to residential staff who should have been instrumental in the reintegration of the children in their care.
- I.58** Since the closure of Ibis segregation unit to children, each residential unit had a designated 'calm-down' cell which could be used briefly to de-escalate a difficult incident. The cells were furnished in a less institutional way with bean bags and stress balls, but they were still quite stark and unkempt, and staff did not routinely keep records of their use. However, the doors were not closed and, when the child's behaviour had improved, they were promptly returned to their normal cell. Since December 2018, calm-down cells had been used on 21 occasions for 16 different children.
- I.59** Special accommodation was still in use when staff decided that the calm-down cell was unsuitable. Managers had authorised its use for nine children on 15 occasions in just seven weeks. We found that its use was not always justified. In one case, a child who was self-harming was placed into special accommodation for nearly 12 hours despite records indicating several opportunities to de-escalate and support the child by other means.

Recommendations

- I.60** **Special accommodation should not be used for children unless the circumstances are exceptional and it is fully justified by the manager authorising its use.**
(Repeated recommendation I.65)

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 Our survey highlighted some very negative perceptions about staff. Only 51% of children said most staff treated them with respect against the comparator of 70%. Only 34% said they felt cared for by most staff, and nearly half the population said they had no member of staff they could turn to for help. More than half the children said they had been victimised by staff which was equally concerning.
- 2.2 Staff turnover had been significant since the previous inspection and about half the officers were in their probation period (see paragraph 1.46). There was a lack of strong visible leadership from frontline and residential managers to develop this inexperienced staff group.
- 2.3 We saw examples of good interactions with children on residential units, but in general the role of residential officers and their relationships with children were underdeveloped. Interactions on most units were transactional in nature and staff spent considerable time administering keep-apart protocols and complicated single unlock arrangements. This meant that children spent little time out of their cells which significantly limited opportunities to form caring and effective relationships. Relationships were better on the enhanced and induction units where children had more time out of cell. In contrast, we saw many examples of good, caring and patient relationships between children and staff working in other areas, including education, Kinetic Youth and casework.
- 2.4 The personal officer scheme was not operating at the time of the inspection. Too many children we spoke to did not know who their personal officer was and, in the sample of case notes that we reviewed, personal officer entries were infrequent and brief.

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

- 2.5 The standard of the residential accommodation had deteriorated since the previous inspection. Most cells contained basic items, including televisions and kettles, but there were still no privacy keys or lockable cupboards and we found at least 10 cells on Dunlin and Eagle which had no chairs.

- 2.6** There was little sign of graffiti in cells and efforts were clearly being made to limit its spread. However, cells were often dirty and untidy, very few had been personalised and there was little evidence of children being encouraged to take pride in keeping them clean and tidy.
- 2.7** Apart from Eagle unit, communal areas were relatively clean and equipped with comfortable furniture. The weather was poor at the time of the inspection and, when the large external glass doors were opened for access to the exercise yards, the communal living areas quickly became very cold. The sound of raised voices on the units from staff and children was common and noise levels were consistently high. Overall, the living conditions were spartan and austere and did not provide the best environment for children.
- 2.8** Exercise yards remained largely the same, with outdoor gym equipment, but not enough space for children to move about and exercise freely. On most units a selection of novels was on open display and children could play table tennis and table football during association. However, the range of activities was too narrow and we were disappointed to find that the enhanced wing was no better equipped than the others (see paragraph 1.34).
- 2.9** All the shower areas were in very poor condition, often with large areas of peeling paint on the ceilings and discoloured wall panels.
- 2.10** In our survey, only 28% of children said they could take a shower every day against the comparator of 85%. Records held on the units reflected a similar picture, showing approximately a third of children taking a shower every day. Some members of staff commented that not all children wanted a shower every day, but we would have expected staff to place greater emphasis on promoting higher standards.
- 2.11** Children did not have telephones in their cells. Access to phones was limited, given the regime restrictions and the fact that each unit held up to 30 children with only three telephones on each unit. Staff tried to ensure that children had a fair opportunity to use the phone by organising queues, but a sample of wing records showed that only about a third of children used the phone every day.
- 2.12** Most children had sufficient access to toiletries, although in a few cases they did not. Children could wear their own clothes and the laundry arrangements were adequate.

Recommendations

- 2.13 All cells, showers and communal areas on residential units should be clean and well maintained. (Repeated recommendation 2.10)**
- 2.14 Children should be able and encouraged to take a shower every day.**
- 2.15 Children should be able to make a telephone call every day.**

Residential services

- 2.16** The main kitchen was clean and well maintained apart from the floor, which was continually under repair.
- 2.17** The standardised menu of the young people's estate was nutritionally balanced and provided a four-week cycle of meals with five options at lunch and in the evenings. Lunch consisted of a sandwich with snacks, and a hot meal was provided in the evening. Portions of food were usually good, but breakfast packs remained inadequate and too few children had access to a

toaster to supplement the cold breakfast. The menus met the needs of different diets, including vegetarian, vegan and halal, and a good supply of fresh fruit was kept on all wings and was available to children between meals.

- 2.18 The catering manager continued to consult the children about the menu through surveys, face-to-face meetings and prison meetings. However, in our survey, only 23% of children thought the food was good and only 31% said there was enough to eat. The food we sampled was palatable and nutritious, but we observed children making choices based on bulk rather than balance or variety in the diet.
- 2.19 Written and pictorial guidance on essential standards for cleanliness and conduct had been provided on the wings but, despite this, wing serveries were dirty and poorly supervised. Most children who were serving food failed to wear the protective clothing provided and this went unchallenged by staff. Only a minority of children were able to eat together.
- 2.20 In our survey, 53% of respondents told us that they could buy the things they needed from the prison shop. Children could buy items weekly from a wide range of products, which had been selected following consultation meetings. There were advanced plans to introduce the 'Bittern shop', a promising initiative to enable children to make purchases within 24 hours of arrival rather than wait for up to 10 days. Children could also buy goods from an age-appropriate range of catalogues with no administration charge, and property could be handed in at visits.

Recommendations

- 2.21 **The food portions available to children at breakfast should be increased.**
- 2.22 **Advice to children on nutritionally balanced diets should be available, and regularly repeated.**
- 2.23 **Serveries should be supervised and contemporary standards of health and safety should be enforced.**

Consultation, application and redress

- 2.24 Children continued to have good opportunities to express their views. Meetings of the young people's council took place fortnightly involving children's representatives from all units and covering issues relating to daily life in the establishment. On the enhanced support unit (ESU) and Curlew unit, monthly community meetings were also held, which dealt with unit matters. In all these forums, children's representatives were encouraged and supported to raise issues in a constructive manner by specialist staff from the Kinetic Youth service. We found examples of matters raised by children resulting in significant changes in local work practice, such as reducing the qualifying time for eligibility as a peer mentor. However, the records of some of these meetings were poor and did not enable progress to be tracked. There was also little evidence of attendance by senior staff to ensure they understood what was important to children at Feltham A. Senior staff did receive a verbal and written summary of consultation findings from a children's representative at the monthly equality action team meeting, although this feedback was not linked to protected characteristics (see paragraph 2.38).
- 2.25 The applications system had recently been reviewed to try to improve consistency. Daily records of applications were maintained and on the three units that we checked, there was

evidence of prompt responses to applications. However, the system was still not sophisticated enough to track queries that went astray.

- 2.26** The complaints system was well administered and most of the responses we reviewed were timely and fair. However, survey findings in this area were poor and we did find some allegations submitted on complaint forms that had not been prioritised and forwarded promptly to the safeguarding team (see paragraph 1.10). Over the previous six months, the number of complaints had increased significantly since the previous inspection from 150 to 244. The proportion of complaints made about staff had also increased which managers explained by referring to the high proportion of new or inexperienced staff. There was no formal review of patterns and trends emerging from the complaints that children made to help develop new staff and increase children's confidence in the system.
- 2.27** Children continued to receive good support in relation to their legal rights. They were advised about their remand or sentence status and, where relevant, early release and home detention curfew. Most of this work was carried out by the caseworkers who saw all children through the training planning and remand management process. Children also had access to Barnardo's advocates for advice and guidance. It was encouraging to see that 58% of children now said they could speak to a Barnardo's advocate, compared to 33% at the previous inspection.
- 2.28** The visiting arrangements for legal and other professionals continued to take place in a discrete, suitably private area in Feltham A. Access was appropriate and the facilities were adequate.

Recommendations

- 2.29** **Feedback from consultation groups should be addressed by a senior member of staff at a suitable forum, separate to the equality action team.**
- 2.30** **Tracking processes should be introduced to determine the progress of applications.**
- 2.31** **A procedure for systematic analysis of complaints should be introduced so that patterns and trends can be identified and, where necessary, lessons learned.**

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

- 2.32** An up-to-date equality policy accurately reflected the complexity of the population and described how the policy should be implemented.
- 2.33** There was a structure in place that had the potential to support good strategic management of equality work. Monthly meetings of the EAT were well attended, with the active

involvement of children and regular contributions from several independent agencies, including the Independent Monitoring Board, Barnardo's and Kinetic Youth. It was encouraging to find the governor chairing this meeting for the first time, following a period of leadership by a number of different managers.

- 2.34** The EAT agenda covered all the required areas, but discussions tended to be descriptive rather than analytical. The equality adviser presented relevant data at the EAT every month. Most of the findings were in range, but when longstanding anomalies were identified, the equality adviser carried out investigations. An example of this had occurred towards the end of 2018 when consultations took place about a disproportionately high number of complaints submitted by black and minority ethnic children. This resulted in the completion of an equality analysis and drove efforts to improve the timeliness and quality of the replies.
- 2.35** Matters arising from the EAT which required follow-up work were listed on an action plan. The matters raised were appropriate, but they were limited in number and scope and there was little evidence of imagination or creativity being shown to develop work on equality. This was disappointing given the full-time resource dedicated to equality work.
- 2.36** The Zahid Mubarek Trust continued to provide valuable scrutiny of discrimination incident report forms (DIRFs) and DIRF investigations were carried out competently.¹⁴ During the previous six months, the number of DIRFs generated had doubled since the previous inspection to 68. It was concerning that 63% of these had been raised by staff, which was not appropriate and suggested an unmet staff training need and perhaps a reluctance on the part of children to submit a discrimination complaint.
- 2.37** Most of the equality adviser's work involved children on Feltham A, but she also had responsibility for young adults. She was now based on Feltham A which made it easier for her to spend time on the units. However, there were no photo displays identifying relevant staff and youth council representatives. Active promotion of this area of work was limited in the context of such a diverse population.

Protected characteristics

- 2.38** Senior managers were responsible for developing provision for children with protected characteristics, but the level of support available to different minority groups remained variable. A children's representative, supported by a member of the Kinetic Youth team, regularly attended the EAT to give feedback from the unit consultation meetings.¹⁵ This was intended to reflect the needs of children from minority groups (see paragraph 2.24) but in practice the information was generic and not linked to protected characteristics.
- 2.39** Our survey showed that children with protected characteristics responded similarly to the rest of the population about their treatment. The exception was children who reported having a disability, 46% of whom said they had been intimidated or threatened by other children against the comparator of 15% for children without disabilities.
- 2.40** Health care and education staff continued to identify children with disabilities well. At the time of the inspection no children had significant physical disabilities and no personal emergency evacuation plans were in place. In our survey, 25% of children said they had some form of disability which largely related to developmental disorders. The speech and language specialists had produced useful support plans to help unit staff to look after children with

¹⁴ The Zahid Mubarek Trust is an independent charity established in 2008, which advocates for reforms and challenges discrimination within the criminal justice system.

¹⁵ Kinetic Youth is a social enterprise that uses youth work methodologies to support young people who are in the youth justice system, or at risk of becoming involved in it, to improve their lives.

these additional needs. These plans worked well when they were used, but we found that only about half the officers were aware of this guidance.

- 2.41** About 70% of children were from a black and minority ethnic background. They had the opportunity to express their views in the regular general consultation meetings, but there were no specific forums or methods of consultation where the distinctive views of children with protected characteristics were adequately represented.
- 2.42** In our survey, 5% of the population described themselves as being from a Traveller community. Children from this group whom we spoke to were unaware of specific formal support for them, although we were informed that, 'when numbers were higher', the chaplains provided informal guidance and advice to children from a Traveller background.
- 2.43** At the time of the inspection, 18 children were from a foreign national background, just over 11% of the population. The needs of foreign national children were identified through the training planning process and we were told that about 70% had looked-after status (see paragraph 4.25).¹⁶ The prison-based social workers and Barnardo's advocates worked closely with these children. They maintained close links with local authorities and Coram Children's Legal Centre, to make sure that they received the help they needed and that their entitlements were not overlooked.
- 2.44** Children did not identify themselves to the prison as gay or bisexual and it was widely acknowledged among staff and children that this was because it was not a safe environment to do so. Kinetic Youth ran discussion groups on topics such as sexuality, but the coverage was limited.
- 2.45** The chaplaincy continued to have a high profile in the prison. All children were seen by a chaplain on admission and a duty chaplain was visible on the units every day, offering pastoral support. The previous heavy reliance on sessional chaplains had reduced and most team members were on permanent contracts. We were told that provision was now much more consistent, particularly for Muslim children.
- 2.46** The facilities for worship remained good and at least four separate, well equipped, spacious, private areas were available, which was positive.
- 2.47** The number of children attending religious services was quite low, with an average of 10 attending Friday prayers and 10 the Church of England service. This was caused primarily by the extensive keep-apart protocols in place (see paragraph 1.18). Chaplains tried to mitigate the impact of this by making contact with individual children who were unable to attend corporate worship. Between 20 and 25 were seen in this way at any one time. One of the Muslim chaplains had recently identified two children who were Shia Muslims, who were both anxious about attending corporate worship. They were given support and encouragement, enabling them to participate with the rest of the Muslim community.
- 2.48** In our survey, 75% of children who had a religion said their religious beliefs were respected and, despite the problems with access, 66% said they could speak to a chaplain of their faith in private if they wanted to.
- 2.49** The chaplaincy took the lead in promoting and celebrating religious events and a published calendar covered all the principal festivals.

¹⁶ Looked after status: a child who has been in the care of their local authority for more than 24 hours is known as a looked after child.

Recommendation

- 2.50 Consultation arrangements for children with protected characteristics should be formalised and consistent so that children can express their distinctive views and their specific concerns can be addressed.**

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.

- 2.51** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.¹⁷ One area has been identified that requires improvement with a subsequent notice issued by the CQC, which is detailed in Appendix III of this report.

Strategy, clinical governance and partnerships

- 2.52** Care UK was the lead provider of primary care services with Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) subcontracted to deliver wellbeing and specialist mental health services. Inter-agency working was good with an established partnership board. A contemporary health needs analysis had been undertaken and was being refreshed in light of a planned re-tender of services.
- 2.53** A number of recent changes of personnel at senior manager and front-line level were still being embedded. Leadership arrangements had been re-established, but some aspects of governance were less robust than at the last inspection. An action plan was in place to address this.
- 2.54** There was little evidence of effective patient engagement, although options were being explored to enable children to express their views about health care. The two main providers had clear mechanisms for reporting incidents which staff we spoke to understood. Few incidents had been reported.
- 2.55** Recent resignations and a partial freeze on vacancies in inpatient services had increased demands on the team, which also covered Feltham B. Despite occasional unfilled slots on the rota which stretched service provision, we found that staffing levels and the skills mix met most needs. A recent recruitment drive had been successful and we were shown a revised service model to deliver discrete services on the Feltham A site which would improve clinical outcomes for children.
- 2.56** Training, supervision and professional development opportunities were good and clinical records that we reviewed appropriately conveyed care needs. We saw some rushed and brusque contact with patients, particularly during medicine administration, but we observed most patients being treated with dignity and respect. This was reflected in our conversations with children.

¹⁷ 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>.

- 2.57** There were sufficient clinical rooms in health care, which were fit for purpose and complied with infection prevention standards. Wing areas were not always adequately cleaned and the lights in the treatment room on the enhanced support unit were still not working, which was unacceptable.
- 2.58** Arrangements for responding to medical emergencies had only recently been revised. We found teething difficulties with the content and checking mechanisms which were addressed during the inspection. Nursing staff were well trained and custody staff knew how to access support, including contacting external emergency services. However, control room staff often waited for nurses to attend the scene before calling an ambulance which potentially placed children at risk.
- 2.59** There was no independent health complaints process and all patient concerns were raised through a prison form, which was inappropriate. We also saw a health complaint that had not been picked up by the health team. Despite this, most responses to the few complaints raised were dealt with face to face and written responses were respectful and focused.

Recommendations

- 2.60** **Clinical governance processes should involve the routine collection and analysis of relevant clinical performance data to hold practitioners to account and to drive service improvement. This should include environmental checks such as cleanliness and lighting arrangements.**
- 2.61** **Control room staff should phone an ambulance as soon as an emergency code is activated and then stand it down if the nurse confirms it is safe to do so.**
- 2.62** **Patients should be able to complain about health services through a well-advertised, quality assured, independent health complaints system.**

Promoting health and well-being

- 2.63** There was no overarching strategic approach to health promotion, but bespoke promotional activities took place throughout the year. The health team adopted a child-centred focus and offered good support with sexual health and age-appropriate vaccination programmes. The patient information pack provided on arrival at the prison was good, although it was not readily available in other formats or languages. Smoking cessation support was available for new arrivals and there were appropriate policies on communicable diseases.

Primary care and inpatient services

- 2.64** Children's health was screened on the day of arrival and immediate needs were identified using CHAT (comprehensive health assessment tool). Appropriate onward referrals were made and thorough secondary assessments were undertaken in a timely manner.
- 2.65** Children could access health services using a pictorial application form. A health care assistant collected the applications each day, delivered appointment slips and followed up non-attendance with children.
- 2.66** In our survey, 68% of children said it was difficult to see a GP, although we found waits to be very short. GP clinics ran on Tuesday and Thursday, and a doctor was available all week for urgent appointments. Advice from a GP was also available out of hours and domiciliary visits

were made to children on the wings if they were unable to attend health care. Nurses were available 24 hours a day. Services were appropriate to need but too many children did not attend planned appointments. 'Did not attend' rates were high for the GP, at 30% and 50% respectively in November and December 2018. There was limited analysis of the reasons for this, although there was reasonable speculation that the management of crippling keep-apart protocols resulted in frequent regime curtailment and a lack of available staff to escort children to appointments (see main recommendation S40).

- 2.67** The inpatient unit on Wren supported patients with significant health needs from both Feltham A and B. It was the only inpatient unit in the young offender estate. We observed a largely therapeutic regime, which included access to gym, education, and library. The unit itself was looking shabby. During 2018, there had still been 24 'place of safety' admissions, although there were fewer admissions for non-clinical reasons than at the last inspection. A joint operational protocol to address this had been developed by the prison and health care which was promising, but not yet operational.
- 2.68** The prison provided two hospital slots a day for emergencies and routine hospital appointments, which was sufficient to meet need.

Recommendations

- 2.69** **Reasons for failing to attend medical appointments should be analysed and addressed by senior managers to reduce the costs of wasted public resource.**
- 2.70** **The inpatient unit should only be used for health and therapeutic purposes. Children should not be located on the inpatient unit to address operational issues.** (Repeated recommendation 2.64)

Mental health

- 2.71** Barnet, Enfield & Haringey Mental Health NHS Trust (BEH) delivered an integrated mental health and psychosocial substance misuse service, branded as the wellbeing team. The team consisted of a wide range of skilled and motivated staff and continued to provide a good child and adolescent focused mental health service.
- 2.72** The service operated from Monday to Friday between 8am and 7pm, and between 8am and 4pm at the weekend. A consultant forensic child and adolescent psychiatrist conducted a weekly session for children requiring more intensive support. The rest of the team comprised psychologists, mental health nurses, occupational therapists and a speech and language therapist. A child and adolescent mental health nurse was due to take up post.
- 2.73** The range of treatments included psychological interventions, one-to-one work and guided self-help. The speech and language therapist had drawn up clear communication plans to help prison officers interact more effectively with children. These were not always followed in practice (see paragraph 2.3). Mental health staff benefited from comprehensive training and professional development opportunities.
- 2.74** A practitioner attended the majority of ACCT reviews,¹⁸ which was positive, and duty rosters ensured that CHAT assessments for new arrivals occurred promptly. There was an open referral system and children could self-refer. Referrals were reviewed daily by the team and 55 children were on the caseload at the time of the inspection. A business case had been

¹⁸ Assessment, care in custody and teamwork case management of children at risk of suicide and self-harm.

presented to commissioners and was awaiting approval for the implementation of the Secure Stairs initiative, which would be a positive development.¹⁹

- 2.75** A harmful sexual behaviour service provided structured assessment and interventions for children deemed to be high risk. The wellbeing team also contributed to education programmes about harmful sexual behaviour. However, the service was not commissioned to provide more routine interventions for all children with a relevant index offence.
- 2.76** The ESU afforded a positive therapeutic environment for children with additional mental health support needs through a range of activities and interventions. However, regime restrictions limited its effectiveness.
- 2.77** About half the operational staff had completed training modules on mental health awareness, which was not enough given the needs of the population. There had been one transfer under the Mental Health Act in the previous six months which had been facilitated within the agreed timescales.

Recommendation

- 2.78 All frontline officers should complete mental health awareness training commensurate with the needs of the population.**

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.

- 2.79** No children were in receipt of substance use clinical treatment at the time of the inspection, although treatment could be triggered readily if required. Psychosocial support for children was delivered by an integrated psychosocial and mental health team from the BEH Mental Health NHS Trust.
- 2.80** The team had experienced staffing challenges which had reduced their ability to provide family, behavioural and gang related work. However, core work on drug and alcohol misuse had continued and children received age-appropriate interventions in a timely manner. Three new members of staff had been recruited and were awaiting clearance which would enable the team to improve the quality and breadth of their service.
- 2.81** New referrals were assessed in a timely manner using CHAT and provided with harm reduction information. Children taken on to the caseload received regular follow-up appointments. Too many appointments were cancelled for various reasons, but notably keep-apart protocols and escort arrangements. However, the team worked flexibly and arranged timely appointments when such problems occurred.
- 2.82** The team leader attended the quarterly multi-agency drug strategy meeting and there was effective liaison between prison departments and service providers. Most children had misused cannabis, but there were reports of illicit cocaine, nicotine and alcohol use. The

¹⁹ 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), social care professionals, education professionals and the operational staff working on a day-to-day basis at the setting. Visit: <https://www.england.nhs.uk/commissioning/health-just/children-and-young-people>.

team were supporting 64 children on the psychosocial caseload. All interventions were one-to-one and tailored to individual needs. Regime restrictions had made it impossible to run any groups. Children also benefited from work books and motivational enhancement and relapse prevention sessions.

- 2.83** Substance misuse staff did not have access to a full training package tailored to their roles, but this was being developed. However, all staff felt well supported and received regular management and clinical supervision.

Recommendation

- 2.84** **Substance misuse staff should have access to a range of training activities to enable them to deliver a full range of services to children with drug or alcohol problems.**

Medicines optimisation and pharmacy services

- 2.85** Care UK delivered on-site pharmacy services through a pharmacist and pharmacy technician. Additional pharmacy technicians were being recruited to help nurses with medicines administration. Medicines were supplied, stored and transported safely. Medicines requiring refrigeration were stored appropriately, and the fridge temperatures were monitored daily.
- 2.86** Medicines were administered by nursing staff from three hubs and appropriately recorded, but follow-up arrangements when a patient missed or refused multiple administrations were not clear. Despite the small number of patients, medicine administration was poorly coordinated and some intervals between medicine administration were too short. Some patients missed or received late doses of controlled drugs because officers took children to other activities instead of medicines administration.
- 2.87** The light in the treatment room on the ESU was still not working, which was not acceptable. There was no electronic prescribing facility and printed paper prescriptions were not always present. We saw a controlled medication being administered without being checked against a prescription, which was unsafe.
- 2.88** Few children required medication and very few of these had medicines in possession. Nevertheless, in-possession risk assessments were appropriately undertaken and children managed their own repeat prescription for in-possession medicines which were monitored by pharmacy staff. In-possession medicines were placed in a locked metal box and delivered by nurses to the wings.
- 2.89** Medicines administration for immediate health treatment without an appointment was recorded on SystemOne (electronic clinical records) and was to be superseded by a minor ailments scheme. The pharmacist was an independent prescriber who planned to re-introduce an asthma clinic. Children could apply to see the pharmacist. There was an appropriate range of patient group directions for vaccinations and salbutamol for nurses to administer.²⁰ Out-of-hours medicines could be accessed when appropriate and medicines were supplied for discharge and court appearances. There were plans to supply prescriptions to children that they could take directly to the pharmacy on release.
- 2.90** The pharmacist chaired regular medicines management meetings. These had been well attended by stakeholders, although attendance had reduced recently. The agenda included

²⁰ Patient group directions authorise appropriate health care professionals to supply and administer prescription-only medicine.

new additions to the formulary, incidents involving the mismanagement of medication, and amendments to policy. Regular clinical audits monitored prescribing trends and medicines use.

Recommendations

- 2.91 All children should receive their prescribed medicines consistently and at clinically appropriate times.** (Repeated recommendation 2.70)
- 2.92 Medicines administration should be well co-ordinated with therapeutic and safe outcomes for patients, including appropriate administration of all controlled drugs.**

Dental services and oral health

- 2.93** A local dentist delivered a full range of treatments supported by three dental nurses and a trainee hygienist. The dentist made good use of digital media to help children who were anxious about dental procedures.
- 2.94** The clinical area had recently been flooded and waiting lists were too long. Urgent treatment was prioritised and extra sessions were planned to reduce the waiting list, which was good.
- 2.95** The dental suite was well equipped and complied with infection control standards. Equipment was maintained and certified appropriately with clear governance processes, including an audit of antibiotic use. Records were good.

Recommendation

- 2.96 Waiting times to see the dentist should be equivalent to those in the community.**

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.²¹

- 3.1** The time that children could spend out of their cells had reduced since the last inspection, which was unacceptable. In our survey, only 20% of children said that they spent more than two hours out of their cells on Saturday and Sunday. Most children had about five hours out of their cells on weekdays compared with just over seven hours previously. During roll checks in the mornings and afternoons, we found an average of 26% locked in cells compared with 17% at the last inspection.
- 3.2** Management of the vast numbers of complicated protocols to keep children apart in case they fought frequently delayed the delivery of important interventions. The daily regime for education, work and activities was well publicised on each wing but sessions were often cancelled at short notice. Staffing levels had improved, but there was continual slippage in the delivery of the regime because of this keep-apart policy (see paragraph 1.18 and main recommendation S40). Evening association was curtailed for many children, leaving limited time for social and domestic activities. Many children could not shower or telephone home every day, and exercise was restricted to 30 minutes in the morning.
- 3.3** Punctuality and attendance at education and other important appointments had slipped (see paragraph 3.24). A new initiative had been introduced very recently to ensure better compliance with the regime by 'live monitoring' during weekdays. The plan was to take immediate remedial action to address slippage which was promising but not yet effective.
- 3.4** The library was well run by Hounslow Council and stocked an extensive range of age-appropriate DVDs, games, fiction and non-fiction titles suitable for readers of all levels and ages, and Prison Service orders. Staff were enthusiastic about their work.
- 3.5** The library was sited in Feltham B prison, separate from the Feltham A education campus. Young adult prisoners used the library during the day and so children were excluded during this time and could not use the library as they would in a college. Children could only get to the library for one hour in the evening, once a fortnight. However, this encroached on association time and was more like 30 minutes. This did not encourage a rounded education or the formation of positive reading habits.
- 3.6** A mobile library service was offered to the wings on Feltham A, but it was only available to registered library users and about 40% of the children did not use the library.
- 3.7** Gym resources and facilities were extensive and well maintained, and the fitness suite on the enhanced support unit (ESU) was now available to children. Since the last inspection, healthy living courses had been embedded and involvement in community-based training programmes had increased.
- 3.8** Children had planned access to up to 4.5 hours' gym and outside activities a week, but regime restrictions prevented this for many children. From September to December 2018,

²¹ Time out of cell, in addition to formal 'purposeful activity', includes any time children and young people are out of their cells to associate or use communal facilities to take showers or make telephone calls.

only about half the sessions were fully used. Children valued the gym and expressed frustration at their poor access to planned gym sessions.

- 3.9** The gym sessions were varied and included circuit training, indoor football, fitness training, climbing wall, basketball and cricket nets. There was also the potential for some children to attend recreational sessions of up to two hours at weekends. Outdoor facilities were of decent quality and were available for rounders, football and rugby union. The grass pitches were being reconfigured to accommodate new programmes.
- 3.10** Physical education instructors addressed the individual needs and circumstances of children and we spoke to a number of children who had been set individual targets and understood the benefits of their exercises. Children behaved well in the gym sessions.
- 3.11** The accredited Active IQ healthy living programme was now embedded and enabled children to establish a work ethic and achieve a qualification.
- 3.12** Good working relationships continued between the prison, Richmond Rugby Club and Chelsea Football Club. New community-based programmes were about to start, including Park Run²² and training at the Saracens rugby union club.
- 3.13** Creative activities that promoted wellbeing were evident. Children had participated in the impressive refurbishment of the library, the design of which reflected the needs of the general population and children with autism. Children's art work and poetry was on display in some communal areas, which was engaging. We were impressed to see a prison officer on the ESU encouraging a child to develop his poetry as a way of expressing himself. The same child freely 'rapped' his poetry, which engaged his peers.

Recommendations

- 3.14 All children should have enough time to make a telephone call and have a shower.** (Repeated recommendation 3.4)
- 3.15 All children should spend at least an hour outside every day.** (Repeated recommendation 3.4)

²² Parkrun UK is a non-profit organisation that supports more than 700 communities across the country to coordinate free volunteer-led 5km and 2km events for walkers and runners.

resulted in clear and detailed improvement plans, including signposting teachers to a range of online teaching and learning resources.

- 3.20** The head of education had introduced a rigorously enforced zero-tolerance behaviour policy and children's behaviour in learning sessions had much improved. Judicious use of the incentives and earned privileges scheme, combined with a rigorous response to poor behaviour such as boisterous playfighting and use of inappropriate language, had proved to be largely effective (see paragraph 3.33).
- 3.21** Most teachers ensured that children were respectful to each other and to the diverse population in the establishment. They had received detailed guidance on safeguarding, British values, and the implementation of 'Prevent'.²⁴ However, teachers often lacked the confidence and skills to deal with these subjects in depth.
- 3.22** Children had opportunities to participate in learner forums which helped them to communicate with teachers and peers and to articulate their views clearly and respectfully.
- 3.23** The head of education worked particularly well in partnership with the governor and senior prison colleagues to reduce the number of cancelled sessions to a very low level. The number of children temporarily excluded from mainstream education by teaching staff was low; nine boys at the time of the inspection. However, prison staff had prevented a further 20 children from attending education for security reasons or for breaches of prison policy.
- 3.24** Teachers delivered effective outreach sessions for children who could not attend mainstream education. Children temporarily excluded by teachers for poor behaviour during lessons received 'reflective learning' sessions to help them understand and manage their behaviour. However, teachers were considerably hampered by uniformed staff frequently preventing them from visiting children on the wings owing to the rigid enforcement of keep-apart rules (see paragraph 1.18). This was compounded by the concepts of 'outreach education' and 'reflective learning' being poorly understood and prioritised by unit staff. These regime restrictions resulted in most of the profiled outreach hours not being delivered which left children excluded from education with little to do for much longer than necessary.
- 3.25** Movement from accommodation to education still took too long and reduced the time available for teaching and learning. Children therefore received an impoverished regime which did not fully meet their statutory entitlement to a full-time curriculum. The virtual campus was not operational at the time of inspection.
- 3.26** Children's sentence plans included clear reference to how their education and training would continue following transfer to another establishment or release from custody. The engagement and resettlement team worked reasonably well with community youth offending teams (YOTs) to ensure the smooth transition of children to alternative provision or release. However, they received little up-to-date information from YOTs about the destinations of children released from custody.²⁵
- 3.27** A comprehensive review of the curriculum following our previous inspection had delivered a curriculum which now reflected the prior achievements, sentence length or skills and aptitudes of most children. The curriculum timetable ensured that children attended a diverse and purposeful range of subjects that included barbering, music, multi-skills and

²⁴ Prevent is the UK government's counter-terrorism strategy, which places a legal duty on education providers to have due regard to the risk of learners being drawn into terrorism and to support learners perceived to be at risk of extremist influences.

²⁵ The virtual campus provides prisoner access to community education, training and employment opportunities via the internet.

catering. Children could also now study GCSE subjects in English language, mathematics, psychology and history. The addition of a level 3 mathematics course met the needs of the few children with higher-level ability.

Recommendations

- 3.28** Prison managers should ensure that risk assessments are conducted promptly to facilitate allocation to activity in a timely manner.
- 3.29** Leaders and managers should ensure that children's attendance at education is consistently high.
- 3.30** Leaders and managers should ensure that children move quickly from accommodation units to education to improve punctuality at sessions and increase the time children spend in learning.
- 3.31** Leaders and managers should ensure that unit staff fully understand and prioritise scheduled outreach education sessions.
- 3.32** Leaders and managers should ensure that the virtual campus is fully functional and routinely available to children for job search and to support their learning.

Quality of provision

- 3.33** The overall quality of teaching, learning and assessment required improvement, but we saw many well-taught sessions which children enjoyed. Teaching and learning were particularly effective when the teacher set the right tone at the outset, pacing the lesson well and making good use of short, relevant and enjoyable tasks designed to add variety to the lesson. The most skilled teachers were quick to read situations well and acted promptly when children's behaviour became boisterous or disruptive.
- 3.34** Teachers built good and productive relationships with children which helped to promote their self-esteem and social and emotional resilience. Children who could not attend sessions in the education centre received useful individual or small-group outreach teaching in their units. Most teachers challenged promptly any children who used sexist, homophobic or derogatory language. A few teachers failed to challenge such language sufficiently promptly or at all.
- 3.35** Teaching in a minority of lessons was uninspiring and pedestrian, with overuse of word searches, which failed to sustain children's interest and occasionally led to low-level disruption or restlessness. In weaker lessons, teachers allowed dominant group members to disrupt learning for others. They often failed to plan lessons well enough to reflect the wide ability range in each class or allowed too much time for activities, resulting in children finishing early and becoming bored.
- 3.36** Children enjoyed the informal learning sessions run by Kinetic Youth staff. These sessions focused successfully on engaging children in discussion and developing their understanding of themes, including identity, democracy and the value of social norms and rules.
- 3.37** Teachers' assessment of and planning for learning were adequate. Individual learning plans were personal and contained targets, although these were often narrowly based on completion of the unit rather than the development of skills and abilities. The recording and monitoring of children's progress was not robust enough and few children could articulate

how much progress they had made or what they had to do to achieve. Teachers marked work promptly but did not always provide incisive guidance to help children improve.

- 3.38** Education staff made good use of information acquired during induction and initial assessment to identify children with special educational needs. They contributed appropriately to children's training plans during their time in custody. Most teachers adapted learning materials and resources well to meet the needs of children requiring extra help to progress and achieve. They made good use of learning support assistants to enable children to learn alongside their peers. However, a few teachers failed to adapt their lessons to meet the needs of children with special educational needs and they became bored or disruptive.
- 3.39** Classroom and workshop accommodation was suitable. Recent investment in a barbering salon had provided a popular vocational pathway and the multi-skills workshop delivered good opportunities for realistic vocational training.
- 3.40** Children developed their English and mathematics skills well through discrete classes and encouragement from teachers to apply their knowledge in, for example, catering, multi-skills and outreach classes.
- 3.41** Teaching on the newly-introduced tutorial programme required improvement. Managers had not fully conveyed the purpose and intention of this programme and teachers were not adequately skilled and confident in conducting tutorial sessions. Too often they were more concerned with the completion of quizzes and did not provide enough opportunity to explore topical issues through guided discussion.

Recommendations

- 3.42** **Teachers should set learning targets jointly with children and record their progress consistently so that all children, including those with special educational needs, know how much progress they have made.**
- 3.43** **Leaders and managers should provide further training and development to teaching staff so that lessons and tutorials are consistently effective and better managed.**

Personal development and behaviour

- 3.44** The head of education, supported by the prison's senior leadership team, had started to establish an institution-wide ethos which placed good behaviour and respect for others at its centre. Early indications suggested that most children were beginning to develop suitable personal, social and employability skills to help them manage their time in custody well and to prepare for release or transfer to another establishment.
- 3.45** Children's behaviour in classrooms, workshops and during outreach sessions was generally good. They displayed courtesy and respect for their peers, tutors and visitors. Their attendance had improved and, in the sessions that we observed, most children who were expected to attend were present.
- 3.46** Children enjoyed learning and participated well in group activities and discussions. Children receiving outreach provision overcame anxieties about participating in learning and understood its benefits. However, the lack of information and communication technology resources hindered children's development of independent research and digital and information technology skills.

- 3.47** In a minority of sessions, teachers did not manage children's poor behaviour effectively. In these sessions, children did not engage with the learning and often walked about the classroom, talking loudly and occasionally intimidating quieter children. In a few cases, the disruption was so bad that no learning took place at all.

Recommendations

- 3.48** Leaders and managers should ensure that children have access to good quality computer resources so that they can develop their skills in independent research and the use of digital technologies.
- 3.49** Leaders and managers should ensure that teachers receive support and training to help them manage the few incidents of poor behaviour during classroom sessions.

Education and vocational achievements

- 3.50** The achievement of qualifications in most subjects, but especially in English and mathematics, had declined since the previous inspection and required improvement. There were no discernible differences in achievement between different groups of children.
- 3.51** Our recommendation at the previous inspection that children should study for qualifications that were meaningful and suitably challenging had been acted on. The self-assessment report accurately noted that one consequence of this policy was the decline in achievement of qualifications. At the time of inspection, most children were making reasonable progress in their studies.
- 3.52** The standard of children's work that we observed in classrooms and workshops, including that of children with special educational needs, generally met but did not exceed the standards required by the qualification. That said, the quality of the work in barbering was particularly good.

Recommendation

- 3.53** Leaders and managers should ensure that qualification outcomes improve, especially in English and mathematics.

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 A strategy and policy for family work had been developed, although there was currently no associated action plan to ensure delivery of the strategy. Visitors we spoke to were satisfied with arrangements, albeit some travelled excessive distances. However, in our survey, only 44% of children said they had received support in maintaining contact with their families and only 33% had access to a telephone each day (see paragraph 2.11).
- 4.2 The visitors' centre outside the prison was run by Spurgeon's children's charity and it provided a welcoming environment for families and friends. The centre contained toilets, lockers, toys, a small tea bar and a facility for handing in property. Spurgeon's staff were helpful in providing information and assistance, linked visitors to supportive community agencies and attended case reviews as appropriate.
- 4.3 The prison visits area was welcoming, with a coffee shop and new play area also staffed by Spurgeon's. Closed visits facilities were located in the same area and were used by six children at the time of the inspection.
- 4.4 All children were now entitled to receive the minimum number of visits irrespective of their incentive and earned privileges levels, although those on higher levels earned more frequent visits. Visitors we spoke to confirmed that when visits started late they were extended to compensate for time lost. Families we spoke to also confirmed that they were involved in remand and sentence planning.
- 4.5 Family coffee mornings, family days and 'wing' days were organised by several departments for children to maintain contact with loved ones. Such events were also used to celebrate the completion of interventions or programmes such as the parent/carer events organised by the education department, Storybook Dads²⁶ and Building Bridges.²⁷

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.

- 4.6 The management of pre-release and resettlement work was largely unchanged since the previous inspection. The strategy needed updating and there was no action plan to drive reducing reoffending work. A needs analysis had recently been completed with contributions

²⁶ Storybook Dads is an independent, registered charity that helps prisoners to record a story for their children to listen to at home.

²⁷ Building Bridges is a course to improve relationships between children and their families.

from children and staff. The needs analysis addressed the relevant pathways and managers intended to use recommendations from it as the basis of a reducing reoffending action plan.

- 4.7** Reducing reoffending meetings were held monthly. Attendance often did not represent all departments working with the children and did not demonstrate a whole establishment approach to effective resettlement. Attendance by community organisations working with children at Feltham A was more consistent and there was evidence of work being progressed through these meetings to improve the reducing reoffending support provided. Road Light, a community organisation which offered one-to-one and group work to children, had introduced support for children with indeterminate sentences since the previous inspection (see paragraph 4.24), and Spurgeon's had developed family related work.
- 4.8** Many of the enthusiastic and child-focused casework team were new to the role. They came from a range of backgrounds and managed caseloads of up to 17 children, a lower number than at the previous inspection. Despite their enthusiasm and commitment, they had received little training for their role and there were some weaknesses in their work with children (see paragraph 4.19). New receptions were allocated to caseworkers on the basis of capacity and experience and each had a mix of remanded and sentenced children. The improvement in levels of contact between children and caseworkers noted at the previous inspection had been maintained. However, these conversations often had to take place through cell doors to reflect the very controlled unlock arrangements for keep-apart children. This limited the caseworkers' ability to focus on risk, need and reducing reoffending (see paragraph 1.18).
- 4.9** Early release and home detention curfew (HDC) were managed appropriately. Over the previous six months, 46% of eligible children had been granted early release, a similar proportion to the previous inspection. Over the same period, two children had been eligible for HDC, one of whom was unsuitable because of his offence and the other had been granted HDC. Caseworkers discussed early release opportunities with children and used them to encourage engagement with targets.
- 4.10** The opportunity for release on temporary licence (ROTL) was used in a similar way. A group of children were taking part in a residential course with the Airborne Initiative on Dartmoor during the inspection, but the number of ROTLs had reduced since the previous inspection.²⁸ The establishment had not exploited the opportunity to extend the use of ROTL for resettlement purposes, for example to attend college or work interviews, to open bank accounts, or to view accommodation before release.
- 4.11** During 2018, about seven children a month had prepared to transition to an adult prison after their 18th birthday. Caseworkers started the process eight months in advance. The support provided by adult prisons before transfer varied: in better cases staff from adult sites met children or took part in a telephone conference call before transfer. Those on remand did not move to adult prisons after court appearances, even if they had turned 18, which was good. During the inspection, a young man who had recently had his 18th birthday was erroneously taken to an adult prison after a court appearance, but Feltham insisted on him being returned to them the same evening to complete his transition as planned.
- 4.12** Limited follow-up data were available on the progress of children after release, which prevented assessment of the long-term effectiveness of resettlement work.

²⁸ The Airborne Initiative is a registered charity that provides residential courses on Dartmoor for young offenders and those not in employment, education or training. The courses are designed to challenge, support and promote self-worth of children and young people, and help them to reach their potential.

Recommendations

- 4.13** There should be a multidisciplinary approach to the delivery of an action plan, focused on reducing reoffending.
- 4.14** YOI caseworkers should be trained to assess needs and risks of harm, and to formulate plans that take account of both the custodial and community elements of the sentence.
- 4.15** More use should be made of release on temporary licence for resettlement purposes.
- 4.16** Children's progress after release should be followed up to measure the effectiveness of resettlement work across the Youth Custody Service. The findings should be 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.

- 4.17** In our survey, only 60% of children knew that they had a training or remand plan. The majority of those who knew they had a plan (95%) understood what they had to do to achieve their targets. We found that children had plans but there was not enough involvement by staff in helping them to make progress against their targets.
- 4.18** Planning and review meetings with children took place regularly. Parents or carers and community professionals were invited to attend to contribute to the process. Keep-apart procedures and responses to incidents often caused delays in moving children to their reviews so that meetings started late and were rushed. Other departments provided written information for the meetings but often did not attend. This hindered focused discussion on progress and needs and risked important information not being fully shared and understood by all stakeholders. It also hampered the coordination of resettlement planning, some of which took place without reference to the caseworker. We were not confident that all the pre-release work undertaken by the integrated mental health and substance misuse team and the engagement and resettlement team was pulled together by caseworkers. This meant that remand and training plans were not central to children's progress nor integrated with other plans that children were subject to.
- 4.19** Caseworkers were aware of children's risks and needs but did not use the information available to formulate risk-based sentence plans. Targets were often too focused on behaviour in custody rather than addressing the risks the child would pose in the community. In general, caseworkers at Feltham and community YOT workers did not challenge each other sufficiently to deliver the rehabilitation and resettlement outcomes that children needed. Caseworkers focused their assessments on how the child would manage in custody and left the community assessment to the YOT. This resulted in a missed opportunity to reduce risk during the custodial period and prevented a seamless transition back to the community.

- 4.20** There were, however, some notable exceptions to this and some caseworkers considered resettlement from the initial sentence planning stage. We also found some evidence of information relevant to risk being shared with community partners, in particular following incidents. We saw examples of caseworkers explaining to children the impact that their behaviour in custody had on assessments of their level of risk which, in turn, influenced their licence conditions on release. They challenged children who tried to minimise poor behaviour which had consequences for their future management, and there were examples of caseworkers and the seconded social workers working jointly with children in individual sessions. Caseworkers were using the Youth Justice Application Framework to record and share information with community partners, including good quality notes of work with children.

Recommendation

- 4.21 Training planning and review meetings should start on time and involve all relevant staff working with a child to ensure there is a coordinated focus on identifying and meeting resettlement needs.**

Public protection

- 4.22** Initial screening took place on arrival and mail and telephone monitoring was put in place where necessary. Four children were subject to monitoring at the time of the inspection. The need for monitoring to continue was reviewed at monthly meetings of the interdepartmental risk management team. The team had oversight of the management of children with indeterminate sentences and those requiring transition to an adult prison. They also checked that children who were MAPPA eligible (multi-agency public protection arrangements) had their management levels confirmed before release and took appropriate steps in good time if the level was not confirmed. At the time of the inspection, 66 children were MAPPA eligible and children due for release in the coming two months had had their MAPPA management level confirmed.

Indeterminate and long-sentenced children

- 4.23** Managers told us that just before the inspection 41 children had been held for offences of murder and attempted murder. At the time of the inspection, eight children had been convicted of murder, 11 were on remand for alleged murders, and another 11 were accused or convicted of attempted murder. Caseworkers provided individual support to help these children to understand their sentences and deal with the prospect of some potentially lengthy sentences.
- 4.24** Children with long or indeterminate sentences had the same regular sentence plan reviews and access to education and interventions as other children. Other processes such as multi-agency lifer risk assessment panels and annual life sentence reviews took place as required. The psychology team continued to provide in-depth assessments to inform long-term sentence planning. Road Light offered group and one-to-one support for children with, or facing, indeterminate sentences and was helping to develop a forum to represent their needs and concerns to managers. This was an improvement on the services available at the previous inspection.

Looked-after children

- 4.25** More than half the children at Feltham A had looked-after status and processes to identify them on arrival were well established. Local authorities with responsibility for the children were notified promptly of their reception and reminded of their obligations to the child by the seconded social workers based at Feltham. The social workers were robust advocates for the children, particularly in relation to securing their financial allowances. Some local authorities were more diligent than others in providing this support, but social workers monitored payments and followed up when necessary. Looked-after reviews were held in conjunction with training or remand planning reviews where possible. There was evidence of good co-working between social workers and caseworkers, in some cases meeting a child together to discuss behaviour, progress and concerns. The timely provision of release accommodation for children who were looked after remained a significant issue.

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.

- 4.26** Caseworkers told us that release planning was discussed at initial reviews and then at all reviews after that. They made good efforts to ensure that practical arrangements for release were made, including a responsible adult meeting the child at the gate. Licence conditions were often provided too late for children to consider and prepare properly for the restrictions they would be subject to in the community.
- 4.27** There was a continuing issue with community agencies securing accommodation for release in time for effective reintegration planning to take place. The establishment had escalation processes in place and had received training from the Howard League for Penal Reform to help them address the problem for each child. During the previous six months, no child had been released to bed and breakfast or hostel accommodation, or with no address to go to, which was positive. However, in many cases, accommodation was not confirmed until the week before release which hampered other aspects of release planning.

Recommendation

- 4.28** **A strategy should be developed to ensure that children leaving custody are provided with suitable accommodation in time for other elements of release planning to be completed.**

Interventions

Expected outcomes:

Children can access interventions designed to promote successful rehabilitation.

- 4.29** Work to support children's finance, benefit and debt needs had stalled since the last inspection and they were no longer able to open bank accounts. Road Light discussed the risks of gambling during induction but there was no specific intervention for children who had a problem with gambling. The recent needs analysis had identified the need for a tailored intervention on gambling. Children could learn about money management and budgeting as

part of the education curriculum and Kinetic Youth helped children with independent living skills.

- 4.30** Children had access to the interventions approved by HMPPS for use in the youth custody estate which included programmes to address violence and thinking skills. New arrivals were screened for intervention needs by their caseworker and this was discussed at referral meetings before children were added to the relevant waiting lists. Vacancies in the programmes team had limited the number of programmes that could be run, although new intervention facilitators were being trained to deliver the interventions.
- 4.31** The extensive keep-apart list made it difficult to arrange group interventions which increased the demand for these interventions to be delivered individually. Only 47 children had completed an intervention during 2018, many individually. Managers prioritised interventions according to release dates, but it was clear that not all children with an identified need would be able to access interventions before leaving Feltham A.
- 4.32** When children completed interventions, reports of their progress were shared with caseworkers and community YOTs. Not all YOTs were aware of the content of the interventions and it was not clear if the learning was reinforced or developed in the community. Celebrations were held on the completion of interventions and families/carers were invited to join in which reinforced to children the importance of the work they had done.
- 4.33** Children had access to on-site forensic psychologists for more bespoke work. This work was usually carried out with children with more complex needs and focused on offending behaviour and behaviour management needs. Thirteen children had been supported in this way during 2018. At the time of the inspection, three children serving life sentences were working with psychologists to complete detailed assessments of their risk and needs to inform their sentence plan and progression. Fourteen children were engaging with the community counselling psychology service at the time of the inspection and 36 children had worked with this service in 2018. The wellbeing team was commissioned to provide structured assessment and signposting services for children with harmful sexual behaviour offences who were deemed to be high risk, but there was nothing for other children with similar offences.
- 4.34** Staff had attended awareness sessions on the content of interventions and were informed about the changes in behaviour they should be able to see. However, most staff on residential units did not reinforce children's learning and progress which was a missed opportunity to recognise and embed change. There were some exceptions to this and we found one recorded example of a discussion between a member of staff and a child about how learning from a recent intervention could be used to improve his impulsiveness and self-control.

Recommendations

- 4.35 Support for children with finance, benefit and debt needs, including gambling, should be reintroduced.**
- 4.36 Sufficient interventions should be delivered to ensure that all children who need them are able to complete interventions as a component of reducing their risk and likelihood of reoffending.**
- 4.37 All children with offences related to sexually harmful behaviour should have access to suitable interventions.**

4.38 Learning from programmes should be reinforced by staff across the establishment. (Repeated recommendation 4.43)

Health, social care and substance misuse

4.39 Primary care nurses looked to identify children due for release or transfer and provided medicines for discharge and court appearances appropriately. The integrated mental health and substance misuse team were proactive in engaging with community agencies to ensure continuity of support.

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** All aspects of the behaviour management strategy should be reviewed regularly and managed more robustly to ensure that the strategy is delivered and effective in ensuring measurable improvements in good behaviour amongst children. (S41)
- 5.2** A robust action plan setting out clear objectives to reduce violence should be delivered. Support for the victims of bullying should be strengthened and perpetrators should be challenged and helped to address their violent behaviour. (S42)
- 5.3** The role of the prison officer should be developed to ensure that staff understand their responsibility to form respectful, caring and effective relationships with the children in their care. (S43)
- 5.4** Accommodation should be decent, clean and adequately equipped. It should be suitable for children. (S44)
- 5.5** Prison managers should do more to understand children's propensity to fight and actively seek alternatives to the extensive use of keep-apart protocols. (S45)
- 5.6** Comprehensive assessments of risk of harm should be used to inform sentence plan targets that address risk and reduce the likelihood of future offending. (S46)

Recommendation

To the Ministry of Justice and Youth Custody Service

- 5.7** A strategy should be developed to ensure that children leaving custody are provided with suitable accommodation in time for other elements of release planning to be completed. (4.28)

Recommendation

To the Youth Custody Service and HMPPS

- 5.8** Children's progress after release should be followed up to measure the effectiveness of resettlement work across the Youth Custody Service. The findings should be used to inform future provision at local and national level. (4.16)

Recommendation

To HMPPS

- 5.9** YOI caseworkers should be trained to assess needs and risks of harm, and to formulate plans that take account of both the custodial and community elements of the sentence. (4.14)

Recommendations

To the governor

Early days in custody

- 5.10** Children should be transported from court to the establishment as soon as possible after their hearing ends to enable them to settle on their first night. (1.6)
- 5.11** The induction should be coordinated to ensure children receive important information without delay. (1.7)

Suicide and self-harm prevention

- 5.12** Children at risk of self-harm should receive consistently good care from staff, including access to activity and education. (1.17)

Security

- 5.13** Keep-apart protocols should be overseen by a senior manager to ensure there is a focus on mediation to increase time out of cell and participation in purposeful activity. Reviews should be timely. (1.25)
- 5.14** A child should have access to advocacy support following authorisation of a strip-search. (1.26)

Bullying and violence reduction

- 5.15** Analysis of violent incidents should inform the violence reduction strategy which should include clear actions to reduce the high levels of violence. (1.45)

The use of force

- 5.16** Pain-inducing techniques should not be used on children. (1.53)
- 5.17** Governance of use of force should be improved to ensure that all incidents are recorded, written statements are completed by staff and all incidents are reviewed by MMPR coordinators. (1.54)

Separation/removal from normal location

- 5.18** Special accommodation should not be used for children unless the circumstances are exceptional and it is fully justified by the manager authorising its use. (1.60, repeated recommendation 1.65)

Living conditions

- 5.19** All cells, showers and communal areas on residential units should be clean and well maintained. (2.13)
- 5.20** Children should be able and encouraged to take a shower every day. (2.14)
- 5.21** Children should be able to make a telephone call every day. (2.15)

Residential services

- 5.22** The food portions available to children at breakfast should be increased. (2.21)
- 5.23** Advice to children on nutritionally balanced diets should be available, and regularly repeated. (2.22)
- 5.24** Serveries should be supervised and contemporary standards of health and safety should be enforced. (2.23)

Consultation, application and redress

- 5.25** Feedback from consultation groups should be addressed by a senior member of staff at a suitable forum, separate to the equality action team. (2.29)
- 5.26** Tracking processes should be introduced to determine the progress of applications. (2.30)
- 5.27** A procedure for systematic analysis of complaints should be introduced so that patterns and trends can be identified and, where necessary, lessons learned. (2.31)

Protected characteristics

- 5.28** Consultation arrangements for children with protected characteristics should be formalised and consistent so that children can express their distinctive views and their specific concerns can be addressed. (2.50)

Strategy, clinical governance and partnerships

- 5.29** Clinical governance processes should involve the routine collection and analysis of relevant clinical performance data to hold practitioners to account and to drive service improvement. This should include environmental checks such as cleanliness and lighting arrangements. (2.60)
- 5.30** Control room staff should phone an ambulance as soon as an emergency code is activated and then stand it down if the nurse confirms it is safe to do so. (2.61)
- 5.31** Patients should be able to complain about health services through a well-advertised, quality assured, independent health complaints system. (2.62)

Primary care and inpatient services

- 5.32** Reasons for failing to attend medical appointments should be analysed and addressed by senior managers to reduce the costs of wasted public resource. (2.69)
- 5.33** The inpatient unit should only be used for health and therapeutic purposes. Children should not be located on the inpatient unit to address operational issues. (2.70)

Mental health

- 5.34** All frontline officers should complete mental health awareness training commensurate with the needs of the population. (2.78)

Substance misuse

- 5.35** Substance misuse staff should have access to a range of training activities to enable them to deliver a full range of services to children with drug or alcohol problems. (2.84)

Medicines optimisation and pharmacy services

- 5.36** All children should receive their prescribed medicines consistently and at clinically appropriate times. (2.91, repeated recommendation 2.70)
- 5.37** Medicines administration should be well co-ordinated with therapeutic and safe outcomes for patients, including appropriate administration of all controlled drugs. (2.92)

Dental services and oral health

- 5.38** Waiting times to see the dentist should be equivalent to those in the community. (2.96)

Time out of cell

- 5.39** All children should have enough time to make a telephone call and have a shower. (3.14, repeated recommendation, 3.4)
- 5.40** All children should spend at least an hour outside every day. (3.15, repeated recommendation, 3.4)

Education, skills and work activities (Ofsted)

- 5.41** Prison managers should ensure that risk assessments are conducted promptly to facilitate allocation to activity in a timely manner. (3.28)
- 5.42** Leaders and managers should ensure that children's attendance at education is consistently high. (3.29)
- 5.43** Leaders and managers should ensure that children move quickly from accommodation units to education to improve punctuality at sessions and increase the time children spend in learning. (3.30)
- 5.44** Leaders and managers should ensure that unit staff fully understand and prioritise scheduled outreach education sessions. (3.31)
- 5.45** Leaders and managers should ensure that the virtual campus is fully functional and routinely available to children for job search and to support their learning. (3.32)
- 5.46** Teachers should set learning targets jointly with children and record their progress consistently so that all children, including those with special educational needs, know how much progress they have made. (3.42)
- 5.47** Leaders and managers should provide further training and development to teaching staff so that lessons and tutorials are consistently effective and better managed. (3.43)
- 5.48** Leaders and managers should ensure that children have access to good quality computer resources so that they can develop their skills in independent research and the use of digital technologies. (3.48)

- 5.49** Leaders and managers should ensure that teachers receive support and training to help them manage the few incidents of poor behaviour during classroom sessions. (3.49)
- 5.50** Leaders and managers should ensure that qualification outcomes improve, especially in English and mathematics. (3.53)

Pre-release and resettlement

- 5.51** There should be a multidisciplinary approach to the delivery of an action plan focused on reducing reoffending. (4.13)
- 5.52** More use should be made of release on temporary licence for resettlement purposes. (4.15)

Training planning and remand management

- 5.53** Training planning and review meetings should start on time and involve all relevant staff working with a child to ensure there is a coordinated focus on identifying and meeting resettlement needs. (4.21)

Interventions

- 5.54** Support for children with finance, benefit and debt needs, including gambling, should be reintroduced. (4.35)
- 5.55** Sufficient interventions should be delivered to ensure that all children who need them are able to complete interventions as a component of reducing their risk and likelihood of reoffending. (4.36)
- 5.56** All children with offences related to sexually harmful behaviour should have access to suitable interventions. (4.37)
- 5.57** Learning from programmes should be reinforced by staff across the establishment. (4.38, repeated recommendation 4.43)

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
Ian MacFadyen	Inspector
Angus Mulready-Jones	Inspector
Esra Sari	Inspector
Rebecca Stanbury	Inspector
Paul Tarbuck	Inspector
Sharlene Andrew	Researcher
Becky Duffield	Researcher
Rachel Duncan	Researcher
Catherine Shaw	Researcher
Patricia Taflan	Researcher
Claudia Vince	Researcher
Steve Eley	Health services inspector
Shaun Thomson	Health services inspector
Nicola Carlisle	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Jane Attwood	HMI Probation inspector
Mark Freeman	HMI Probation inspector
Tracy Green	HMI Probation inspector
Jonathan Pearce	HMI Probation (observing)
Jai Sharda	Ofsted inspector
Tony Gallagher	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

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

At the last inspection in 2018, work to support boys during their early days at Feltham was reasonably good. Safeguarding and child protection systems were sound. Incidents of self-harm were lower than comparators and care for boys in crisis was good. A clear focus on reducing violence had led to an impressive reduction in assaults on boys and staff. However, levels of violence were still too high. Systems to challenge bullying and support victims required greater management oversight at unit level. A promising new behaviour management strategy was showing some early results. Use of force was proportionate and governance was good. The segregation unit was unfit for purpose but the management of boys who were segregated on residential units had significantly improved. The quality of substance misuse services was very good. Outcomes for children and young people were reasonably good against this healthy prison test.

Main recommendation

Boys should not be held in the segregation unit in Feltham B. Those who need to be separated for their own or others' safety should experience a full regime and intensive intervention to address their behaviour in a suitable setting. (S42)

Not achieved

Recommendations

Boys should be transported from court to the establishment as soon as possible after their hearing ends to enable them to settle on their first night. (1.4)

Not achieved

Private assessments by health care professionals should be conducted on the day of arrival. (1.11)

Achieved

All boys should be given the opportunity to shower on their first night and have access to a kettle during their time on the induction unit. (1.12)

Achieved

Managers should ensure that meaningful care plans are in place for victims of bullying and violence. Monitoring of victims and perpetrators should take place on residential units and should be recorded. (1.28)

Not achieved

Daily entries in ACCT documents should record all important conversations and observations to assist in future case management. (1.34)

Not achieved

Procedures and routines for placing boys on the enhanced support unit and managing them while there should be clarified to improve consistency and ensure staff and boys understand what is expected of them. The population on the unit should not increase until these measures are in place. (1.40)

Achieved

The incentives and earned privileges scheme should be fully implemented to embed a rewards-led culture at Feltham. (1.44)

Not achieved

All security actions, including targeted searching and drug testing, should take place. (1.51)

Achieved

All use of force documentation should be completed promptly following any incident of force. (1.61)

Not achieved

Special accommodation should not be used for boys unless the circumstances are exceptional and it is fully justified by the manager authorising its use. (1.65)

Not achieved (Recommendation repeated, 1.60)

Boys should be able to access substance misuse interventions promptly. (1.70)

Achieved

Respect

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

At the last inspection in 2018, living conditions were reasonable but there were poor standards of cleanliness in some areas. The new application system was not yet fully effective. Consultation with boys had improved and was effective. Relationships between staff and boys were good. Equality work and consultation with boys with protected characteristics were reasonably good. Peer mentoring was underdeveloped. The chaplaincy provided good spiritual and pastoral support to boys. Complaints were managed well. Health services were delivered to a high standard when boys had access to them. Food was of a reasonable quality and some boys could now eat together. Outcomes for children and young people were reasonably good against this healthy prison test.

Recommendations

All cells, showers and communal areas on residential units should be clean and well maintained. (2.10)

Not achieved (Recommendation repeated, 2.13)

Boys should be able to shower and make a telephone call each day. (2.11)

Not achieved

The application process should be managed consistently. (2.12)

Achieved

The personal officer scheme should be developed and personal officers should play an active part in sentence progression and case work. (2.16)

Not achieved

Equality and diversity policies should recognise and respond to the specific issues of gang-related discrimination. (2.22)

Not achieved

Residential staff should be aware of and support boys with identified disabilities. (2.31)

Partially achieved

Homophobic attitudes should be explored and challenged, so that boys who are gay or bisexual feel safe to disclose their sexuality if they choose to do so. (2.32)

Not achieved

All clinical environments should comply with infection control standards (2.56)

Not achieved

The in-patient unit should only be used for health and therapeutic purposes. Boys should not be located on the in-patient unit to address operational issues. (2.64)

Not achieved (Recommendation repeated, 2.70)

All boys should receive their prescribed medicines consistently and at clinically appropriate times. (2.70)

Not achieved (Recommendation repeated, 2.91)

Boys in shared cells should have secure storage for in-possession medicines. (2.71)

Achieved

Serveries should be kept clean. (2.87)

Not achieved

The size of breakfast portions should be increased and always served on the day they are to be eaten. (2.88)

Partially achieved

Boys should be able to place a canteen order within in 24 hours of their arrival. (2.91)

Achieved

Prohibition of items on the canteen list should be regularly reviewed and supported by up-to-date intelligence. (2.92)

Achieved

Purposeful activity

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

At the last inspection in 2018, time out of cell had improved significantly since the last inspection and there had been a clear drive to get boys to education. Slippage in the delivery of other parts of the regime limited access to some important services and amenities. There had been significant improvement in the strategic and operational management of learning and skills but further improvement was needed. There were sufficient activity spaces for all boys, although learning opportunities for more able boys were limited. Most boys behaved well in classes. The quality of teaching required improvement. Movement to education had improved but still took too long and punctuality was often poor. Achievement rates were inconsistent. Access to the library was restricted but more boys could now benefit from good gym facilities. Outcomes for children and young people were not sufficiently good against this healthy prison test.

Main recommendation

Leaders and managers should focus strongly on improving poor behaviour in classrooms and implement practical initiatives which encourage willing engagement in education. (S43)

Achieved

Recommendations

All boys should have enough time to make a telephone call, shower, and spend at least an hour outside each day. (3.4)

Not achieved (Recommendation repeated, 3.14 and 3.15)

Attendance at all important scheduled appointments should be facilitated. (3.5)

Not achieved

Leaders and managers should ensure that boys' attendance at education is consistently high. (3.13)

Not achieved

Leaders and managers should further speed up movement from accommodation units to education to improve punctuality at sessions and increase the time boys spend in learning. (3.14)

Not achieved

Leaders and managers should ensure that the virtual campus is fully functional and routinely available to boys for job search and to support their learning. (3.15)

Not achieved

Leaders and managers should identify and use the datasets required to monitor and manage the effectiveness of purposeful activities in the prison. (3.16)

Achieved

Leaders should restructure the quality improvement group to ensure that it focuses tightly on aspects for improvement, including teaching and learning. (3.17)

Achieved

Leaders and managers should review and substantially reorganise the curriculum to meet the widely varying backgrounds, needs and interests of boys. (3.24)

Achieved

Prison managers should ensure that risk assessments are timely. (3.25)

Achieved

Leaders and managers should provide further training and development to teaching staff so that teaching, learning and assessment are consistently effective. (3.34)

Achieved

Leaders and managers should ensure that sufficient learning support assistants are available to support boys in classroom sessions and that they are used well. (3.35)

Achieved

Leaders and managers should ensure that boys' achievement of qualifications is high on all courses and at levels which are meaningful and of practical value. (3.47)

Not achieved

Leaders and managers should introduce library provision which is accessible, attractive and useful to boys. (3.52)

Partially achieved

Resettlement

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

At the last inspection in 2018, the reducing reoffending policy was based on the needs of the young population. Partnership working was broadly effective. Public protection arrangements were sound. Sentence review meetings were timely and contact time with boys had improved. The sentence plan was not being used effectively to drive boys' progress through their sentence. There was insufficient support from the community to secure suitable and timely housing for this vulnerable age group. Work with families was reasonably good. Interventions work was now good. Looked-after children were supported well at Feltham but lacked adequate support from community providers. Outcomes for children and young people were reasonably good against this healthy prison test.

Main recommendations

Individual training and remand plans should be central to a boy's progress and other plans and targets should be consistent with and reflected in training and remand plans. Staff from all relevant departments should be represented at training planning or remand management reviews, or submit a detailed report if they cannot attend. Training plans should demonstrate multidisciplinary input to targets to be achieved both in custody and in the community, with necessary support identified. (S44)

Not achieved

Recommendations

Feltham A should identify key actions to be taken in their strategic approach to reducing reoffending work and progress against these actions should be regularly monitored. (4.7)

Not achieved

Boys with, or facing, indeterminate sentences should be provided with support and a regime that meets their specific needs. (4.14)

Partially achieved

The statutory entitlements of looked-after children should be met promptly and suitable release addresses identified at the earliest opportunities. (4.18)

Not achieved

A strategy should be developed to ensure that boys leaving custody are provided with suitable accommodation in time for other elements of release planning to be completed. (4.22)

Not achieved

Work to address gambling should be developed. (4.29)

Not achieved

There should be a clear strategy and implementation plan for family work based on the needs of boys. (4.36)

Achieved

Access to visits should not be restricted because of the boys' level on the incentives and earned privileges scheme. (4.37)

Achieved

Learning from programmes should be reinforced by staff across the establishment. (4.43)

Not achieved (Recommendation repeated, 4.38)

Appropriate interventions should be consistently available to help boys to address sexually harmful behaviour, (4.44)

Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Care UK Practices Limited

Location: HMP YOI Feltham

Location ID: 1-659374318

Regulated activities: Treatment of disease, disorder, or injury; Diagnostic and screening procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17 – Good governance

17 - (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part.

17 - (2) (a) In particular to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

How the regulation was not being met:

The systems in place to assess and monitor the quality of the service and risks to the health and safety of people using the service were not always effective. There

had been a gap in management oversight which meant that governance and risk management systems were not effective in identifying and resolving quality and safety issues.

- There was a schedule of audits completed at the location, however these were quantitative in nature and were not always effective in identifying quality issues or ensuring action was taken. For example, there had not been an independent qualitative infection control audit undertaken. During the inspection we identified issues with the standard of cleaning and general clutter which had not been identified or acted upon.
- There was no system for children to provide feedback about the quality of healthcare services or raise concerns in order to improve and develop the service.
- We observed risks associated with medicines administration that had not been identified or acted upon. A member of staff administered a controlled drug without access to either a printed prescription or SystmOne at the point of administration. A medicines trolley was left unlocked on two occasions, despite concern being raised with the head of healthcare after the first occasion.
- Risks relating to the prison facilities and regime that impacted upon medicines administration were not always highlighted with the appropriate prison department or followed up to ensure that remedial works were carried out. There was no working lighting in one treatment room, this had been the case at the previous inspection a year ago. During the hours of darkness, staff dispensing medicines from this room were working by torchlight which increased the risk of errors being made. Medicines were not always administered at the appropriate time. Whilst this was mainly due to the prison regime, it was not clear what action had been taken to try and address this issue with the prison.
- There was no systematic follow up of patients who did not attend for medicines administration or primary care appointments to prevent a risk to their health, to understand the reasons for their non-attendance and to inform service improvement.

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 young people	%
Sentenced	94	64.4
Recall	1	0.7
Convicted unsentenced	20	13.7
Remand	31	21.2
Detainees		
Total	146	100

Age	Number of young people	%
15 years	11	7.5
16 years	32	21.9
17 years	79	54.1
18 years	24	16.4
Other		
Total	146	99.9

Nationality	Number of young people	%
British	128	87.7
Foreign nationals	15	10.3
Not stated	3	2
Total	146	100

Ethnicity	Number of young people	%
White		
British	40	27.4
Irish	3	2
Gypsy/Irish Traveller		
Other white	6	4.1
Mixed		
White and black Caribbean	8	5.5
White and black African	6	4.1
White and Asian		
Other mixed	6	4.1
Asian or Asian British		
Indian		
Pakistani	3	2
Bangladeshi		
Chinese		
Other Asian	6	4.1
Black or black British		
Caribbean	27	18.5
African	20	13.7
Other black	16	11

Other ethnic group		
Arab		
Other ethnic group	2	1.4
Not stated	3	2.0
Total	146	99.9

Religion	Number of young people	%
Baptist		
Church of England	8	5.5
Roman Catholic	11	7.5
Other Christian denominations	51	35
Muslim	38	26
Sikh		
Hindu	1	0.7
Buddhist	1	0.7
Jewish		
Other		
No religion	34	23.2
Not stated	2	1.4
Total	146	100

Other demographics	Number of young people	%
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								
16 years								
17 years								
18 years								
Total								

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								
16 years								
17 years								
18 years								
Total								

Main offence	Number of young people	%
Violence against the person	61	40.4
Sexual offences	5	3.3
Burglary	10	6.6
Robbery	29	19.2
Theft and handling	2	1.3
Fraud and forgery		
Drugs offences	13	8.6
Other offences	31	20.5
Offence not recorded / holding warrant		
Total	151	99.9

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

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Recall	Total
Age									
15 years									
16 years									
17 years									
18 years									
Total									

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							
16 years							
17 years							
18 years							
Total							

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							
16 years							
17 years							
18 years							
Total							

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							
16 years							
17 years							
18 years							

Appendix V: Survey methodology and results

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 prison.

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 to participate, the purpose of the survey and the inspection is explained.²⁹ 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.

²⁹ For further information about the ethical principles which underpin our survey methodology, please see ‘Ethical principles for research activities’ which can be downloaded from HMI Prison’s website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>.

Survey results

Response rate

At the time of the survey on 14 January 2019 the population at HMYOI Feltham A was 147. Using the approach described above, questionnaires were distributed to 141 children.³⁰

We received a total of 125 completed questionnaires, a response rate of 89%. Three young people declined to participate in the survey and 13 questionnaires were not returned.

Survey results and analyses

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

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 Feltham A 2019 compared with responses from other YOIs holding children.
- The current survey responses from HMYOI Feltham A 2019 compared with the responses of children surveyed at HMYOI Feltham A in 2017.
- responses of children on the enhanced wing (C wing) compared with those from the rest of the establishment.
- A comparison within the 2018 survey between the responses of children aged 18 or over compared with those children under 18.
- A comparison within the 2019 survey between the responses of white children and those from a black and minority ethnic group.
- A comparison within the 2019 survey between the responses of Muslim children and non-Muslim children.
- A comparison within the 2019 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 2019 survey between the responses of children who reported that they had been in local authority care and those who did not.

In all the comparative analyses above, statistically significant³¹ 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 number of responses to that question. All missing responses have been excluded from analyses.

³⁰ Questionnaires were not distributed to six children who were at court on the day of the survey.

³¹ 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

I.1	What wing or houseblock are you currently living on?						
	B Wing						12 (10%)
	C Wing						26 (21%)
	D Wing						20 (16%)
	E Wing						22 (18%)
	H Wing						19 (15%)
	J Wing						21 (17%)
	Enhanced support unit						3 (2%)
	Health care unit						2 (2%)
Q1.2	How old are you?						
	12	13	14	15	16	17	18 or over
	0 (0%)	0 (0%)	0 (0%)	12 (10%)	27 (22%)	67 (54%)	19 (15%)
Q1.3	What is your gender?						
	Male						120 (100%)
	Female						0 (0%)
Q1.4	What is your ethnic group?						
	White - English/ Welsh/ Scottish/ Northern Irish/ British						30 (24%)
	White - Irish						1 (1%)
	White - Gypsy or Irish Traveller						4 (3%)
	White - any other White background						3 (2%)
	Mixed - White and Black Caribbean						12 (10%)
	Mixed - White and Black African						5 (4%)
	Mixed - White and Asian						1 (1%)
	Mixed - any other Mixed ethnic background						4 (3%)
	Asian/ Asian British - Indian						0 (0%)
	Asian/ Asian British - Pakistani						2 (2%)
	Asian/ Asian British - Bangladeshi						2 (2%)
	Asian/ Asian British - Chinese						0 (0%)
	Asian - any other Asian background						0 (0%)
	Black/ Black British - Caribbean						30 (24%)
	Black/ Black British - African						20 (16%)
	Black - any other Black/ African/ Caribbean background						8 (6%)
	Arab						2 (2%)
	Any other ethnic group						1 (1%)
Q1.5	Do you have any children?						
	Yes						13 (11%)
	No						108 (89%)
Q1.6	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?						
	Yes						6 (5%)
	No						116 (95%)
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						56 (46%)
	No						67 (54%)

Arrival and induction

Q2.1	When you were searched in reception/admissions, was this done in a respectful way?	
	Yes	77 (62%)
	No.....	14 (11%)
	Don't remember	29 (23%)
	I wasn't searched.....	4 (3%)
Q2.2	Overall, how were you treated in reception/admissions?	
	Well.....	81 (66%)
	Badly.....	17 (14%)
	Don't remember	25 (20%)
Q2.3	When you first arrived here did staff help you with any problems or worries you had?	
	Yes.....	23 (19%)
	No.....	44 (36%)
	Don't remember	15 (12%)
	I didn't have any problems or worries.....	41 (33%)
Q2.4	Did you feel safe on your first night here?	
	Yes.....	80 (65%)
	No.....	23 (19%)
	Don't remember	20 (16%)
Q2.5	In your first few days were you told everything you needed to know about life here?	
	Yes.....	66 (53%)
	No.....	58 (47%)

Living conditions

Q3.1	How comfortable is the temperature of your cell?	
	Too cold.....	56 (50%)
	About right	46 (41%)
	Too hot	11 (10%)
Q3.2	Can you shower every day?	
	Yes.....	34 (28%)
	No.....	87 (71%)
	Don't know.....	1 (1%)
Q3.3	Do you normally have enough clean, suitable clothes for the week?	
	Yes.....	72 (60%)
	No.....	44 (36%)
	Don't know.....	5 (4%)
Q3.4	Do you have clean sheets every week?	
	Yes.....	49 (40%)
	No.....	65 (53%)
	Don't know.....	8 (7%)
Q3.5	Can you get your stored property if you need it?	
	Yes.....	58 (48%)
	No.....	33 (27%)
	Don't know.....	30 (25%)

Q3.6	Is it normally quiet enough for you to relax or sleep at night?	
	Yes	48 (41%)
	No.....	67 (57%)
	Don't know.....	3 (3%)
Q3.7	Do you usually spend more than 2 hours out of your cell on weekdays?	
	Yes	69 (57%)
	No.....	47 (39%)
	Don't know.....	5 (4%)
Q3.8	Do you usually spend more than 2 hours out of your cell on Saturdays and Sundays?	
	Yes	24 (20%)
	No.....	89 (75%)
	Don't know.....	5 (4%)

Food and canteen

Q4.1	What is the food like here?	
	Very good	1 (1%)
	Quite good	26 (22%)
	Quite bad	53 (44%)
	Very bad	40 (33%)
Q4.2	Do you get enough to eat at mealtimes?	
	Always.....	12 (10%)
	Most of the time.....	26 (21%)
	Some of the time.....	48 (39%)
	Never	37 (30%)
Q4.3	Does the canteen sell the things that you need?	
	Yes	63 (53%)
	No.....	50 (42%)
	Don't know.....	5 (4%)

Health and wellbeing

Q5.1	How easy or difficult is it to see the following health staff?			
		Easy	Difficult	Don't know
	Doctor	24 (20%)	84 (68%)	15 (12%)
	Nurse	52 (43%)	57 (47%)	12 (10%)
	Dentist	14 (11%)	86 (70%)	22 (18%)
	Mental health workers	36 (30%)	43 (36%)	42 (35%)
Q5.2	Do you have any health problems (including mental health problems)?			
	Yes			35 (29%)
	No.....			87 (71%)
Q5.3	Have you been helped with your health problems since you've been here?			
	Yes			20 (16%)
	No.....			16 (13%)
	Don't have any health problems.....			87 (71%)
Q5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.			
	Yes			30 (25%)
	No.....			92 (75%)

Q5.5	If you have a disability, are you getting the support you need?		
	Yes	10 (8%)	
	No.....	19 (16%)	
	Don't have a disability	92 (76%)	
Q5.6	Did you have an alcohol problem when you came here?		
	Yes	4 (3%)	
	No.....	119 (97%)	
Q5.7	Did you have a drug problem when you came here?		
	Yes	22 (18%)	
	No.....	100 (82%)	
Q5.8	Have you been helped with your drug or alcohol problem since you've been here?		
	Yes	6 (5%)	
	No.....	18 (15%)	
	Did not have a drug or alcohol problem.....	99 (80%)	
Q5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?		
	Yes	74 (61%)	
	No.....	42 (35%)	
	Don't know.....	5 (4%)	
Q5.10	How often do you go to the gym or play sports?		
	More than once a week.....	17 (14%)	
	About once a week.....	69 (57%)	
	Less than once a week.....	20 (17%)	
	Never	15 (12%)	

Complaints

Q6.1	Do you know how to make a complaint?			
	Yes	100 (82%)		
	No.....	22 (18%)		
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?	17 (15%)	49 (42%)	50 (43%)
	Were your complaints usually dealt with within 7 days?	10 (9%)	55 (48%)	50 (43%)
Q6.3	Have you ever felt too scared to make a complaint?			
	Yes	15 (13%)		
	No.....	82 (70%)		
	Never wanted to make a complaint	20 (17%)		

Safety and security

Q7.1	Have you ever felt unsafe here?	
	Yes	46 (38%)
	No.....	76 (62%)

Q7.2	Do you feel unsafe now?	
	Yes	16 (13%)
	No.....	105 (87%)
Q7.3	Is your emergency call bell or intercom normally answered within 5 minutes?	
	Yes	32 (27%)
	No.....	76 (64%)
	Don't know.....	10 (8%)
Q7.4	Have other young people here ever done any of the following to you?	
	Verbal abuse	39 (36%)
	Threats or intimidation.....	24 (22%)
	Physical assault.....	20 (19%)
	Sexual assault.....	2 (2%)
	Being forced to assault another young person	4 (4%)
	Theft of canteen or property.....	5 (5%)
	Other bullying or victimisation	7 (6%)
	Young people here have not done any of these things to me	65 (60%)
Q7.5	If you were being bullied/victimised by other young people here, would you report it?	
	Yes	35 (33%)
	No.....	70 (67%)
Q7.6	Have staff here ever done any of the following to you? (Please tick all that apply)	
	Verbal abuse	48 (41%)
	Threats or intimidation.....	27 (23%)
	Physical assault.....	10 (9%)
	Sexual assault.....	3 (3%)
	Theft of canteen or property.....	20 (17%)
	Other bullying or victimisation	9 (8%)
	Staff here have not done any of these things to me	55 (47%)
Q7.7	If you were being bullied/victimised by staff here, would you report it?	
	Yes	63 (55%)
	No.....	51 (45%)

Behaviour management

Q8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	
	Yes	35 (29%)
	No.....	74 (62%)
	Don't know	10 (8%)
Q8.2	Do you think the system of rewards or incentives is fair?	
	Yes	30 (25%)
	No.....	76 (63%)
	Don't know.....	15 (12%)
Q8.3	Do staff usually let you know when your behaviour is good?	
	Yes	32 (26%)
	No.....	89 (74%)
Q8.4	If you get in trouble, do staff usually explain what you have done wrong?	
	Yes	48 (41%)
	No.....	51 (44%)
	Not applicable (never been in trouble here).....	18 (15%)

Q8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	
	Yes	79 (64%)
	No.....	44 (36%)
Q8.6	If you have been restrained, did a member of staff come and talk to you about it afterwards?	
	Yes	56 (46%)
	No.....	18 (15%)
	Don't remember	5 (4%)
	Not been restrained here	44 (36%)
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	66 (54%)
	No.....	56 (46%)

Staff

Q9.1	Do you feel cared for by most staff here?	
	Yes	41 (34%)
	No.....	81 (66%)
Q9.2	Do most staff here treat you with respect?	
	Yes	61 (51%)
	No.....	58 (49%)
Q9.3	If you had a problem, are there any staff here you could turn to for help?	
	Yes	67 (54%)
	No.....	56 (46%)
Q9.4	Can you speak to a Barnardo's advocate when you need to?	
	Yes	71 (58%)
	No.....	22 (18%)
	Don't know.....	30 (24%)

Faith

Q10.1	What is your religion?	
	No religion.....	21 (18%)
	Christian (including Church of England, Catholic, and other branches of Christianity)	66 (55%)
	Buddhist.....	1 (1%)
	Hindu.....	0 (0%)
	Jewish	0 (0%)
	Muslim.....	30 (25%)
	Sikh	0 (0%)
	Other	1 (1%)
Q10.2	Are your religious beliefs respected here?	
	Yes	75 (62%)
	No.....	13 (11%)
	Don't know.....	12 (10%)
	Not applicable (no religion).....	21 (17%)

Q10.3	Are you able to speak to a chaplain of your faith in private, if you want to?	
	Yes.....	67 (55%)
	No.....	9 (7%)
	Don't know.....	25 (20%)
	Not applicable (no religion).....	21 (17%)

Keeping in touch with family and friends

Q11.1	Has anyone here helped you to keep in touch with your family and friends?	
	Yes.....	53 (44%)
	No.....	67 (56%)
Q11.2	Are you able to use a phone every day (if you have credit)?	
	Yes.....	39 (33%)
	No.....	79 (67%)
Q11.3	How easy or difficult is it for your family and friends to get here?	
	Very easy.....	5 (4%)
	Quite easy.....	36 (31%)
	Quite difficult.....	42 (36%)
	Very difficult.....	24 (21%)
	Don't know.....	10 (9%)
Q11.4	How often do you have visits from family or friends?	
	More than once a week.....	2 (2%)
	About once a week.....	30 (25%)
	Less than once a week.....	72 (60%)
	Not applicable (haven't had any visits).....	17 (14%)

Education and training

Q12.1	Are you doing any of the following activities at the moment?	
	Education.....	87 (71%)
	Training for a job (vocational training).....	2 (2%)
	Paid work.....	3 (2%)
	Interventions (e.g. offending behaviour programmes).....	13 (11%)
	None of these.....	32 (26%)
Q12.2	Do staff encourage you to attend education, training or work?	
	Yes.....	51 (42%)
	No.....	70 (58%)
Q12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	
	Yes.....	33 (27%)
	No.....	88 (73%)

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.....	71 (60%)
	No.....	29 (24%)
	Don't know.....	19 (16%)

Q13.2	Do you understand what you need to do to achieve your objectives or targets?	
	Yes	62 (55%)
	No.....	3 (3%)
	Don't know what my objectives or targets are.....	48 (42%)
Q13.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes	20 (18%)
	No.....	41 (38%)
	Don't know what my objectives or targets are.....	48 (44%)
Q13.4	Is anybody here helping you to prepare for when you leave?	
	Yes	34 (29%)
	No.....	83 (71%)
Q13.5	Have you had a say in what will happen to you when you leave here?	
	Yes	37 (33%)
	No.....	74 (67%)

Final question about this YOI

Q14.1	Do you think your experiences here have made you more or less likely to offend in the future?	
	More likely to offend.....	8 (7%)
	Less likely to offend.....	54 (49%)
	Made no difference	48 (44%)

HMYOI Feltham 2019
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 Feltham 2019 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 Feltham in 2019 are compared with those from HMYOI Feltham in 2017. Please note that we do not have comparable data for the new questions introduced in October 2018.

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

Number of completed questionnaires returned

n=number of valid responses to question. (HMYOI Feltham 2019)

HMYOI Feltham 2019	All other YOIs	HMYOI Feltham 2019	HMYOI Feltham 2017
125	432	125	106

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 15 years of age?	<i>n=125</i>	0%	0%	0%	0%
	Are you aged 18 or over?	<i>n=125</i>	15%	15%	15%	6%
1.4	Are you from a minority ethnic group?	<i>n=125</i>	70%	47%	70%	71%
1.5	Do you have any children?	<i>n=121</i>	11%	10%	11%	5%
1.6	Are you from a traveller community?	<i>n=122</i>	5%	6%	5%	3%
1.7	Have you ever been in local authority care?	<i>n=123</i>	46%	44%	46%	38%
5.2	Do you have any health problems (including mental health problems)?	<i>n=122</i>	29%	-	29%	-
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	<i>n=122</i>	25%	20%	25%	15%
10.1	Are you Muslim?	<i>n=119</i>	25%	18%	25%	37%
ARRIVAL AND INDUCTION						
2.1	Were you searched in reception/admissions?	<i>n=124</i>	97%	-	97%	-
<i>For those who had been searched:</i>						
2.1	Was this search done in a respectful way?	<i>n=120</i>	64%	-	64%	-
2.2	Overall, were you treated well in reception/admission?	<i>n=123</i>	66%	-	66%	-
2.3	When you first arrived, did you have any problems or worries?	<i>n=123</i>	67%	-	67%	-
<i>For those who had any problems when they first arrived:</i>						
2.3	Did staff help you to deal with these problems or worries?	<i>n=82</i>	28%	-	28%	-
2.4	Did you feel safe on your first night here?	<i>n=123</i>	65%	74%	65%	70%
2.5	In your first few days, were you told everything you needed to know about life here?	<i>n=124</i>	53%	-	53%	-
LIVING CONDITIONS						
3.1	Is the temperature of your room or cell about right?	<i>n=113</i>	41%	-	41%	-
3.2	Can you shower everyday?	<i>n=122</i>	28%	85%	28%	39%
3.3	Do you normally have enough clean, suitable clothes for the week?	<i>n=121</i>	60%	-	60%	-
3.4	Do you have clean sheets every week?	<i>n=122</i>	40%	-	40%	-
3.5	Can you get to your stored property if you need it?	<i>n=121</i>	48%	-	48%	-
3.6	Is it normally quiet enough for you to relax or sleep at night?	<i>n=118</i>	41%	-	41%	-
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	<i>n=121</i>	57%	-	57%	-
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	<i>n=118</i>	20%	-	20%	-

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Number of completed questionnaires returned

n=number of valid responses to question. (HMYOI Feltham 2019)

HMYOI Feltham 2019	All other YOIs	HMYOI Feltham 2019	HMYOI Feltham 2017
125	432	125	106

FOOD AND CANTEEN					
4.1	Is the food here very / quite good? <i>n=120</i>	23%		23%	
4.2	Do you get enough to eat at mealtimes always / most of the time? <i>n=123</i>	31%		31%	
4.3	Does the shop / canteen sell the things that you need? <i>n=118</i>	53%		53%	
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor? <i>n=123</i>	20%		20%	
	- Nurse? <i>n=121</i>	43%		43%	
	- Dentist? <i>n=122</i>	12%		12%	
	- Mental health worker? <i>n=121</i>	30%		30%	
5.2	Do you have any health problems (including mental health problems)? <i>n=122</i>	29%		29%	
<i>For those who have health problems:</i>					
5.3	Have you been helped with your health problems since you have been here? <i>n=36</i>	56%		56%	
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life. <i>n=122</i>	25%	20%	25%	15%
<i>For those who have a disability</i>					
5.5	Are you getting the support you need? <i>n=29</i>	35%		35%	
5.6	Did you have an alcohol problem when you came here? <i>n=123</i>	3%	7%	3%	6%
5.7	Did you have a drug problem when you came here? <i>n=122</i>	18%	28%	18%	19%
<i>For those who did have a drug or alcohol problem</i>					
5.8	Have you been helped with your drug or alcohol problem since you've been here? <i>n=24</i>	25%		25%	
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)? <i>n=121</i>	61%		61%	
5.10	Do you go to the gym or play sports once a week or more? <i>n=121</i>	14%		14%	
COMPLAINTS					
6.1	Do you know how to make a complaint? <i>n=122</i>	82%		82%	
<i>For those who have made a complaint:</i>					
6.2	Were your complaints usually dealt with fairly? <i>n=66</i>	26%		26%	
	Were your complaints usually dealt with within 7 days? <i>n=65</i>	15%		15%	
6.3	Have you ever felt too scared to make a complaint? <i>n=97</i>	16%	14%	16%	9%

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Number of completed questionnaires returned

n=number of valid responses to question. (HMYOI Feltham 2019)

HMYOI Feltham 2019	All other YOIs	HMYOI Feltham 2019	HMYOI Feltham 2017
125	432	125	106

SAFETY AND SECURITY		
7.1	Have you ever felt unsafe here?	<i>n</i> =122
7.2	Do you feel unsafe now?	<i>n</i> =121
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	<i>n</i> =118
7.5	Have other young people here ever done any of the following to you?	
	- Verbal abuse?	<i>n</i> =108
	- Threats or intimidation?	<i>n</i> =108
	- Physical assault?	<i>n</i> =108
	- Sexual assault?	<i>n</i> =108
	- Being forced to assault another young person?	<i>n</i> =108
	- Theft of canteen or property?	<i>n</i> =108
	- Other bullying or victimisation?	<i>n</i> =108
	- Young people here have not done any of these things to me	<i>n</i> =108
7.6	If you were being bullied / victimised by other young people here, would you report it?	<i>n</i> =105
7.7	Have staff here ever done any of the following to you?	
	- Verbal abuse?	<i>n</i> =116
	- Threats or intimidation?	<i>n</i> =116
	- Physical assault?	<i>n</i> =116
	- Sexual assault?	<i>n</i> =116
	- Theft of canteen or property?	<i>n</i> =116
	- Other bullying / victimisation?	<i>n</i> =116
	- Staff here have not done any of these things to me	<i>n</i> =116
7.8	If you were being bullied / victimised by staff here, would you report it?	<i>n</i> =114
BEHAVIOUR MANAGEMENT		
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	<i>n</i> =119
8.2	Do you think the system of rewards or incentives is fair?	<i>n</i> =121
8.3	Do staff usually let you know when your behaviour is good?	<i>n</i> =121
8.4	If you get in trouble, do staff usually explain what you have done wrong?	<i>n</i> =99
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	<i>n</i> =123
<i>For those who have been restrained:</i>		
8.6	Did a member of staff come and talk to you about it afterwards?	<i>n</i> =79
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)	<i>n</i> =122

38%	34%	38%	35%
13%	13%	13%	8%
27%	29%	27%	33%
36%	36%	36%	36%
22%	22%	22%	22%
19%	19%	19%	19%
2%	2%	2%	2%
4%	4%	4%	4%
5%	5%	5%	5%
7%	7%	7%	7%
60%	60%	60%	60%
33%	33%	33%	33%
41%	41%	41%	41%
23%	23%	23%	23%
9%	9%	9%	9%
3%	3%	3%	3%
17%	17%	17%	17%
8%	8%	8%	8%
47%	47%	47%	47%
55%	55%	55%	55%
29%	29%	29%	29%
25%	25%	25%	25%
26%	26%	26%	26%
49%	49%	49%	49%
64%	55%	64%	46%
71%	71%	71%	71%
54%	54%	54%	54%

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Number of completed questionnaires returned

n=number of valid responses to question. (HMYOI Feltham 2019)

HMYOI Feltham 2019	All other YOIs	HMYOI Feltham 2019	HMYOI Feltham 2017
125	432	125	106

STAFF						
9.1	Do you feel cared for by most staff here?	<i>n=122</i>	34%		34%	
9.2	Do most staff here treat you with respect?	<i>n=119</i>	51%	70%	51%	56%
9.3	If you had a problem, are there any staff here you could turn to for help?	<i>n=123</i>	55%		55%	
9.4	Can you speak to a Barnardo's advocate when you need to?	<i>n=123</i>	58%	51%	58%	33%
FAITH						
10.1	Do you have a religion?	<i>n=119</i>	82%	61%	82%	89%
<i>For those who have a religion:</i>						
10.2	Are your religious beliefs respected here?	<i>n=100</i>	75%		75%	
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<i>n=101</i>	66%		66%	
KEEPING IN TOUCH WITH FAMILY AND FRIENDS						
11.1	Has anyone here helped you to keep in touch with your family / friends?	<i>n=120</i>	44%		44%	
11.2	Are you able to use a phone every day (if you have credit)?	<i>n=118</i>	33%		33%	
11.3	Is it quite / very easy for your family and friends to get here?	<i>n=117</i>	35%		35%	
11.4	Do you get visits from family or friends?	<i>n=121</i>	86%		86%	
<i>For those who do get visits:</i>						
11.4	Do you get visits from family or friends once a week or more?	<i>n=104</i>	31%		31%	
EDUCATION AND TRAINING						
12.1	Are you doing any of the following activities at the moment:					
	- Education?	<i>n=122</i>	71%	83%	71%	76%
	- Training for a job (vocational training)?	<i>n=122</i>	2%		2%	
	- Paid work?	<i>n=122</i>	3%		3%	
	- Interventions (e.g. offending behaviour programmes)?	<i>n=122</i>	11%		11%	
	- Not doing any of these activities	<i>n=122</i>	26%		26%	
12.2	Do staff encourage you to attend education, training or work?	<i>n=121</i>	42%		42%	
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	<i>n=121</i>	27%		27%	
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)?	<i>n=119</i>	60%		60%	
<i>For those who do have a plan:</i>						
13.2	Do you understand what you need to do to achieve your objectives or targets?	<i>n=65</i>	95%		95%	
13.3	Are staff here supporting you to achieve your objectives or targets?	<i>n=61</i>	33%		33%	
13.4	Is anybody here helping you to prepare for when you leave?	<i>n=117</i>	29%		29%	
13.5	Have you had a say in what will happen to you when you leave here?	<i>n=111</i>	33%		33%	
FINAL QUESTIONS ABOUT THIS STC/YOI						
14.1	Do you think your experiences here have made you less likely to offend in the future?	<i>n=110</i>	49%		49%	

HMYOI Feltham 2019

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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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	87	38	30	89

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 15 years of age?	0%	0%	0%	0%
	Are you aged 18 or over?	14%	18%	17%	15%
1.4	Are you from a minority ethnic group?			87%	62%
1.5	Do you have any children?	7%	19%	3%	13%
1.6	Are you from a traveller community?		16%	0%	7%
1.7	Have you ever been in local authority care?	41%	57%	47%	45%
5.2	Do you have any health problems (including mental health problems)?	26%	35%	38%	25%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	20%	34%	28%	25%
10.1	Are you Muslim?	32%	11%		
ARRIVAL AND INDUCTION					
2.1	Were you searched in reception/admissions?	100%	90%	97%	97%
<i>For those who had been searched:</i>					
2.1	Was this search done in a respectful way?	65%	62%	69%	65%
2.2	Overall, were you treated well in reception/admission?	70%	57%	70%	66%
2.3	When you first arrived, did you have any problems or worries?	77%	45%	67%	65%
<i>For those who had any problems when they first arrived:</i>					
2.3	Did staff help you to deal with these problems or worries?	31%	18%	25%	30%
2.4	Did you feel safe on your first night here?	66%	63%	60%	68%
2.5	In your first few days, were you told everything you needed to know about life here?	54%	53%	50%	55%
LIVING CONDITIONS					
3.1	Is the temperature of your room or cell about right?	43%	34%	33%	45%
3.2	Can you shower everyday?	25%	35%	30%	28%
3.3	Do you normally have enough clean, suitable clothes for the week?	55%	68%	60%	60%
3.4	Do you have clean sheets every week?	36%	50%	48%	38%
3.5	Can you get to your stored property if you need it?	42%	61%	43%	51%
3.6	Is it normally quiet enough for you to relax or sleep at night?	39%	46%	50%	38%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	57%	57%	66%	55%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	16%	31%	14%	22%

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Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
87	38	30	89

FOOD AND CANTEEN					
4.1	Is the food here very / quite good?	23%	22%	27%	21%
4.2	Do you get enough to eat at mealtimes always / most of the time?	29%	34%	40%	28%
4.3	Does the shop / canteen sell the things that you need?	52%	57%	52%	52%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	18%	24%	23%	19%
	- Nurse?	38%	54%	47%	42%
	- Dentist?	12%	11%	10%	13%
	- Mental health worker?	31%	27%	43%	26%
5.2	Do you have any health problems (including mental health problems)?	26%	35%	38%	25%
<i>For those who have health problems:</i>					
5.3	Have you been helped with your health problems since you have been here?	55%	57%	50%	59%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	20%	34%	28%	25%
<i>For those who have a disability</i>					
5.5	Are you getting the support you need?	31%	39%	13%	43%
5.6	Did you have an alcohol problem when you came here?	1%	8%	7%	2%
5.7	Did you have a drug problem when you came here?	16%	24%	17%	19%
<i>For those who did have a drug or alcohol problem</i>					
5.8	Have you been helped with your drug or alcohol problem since you've been here?	21%	30%	17%	28%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	57%	70%	63%	61%
5.10	Do you go to the gym or play sports once a week or more?	11%	22%	13%	15%
COMPLAINTS					
6.1	Do you know how to make a complaint?	82%	82%	80%	84%
<i>For those who have made a complaint:</i>					
6.2	Were your complaints usually dealt with fairly?	17%	47%	13%	29%
	Were your complaints usually dealt with within 7 days?	7%	35%	13%	16%
6.3	Have you ever felt too scared to make a complaint?	17%	13%	5%	17%

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Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	87	38	30	89

SAFETY AND SECURITY					
7.1	Have you ever felt unsafe here?	37%	40%	30%	40%
7.2	Do you feel unsafe now?	15%	11%	7%	15%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	23%	36%	40%	24%
7.5	Have other young people here ever done any of the following to you?				
	- Verbal abuse?	30%	50%	28%	39%
	- Threats or intimidation?	20%	27%	16%	24%
	- Physical assault?	15%	27%	16%	19%
	- Sexual assault?	1%	3%	0%	1%
	- Being forced to assault another young person?	4%	3%	0%	4%
	- Theft of canteen or property?	5%	3%	0%	5%
	- Other bullying or victimisation?	5%	9%	0%	8%
	- Young people here have not done any of these things to me	69%	41%	68%	58%
7.6	If you were being bullied / victimised by other young people here, would you report it?	35%	29%	39%	32%
7.7	Have staff here ever done any of the following to you?				
	- Verbal abuse?	44%	36%	38%	42%
	- Threats or intimidation?	29%	11%	24%	22%
	- Physical assault?	10%	6%	7%	10%
	- Sexual assault?	4%	0%	0%	4%
	- Theft of canteen or property?	18%	17%	10%	19%
	- Other bullying / victimisation?	6%	11%	14%	6%
	- Staff here have not done any of these things to me	44%	56%	59%	46%
7.8	If you were being bullied / victimised by staff here, would you report it?	56%	54%	48%	59%
BEHAVIOUR MANAGEMENT					
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	27%	34%	43%	26%
8.2	Do you think the system of rewards or incentives is fair?	21%	32%	21%	26%
8.3	Do staff usually let you know when your behaviour is good?	22%	36%	27%	26%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	44%	58%	57%	46%
8.5	Have you been physically restrained (e.g. MMRP) since you have been here?	65%	63%	67%	63%
	<i>For those who have been restrained:</i>				
8.6	Did a member of staff come and talk to you about it afterwards?	67%	79%	70%	70%
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)	52%	58%	43%	58%

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

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

Number of completed questionnaires returned

Black and minority ethnic		Muslim	
White		Non-Muslim	
87	38	30	89

STAFF					
9.1	Do you feel cared for by most staff here?	29%	43%	37%	34%
9.2	Do most staff here treat you with respect?	44%	68%	52%	52%
9.3	If you had a problem, are there any staff here you could turn to for help?	51%	63%	60%	54%
9.4	Can you speak to a Barnardo's advocate when you need to?	55%	63%	57%	60%
FAITH					
10.1	Do you have a religion?	91%	63%	100%	76%
<i>For those who have a religion:</i>					
10.2	Are your religious beliefs respected here?	71%	88%	87%	72%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	65%	71%	73%	65%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Has anyone here helped you to keep in touch with your family / friends?	45%	42%	53%	40%
11.2	Are you able to use a phone every day (if you have credit)?	29%	42%	41%	31%
11.3	Is it quite / very easy for your family and friends to get here?	37%	31%	52%	31%
11.4	Do you get visits from family or friends?	85%	89%	80%	89%
<i>For those who do get visits:</i>					
11.4	Do you get visits from family or friends once a week or more?	27%	39%	42%	28%
EDUCATION AND TRAINING					
12.1	Are you doing any of the following activities at the moment:				
	- Education?	71%	71%	70%	72%
	- Training for a job (vocational training)?	2%	0%	0%	2%
	- Paid work?	2%	3%	0%	3%
	- Interventions (e.g. offending behaviour programmes)?	11%	11%	7%	12%
	- Not doing any of these activities	26%	26%	27%	26%
12.2	Do staff encourage you to attend education, training or work?	35%	58%	50%	39%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	28%	26%	37%	25%
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)?	59%	62%	60%	61%
<i>For those who do have a plan:</i>					
13.2	Do you understand what you need to do to achieve your objectives or targets?	96%	95%	94%	96%
13.3	Are staff here supporting you to achieve your objectives or targets?	33%	32%	53%	25%
13.4	Is anybody here helping you to prepare for when you leave?	28%	31%	38%	26%
13.5	Have you had a say in what will happen to you when you leave here?	31%	39%	32%	33%
FINAL QUESTIONS ABOUT THIS STC/YOI					
14.1	Do you think your experiences here have made you less likely to offend in the future?	49%	49%	50%	50%

HMYOI Feltham A 2019

Comparison of survey responses between different sub-populations of children

In this table the following analyses are presented:

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

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

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

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

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
30	92

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	17%	15%
1.4	Are you from a minority ethnic group?	57%	73%
1.5	Do you have any children?	13%	10%
1.6	Are you from a traveller community?	3%	6%
1.7	Have you ever been in local authority care?	57%	43%
5.2	Do you have any health problems (including mental health problems)?	62%	17%
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?	27%	24%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	97%	97%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	45%	72%
2.2	Overall, were you treated well in reception/admission?	55%	70%
2.3	When you first arrived, did you have any problems or worries?	63%	67%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	26%	30%
2.4	Did you feel safe on your first night here?	50%	70%
2.5	In your first few days, were you told everything you needed to know about life here?	37%	59%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	36%	43%
3.2	Can you shower everyday?	23%	30%
3.3	Do you normally have enough clean, suitable clothes for the week?	60%	60%
3.4	Do you have clean sheets every week?	30%	44%
3.5	Can you get to your stored property if you need it?	33%	52%
3.6	Is it normally quiet enough for you to relax or sleep at night?	39%	42%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	47%	60%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	21%	20%

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

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

Have a disability	Do not have a disability
30	92

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	20%	24%
4.2	Do you get enough to eat at mealtimes always / most of the time?	17%	36%
4.3	Does the shop / canteen sell the things that you need?	45%	57%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	30%	16%
	- Nurse?	50%	41%
	- Dentist?	13%	11%
	- Mental health worker?	33%	29%
5.2	Do you have any health problems (including mental health problems)?	62%	17%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	58%	56%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	100%	0%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	36%	
5.6	Did you have an alcohol problem when you came here?	3%	3%
5.7	Did you have a drug problem when you came here?	21%	17%
<i>For those who did have a drug or alcohol problem</i>			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	0%	38%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	57%	62%
5.10	Do you go to the gym or play sports once a week or more?	3%	18%
COMPLAINTS			
6.1	Do you know how to make a complaint?	86%	80%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	20%	29%
	Were your complaints usually dealt with within 7 days?	20%	14%
6.3	Have you ever felt too scared to make a complaint?	14%	16%

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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	30	92

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	59%	32%
7.2	Do you feel unsafe now?	24%	10%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	24%	28%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	65%	27%
	- Threats or intimidation?	46%	15%
	- Physical assault?	35%	14%
	- Sexual assault?	0%	3%
	- Being forced to assault another young person?	8%	3%
	- Theft of canteen or property?	12%	3%
	- Other bullying or victimisation?	15%	4%
	- Young people here have not done any of these things to me	35%	68%
7.6	If you were being bullied / victimised by other young people here, would you report it?	32%	33%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	55%	37%
	- Threats or intimidation?	35%	20%
	- Physical assault?	17%	6%
	- Sexual assault?	3%	2%
	- Theft of canteen or property?	21%	16%
	- Other bullying / victimisation?	21%	4%
	- Staff here have not done any of these things to me	35%	51%
7.8	If you were being bullied / victimised by staff here, would you report it?	48%	57%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	24%	32%
8.2	Do you think the system of rewards or incentives is fair?	21%	26%
8.3	Do staff usually let you know when your behaviour is good?	21%	29%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	42%	51%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	63%	64%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	63%	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)	70%	50%

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

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
30	92

STAFF			
9.1	Do you feel cared for by most staff here?	24%	37%
9.2	Do most staff here treat you with respect?	55%	51%
9.3	If you had a problem, are there any staff here you could turn to for help?	53%	55%
9.4	Can you speak to a Barnardo's advocate when you need to?	53%	60%
FAITH			
10.1	Do you have a religion?	73%	85%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	73%	75%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	64%	67%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	43%	45%
11.2	Are you able to use a phone every day (if you have credit)?	25%	36%
11.3	Is it quite / very easy for your family and friends to get here?	24%	38%
11.4	Do you get visits from family or friends?	90%	84%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	33%	30%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	70%	71%
	- Training for a job (vocational training)?	3%	1%
	- Paid work?	0%	3%
	- Interventions (e.g. offending behaviour programmes)?	23%	7%
	- Not doing any of these activities	23%	28%
12.2	Do staff encourage you to attend education, training or work?	45%	42%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	23%	28%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	61%	60%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	93%	96%
13.3	Are staff here supporting you to achieve your objectives or targets?	21%	36%
13.4	Is anybody here helping you to prepare for when you leave?	32%	27%
13.5	Have you had a say in what will happen to you when you leave here?	26%	36%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	48%	49%

HMYOI Feltham 2019

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:

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

Number of completed questionnaires returned

Have been in local authority care	56
Have not been in local authority care	67

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	21%	10%
1.4	Are you from a minority ethnic group?	63%	76%
1.5	Do you have any children?	11%	11%
1.6	Are you from a traveller community?	2%	8%
1.7	Have you ever been in local authority care?		
5.2	Do you have any health problems (including mental health problems)?	38%	22%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	30%	20%
10.1	Are you Muslim?	26%	25%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	98%	96%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	67%	61%
2.2	Overall, were you treated well in reception/admission?	70%	62%
2.3	When you first arrived, did you have any problems or worries?	59%	74%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	21%	33%
2.4	Did you feel safe on your first night here?	63%	67%
2.5	In your first few days, were you told everything you needed to know about life here?	46%	59%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	32%	48%
3.2	Can you shower everyday?	30%	27%
3.3	Do you normally have enough clean, suitable clothes for the week?	62%	58%
3.4	Do you have clean sheets every week?	39%	41%
3.5	Can you get to your stored property if you need it?	55%	44%
3.6	Is it normally quiet enough for you to relax or sleep at night?	40%	41%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	50%	64%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	15%	24%

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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 been in local authority care	Have not been in local authority care
56	67

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	23%	23%
4.2	Do you get enough to eat at mealtimes always / most of the time?	27%	35%
4.3	Does the shop / canteen sell the things that you need?	59%	49%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	16%	23%
	- Nurse?	49%	39%
	- Dentist?	14%	9%
	- Mental health worker?	31%	30%
5.2	Do you have any health problems (including mental health problems)?	38%	22%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	64%	43%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	30%	20%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	40%	29%
5.6	Did you have an alcohol problem when you came here?	7%	0%
5.7	Did you have a drug problem when you came here?	25%	11%
<i>For those who did have a drug or alcohol problem</i>			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	33%	13%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	66%	57%
5.10	Do you go to the gym or play sports once a week or more?	13%	14%
COMPLAINTS			
6.1	Do you know how to make a complaint?	88%	78%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	24%	27%
	Were your complaints usually dealt with within 7 days?	9%	22%
6.3	Have you ever felt too scared to make a complaint?	16%	15%

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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 been in local authority care	Have not been in local authority care
56	67

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	38%	36%
7.2	Do you feel unsafe now?	7%	18%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	26%	27%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	35%	36%
	- Threats or intimidation?	22%	24%
	- Physical assault?	22%	16%
	- Sexual assault?	0%	4%
	- Being forced to assault another young person?	0%	7%
	- Theft of canteen or property?	2%	7%
	- Other bullying or victimisation?	6%	7%
	- Young people here have not done any of these things to me	57%	64%
7.6	If you were being bullied / victimised by other young people here, would you report it?	31%	37%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	40%	44%
	- Threats or intimidation?	30%	18%
	- Physical assault?	11%	7%
	- Sexual assault?	0%	5%
	- Theft of canteen or property?	21%	15%
	- Other bullying / victimisation?	13%	3%
	- Staff here have not done any of these things to me	42%	51%
7.8	If you were being bullied / victimised by staff here, would you report it?	51%	59%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	26%	34%
8.2	Do you think the system of rewards or incentives is fair?	21%	29%
8.3	Do staff usually let you know when your behaviour is good?	29%	25%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	37%	60%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	77%	54%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	77%	63%
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)	66%	45%

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	Blue shading shows results that are significantly more negative than the comparator
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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 been in local authority care	Have not been in local authority care
56	67

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	30%	38%
9.2	Do most staff here treat you with respect?	58%	45%
9.3	If you had a problem, are there any staff here you could turn to for help?	52%	55%
9.4	Can you speak to a Barnardo's advocate when you need to?	59%	55%
FAITH			
10.1	Do you have a religion?	81%	84%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	71%	80%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	62%	69%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	40%	49%
11.2	Are you able to use a phone every day (if you have credit)?	26%	38%
11.3	Is it quite / very easy for your family and friends to get here?	35%	36%
11.4	Do you get visits from family or friends?	82%	89%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	23%	38%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	64%	77%
	- Training for a job (vocational training)?	0%	3%
	- Paid work?	0%	5%
	- Interventions (e.g. offending behaviour programmes)?	9%	11%
	- Not doing any of these activities	31%	23%
12.2	Do staff encourage you to attend education, training or work?	47%	38%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	22%	31%
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%	54%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	90%	100%
13.3	Are staff here supporting you to achieve your objectives or targets?	45%	23%
13.4	Is anybody here helping you to prepare for when you leave?	26%	31%
13.5	Have you had a say in what will happen to you when you leave here?	37%	30%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	40%	55%

HMYOI Feltham A 2019

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:

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

Number of completed questionnaires returned

	18 or over	Under 18
Number of completed questionnaires returned	19	106

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.4	Are you from a minority ethnic group?	63%	71%
1.5	Do you have any children?	22%	9%
1.6	Are you from a traveller community?	5%	5%
1.7	Have you ever been in local authority care?	63%	42%
5.2	Do you have any health problems (including mental health problems)?	42%	26%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	26%	24%
10.1	Are you Muslim?	28%	25%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	84%	99%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	63%	64%
2.2	Overall, were you treated well in reception/admission?	58%	67%
2.3	When you first arrived, did you have any problems or worries?	68%	66%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	31%	28%
2.4	Did you feel safe on your first night here?	47%	68%
2.5	In your first few days, were you told everything you needed to know about life here?	53%	53%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	32%	43%
3.2	Can you shower everyday?	42%	25%
3.3	Do you normally have enough clean, suitable clothes for the week?	56%	60%
3.4	Do you have clean sheets every week?	47%	39%
3.5	Can you get to your stored property if you need it?	47%	48%
3.6	Is it normally quiet enough for you to relax or sleep at night?	37%	41%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	58%	57%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	39%	17%

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

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

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

18 or over	Under 18
19	106

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	33%	21%
4.2	Do you get enough to eat at mealtimes always / most of the time?	37%	30%
4.3	Does the shop / canteen sell the things that you need?	58%	53%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	37%	16%
	- Nurse?	67%	39%
	- Dentist?	5%	13%
	- Mental health worker?	42%	28%
5.2	Do you have any health problems (including mental health problems)?	42%	26%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	88%	46%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	26%	24%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	80%	25%
5.6	Did you have an alcohol problem when you came here?	11%	2%
5.7	Did you have a drug problem when you came here?	37%	15%
<i>For those who did have a drug or alcohol problem</i>			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	25%	25%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	68%	60%
5.10	Do you go to the gym or play sports once a week or more?	21%	13%
COMPLAINTS			
6.1	Do you know how to make a complaint?	90%	81%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	46%	22%
	Were your complaints usually dealt with within 7 days?	30%	13%
6.3	Have you ever felt too scared to make a complaint?	25%	14%

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

18 or over	Under 18
19	106

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	53%	35%
7.2	Do you feel unsafe now?	26%	11%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	22%	28%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	50%	33%
	- Threats or intimidation?	33%	20%
	- Physical assault?	22%	18%
	- Sexual assault?	6%	1%
	- Being forced to assault another young person?	6%	3%
	- Theft of canteen or property?	11%	3%
	- Other bullying or victimisation?	11%	6%
	- Young people here have not done any of these things to me	39%	64%
7.6	If you were being bullied / victimised by other young people here, would you report it?	31%	34%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	28%	44%
	- Threats or intimidation?	17%	25%
	- Physical assault?	11%	8%
	- Sexual assault?	0%	3%
	- Theft of canteen or property?	22%	16%
	- Other bullying / victimisation?	11%	7%
	- Staff here have not done any of these things to me	61%	45%
7.8	If you were being bullied / victimised by staff here, would you report it?	63%	54%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	32%	29%
8.2	Do you think the system of rewards or incentives is fair?	32%	24%
8.3	Do staff usually let you know when your behaviour is good?	26%	27%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	63%	46%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	79%	62%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	73%	70%
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)	78%	50%

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18 or over	Under 18
19	106

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	47%	31%
9.2	Do most staff here treat you with respect?	56%	51%
9.3	If you had a problem, are there any staff here you could turn to for help?	58%	54%
9.4	Can you speak to a Barnardo's advocate when you need to?	58%	58%
FAITH			
10.1	Do you have a religion?	83%	82%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	75%	75%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	75%	65%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	28%	47%
11.2	Are you able to use a phone every day (if you have credit)?	44%	31%
11.3	Is it quite / very easy for your family and friends to get here?	32%	36%
11.4	Do you get visits from family or friends?	84%	86%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	31%	31%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	58%	74%
	- Training for a job (vocational training)?	0%	2%
	- Paid work?	0%	3%
	- Interventions (e.g. offending behaviour programmes)?	21%	9%
	- Not doing any of these activities	37%	24%
12.2	Do staff encourage you to attend education, training or work?	47%	41%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	33%	26%
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)?	78%	56%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	86%	98%
13.3	Are staff here supporting you to achieve your objectives or targets?	50%	28%
13.4	Is anybody here helping you to prepare for when you leave?	41%	27%
13.5	Have you had a say in what will happen to you when you leave here?	41%	32%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	53%	48%

HMYOI Feltham A 2019

Comparison of survey responses from different residential locations

In this table responses from the enhanced wing (C wing) are compared with those from the rest of the establishment (B, D, E, H and J wings and the Enhanced support unit).

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Enhanced wing (C wing)	Rest of the establishment (B, D, E, H, J wings and the Enhanced support unit)
26	97

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	19%	13%
1.4	Are you from a minority ethnic group?	62%	72%
1.5	Do you have any children?	15%	10%
1.6	Are you from a traveller community?	13%	3%
1.7	Have you ever been in local authority care?	32%	49%
5.2	Do you have any health problems (including mental health problems)?	27%	28%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	35%	21%
10.1	Are you Muslim?	23%	26%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	96%	97%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	84%	59%
2.2	Overall, were you treated well in reception/admission?	76%	63%
2.3	When you first arrived, did you have any problems or worries?	62%	68%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	56%	20%
2.4	Did you feel safe on your first night here?	65%	65%
2.5	In your first few days, were you told everything you needed to know about life here?	46%	54%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	68%	33%
3.2	Can you shower everyday?	27%	27%
3.3	Do you normally have enough clean, suitable clothes for the week?	81%	53%
3.4	Do you have clean sheets every week?	52%	37%
3.5	Can you get to your stored property if you need it?	54%	46%
3.6	Is it normally quiet enough for you to relax or sleep at night?	64%	33%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	81%	50%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	44%	13%

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Enhanced wing (C wing)	Rest of the establishment (B, D, E, H, J wings are the Enhanced support unit)
26	97

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	20%	22%
4.2	Do you get enough to eat at mealtimes always / most of the time?	23%	32%
4.3	Does the shop / canteen sell the things that you need?	58%	51%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	23%	18%
	- Nurse?	39%	43%
	- Dentist?	12%	12%
	- Mental health worker?	23%	30%
5.2	Do you have any health problems (including mental health problems)?	27%	28%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	43%	56%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	35%	21%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	44%	26%
5.6	Did you have an alcohol problem when you came here?	0%	4%
5.7	Did you have a drug problem when you came here?	12%	19%
<i>For those who did have a drug or alcohol problem</i>			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	0%	25%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	85%	54%
5.10	Do you go to the gym or play sports once a week or more?	15%	14%
COMPLAINTS			
6.1	Do you know how to make a complaint?	96%	78%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	39%	21%
	Were your complaints usually dealt with within 7 days?	22%	13%
6.3	Have you ever felt too scared to make a complaint?	5%	19%

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Enhanced wing (C wing)	Rest of the establishment (B, D, E, H, J wings and the Enhanced support unit)
26	97

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	42%	37%
7.2	Do you feel unsafe now?	12%	14%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	36%	23%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	54%	31%
	- Threats or intimidation?	38%	18%
	- Physical assault?	21%	18%
	- Sexual assault?	0%	2%
	- Being forced to assault another young person?	0%	5%
	- Theft of canteen or property?	8%	4%
	- Other bullying or victimisation?	13%	5%
	- Young people here have not done any of these things to me	46%	64%
7.6	If you were being bullied / victimised by other young people here, would you report it?	48%	29%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	40%	42%
	- Threats or intimidation?	24%	23%
	- Physical assault?	8%	9%
	- Sexual assault?	4%	2%
	- Theft of canteen or property?	8%	20%
	- Other bullying / victimisation?	12%	7%
	- Staff here have not done any of these things to me	44%	48%
7.8	If you were being bullied / victimised by staff here, would you report it?	75%	49%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	33%	28%
8.2	Do you think the system of rewards or incentives is fair?	33%	22%
8.3	Do staff usually let you know when your behaviour is good?	29%	24%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	57%	45%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	50%	68%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	77%	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)	50%	54%

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Enhanced wing (C wing)	Rest of the establishment (B, D, E, H, J wings and the Enhanced support unit)
26	97

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	36%	32%
9.2	Do most staff here treat you with respect?	56%	49%
9.3	If you had a problem, are there any staff here you could turn to for help?	69%	50%
9.4	Can you speak to a Barnardo's advocate when you need to?	62%	56%
FAITH			
10.1	Do you have a religion?	77%	84%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	75%	74%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	85%	61%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	50%	41%
11.2	Are you able to use a phone every day (if you have credit)?	27%	33%
11.3	Is it quite / very easy for your family and friends to get here?	42%	33%
11.4	Do you get visits from family or friends?	92%	84%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	42%	27%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	92%	67%
	- Training for a job (vocational training)?	4%	1%
	- Paid work?	8%	1%
	- Interventions (e.g. offending behaviour programmes)?	23%	7%
	- Not doing any of these activities	0%	32%
12.2	Do staff encourage you to attend education, training or work?	42%	41%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	50%	22%
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)?	81%	54%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	95%	96%
13.3	Are staff here supporting you to achieve your objectives or targets?	21%	37%
13.4	Is anybody here helping you to prepare for when you leave?	35%	28%
13.5	Have you had a say in what will happen to you when you leave here?	42%	31%
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%	47%