

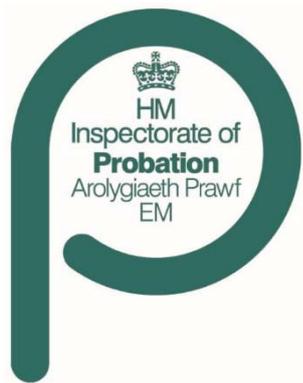
Report on an unannounced inspection of

HMYOI Werrington

by HM Chief Inspector of Prisons

18–28 February 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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Glossary of terms

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

Introduction

HMYOI Werrington holds around 120 children aged between 15 and 18. The establishment was last inspected in January 2018. On this occasion, in February 2019, we found there had been a deterioration in outcomes across three out of four of our healthy prison tests. While three areas were found to be reasonably good, it was of concern that outcomes for children were not sufficiently good in safety.

The number of assaults on children remained high and violence against staff had doubled since our previous inspection. This impacted on all aspects of life at Werrington.

We found that potentially motivational behaviour management policies were undermined by poor implementation and the lack of consistency in their application led to frustration among children and staff. Opportunities to reward good behaviour were missed and we saw many examples of low level poor behaviour not being challenged.

It was notable that there had been significant staff turnover in the previous year. During the inspection we met many enthusiastic staff in their first year of service. However, leaders and managers needed to be more visible to support these staff, model effective practice and ensure behaviour management policies were properly implemented to help reduce the high levels of violence at Werrington.

Outcomes with respect to care were more encouraging. The promotion of equality and diversity by the education provider was particularly good and we found no evidence of disproportionate treatment of children from minority groups. Health care was also very good. Engagement between staff and children was respectful but opportunities to build more meaningful and effective relationships were missed.

Time out of cell was reasonably good for most children but 'keep apart' issues meant there were often delays in moving them to education, health care or other appointments. This meant that resource was wasted as teachers, clinicians and other professionals waited for children to arrive. Attendance at education had improved since the previous inspection and children appreciated the better range of vocational subjects on offer. In most areas children who attended education consistently made satisfactory progress and achieved well, but there continued to be weaknesses in the provision of English and mathematics. Support for children with additional learning needs was very good but there was too little outreach provision to meet the needs of children who were unable to attend mainstream education.

There was some good work in support of resettlement but a lack of coordination, and caseworkers and sentence plans were not driving the care of children at Werrington.

There are many positives in this report but weaknesses in behaviour management have led to deterioration of outcomes in some areas. Managers need to make a concerted effort to support frontline staff in the challenging task of implementing behaviour management schemes, with the principal aim of reducing the number of violent incidents at Werrington.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

April 2019

Fact page

Task of the establishment

To hold sentenced and remanded boys aged 15 to 18 years

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection: 115

Baseline certified normal capacity: 118

In-use certified normal capacity: 118

Operational capacity: 118

Notable features from this inspection

56% of children identified as being from a black Asian or minority ethnic background.

Around 40% of frontline staff had less than 12 months experience.

51% of children reported having previously been in local authority care.

15 children were facing or serving long-term sentences.

57% of children reported having been restrained.

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

Short description of residential units

Doulton unit (A and B Wings): main accommodation

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

Care and support unit: eight cells (segregation)

¹ Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Name of governor and date in post

Sonia Brooks OBE, January 2019

Escort contractor

GeoAmey

Health service commissioner and providers

Care UK

Midlands Partnership Foundation Trust (previously South Staffordshire and Shropshire Healthcare NHS Foundation Trust)

Learning and skills providers

Novus

Independent Monitoring Board chair

Geoff Webb

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

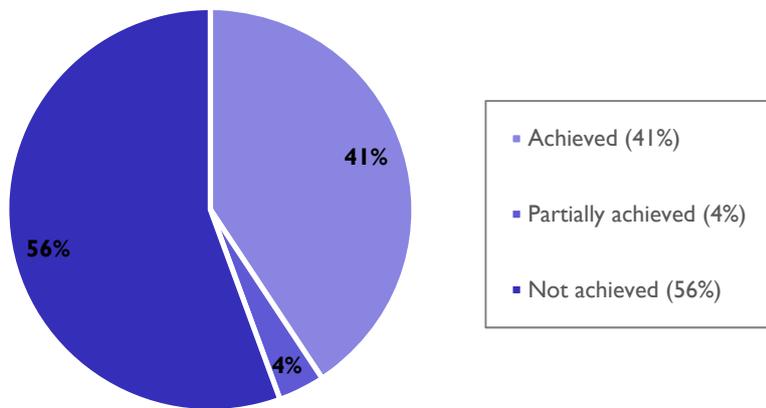
- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of children and conditions 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

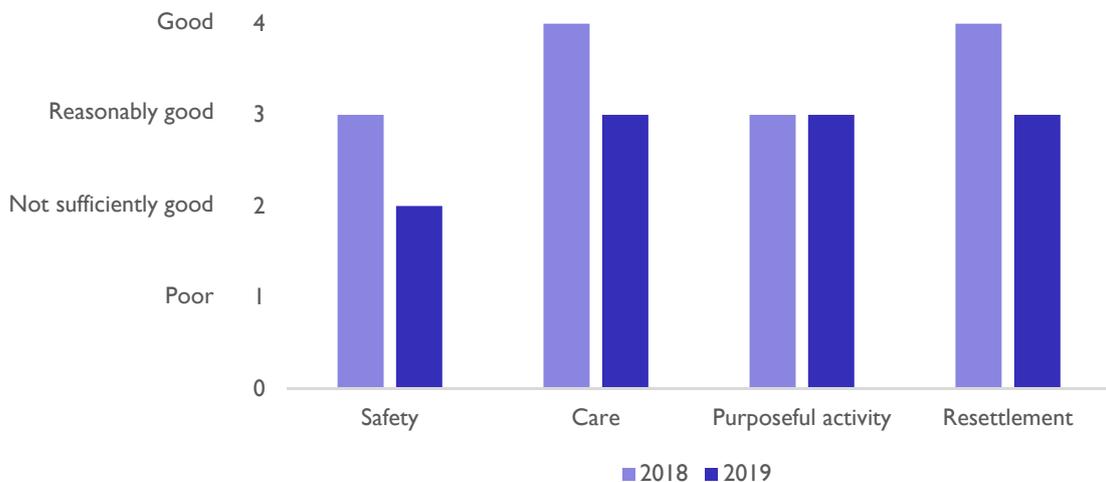
- S1 We last inspected HMYOI Werrington in 2018 and made 27 recommendations overall. The prison fully accepted 19 of the recommendations and partially (or subject to resources) accepted four. It rejected four of the recommendations.
- S2 At this follow-up inspection we found that the prison had achieved 11 of those recommendations, partially achieved one recommendation and not achieved 15 recommendations.

Figure 1: HMYOI Werrington progress on recommendations from last inspection (n=27)



- S3 Since our last inspection outcomes for prisoners in all healthy prison areas, apart from purposeful activity, had declined. Outcomes for prisoners in purposeful activity remained the same. Outcomes for prisoners were poor in safety and not sufficiently good in all other healthy prison areas.

Figure 2: HMYOI Werrington 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 *Most children were well supported during their first few days at Werrington. Internal safeguarding arrangements were reasonably good but lacked consistent external scrutiny. Care for children at risk of self-harm was generally reasonable but some ACCT⁴ documents lacked evidence of meaningful engagement by staff. The systems for managing behaviour were not implemented effectively on residential units and there was an over-reliance on adjudications. Violence against children and staff remained high and some of it was very serious. Use of force had risen and there were weaknesses in governance. Oversight of use of separation needed to improve to ensure that all separated children received a decent regime. **Outcomes for children were not sufficiently good against this healthy prison test.***
- S5 *At the last inspection in January 2018, we found that outcomes for children in Werrington were reasonably good against this healthy prison test. We made eight recommendations about safety.⁵ At this follow-up inspection we found that one of the recommendations had been achieved and seven had not been achieved.*
- S6 Late departures from court, sometimes after lengthy waits in court cells, meant that many children arrived too late in the evening to mix with other children before being locked up.
- S7 Reception processes were efficient and staff welcoming. First night accommodation was clean and suitably prepared for new arrivals. Induction was multi-agency and allocation to activities at the end of induction was prompt. However, children still spent time locked up between induction modules and at weekends.
- S8 Managers continued to have a positive relationship with the local authority but did not always consult the local authority designated officer within 24 hours of receiving a child protection complaint, which undermined the process. Safeguarding meetings, other than the weekly multi-agency safeguarding and health meeting, had inconsistent attendance and were not driving service improvements. Managers had identified these shortfalls and were addressing them. The safeguarding and health meeting remained a good forum to discuss the needs and management of more complex children.
- S9 The number of self-harm incidents and ACCT documents opened was similar to the last inspection. No children had required hospital treatment following self-harm in the previous six months. The quality of ACCT documentation was adequate. We saw some reasonable assessments and almost all first case reviews were multidisciplinary. However, not all cases were handled well. Triggers were poorly defined and recorded observations did not always demonstrate meaningful interaction.
- S10 Security intelligence was well managed and an effective drug supply reduction policy was in place. Procedural security arrangements, including the movement of children around the site, were cumbersome and affected the delivery of other key work.
- S11 A combination of short- and longer-term incentives remained in place to encourage positive behaviour. However, this was undermined by poor implementation and a lack of consistency, particularly on residential units. Low-level poor behaviour was not always challenged and opportunities to reward good behaviour were missed. As a consequence, the number of adjudications was high and there had been an increase in the use of minor reports, some of

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

⁵ This included recommendations about substance misuse which, in our updated children's *Expectations* (Version 4, 2018) now appear under the healthy prison area of care.

which represented inappropriate use of authority. Children were not always able to access advocacy support before an adjudication.

- S12 In our survey, 13% of children said they felt unsafe at the time of the inspection. Incidents of violence between children had reduced but some were very serious. Assaults on staff had doubled since our last inspection. The establishment had recently revised systems to address violent behaviour and support victims with a new safer prison plan which focused appropriately on support. It was too early to assess the effectiveness of this procedure.
- S13 The use of force on children had increased since the previous inspection, although incidents of force remained lower than comparable establishments. Body-worn video footage was only viewed in about 13% of incidents and managers could not, therefore, be confident that use of force was always appropriate. Pain infliction techniques continued to be used on children, which was inappropriate.
- S14 Children could be separated from their peers on the wing or in the welfare and development enhancement unit (WADE). Children on WADE were managed in two ways which led to confusion. There was no clear reason for this. It was concerning that managers were unable to provide us with accurate data on the number of children who had been subject to all types of separation. Despite plans to develop the WADE unit, the regime for most children who were separated from their peers was poor.

Care

S15 *Relationships between staff and children were respectful but staff missed opportunities for more meaningful interaction. As a result, we found many staff had limited knowledge of the children in their care. There was an absence of visible senior leadership to support and develop staff. Residential units and cells were clean and largely free of graffiti. Children had good access to appropriate association equipment. The food was adequate but unpopular. Consultation with children was not responsive. Complaints were generally well managed. Facilities for legal visits were poor. There was no evidence of consistent disproportionate treatment of children and the promotion of equality and diversity by education was very good. There was a lack of support for foreign national children. The chaplaincy provided children with valued support. Health care was very good. **Outcomes for children were reasonably good against this healthy prison test.***

S16 *At the last inspection in January 2018, we found that outcomes for children in Werrington were good against this healthy prison test.⁶ We made nine recommendations about respect. At this follow-up inspection we found that five of the recommendations had been achieved and four had not been achieved.*

- S17 In our survey, 62% of children said that most staff treated them with respect but only 33% said they felt cared for. While we saw generally respectful interactions, opportunities for meaningful engagement with children, including meal times or association, were missed. The new custody support plan (CuSP) had been launched in January 2019. Each officer was responsible for three children and was meant to meet them weekly. After a month of operation, a quarter of children had still not received their first CuSP meeting and nearly half the planned meetings had been cancelled. As a result, many CuSP officers had limited knowledge and understanding of the needs of the children in their care. A significant number of front-line staff were new in post and there was an absence of visible senior leadership to help them become effective in the role.

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

- S18 Outside areas and exercise yards were clean and free of litter as were all communal areas. Children appreciated the access they had to age-appropriate recreational equipment. Most children received a shower and were able to make a telephone call every day. Most cells were clean, well equipped and free of graffiti. However, some toilets and basins required descaling. Laundry facilities were poor.
- S19 The food, while adequate, was unpopular with children. The range of purchases available to children had improved since the last inspection. However, new arrivals waited too long to receive their first order.
- S20 Many children were unaware of the weekly consultation forum. The meetings were well attended by staff, but issues raised by children often took too long to resolve. Complaints were properly investigated and most responses that we reviewed addressed the issues raised. Responses to complaints were sometimes delayed and the reason for a sudden increase in complaints in the last two months had not been effectively examined.
- S21 Children were impeded from telephoning solicitors or legal helplines because telephone calls were restricted to a maximum of seven minutes. Caseworkers sometimes facilitated calls but had to remain with the child which risked compromising confidentiality. Legal visit facilities did not provide sufficient privacy.
- S22 Strategic management and action planning had been undermined by insufficient consultation with children in protected groups and poor analysis of monitoring data. Some out-of-range monitoring data had not been investigated. However, overall, data did not indicate consistent disproportionate treatment of children in protected groups. Responses to discrimination incident report forms were timely and the quality was good. Work by education to celebrate and promote equality and diversity was impressive.
- S23 Consultation forums for minority groups were underdeveloped and those that did take place were poorly attended. There was not enough support for the large population of foreign national children. Some were facing complex legal proceedings without the benefit of independent legal advice. The provision of wing support plans for children with learning disabilities was a positive step. However, some staff we spoke to were not aware of these plans. Chaplaincy provision was good; the team were proactively engaging in group and individual work with children.
- S24 The quality of child-focused health services was very good. A third of children said they arrived with a health problem (35%) and the majority (72%) said they had received help at Werrington. Clinical governance was sound. Standards of cleanliness were notably high. Partnership working with the prison was mostly good, while retaining professional boundaries. Did-not-attend rates were inflated by the chronic problem of getting patients to and from health appointments and therapy sessions. Those who did attend often arrived late.
- S25 Health screening, primary care, and vaccinations were age appropriate. Inclusion delivered good multidisciplinary mental health and substance misuse services which centred on the needs of children and adolescents. The planned implementation of Secure Stairs⁷ in April 2019 was a promising development. Medicine management was very effective. Dental services, including oral health promotion, were good. However, some children waited too long to see the dentist. There was no process to manage adult social care provision for 18-year olds should the need arise.

⁷ Secure Stairs (the Framework for Integrated Care) addresses the needs of children in secure children's homes, secure training centres and young offender institutions. This framework allows for a joined-up approach to assessment, sentence/intervention planning and care, including input from mental health staff regardless of previous diagnosis, as well as from social care professionals, education professionals and the operational staff working on a day-to-day basis at the setting. See <https://www.england.nhs.uk/commissioning/health-just/children-and-young-people/>

Purposeful activity

S26 *Most children spent more than 10 hours out of their cell each weekday, but the regime was limited at the weekend. Access to both the gym and library was good and the range of enrichment activities for children was better than we normally see. Managers had increased attendance at education and improved the range of vocational subjects. However, the provision did not meet the needs of more able children. Children made good progress and achieved well in the majority of subjects but there were significant weaknesses in the provision of English and mathematics. Support for children with additional learning needs was very good. Outreach provision was insufficient to meet the needs of children who were unable to attend mainstream education. **Outcomes for children were reasonably good against this healthy prison test.***

S27 *At the last inspection in January 2018, we found that outcomes for children in Werrington were reasonably good against this healthy prison test. We made seven recommendations about purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved, one had been partially achieved and three had not been achieved.*

S28 Children could access up to 11 hours out of cell during the week but those subject to safer custody or disciplinary regimes received far less. The weekend regime was more limited. Evening activities were appropriately timetabled to allow children on silver and gold (the middle and higher levels of the incentives scheme) to access them.

S29 The gymnasium facilities were good, although difficulties with sports field drainage during inclement weather remained an issue. The PE staff resource had been increased since the previous inspection to support a range of initiatives such as Duke of Edinburgh awards, although only a small number of children had benefited.

S30 The library was well managed and continued to offer a welcoming environment for children. Access to the library was good and three-quarters of children were active users. A good range of age-appropriate resources were available.

S31 Managers had improved the provision of vocational training and attendance since the previous inspection. Good partnership working between the prison, Kinetic Youth⁸ and Novus enabled close monitoring of learners' progress and helped children to engage positively with education. There was good collection and dissemination of information about children's previous achievements and needs at induction, enabling the prison to provide good support for individual learning and development. Allocation to activities was good.

S32 Observation of teaching was used effectively in most cases to improve classroom practice. However, the quality of teaching required improvement in some areas, particularly English and mathematics. The range of provision did not meet the needs of children who had already achieved at level 2 or above. There was no provision for them to study at a higher level in these subjects. Children who remained on the wing did not receive enough education through outreach provision. Children approaching release were helped to prepare for the next stage, although not all left with a clear destination. Not enough use was made of the virtual campus⁹ facility for job search and application.

S33 Teachers in vocational training and pathway subject lessons planned learning activities that successfully engaged children and helped them recognise the importance of the knowledge and skills they were acquiring. Teachers embedded mathematics and English well into

⁸ Kinetic Youth is a social enterprise that delivers youth work within the justice system.

⁹ Prisoner access to community education, training and employment opportunities via the internet.

vocational learning. Teachers used detailed personal learning plans to set education objectives and time-frames and monitored and recorded children's progress against these well. Outreach provision was delivered promptly and the quality was good, enabling children to improve skills and behaviours. Good support for children with additional learning needs helped them to participate and make progress. Too often, children made slow progress in English and mathematics classes and quickly became distracted, sometimes leading to disruptive behaviour.

- S34 Most children behaved well and engaged with their learning in pathway subject lessons. A few showed leadership by challenging their peers about the use of inappropriate language. Delays in movement meant some children arrived late to classes; this disrupted the learning of those who had arrived on time.
- S35 Children gained good practical skills in vocational subjects. Pass rates were good for those who completed their courses. Children developed their English and mathematics well through vocational learning. Children made slow progress in improving their skills in English and mathematics in functional skills lessons.

Resettlement

S36 *Children received good support to help them maintain contact with family and friends, but facilities for visits remained poor. Many children received good resettlement support from different agencies, but this was poorly coordinated and the role of caseworkers was not well understood by other departments. All children had a sentence or remand plan. However, review meetings were poorly attended, plans were too focused on custody, and sentence planning did not drive the care of children. Home detention curfew and public protection arrangements were good. Looked-after children received good support from prison based social workers. Release planning was organised well but undermined by accommodation and licence conditions not being identified in a timely manner. **Outcomes for children were reasonably good against this healthy prison test.***

S37 *At the last inspection in January 2018, we found that outcomes for children in Werrington were good against this healthy prison test. We made three recommendations about resettlement.¹⁰ At this follow-up inspection we found that two of the recommendations had been achieved and one had not been achieved.*

- S38 Work to support children to maintain contact with family and friends had improved since the last inspection and was developing well. There was good monitoring of children who might be socially isolated and evidence that such cases were followed up by caseworkers.
- S39 The facilities for social and official visits were inadequate, despite efforts to make the area more attractive.
- S40 Leaders and managers in resettlement had ensured that processes worked well and established a range of positive interventions. However, there was a lack of coordination between all departments working with children and more focus was needed on the community phase of children's sentences. It was positive that release on temporary licence (ROTL) processes had been developed since the last inspection with a focus on resettlement, although ROTL could have been used more extensively. There was not enough

¹⁰ This included recommendations about reintegration planning for education, training and employment which, in our updated Children's Expectations (Version 4, 2018), now appear under the healthy prison area of purposeful activity.

support for children on indeterminate sentences, extended parole or those on remand facing long sentences. Home detention curfew and early release processes were managed well.

- S41 Public protection arrangements were proportionate. Every effort was made to confirm multi-agency public protection arrangements levels six months before release, and escalation processes were used when necessary. Contact restrictions were appropriately applied.
- S42 Looked-after children and those at risk of child sexual exploitation were identified effectively. More could have been done to support children exploited through county lines and staff lacked training in this area.¹¹ Transition to the adult estate was appropriate and well managed. Some transitions were difficult because some adult establishments refused to accept 18-year olds moving from the children's estate.
- S43 All children had a sentence or remand plan but not all knew about them. It was positive that 97% of children who knew they had a plan understood what they needed to do to achieve their targets. However, only 45% of children said that they were being supported by staff to achieve these.
- S44 The casework team were motivated and knew their children well. All planning meetings took place in a timely manner and youth offending team staff were present at all meetings. Plans were too focused on custodial targets and did not cover resettlement considerations from the start of the sentence plan. Licence conditions were discussed far too late for the children to process and comprehend the requirements. Targets were not written in child-focused language. Casework staff had not had enough training in the role and not all understood the role well enough. There was a lack of integration of sentence planning across the establishment. There was poor attendance by other departments at sentence planning meetings, and caseworkers spent time chasing for information to include in sentence planning reports. The reports were unwieldy, with too much information and a lack of professional assessment. The custody and community parts of the sentence were not well integrated.
- S45 Children did not always have a confirmed address at their final review meeting. We found one case where nothing was in place to support the child's release because accommodation was only arranged the day before. Finance, benefit and debt services were delivered before release by SOVA¹² and were reasonable. Children were not able to open a bank account before they were released.
- S46 The establishment offered a range of accredited and non-accredited offending behaviour programmes. Delivery of non-accredited, shorter-term programmes had significantly increased. However, only 16 children had completed accredited programmes in the previous year. These programmes were useful but did not accurately reflect the needs or profile of the children. There were positive plans for a sexually harmful behaviour programme to support children, but a therapist had not yet been recruited.

Main concerns and recommendations

- S47 Concern: The use of keep apart-protocols as a tool to manage children had a negative impact on the delivery of the regime and children's access to important interventions.

¹¹ The term 'county lines' refers to gangs and organised crime networks exploiting children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

¹² SOVA is a charity which supports people to develop the skills and confidence to take control of their lives and develop their full potential. It has now merged with Change, Grow, Live: <https://www.changegrowlive.org/>

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

- S48 Concern: Children who were separated from their peers did not receive sufficient education and had limited access to offending behaviour programmes.

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

- S49 Concern: Several methods were available to manage the behaviour of children, but the emphasis had become more punitive. The implementation of the sanctions and rewards scheme was not balanced in favour of rewards and the use of minor reports was increasing. This undermined both children's perceptions of the scheme and its effectiveness.

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

- S50 Concern: Body-worn camera footage was not used in the review of use of force in every instance that it was available, even though every incident was reviewed. The establishment and external panel viewed body-worn camera footage in only about 13% of cases and could not be sure that every use of force was proportionate.

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

- S51 Concern: Children were being separated for too long with a limited regime and in some cases no access to education or physical activities. There was no strategy to address this.

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

- S52 Concern: Most officers operated in a respectful way, but children did not feel cared for and staff lacked detailed knowledge of them. Many staff were inexperienced, trying to do their best, but as a group required stronger leadership to ensure that children were appropriately looked after. We observed many staff simply unlocking and locking up children, focusing too heavily on process and not forming appropriate relationships with children.

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

- S53 Concern: There was an absence of visible leadership on residential units. We saw many areas where failures of implementation had undermined potentially positive reforms, including in separation, behaviour management and the coordination of resettlement. In addition, there was a need to ensure that when new reforms were implemented, existing processes were reviewed and stopped if necessary.

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

S54 Concern: In English and mathematics courses, slow progress meant that many children were transferred or released before completing their qualifications.

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

S55 Concern: Fifteen children at Werrington were serving long sentences or were on remand facing a long period in custody. Managers were experienced in supporting these children, but caseworkers and prison staff required training. Little formal or peer support was in place to help children who were facing long periods in custody to prepare for their future.

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

Section 1. Safety

Early days in custody

Expected outcomes:

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

- I.1 An average of three new receptions arrived at Werrington each week and children went to and from court throughout the week. Journeys for most children remained relatively short but some still experienced delays in being moved from court and did not arrive until the evening. During the first two weeks of February 2019, 23 of 63 receptions had arrived at 7pm or later. This gave them no opportunity before being locked up to meet their peers or the induction unit staff who would be supporting them during their early days.
- I.2 The escort vehicles that we looked at were reasonably clean but there was some graffiti in the cell compartments. Handovers between escort and reception staff were prompt and information about risks and concerns was shared.
- I.3 The purpose-built reception building remained a clean and spacious environment and reception staff were welcoming. Children who arrived in reception after the evening meal had been served were offered a hot meal and could also have a shower and use the telephone before going to their residential unit. A private health care assessment was completed before new receptions moved to the induction unit. New receptions were offered a free phone call and were provided with clean clothes and a free pack containing groceries, toiletries and writing materials. New receptions had private interviews with a reception officer which enabled any initial concerns or risks to be identified.
- I.4 New arrivals spent their first week on C2 which contained the induction unit and the diamond unit for children on the highest level of the incentives and earned privileges scheme (see paragraph 1.35). These children were expected to act as peer mentors for new arrivals and help them to settle into the establishment. However, they were not regularly available in the reception area to meet new arrivals. This was unfortunate as they played a useful role in answering immediate questions for children new to custody.
- I.5 In our survey, two-thirds of children said they had worries or problems when they first arrived, but only 49% of these said staff helped them to resolve these issues. Staff carried out enhanced checks on children during their first night and we saw night staff speaking to new arrivals when they came on duty. Additional checks were maintained for children who arrived without full documentation until the necessary information was provided.
- I.6 Cells on the induction unit were properly prepared and equipped before children were allocated to them. Induction for most new arrivals started the day after arrival. Multi-agency contributions were made to a week-long programme which could be joined at any point in the week. Other than an interview with an induction officer, little immediate induction took place for children who arrived on Friday or at the weekend.
- I.7 Children told us that they spent a lot of time locked up during induction and in our survey only 54% said they had been told everything they needed to know during their first few days. The end of induction questionnaire which children completed provided an opportunity to investigate this. There was a good focus on ensuring that all components of the induction programme took place as planned, but children were still spending time locked in their cells

between different sessions of the programme. This was a missed opportunity to develop constructive relationships with staff on the unit. Most children achieved the highest incentives level at the end of induction before moving to the main residential accommodation on Doulton unit and were allocated to education or training activities promptly.

Recommendation

- 1.8 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.**

Safeguarding of children

Expected outcomes:

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

- 1.9** The safeguarding and child protection policies were appropriate and managers continued to have a good relationship with the local authority. The head of safeguarding attended Staffordshire Safeguarding Children Board meetings, and the local authority was represented at Werrington's quarterly safeguarding meeting. The quarterly and monthly safeguarding meetings reviewed useful information about self-harm and violence but were not sufficiently focused on action and attendance was inconsistent. Managers had identified and started to address these shortcomings just before the inspection. The weekly multi-agency health and safeguarding meeting remained a good forum to discuss the needs and agree multi-agency management of the most complex children.
- 1.10** Staff we spoke to knew how to raise concerns about a child's welfare, although not all were clear about child protection procedures at Werrington. Many of the issues raised as child protection concerns related to use of force, while others concerned issues outside Werrington or inappropriate behaviour by members of staff or visitors. Clear records were kept of actions taken to safeguard children while the complaint was investigated, including the involvement of the two social workers seconded to Werrington from Staffordshire. However, the local authority designated officer (LADO) was not consulted within 24 hours of the establishment receiving a complaint which undermined the robustness of the enquiry into the complaint. Regular quarterly meetings with the LADO and the head of Biddulph safeguarding team enabled all child protection logs to be reviewed before being closed. Since the previous inspection, more robust recording had been introduced of actions to be taken following a child protection concern and progress against these actions.
- 1.11** The social workers continued to act as appropriate adults when required for children who had police interviews while in custody.

Recommendation

- 1.12 Child protection allegations should be referred to the local authority designated officer within 24 hours.**

Suicide and self-harm prevention

Expected outcomes:

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

- I.13 There had been 47 incidents of self-harm in the last six months involving 37 children, which was similar to the last inspection and to comparable prisons. No children had required hospital treatment following self-harm. During the same period, 73 ACCT¹³ documents had been opened, similar to the previous inspection.
- I.14 The quality of ACCT documents was adequate and we saw some reasonable assessments. Family members did not attend ACCT reviews and it was rare for caseworkers to attend, but otherwise there was multidisciplinary attendance at almost all first case reviews. Children on an ACCT continued to be discussed at the well-attended weekly safeguarding and health meeting which included a review of their ACCT care maps.
- I.15 However, not all cases were handled well. Triggers of self-harm were poorly defined in ACCT documentation and observations did not always indicate meaningful interaction. There were some deficiencies in the care of children on an ACCT who were segregated, and they could spend too much time locked up with little to keep them occupied. The justification for locating such children in segregation was not always recorded promptly. In one case, a child on an ACCT had been held in segregation for five days, with no consideration of whether it was an appropriate location for his care.
- I.16 Two children had been on constant supervision in the last six months. One of these children had been kept overnight in anti-ligature clothing without justification, which was not acceptable.
- I.17 Children who started a cell fire continued to be placed on an ACCT, despite no evidence of intent to self-harm in some cases.
- I.18 The safer custody team maintained a database of key dates, such as the anniversary of bereavements. All staff were contacted before these dates and asked to look out for these children. This was good practice.
- I.19 Safer cells on the two main wings were spartan and poorly located away from staff offices.

Good practice

- I.20 *The safer custody team maintained a database of key dates, such as anniversaries of bereavements affecting a child. All staff were contacted before these dates and asked to look out for these children.*

¹³ Assessment, care in custody and teamwork case management of children at risk of suicide or self-harm.

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.21** Physical security measures were proportionate and there were no obvious weaknesses. Most procedural measures such as cell searching (see paragraph I.27) were proportionate but the use of keep-apart protocols affected the regime for some children who were not allocated to appropriate activities.
- I.22** Several departments, including residential and safeguarding, provided information to the security team who maintained oversight of the keep-apart list to manage children who were in conflict with each other. The keep-apart list had increased from 27 in 2016 to 82 at the time of this inspection.
- I.23** The security department had received more than 4,500 intelligence reports in the previous six months, more than double the number seen at similar establishments. Despite the high volume of reports, the flow of intelligence was well managed by the security team.
- I.24** Intelligence was scrutinised effectively by trained analysts who produced a local assessment which enabled managers to identify the key threats to the establishment and informed local security objectives aligned to the prevailing risks. A member of the security team attended daily operational briefings to ensure that intelligence was disseminated promptly to help keep children and staff safe.
- I.25** The availability of illicit substances was minimal. Supply reduction measures were effective and there were good working links between the substance misuse and security teams. Mandatory drug testing had resulted in one positive test for cannabis during the previous six months. The proactive approach to security intelligence included appropriate use of suspicion testing which had resulted in five positive tests from the 18 requested. There were no positive tests for NPS.¹⁴
- I.26** Relationships with community agencies, including Staffordshire police and the regional Prison Intelligence Unit, were good and the prison benefited from full-time police intelligence and liaison officers on site.
- I.27** The searching of cells and strip-searching of children were both intelligence led. During the previous six months, 18 children had been strip-searched and about half these searches had resulted in significant finds, such as mobile phones or cannabis. However, two children were searched under restraint, which was not appropriate, and it was disappointing that children were not routinely offered advocacy support before or after a strip-search.

Recommendation

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

¹⁴ 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.

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.29** Systems to manage behaviour had lost focus and there had been an increase in the use of punitive measures. We observed children displaying low-level poor behaviour which went unchallenged, such as ignoring staff and not returning to their rooms when asked. Conversely, several opportunities to reward positive behaviour were missed such as the weekly merits for clean and tidy rooms. These inconsistencies affected the effectiveness of behaviour management processes.
- I.30** Adjudications had increased by 20% since the previous inspection and remained higher than in similar prisons. Many adjudications could have been dealt with on residential units. The quality of enquiry varied in the sample of adjudication documentation that we reviewed. Referrals to the independent adjudicator were inconsistent: some referrals were made for low-level behaviour such as verbal abuse, but more serious allegations were dealt with internally.
- I.31** Adjudications were issued the night before which did not allow children enough time to consult Barnardo's advocates for independent advice.
- I.32** Minor reports¹⁵ had increased by 72% since the previous inspection. The quality of minor reports was poor and indicated little exploration of the facts. We found one case where staff had used their authority inappropriately, but the adjudicator had failed to escalate the concern to senior managers.
- I.33** Children continued to be motivated by a scheme which awarded merits that could be exchanged for small items such as toiletries. This remained a positive approach, but we found several inconsistencies in the implementation of the scheme, for example more merits were awarded by education tutors and in one month about a fifth of all demerits for poor behaviour had been issued by the same officer.
- I.34** The incentives and earned privileges (IEP) policy contained a complex model of movement between levels and needed to be reviewed. Children were aware of the various levels of the scheme but were not clear about the process, reviews or appeals.
- I.35** Children on the highest levels of the IEP scheme lived on the diamond unit (see paragraph I.4). Children on diamond, gold and silver levels could eat their meals together. Plans to help more children to achieve gold status and to expand the diamond unit to another landing showed promise.

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.36** In our survey, 13% of children said they felt unsafe at the time of the inspection which was similar to comparable establishments. Assaults on staff had doubled since the previous

¹⁵ A form of adjudication for lesser offences held by supervising officers with appeals heard by custodial managers.

inspection. There had been 85 assaults on staff in the previous six months which was more than at other young offender institutions. Fights between children had also increased.

- I.37** Systems to address violent behaviour and support victims had recently been replaced by a new safer prison plan with an appropriate focus on identifying bullying behaviour and supporting victims. It was too early to determine its effectiveness. The safer prison plan was overseen and managed by the safeguarding team but there was limited input from residential or security departments.
- I.38** The enthusiastic conflict resolution team¹⁶ were successful in nearly all their interventions. Despite this resource, we repeatedly observed children being kept apart with no assistance sought from the conflict resolution team. This prevented any group learning or enrichment activities taking place on the welfare and development enhancement unit (WADE) (see paragraph I.49).

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.39** During the previous six months, there had been 304 incidents of use of force compared with 233 at the last inspection. However, this remained lower than comparable establishments. Over the same period, there had been 16 planned uses of force and pain infliction techniques had been used five times. The majority of these incidents were not in response to an immediate serious threat to life and so were inappropriate.
- I.40** An additional MMPR (minimising and managing physical restraint) co-ordinator (trained staff who review incidents where force was used) had been recruited since our last inspection, which had improved the quality of training and level of supervision at incidents.
- I.41** MMPR coordinators reviewed every use of force incident but had only used body-worn camera footage in the review of 13% of these incidents during the previous six months. Consequently, managers could not be confident that all use of force was necessary or that staff were de-escalating incidents once MMPR techniques had been used.
- I.42** Restraint minimisation meetings took place weekly and any highlighted use of force was scrutinised by a suitable multi-agency panel. The Staffordshire Safeguarding Children Board viewed a random 10% selection of use of force each quarter. The effectiveness of these measures was significantly reduced by the inconsistent use of body-worn cameras and the availability of footage. This led to an over-reliance on CCTV footage which had no sound.
- I.43** Every child who had been restrained was seen by a manager or MMPR coordinator within 48 hours. Any complaints made by the child or staff and agencies were referred to the internal safeguarding team for investigation. If complaints were proved, they were then referred to the LADO. Although the quality of the internal investigations was good, not all were referred within 24 hours of initial notification, which was not appropriate (see recommendation I.12).

¹⁶ A team of trained staff working to resolve conflict, initially through sessions with each party to the dispute and then through a session with both parties present.

- I.44** Good quality restraint handling plans were in place, and staff on the wings were aware of them. Following each restraint, a letter was sent to the parent or carer of the child to inform them that force had been used and the reason for it.
- I.45** Two members of the health care team attended every incident, spontaneous or planned, to ensure that any medical concerns were dealt with immediately. This was positive.

Recommendation

- I.46** **Pain infliction techniques should not be used on children.** (Repeated recommendation I.52)

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.47** Slightly fewer children had been placed on rule 49¹⁷ than at the previous inspection, but the length of time that children were separated had doubled and was three times higher than comparable establishments. There was no plan to address this.
- I.48** Rule 49 cases were discussed at the monthly separation, monitoring, reintegration and governance meeting, but analysis and quality assurance of records were poor.
- I.49** The WADE unit had recently been introduced to replace the separation unit. How this was to be achieved and the timescale for implementation were poorly developed and unclear.
- I.50** Some children on WADE were held in separation conditions (on rule 49) with no access to education or gym while others had more, albeit irregular, access to the regime. There was no plausible explanation for this discrepancy.
- I.51** Some children subject to rule 49 were located on the residential units rather than on WADE. There was no apparent reason for this and the regime for children on the wings was similarly irregular and restrictive.
- I.52** Multidisciplinary reviews were held for children separated under rule 49 and were well attended. However, plans for the child were not always agreed and documented at the review.

¹⁷ The removal from normal association of any child who by their behaviour, presents a risk to the maintenance of good order or discipline or who is themselves at risk of harm from others.

Section 2. Care

Relationships between staff and children

Expected outcomes:

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

- 2.1 In our survey, 62% of children said that most staff treated them with respect but only 33% said they felt cared for. While we saw respectful interactions between staff and children, opportunities for meaningful engagement were too often missed, for example sitting with children at meal times or talking to them during association.
- 2.2 The new custody support plan (CuSP) had been launched in January 2019 to replace the personal officer scheme. Bespoke training developed by the prison psychology team had been delivered to more than 60 staff with plans to train all staff. Each officer was responsible for three children, each of whom they were to meet weekly. The aim of the meetings was to develop a deeper understanding of the child, their needs and behaviour and a supportive, consistent relationship. After a month of operation, although all children had been allocated a CuSP officer, nearly a quarter had still not received their first CuSP meeting, only two-thirds of meetings had been planned and nearly half the planned meetings had been cancelled. This had undermined the launch of the programme and improvements in relationships between staff and children. When meetings had taken place, children were often appreciative of their CuSP officer and the programme showed promise.
- 2.3 The prison was now fully staffed. About 40% of frontline staff had less than a year's experience. The new staff were enthusiastic and brought renewed energy to the work. CuSP and motivational interviewing training had been widely rolled out, but there was not enough reinforcement of the skills learnt and staff we spoke to told us they did not generally use them. There was an absence of visible senior leadership on the wings to model good practice, ensure consistent implementation of policy and process and support staff to become effective in their role.
- 2.4 Most staff showed limited knowledge of the children in their care, although there were notable exceptions. Many staff told us they did not read background information about children, but instead relied on their personal interactions. They were not aware of information provided by specialist staff about individual children and how best to engage with them nor were they aware of the impact of adverse childhood experiences on behaviour. This undermined the prison's efforts to deliver a more child-centred approach.

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 residential accommodation in Denby and Doulton units consisted of three wings. The ground floor of Denby (C1) was used for the welfare and development enhancement unit (WADE) while the second floor (C2) was for children in the diamond community (see paragraph 1.37) and first night accommodation.
- 2.6** Conditions in cells remained adequate, although some sinks and toilets needed descaling. All cells were for single use and had appropriate furnishings. There was little graffiti. Children were able to personalise their cells, although if they chose not to do this, the accommodation was austere. Notice boards were situated on all landings and were up to date.
- 2.7** Outside areas, exercise yards and communal areas were clean and free of litter. Most children had a shower and were able to make a telephone call every day, although access to showers and telephones was not always managed effectively and children felt that the process was unfair. Telephone calls were limited to a maximum of seven minutes to ensure equal access, but this caused frustration to children and limited family contact. Work to install an in-cell telephone system was due to start in the near future.
- 2.8** Children had access to a range of appropriate recreational equipment in association rooms. Access was determined by a rota and linked to incentive scheme levels. Children could wear their own clothes except for those on basic level who were required to wear prison clothing. Waterproof jackets had recently been provided for all children. Children were responsible for washing their own clothes, which encouraged independence. Washing facilities were limited on Doulton unit which caused frustration for staff and children. However, in our survey three-quarters of children said they had enough clean clothes for the week.

Residential services

- 2.9** The kitchen remained well maintained despite the absence of a catering manager for 12 months. Management duties had been assumed by two kitchen supervisors. Two new ovens were delivered during our inspection. Preparation areas, food delivery trolleys and the serveries continued to be cleaned to a high standard and food was prepared and stored in accordance with religious and cultural requirements.
- 2.10** The national young people estate menu which met dietary and religious needs remained in use. We found the quality of food and size of portions to be adequate although, in our survey, only 27% of children said the food was quite good. None said it was very good. Two staff had left in the previous three months and some dishes were now bought in rather than made on the premises.
- 2.11** A catering supervisor attended the young people's access consultation meetings when requested and the young people's catering managers meeting which considered requests for

changes to the national young people estate menu. Comments books were available on the wings, but children did not have easy access to them and few comments were made.

- 2.12** New arrivals continued to receive a free induction pack containing essential items. This helped to mitigate the potential wait of 10 days to receive their first canteen purchase. They were also given the option of an advance purchase of an induction groceries pack or phone credit, both valued at £5. However, children had to purchase a full induction pack including items they did not need. These were paid off by the child in instalments over several weeks.
- 2.13** In our survey, 51% of children said the canteen sold a wide enough range of products. The canteen list contained a reasonable range of products and the business hub manager attended the weekly consultation meeting on request. It could take some time to add requested items to the list.
- 2.14** Children could place orders from a range of catalogues. There were delays in the distribution of electronic items because of the need to test them, but other items were delivered promptly and perishable goods the same day.

Consultation, application and redress

- 2.15** The weekly young people's access meeting was attended by staff from a range of departments and four peer representatives and chaired by a senior manager. Relevant issues were raised by the children, but some actions took too long to complete or feed back. There was little promotion of the forum on the wings and the identity of the peer representatives and the minutes of the meeting were not displayed. A number of children we spoke to were unaware of the existence of the forum. The children attending the forum did not receive minutes in advance of the next meeting which made it difficult for them to prepare.
- 2.16** A meeting of the diamond community took place regularly on C2 and a children's residential forum met on an ad hoc basis to address issues arising on the wings.
- 2.17** In our survey, 91% of children said they knew how to make a complaint and there were complaints boxes and appropriate forms on all wings. However, only 33% of children who had made a complaint said that complaints were usually dealt with fairly. Most of the complaints that we reviewed had been investigated properly and the investigator had met the complainant. Responses were appropriate and addressed the issues raised, although handwriting was sometimes difficult to read.
- 2.18** Quality assurance was good. Ten per cent of all complaints were examined by the head of business assurance, the head of safeguarding, a senior practitioner social worker and the independent monitoring board. If responses were not considered appropriate, the head of business assurance addressed this with the investigator. An analysis of complaints was discussed by senior managers at the monthly performance meeting. There had been a significant increase in complaints over the previous two months. Although the areas of increase had been identified, there had been no comprehensive review to identify the reasons or whether particular problems needed to be addressed at the source.
- 2.19** There was evidence that up to a quarter of complaints did not receive an interim or full reply within the required seven days. A new system had been implemented the week before our inspection to encourage resolution of low-level concerns on the wings to reduce the unnecessary use of the complaints process.

- 2.20** Caseworkers ensured that each child understood their legal status, length of sentence and early release dates. However, children were impeded from telephoning solicitors or legal helplines as telephone calls were restricted to seven minutes (see paragraph 2.7). Caseworkers sometimes facilitated longer calls but remained with the child throughout the call which restricted confidentiality.
- 2.21** The four booths for legal visits did not meet the demand and children had to meet their legal representatives at tables in the visits hall during social visits which was not confidential or appropriate. A video link suite was available in reception for legal consultations.
- 2.22** There was good access to independent advocacy provided by Barnardo's and the Children's Rights Service. An advocate met each child individually during induction (see paragraph 1.6) and gave them a children's rights information pack. A further group session was run weekly for new children, explaining legal rights in custody and how to access support.

Recommendation

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

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

- 2.24** The equality policy was reflected in practice and was regularly reviewed by the equality manager who was part of the senior management team. The equality officer was proactive. Each protected characteristic was led by a senior manager and this was well advertised. However, equality work was poorly focused and there was no consultation with children.
- 2.25** Regular diversity and equality action team (DEAT) meetings were chaired by the equality manager and well attended. An action plan was agreed and reviewed by this team and discrimination incident report forms (DIRFs) from the previous month were discussed. Analysis of equality data was ineffective, and some concerns had not been identified or investigated because a range of accurate information was lacking. There was no evidence of consistent disproportionate treatment of children.
- 2.26** A second DEAT held monthly was the primary forum for children which was also chaired by the equality manager. Equality representatives and interested children were invited. DIRFs and the action plan were discussed, as were issues raised by both children and managers. There was evidence of positive outcomes for children from this consultation, such as the excellent programme of events organised by education (see paragraph 2.29).
- 2.27** Additional forums for some protected groups had recently started, but attendance was poor and the reasons for this had not been investigated.

- 2.28** During the previous six months, 51 DIRFs had been submitted compared to 87 at the previous inspection. This was still higher than in comparable establishments. Most DIRFs were submitted by staff, mainly as a result of inappropriate language and the treatment of black and minority ethnic children. DIRFs were answered in a timely manner with good quality responses. The quality assurance process challenged poor responses robustly before they were sent to the child.
- 2.29** A comprehensive calendar of events to celebrate different cultures and diversity was delivered by education. Some events lasted for a week with community groups and speakers addressing groups of children on various topics. An event celebrating Chinese New Year had just ended and feedback from children was very positive.

Recommendation

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

Protected characteristics

- 2.31** At the time of inspection, 56% of children had identified themselves as from a black and minority ethnic background. Our survey results showed that their experience in the establishment was broadly similar to that of white children.
- 2.32** No children had identified themselves as Gypsy, Roma or Traveller at the time of inspection. Although some prior consultation had occurred, only one child had attended. The reason for poor attendance and reluctance to identify as Gypsy, Roma or Traveller had not been explored locally.
- 2.33** There was not enough support for the large population of foreign national children, 21 at the time of the inspection. A committed caseworker led the work, but he had received no training for the role. The Home Office held monthly immigration clinics with children, but this was no substitute for independent immigration advice. The prison had little understanding of the need for foreign national children to have prompt access to immigration advice, or of the availability of public funding for this. Some children were engaged in complex deportation proceedings with no representation. Only two children were using the additional free phone credit which foreign national children were entitled to.
- 2.34** Prison records showed that 29% of the population were Muslim. Their responses in our survey indicated no significant differences to those of non-Muslim children.
- 2.35** Children with disabilities were identified on reception. Communication support plans had recently been put in place for children with complex emotional or behavioural difficulties and physical disabilities. These were an excellent resource for wing staff to support and manage these children. However, too few staff were aware of the plans which reduced their effectiveness.
- 2.36** In our survey, 30% of children with a disability said that they felt unsafe compared with 7% of children with no disability. No child required a personal emergency evacuation plan at the time of the inspection, but staff had good awareness of when such plans might be needed and how to open and implement them.

- 2.37** No children had identified themselves as gay or bisexual. Some relevant information was available, but no support was in place. The establishment had had no experience of supporting trans children, but comprehensive guidance was in place.
- 2.38** A full-time managing chaplain was responsible for a team of full- and part-time chaplains and chaplaincy services were good. Services were held for all represented religions and there was provision for minority denominations if required. Chaplains attended meetings and reviews for individual children they were working with.
- 2.39** The chapel was well appointed with new calming murals on the walls in each room. There were separate areas for major denominations to worship and conduct ablutions.
- 2.40** The chaplaincy provided good support for children who had restricted time out of cell with 'time out', which enabled children to spend time in activity with chaplains for two hours a day. This was arranged by referral and was open to all children with limited time out of cell. At the time of inspection, four children were attending time out.
- 2.41** The chaplaincy contacted community faith groups and churches on behalf of children who were to be released in their area, so that pastoral support was available immediately on release. This was a positive initiative.

Recommendations

- 2.42** **Minority groups should be consulted regularly and the outcome of consultations used to improve services and conditions for children.**
- 2.43** **The establishment should identify and address the reasons for children with disabilities saying that they feel unsafe.** (Repeated recommendation 2.26)

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.

- 2.44** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁸ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 2.45** NHS England commissioned Care UK to provide health care at Werrington. Care UK subcontracted all other health services. Health needs assessments had been completed in 2018 and recommendations guided service developments.

¹⁸ 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>.

- 2.46** Working relationships between the commissioner, providers and establishment were good. Regular, reasonably well-attended joint governance and business meetings addressed essential areas, although there had been no recent minuted local delivery board meetings.
- 2.47** Nurses attended all response alarms and MMRP (minimising and managing physical restraint) meetings to discuss trends. There were about six reported serious incidents each month and the Care UK Protect learning approach was evident. A recent case in which a patient was resuscitated led to prompt enhancement of emergency equipment with head torches, to enable better sight in the dark.
- 2.48** The processes for children to feed back on health concerns were effective. Since April 2018, there had been 40 compliments, 40 comments and only two complaints. The responses to written complaints were courteous and timely and provided an apology where necessary. There was evidence that concerns were acted on.
- 2.49** Clinicians, led by an experienced nurse, delivered responsive, child-focused care. Staffing levels were stable with few vacancies. Student nurses supplemented the team, and regular bank workers were used as required. The skills mix in the primary care team was appropriate to the patients' needs, and staff training by Care UK was very good. Managerial supervision arrangements were in place and staff generally felt supported. Clinical group supervision had recently been implemented with the first session taking place in January 2019, and a plan for this to take place every six weeks. Annual appraisals were completed with all staff.
- 2.50** Health care staff attended the prison-led young people's access forums where health care topics were discussed. A patient feedback meeting specific to health care had recently been implemented to obtain quality feedback from children. It was too early to assess the effectiveness of this meeting.
- 2.51** The small modern health care unit resembled a community practice. It was well maintained, meticulously clean, and complied with infection control standards. Wing health rooms were no longer used as surgeries, but mental health and substance misuse staff saw children in these rooms and other rooms on the wings. There was 24-hour nursing cover and emergency equipment was impeccably organised and maintained, with a clear checking process.
- 2.52** In our survey, 35% of children said that they arrived with health problems and 72% said they had received help. However, access to the health centre and therapy sessions was seriously impeded by inefficient escort arrangements and only 41% said it was easy to see a doctor. We witnessed a GP waiting 40 minutes for a patient to arrive, which was a common occurrence. We saw grossly inefficient medicine administration sessions where nurses waited for more than three hours to administer medicines to a list of just 17 patients, not all of whom arrived. Patients waited excessive times for escorts following medicines administration.
- 2.53** We observed professional and caring interactions by health care staff who knew their patients well. Children we spoke to were very satisfied with the quality of health provision.
- 2.54** Consent to share medical information and the capacity to consent to treatment were routinely sought, and health staff had good awareness of their safeguarding responsibilities and had received appropriate training.

Recommendation

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

Good practice

- 2.56** *The prompt enhancement of emergency equipment as a result of learning from experience led to a safer service.*

Promoting health and well-being

- 2.57** Health care assistants took the lead on health promotion using the NHS timetable of events to promote health and minimise harm. Events included promotion of oral hygiene, sexual health, smoking cessation and healthy eating. Campaigning posters and leaflets were more evident on the wings than at our last inspection.
- 2.58** There were effective links with education and the gym, and the library was working in association with Macmillan Cancer Support to campaign against testicular cancer. This complemented the Care UK in-house campaign.
- 2.59** Health screening and immunisation services were age appropriate, including MMR and meningitis vaccines. The take up of vaccines was good. Sexual health screening and treatment were available, including barrier protection. Smoking cessation support and nicotine replacement therapy were now available, but rarely required.

Primary care and inpatient services

- 2.60** About five children a week were thoroughly screened using CHAT (comprehensive health assessment tool) within two hours of their arrival. The reception health care consultation room was suitably equipped and all children received a child-friendly leaflet about available services and how to access them.
- 2.61** Full CHAT assessments were completed within 24 hours of the child's arrival encompassing physical and mental health needs, neuro-disability and substance misuse concerns and medicines reconciliation. Assessments that we reviewed identified individual needs, and onward referrals were made where appropriate. Telephone interpreting services were available. On the wings, children could request health services using pictorial application forms which were collected each day.
- 2.62** There was an appropriate range of primary care services and an effective appointments system. Waiting lists for routine GP appointments were short and appointments were triaged and prioritised appropriately. Daily nurse triage clinics were held for children to see a nurse. A range of primary care clinics including asthma, vaccinations and well-being were scheduled as required. Attendance at clinics averaged 86% during 2018 to 2019 to date, which was disappointing. Most did-not-attends arose from keep-apart protocols.
- 2.63** Most of the SystmOne electronic clinical records that we sampled were very good and subject to clinical audit. Audits demonstrated good compliance with information governance standards.
- 2.64** Very few patients presented with long-term conditions. Physical health needs were identified from the CHAT and patients' care was managed appropriately. A register on SystmOne

identified that 10 children in the establishment had asthma. All patients on the asthma register had received an annual review and had personalised care plans to monitor their care.

- 2.65** Allied health professionals, including a physiotherapist, podiatrist and optician, attended in response to need, and clinics were arranged reasonably promptly.
- 2.66** External health care appointments were well managed by the administrator, with clinical input where required. Two escort slots were provided each day and patients could access external health care services within community equivalent waiting times. Patients also had access to telemedicine services which facilitated specialist consultations without leaving the prison.

Social care

- 2.67** At the time of our inspection, no children were in receipt of social care, and no needs had been identified since our last inspection. There was no referral or assessment pathway should a child require social care support, and no arrangements to support 18-year-olds in line with the Care Act 2014. Disabilities and support with daily living were identified on reception, but there was no process to indicate what action should be taken if support needs were identified.

Recommendation

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

Mental health

- 2.69** Inclusion (part of Midlands Partnership NHS Foundation Trust) provided a valued integrated mental health and psychosocial substance misuse service.
- 2.70** The multidisciplinary child and adolescent health team had a rich skills mix and patients had access to practitioners in creative therapy, learning disability and mental health nursing, psychiatry, clinical psychology and psychosocial substance misuse. Despite several attempts, it had not been possible to recruit a speech and language therapist. The team was available from Monday to Friday between 8.30am and 5pm.
- 2.71** Inclusion team members continued to participate in the duty rota and assessed all new children using CHAT. An open referral system, often using the threshold assessment grid (a screening tool), helped to prioritise clinical need. Children could also self-refer. Referrals were reviewed each day and a suitable team started engagement with the child.
- 2.72** About 70 patients were in treatment at any time and benefited from individual psychological interventions, creative therapy and guided self-help materials. Treatment for harmful sexual behaviour was now available and some patients had been assessed and were moving to the treatment phase. Group therapies were temporarily unavailable because of staffing levels. Attendance for treatment was hampered by the use of keep-apart protocols to escort patients to their appointments (see paragraph 2.62).

- 2.73** The 'Secure Stairs'¹⁹ project was to be introduced from April 2019, and staff were coming into post. The project showed promise in enabling trauma informed practices and a supportive environment based on psychological principles. Therapy space for existing activities was at a premium and planning was under way to provide adequate accommodation.
- 2.74** Inclusion staff supported most child-focused groups in the prison such as ACCT²⁰ and the multi-agency health and safeguarding meeting. The team continued to provide clear and concise communication plans which helped officers on the wings to support children with communication difficulties. However, not all wing officers were familiar with the plans.
- 2.75** Only 14 operational staff had completed training modules on mental health awareness. We were not confident that officers knew when to refer a child to Inclusion.
- 2.76** There had been two transfers to secure hospitals under the Mental Health Act since our last inspection, both of which had taken longer than the national guideline of 14 days.

Recommendation

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

Substance misuse

Expected outcomes:

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

- 2.78** Care UK had competent clinicians ready to deliver opiate substitution therapy and symptomatic relief, but none had been needed for several years. Inclusion drug recovery workers received regular training and supervision and provided age-appropriate psychosocial interventions to patients.
- 2.79** All new arrivals were given harm minimisation information during induction, including the effects of NPS (new psychoactive substances)²¹. There was an open referral system for children in need of help.
- 2.80** Some children had been abusing cannabis and alcohol in the community and about 50 at a time were in contact with Inclusion. Care plans and notes on SystmOne were of the highest standard. All patients were seen individually and acupuncture was available for suitable patients. In our survey, 60% of respondents said they had been helped with a drug or alcohol problem, although attendance for therapy was hampered too frequently by the patient's non-attendance.

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

²⁰ Assessment, care in custody and teamwork case management of children at risk of suicide or self-harm.

²¹ 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.

Medicines optimisation and pharmacy services

- 2.81** Medicine management was very good. Medicines were supplied by Lloyds pharmacy on a named patient basis via a secure supply chain. Medicines storage was efficient, with clear differentiation of supervised and stock medicines. Nurses undertook stock checks and recent medicines management audits demonstrated safety and effectiveness.
- 2.82** There was no oversight by a professional pharmacist, but Care UK had consulted Lloyds and were considering developments. The lead GP and lead nurse undertook medicine reviews with nursing colleagues.
- 2.83** Prescribing was age appropriate and most medicines were administered under supervision twice a day in a confidential and safe manner. Nurses used a good range of patient group directions²² to supply and administer medicines, vaccines and over-the-counter medicine. At any one time, 15 to 20 children were risk assessed to have medicines such as antibiotics, inhalers and ointments in possession, which encouraged personal responsibility.
- 2.84** Controlled drugs were prescribed mainly for ADHD and were received on a named patient basis. Storage arrangements were sound and checking at administration scrupulous.
- 2.85** There was no medicines and therapeutics committee, but governance was assured through Care UK local operating policies and surveillance of prescribing trends by the lead nurse and GP via the regular quality assurance meetings.

Dental services and oral health

- 2.86** Dental services, oral health promotion and disease prevention were provided by Time for Teeth who offered a good service to children. An appropriate range of treatments equivalent to those in the community were delivered in a clean and suitable environment.
- 2.87** Governance arrangements were robust, with evidence of regular audits and patient surveys which informed service delivery. Staff received the appropriate training and support and professional development needs were identified through annual appraisals. Relevant and up-to-date policies, procedures and equipment certifications were in place.
- 2.88** The average waiting time to see a dentist was about four weeks at the time of our inspection, although some patients had waited up to eight weeks, which was too long. The service experienced a high number of missed appointments because of delays in escorting patients to health care. These were monitored and followed up appropriately.
- 2.89** Emergency appointments were available for patients to be seen at the next clinic and they had access to required medicines following dental procedures

²² Patient group directions authorise appropriate health care professionals to supply and administer prescription-only medicine.

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.²³

- 3.1 The regime had been reviewed and the published core day now allowed children up to 11.75 hours out of cell during the week and eight at the weekend. Local data indicated that over the previous six months children accessed an average of 7.2 hours out of cell during the week and as little as 4.2 hours at weekends when the regime was limited.
- 3.2 Children on the silver or gold regime could have up to 11 hours out of cell. Time out of cell was reduced significantly for children on induction, on the bronze level, or under restrictions following disciplinary or keep-apart incidents. Our roll checks identified that 16% of children were locked up during the core day and 65% were accessing evening association when activities were appropriately timetabled. These findings were reflected in our survey where 86% of children said that they could spend more than two hours out of cell during the week but only 28% at weekends.
- 3.3 Access to physical education facilities was reasonable for most children. Indoor provision was good but a lack of investment to replace the external sports pitch had affected the delivery of outdoor sports during inclement weather. This often resulted in the cancellation of visiting teams from the North Staffordshire football league and was a lost opportunity for children to engage consistently in the development of personal skills and competitive sport.
- 3.4 PE resources had been increased considerably since the last inspection and a designated manager now had oversight of sports activities. Staff delivered suitable programmes for children to improve their fitness and health and links had improved with health care to identify children with remedial gym needs. The recent introduction of an Active IQ accredited award in fitness and physical activity was welcome, although there had been no completions at the time of inspection.
- 3.5 Strategies to engage and motivate children who did not usually engage in physical activity included the daily mile scheme (to run or walk a mile each day) and the promotion of evening clubs including indoor hockey.
- 3.6 Continuing development of release on temporary licence opportunities for children was linked to sport such as cycling and the recent introduction of the Airborne Initiative²⁴, while access to the Duke of Edinburgh award scheme had recently been developed in the prison. These initiatives to motivate and engage children in sport were welcome, but only about 9% of children had benefited and they had been chosen because they were not affected by keep-apart protocols.
- 3.7 The library was organised by Staffordshire County Council and run by experienced library supervisors. It remained a welcoming environment with comfortable seating and sufficient study space. Access to the library for most children was good and linked to learning

²³ 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.

²⁴ A registered charity that provides residential courses on Dartmoor for young offenders and those not in employment, education or training that are designed to challenge, support and promote self-worth of children and young people to reach their potential.

pathways. Children separated on normal location had access on Saturday mornings. At the time of inspection, three-quarters of children were active users of the facility.

- 3.8** A good range of stock met the diverse needs of the population and included a mix of appropriate teenage and adult fiction. An extensive choice of easy readers encouraged children to engage in literacy and supported those who struggled with reading. An appropriate range of legal texts were available for loan and there was a reasonable supply of books for foreign national children. Special order books could be requested from several sites across Staffordshire. Losses were very low at around 1%.
- 3.9** Two computers provided appropriate learning material for children, including typing and driving theory modules. Library staff promoted literacy well and were supported by visiting authors. The Storybook Dads²⁵ scheme was still available, although no children had been identified for the programme for several months. This was a missed opportunity.

Recommendations

- 3.10 All children should receive 10 hours out of cell each day.** (Repeated recommendation 3.4)
- 3.11 The drainage on the outdoor field should be rectified to ensure that full use is made of the facilities.** (Repeated recommendation 3.38)

Education, learning and skills

Expected outcomes:

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

- 3.12** *Ofsted²⁶ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work: Good

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

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

Personal development and behaviour: Good

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

²⁵ An independent, registered charity that helps prisoners to record a story for their children to listen to at home.

²⁶ Inspection of the provision of education and educational standards, as well as vocational training in YOIs for young people, is undertaken by the Office for Standards in Education Children's Services and Skills (Ofsted) working under the general direction of HM Inspectorate of Prisons. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Management of education and learning and skills

- 3.13** Managers had made learning more engaging for children, for example by increasing the range of vocational subjects. Much English and mathematics teaching was delivered well through practical activities. Attendance had improved and was good. The number of children refusing to engage with education had reduced and was now low. A good range of curriculum activities promoted diversity.
- 3.14** Partnership working between the prison and Kinetic Youth was good. Staff shortages in the previous year had led to significant class cancellations. Staff recruitment had secured sufficient qualified staff, and the number of class cancellations was now low. The contract with Kinetic Youth provided a good alternative education programme. It focused effectively on children's behaviour and social concerns, building confidence and helping them to engage with their main education programme.
- 3.15** The curriculum included a good range of practical and vocational subjects. All children studied English, mathematics and information technology. They could choose from a range of subject pathways, including pre-vocational and work-based subjects such as construction skills. They also spent one session a week in group-work sessions developing personal and social skills with Kinetic Youth workers. However, provision was inadequate for the small number of children who had already achieved level 2 or above.
- 3.16** Allocation to activities was good. A multidisciplinary team brought a good understanding of each child's needs to the process. The focus on safety meant that children could not always be placed immediately on the course most suitable for their needs. Managers regularly reviewed class lists to achieve the best possible allocation for each individual, but the high number of children on keep-apart protocols often led to unsuitable allocations (see paragraph 1.21).
- 3.17** Monthly management meetings enabled managers to drive improvements through the monitoring and updating of the quality improvement action plan. Managers used observation of teaching effectively to improve classroom practice and we found the judgements made by managers to be accurate. Observations were followed up with detailed action plans.
- 3.18** Good behaviour was encouraged by differentials in the pay system, and by merit points which could be spent at the prison shop (see paragraph 1.33).
- 3.19** Children approaching release received good individual support to prepare for their next stage. Links with youth offending teams were good. Resettlement staff helped children to develop a CV, practise interview techniques and apply for education courses, apprenticeships or work placements. However, this work started too late for all children to have arrangements for future activity fully settled before release. The virtual campus²⁷ facility was not used sufficiently to practise searching and applying for jobs.

Recommendations

- 3.20** **Managers should ensure that all children have a fully settled plan for the next stage of their education and training when they leave the establishment.**
- 3.21** **Teachers should ensure that all children are able to use the virtual campus, particularly to help familiarise them with employment opportunities.**

²⁷ Prisoner access to community education, training and employment opportunities via the internet.

Quality of provision

- 3.22** The quality of most teaching was good. However, it required improvement in some English and mathematics classes where the teachers were newly appointed.
- 3.23** Support for individual needs was very good. Children received support from skilful and committed engagement and resettlement staff, learning support practitioners, and Kinetic Youth workers. Engagement staff carried out a thorough induction assessment, followed by a careful assessment of children's learning needs. The outcomes were communicated effectively, so that all relevant staff knew children's individual requirements and the recommended strategies for engaging with them. Teachers used this information well to adapt their learning plans. Very good specialist support was provided for children with complex needs, including dyslexia, ADHD and autism, enabling them to achieve their targets.
- 3.24** Teachers in subject pathways provided tasks and activities which successfully engaged and motivated children and helped them to recognise the importance of developing knowledge and skills for their future success. For example, in barista training, children understood that good business and customer service skills could be applied in many different types of employment. As a result, children were keen to learn and generally made good progress.
- 3.25** Teachers in vocational subjects successfully embedded English and mathematics into practical activities, helping children to improve speaking and calculating skills. For example, in a construction class, the importance of measuring accurately was reinforced when children calculated the cost of materials which would otherwise be wasted. In sports studies they learned to use the correct technical terminology for parts of the body and their functions.
- 3.26** Teachers worked with children to develop detailed learning plans with clear long-term objectives. They monitored and recorded progress against these well. However, in a small number of functional skills classes, teachers planned whole-class activities with the same targets for all children, irrespective of their previous learning. As a result, some children made slow progress and became distracted because the work was too hard, sometimes leading to disruptive behaviour.
- 3.27** The number of children refusing to attend education, or excluded for bad behaviour, was low. Outreach provision was organised promptly for them. A learning support practitioner visited the child on the first day, to determine why he was excluded and develop a plan for his return to education. The quality of this intervention was good, and it was generally successful. However, its effectiveness was reduced because security issues prevented most of the small number of excluded children from receiving their full scheduled 15 hours a week of learning support. To overcome this problem, managers had recently commissioned an additional youth-work class. This was well managed and effective, using group activities to challenge negative attitudes and help children to return quickly to education classes.

Recommendations

- 3.28** **Leaders and managers should provide support for new teachers, to help them plan learning which meets the needs and potential of all children in mixed-ability classes.**
- 3.29** **Managers should ensure that learning and personal development targets in each session are sufficiently personalised to meet each child's needs, so that all learners make the progress they are capable of.**

Personal development and behaviour

- 3.30** Attendance was good. Children arrived punctually to education, except when movement was delayed because staff escorting them from wings had to respond to security incidents. On the very few occasions when this happened, the late arrival of classes disrupted the learning in classes already in progress.
- 3.31** The large majority of children behaved well and engaged with the learning activities in pathway subject lessons. In vocational training, children enjoyed their work and developed good work-related skills, including in English and mathematics. These were recognised and recorded in their personal development and learning plans, helping to motivate them to make further progress. In practical training environments children applied themselves well to their tasks, working safely and with enjoyment.
- 3.32** Children with behavioural difficulties received good support. They learned strategies to improve their behaviour, becoming more independent and making progress towards participating in learning activities.
- 3.33** The range of enrichment activities was broad, including contributions from community agencies and specialists. These allowed children to explore a range of topics that raised their awareness of diversity in society and life in modern Britain. They learned about the benefits of respecting and tolerating the views of others and considered how their behaviour and attitudes might affect other people.
- 3.34** The majority of children developed good awareness of their rights and responsibilities in education and work. A few showed leadership, for example by challenging their peers' use of inappropriate language.
- 3.35** In a small number of classes, poor behaviour by a few children disrupted the learning of others. Teachers' classroom management was not effective in these lessons, and they failed to challenge the use of offensive and threatening language by children.

Education and vocational achievements

- 3.36** Many children with poor records in their previous education overcame significant personal barriers by starting to attend classes and make progress with their learning. There were no significant differences in the progress and achievement of different groups of children, including those with learning difficulties or disabilities, who achieved at least as well as the majority of the population.
- 3.37** Children developed good practical skills and achieved high standards of work in vocational courses. For example, wing cleaners recognised the importance of health and safety notices on cleaning products and practised accurate mixing of cleaning solutions to the correct ratios. Children who failed to make progress were quickly referred to learning support practitioners to determine what help they needed.
- 3.38** Almost all the children who completed their courses achieved a qualification. A small number of children had recently completed the construction site safety certificate, enabling them to gain work in the building industry after release. A few children were working towards level 3 awards through distance learning, with one-to-one support from teachers.
- 3.39** Children developed their skills in English and mathematics well in vocational learning. However, in English and mathematics courses, slow progress meant that many children were

transferred or released before completing these qualifications. However, pass rates were very good for those who completed the course.

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 Work to support children to maintain contact with family and friends had improved since the last inspection and was developing well. Caseworkers afforded a critical link for parents and carers, who were encouraged to attend sentence planning meetings. An average of 26 families a month attended, which was good.
- 4.2 Children who were not receiving social visits or had limited telephone contact with their parents were identified and contacted and caseworkers followed these cases up.
- 4.3 A family liaison officer had recently been recruited who was beginning to develop family days, two of which had taken place. Families were also invited to attend celebration events, for example for children who had successfully completed programme work.
- 4.4 Some children and families whom we spoke to complained that phone calls were limited to seven minutes. The prison was due to complete the installation of in-cell telephones by July 2019.
- 4.5 Efforts had been made to make visits facilities more attractive, but the visits centre and hall remained inadequate. Both were cramped and not appropriate for family visits, especially when young children attended. The location of closed visits booths adjacent to and in full sight of domestic visitors was inappropriate.
- 4.6 The Prison Advice and Care Trust (PACT) ran workshops during weekend visits to enable children to take part in art and craft activities with their siblings or children.
- 4.7 A snack bar in the visits hall provided some hot food, but children with a halal diet had not been considered adequately.
- 4.8 A senior manager was now holding drop-in sessions in the visits hall so that visitors could give feedback on improvements to the service.

Recommendation

- 4.9 **There should be good facilities for social and legal visits.**

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.

- 4.10** The quarterly reducing reoffending meeting was well attended, but a whole establishment approach to resettlement and reducing reoffending was lacking. Leaders and managers ensured that processes were well embedded but there was a lack of collaborative working between all departments. There was also a lack of understanding across departments about the role of caseworkers and the integral role of resettlement in reducing reoffending.
- 4.11** The reducing reoffending strategy was informed by the updated 2018 needs analysis. The needs analysis had identified relevant pathways, which was good, but it was only informed by survey feedback from children and limited feedback from staff. The needs analysis did little to reflect the changing profile and needs of children in custody.
- 4.12** Caseworkers were enthusiastic and child-focused. At the time of our inspection, eight full-time caseworkers were in post, none of whom was cross deployed to complete operational tasks. New receptions were allocated to caseworkers based on capacity and experience and each had a mix of remanded and sentenced children. Caseworkers found their caseloads of 14 to 18 cases manageable and were given supervision every six weeks which they found helpful. Despite their motivation and commitment, they had received little training for their role and there were some weaknesses in their work. For example, children's plans were focused on custody rather than resettlement outcomes. The controlled unlock arrangements for keep-apart children sometimes inhibited the caseworkers' ability to hold timely, effective review meetings with children and professionals to focus on resettlement needs.
- 4.13** Caseworkers had shadowed two community youth offending teams (YOTs) to acquire a better understanding of their role, which was positive. Caseworkers valued the opportunity to focus on practical tasks relevant to children.
- 4.14** At the time of our inspection, three children were using release on temporary licence (ROTL). ROTL risk assessments were comprehensive. Some children had used ROTL to take part in cycling and the Airborne initiative, a five-day residential course on Dartmoor aimed at young offenders and those not in employment, education or training (NEET). ROTL was also being used to support one child to travel independently to a local work placement five days a week, which was excellent. Some children who had used ROTL in custody had been seen after release by the community engagement worker at three- and six-month intervals. This provided an opportunity to monitor the child's resettlement and integration in the community and to feed back any concerns to the relevant agencies. Early release and home detention curfew processes were managed appropriately.
- 4.15** Work to manage transitions to the adult estate was organised well and information sharing was appropriate. This work was occasionally challenging when some adult prisons were less cooperative and proactive than others. However, a prison officer from HMP Brinsford visited once a month to give children information to prepare for their transition, which was good. Those on remand did not move to adult prisons after court appearances, even if they had turned 18, which was positive. Children transferred from secure training centres to Werrington. A caseworker visited the child before the transfer happened and the process was managed effectively.

- 4.16** An encouraging new initiative was designed to identify resettlement outcomes and progress one month after release by following up with YOTs. This work required embedding to establish the long-term effectiveness of resettlement work.
- 4.17** There was a lack of focus or prioritisation for children who were subject to recalls or very short sentences. One child had three weeks remaining on a recall. He had undertaken painting and decorating at Werrington but no education, employment or training was in place on release. The child had used substance misuse services in custody and was assessed as vulnerable following a previous mental health crisis. Despite this, no follow-up appointments with child and adolescent mental health services had been arranged for the child in the community.

Recommendation

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

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.

- 4.19** In our survey, 67% of children knew they had a training or remand plan and 97% of these children understood what they needed to do to achieve their targets. However, only 45% of children said they were being supported by staff to make progress towards these targets.
- 4.20** Initial sentence planning meetings were timely and there was effective liaison with the relevant YOTs. However, it was disappointing that there was limited attendance by community agencies, other than YOTs, including cases with social care involvement.
- 4.21** Planning and review meetings took place regularly, but there was poor attendance by some departments and case workers spent time chasing information to include in sentence planning reports. In the cases that we reviewed, only one initial planning meeting had been attended by an internal department, in this case the substance misuse worker. Other departments provided written information for the meetings, but non-attendance presented a risk that important information would not be fully shared and understood by all stakeholders. The reports were unwieldy, with too much information and a lack of professional assessment and analysis.
- 4.22** Records of planning meetings were acceptable, noting who was in attendance and how the children engaged. However, the plans that were discussed were too focused on targets in custody rather than resettlement needs. Caseworkers focused their assessments on how the child would manage in custody and the community assessment was left to the YOT. In some cases, there were multiple targets to manage behaviour in custody, such as not to damage furniture and not to have demerits. The caseworkers whom we spoke to said that they had never been invited to a post-release meeting in the community, which was an original pillar of the detention and training order sentence.

- 4.23** Targets were not written in age-appropriate language and it was unclear if children understood the requirements of their sentence plan. Children tended to be subject to many different, uncoordinated plans. A range of different records were used, and case workers developed their own paperwork.
- 4.24** Caseworkers were child-focused in their approach and committed to achieving the best outcomes for children. They all knew their children well. There was evidence of good communication between the case management department and community YOTs.
- 4.25** Children at risk of child sexual exploitation were identified on arrival and appropriate support provided. However, not enough staff were aware of the multiple forms of exploitation that children in their care may have been exposed to, such as county lines.

Recommendations

- 4.26** **Sentence plans should be written in language that can be understood by children.**
- 4.27** **All staff should be aware of the multiple forms of exploitation, for example county lines, and how these affect a child in custody.**

Public protection

- 4.28** Public protection arrangements were sound. Every effort was made to try to confirm multi-agency public protection arrangements (MAPPA) levels before release. The monthly management team meetings reviewed outstanding MAPPA levels and escalation processes were used when necessary. Communication and planning for pre-release risk management were therefore effective. There was also effective oversight of mail and telephone monitoring to ensure that contact restrictions were applied when needed.

Indeterminate and long-sentenced children

- 4.29** At the time of our inspection, 15 children were either serving indeterminate sentences, subject to extended parole, or were on remand facing long-term sentences, a significant increase since the previous inspection. The counselling psychologist provided interim support for children on remand and facing long-term sentences, which was positive. However, little formal or peer support was in place for children facing a long time in custody.
- 4.30** Management knowledge and experience of supporting children with long-term sentences were good, but caseworkers needed more support and training in this area.

Looked-after children

- 4.31** In our survey, 51% of children said that they had been in local authority care, an increase since the previous inspection. Two independent social workers identified these children on arrival and made appropriate contact with the responsible local authority. The social workers worked closely with the casework department to provide support and advocacy for the children when needed.

- 4.32** Reviews for looked-after children were undertaken appropriately and the social workers provided effective support. It was disappointing to find that only 73% of looked-after children had visits.

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.

- 4.33** Reintegration planning was reasonable and timely and children knew in advance who would be collecting them on their day of release. However, licence conditions were discussed far too late for children to process and understand the requirements when they were released.
- 4.34** In our survey, 58% of children felt that their experiences at Werrington meant that they were less likely to offend in the future.
- 4.35** During the previous six months, 52 children had been released from Werrington. During the last month, 12 children had been released, four of whom did not know their address at the final review 10 days before release. In each of these cases there was evidence of the casework team persevering for a suitable, confirmed address with the relevant local authority or provider. We identified one concerning case where the child had found out his address the day before release, and there were no resettlement services in that area.
- 4.36** Finance, benefit and debt provision continued to be delivered to children by SOVA²⁸ before release and was reasonable. There were plans for staff to be trained by the Department of Work and Pensions to support children with universal credit applications. This community link also enabled the prison to establish children's national insurance numbers before release.
- 4.37** Some children could complete their construction skills certification scheme card before release, enabling them to work on a building site in the community. The children we spoke to were positive about this opportunity. Some children were still unable to open a bank account while in custody.

Interventions

Expected outcomes:

Children can access interventions designed to promote successful rehabilitation.

- 4.38** A reasonable range of accredited and non-accredited offending behaviour programmes were available. It was disappointing that, in the last year, only 16 children had completed the two accredited programmes, anger replacement therapy and juvenile enhanced thinking skills, in a group setting. However, some children who were unable to complete a course as part of a group received one-to-one intervention from a facilitator and were still able to access the course.
- 4.39** The accredited programmes were useful but did not accurately reflect the needs or profile of the children held. At the time of our inspection, 43% of children were held on offences

²⁸ SOVA is a charity which supports people to develop the skills and confidence to take control of their lives and develop their full potential. It has now merged with Change, Grow, Live: <https://www.changegrowlive.org/>

involving a weapon, but there was a lack of interventions specific to the offence to support these children. There were also no victim awareness courses.

- 4.40** While few children completed the accredited offending behaviour programmes, it was encouraging to see a significant increase in the number of children completing non-accredited, shorter-term programmes such as STAG, STOP and A-Z.²⁹ It was positive that 100 more children had completed these programmes in 2018 than in 2017. Children we spoke to were positive about these courses and said that they could use the skills they had learned in the community.
- 4.41** Referrals for offending behaviour programmes were discussed at the weekly allocations meeting and there was good communication about the needs of each child in relation to the programmes. Fewer programmes had been delivered than scheduled because of staff shortages. Recruitment had taken place and programme delivery was due to increase in the coming year.
- 4.42** There were plans for a sexually harmful behaviour programme to support two children, but recruitment of a therapist had not yet taken place.
- 4.43** Two members of staff from the psychology department had recently been trained to deliver the Life Minus Violence (LMV) intervention. We identified one child who had previously started LMV at a secure training centre. There had been good communication between the establishments when the child transferred to Werrington and the child had been able to continue the LMV intervention.

Health, social care and substance misuse

- 4.44** The health care team were notified of children due to be released between two and seven days in advance. Discharge clinics had proved unsuccessful because children had not attended and children were seen by a nurse in reception before release.
- 4.45** Patients received advice and information on community services, including links to local health care, mental health and substance misuse services. Information was shared with community GPs and other services with the patient's consent. Patients received seven days' prescribed medication on release, harm minimisation advice and a discharge summary to take to their GP. Inclusion drug referral workers liaised with case workers, YOT workers and community child and adolescent mental health services to ensure continuity of care.
- 4.46** There had been good initial uptake of Socrates (telephone application to aid medical care), but use in the community was disappointing. Care UK was considering how to make the system more attractive to patients.

²⁹ STAG (Starving the Angry Gremlin) is a lower intensity programme on reducing aggression; STOP is an intervention primarily for short-sentenced children; A-Z is a goal-setting and motivation-based intervention.

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** Prison managers should do more to understand children's propensity to fight and seek alternatives to the extensive use of keep-apart protocols. (S47)
- 5.2** All children, including those separated from others, should receive a full and constructive regime. (S48)
- 5.3** Behaviour management processes should focus on meaningful rewards for good behaviour. Managers should ensure that staff implement behaviour management schemes as required. (S49)
- 5.4** Body-worn camera footage should be easily accessible and should be reviewed in all cases. (S50)
- 5.5** Managers should do more to ensure that the length of time children are separated is significantly reduced and that they access education and physical activities regularly. (S51)
- 5.6** The support for staff should be improved, with effective leadership to develop their skills and knowledge. Staff should be skilled and confident in supporting the children in their care and understanding the triggers for their behaviour. They should be encouraged to build strong professional relationships that help children to progress and feel cared for. (S52)
- 5.7** Managers should be visible and ensure effective implementation of policies across the establishment. (S53)
- 5.8** Managers should ensure that more children complete their functional skills awards while in the prison. (S54)
- 5.9** Children who are serving or facing potentially long sentences should be provided with appropriate, developmental support. (S55)

Recommendation

To the Youth Custody Service

- 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. (I.8)

Recommendations

To the governor

Safeguarding of children

- 5.11** Child protection allegations should be referred to the local authority designated officer within 24 hours. (1.12)

Security

- 5.12** Prison managers should ensure that a child has full access to advocacy support following authorisation of a strip-search. (1.28)

The use of force

- 5.13** Pain infliction techniques should not be used on children. (1.46)

Consultation, application and redress

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

Strategic management of equality and diversity

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

Protected characteristics

- 5.16** Minority groups should be consulted regularly and the outcome of consultations used to improve services and conditions for children. (2.42)
- 5.17** The establishment should identify and address the reasons for children with disabilities saying that they feel unsafe. (2.43)

Strategy, clinical governance and partnerships

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

Social care

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

Mental health

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

Time out of cell

- 5.21** All children should receive 10 hours out of cell each day. (3.10)
- 5.22** The drainage on the outdoor field should be rectified to ensure that full use is made of the facilities. (3.11)

Education, skills and work activities (Ofsted)

- 5.23** Managers should ensure that all children have a fully settled plan for the next stage of their education and training when they leave the establishment. (3.20)
- 5.24** Teachers should ensure that all children are able to use the virtual campus, particularly to help familiarise them with employment opportunities. (3.21)
- 5.25** Leaders and managers should provide support for new teachers, to help them plan learning which meets the needs and potential of all children in mixed-ability classes. (3.28)
- 5.26** Managers should ensure that learning and personal development targets in each session are sufficiently personalised to meet each child's needs, so that all learners make the progress they are capable of. (3.29)

Children, families and contact with the outside world

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

Pre-release and resettlement

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

Training planning and remand management

- 5.29** Sentence plans should be written in language that can be understood by children. (4.26)
- 5.30** All staff should be aware of the multiple forms of exploitation, for example county lines, and how these affect a child in custody. (4.27)

Examples of good practice

- 5.31** The safer custody team maintained a database of key dates, such as anniversaries of bereavements affecting a child. All staff were contacted before these dates and asked to look out for these children. (1.20)
- 5.32** The prompt enhancement of emergency equipment as a result of learning from experience led to a safer service. (2.56)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief Inspector
Angus Mulready-Jones	Team leader
Ian Dickens	Coordinating inspector
David Foot	Inspector
Deri Hughes - Roberts	Inspector
Angela Johnson	Inspector
Fran Russell	Inspector
Esra Sari	Inspector
Rebecca Stanbury	Inspector
Sharlene Andrew	Researcher
Becky Duffield	Researcher
Rachel Duncan	Researcher
Amilcar Johnson	Researcher
Helen Ranns	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Paul Tarbuck	Health services inspector
Dayni Johnson	Care Quality Commission inspector
Jane Attwood	HMI Probation
Tracey Green	HMI Probation
Stephen Oliver Watts	Ofsted inspector
Malcom Fraser	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, boys were positive about their early days at Werrington and our findings supported this view. Safeguarding and child protection arrangements were good and support for boys at risk of self-harm was also good. The increased number of violent incidents was a significant concern and affected outcomes for many boys. Managers had implemented a range of measures to address this, including a case management approach to antisocial behaviour and violence. The use of conflict resolution remained effective. Behaviour management was focused appropriately on reward and motivating positive behaviour. The rise in violence had led to increased use of force, adjudications and segregation. While governance of use of force and adjudications was effective, oversight of segregation needed to improve to ensure that all segregated boys received a decent regime. Substance misuse services remained good. **Outcomes for children and young people were reasonably good against this healthy prison test.***

Main recommendation

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

Not achieved

Recommendations

The escort contract should be reviewed to ensure children do not have lengthy delays at court once their case has finished and do not travel in escort vans with adults. (1.4)

Not achieved

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

Not achieved

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

Achieved

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

Not achieved

Pain infliction techniques should not be used on boys. (1.52)

Not achieved (Recommendation repeated, 1.46)

Body-worn video cameras should be worn by all designated staff to provide audio and visual oversight of all incidents of force. (1.53)

Not achieved

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

Not achieved

Respect

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

*At the last inspection in 2018, the standard of residential units had improved and boys had better access to showers and telephone calls. Relationships between staff and boys were generally good but the personal officer scheme was not effective enough to underpin behaviour management. The food had improved and most boys could eat together. Management of equality work had also improved and there was good support for some groups, although consultation arrangements required further development. The chaplaincy provision remained good. The complaints process was effective. Physical and mental health care was good. **Outcomes for children and young people were good against this healthy prison.***

Recommendations

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

Not achieved

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

Not achieved

There should be consistent attendance at the diversity and equality action team meetings. (2.18)

Achieved

All discrimination incident report forms should be subject to thorough, timely and documented investigation. (2.19)

Achieved

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

Not achieved (Recommendation repeated, 2.43)

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

Achieved

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

Achieved

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

Achieved

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

Not achieved

Purposeful activity

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

*At the last inspection in 2018, time out of cell remained good for most boys. Access to evening activities had improved and was better than at other young offender institutions. Leadership and management of education remained good and vocational provision and opportunities for release on temporary licence (ROTL) had developed since the previous inspection. Teaching and learning remained mostly good, achievement rates had improved and were high in most subjects. Behaviour management was mostly good with an effective focus on rewarding positive behaviour. Outreach provision was not good enough to meet the needs of boys unable to attend mainstream education. Library and PE provision remained good. **Outcomes for children and young people were reasonably good against this healthy prison test.***

Recommendations

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

Not achieved (Recommendation repeated, 3.10)

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

Not achieved

Novus managers should provide specialist cleaning training on the wings for boys on a cleaning pathway. (3.14)

Achieved

Teachers should consistently set challenging course and behavioural targets in learning plans. (3.23)

Achieved

Teachers should apply the removal of boys' earned privileges consistently to ensure that behaviour in all classes is of a reliably high standard. (3.24)

Partially Achieved

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

Achieved

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

Not achieved (Recommendation repeated, 3.11)

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

Recommendations

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

Achieved

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

Achieved

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

Not achieved

Appendix III: Establishment population profile

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

Population breakdown by:

Status	Number of young people	%
Sentenced	80	69.6
Recall	1	0.9
Convicted unsentenced	0	0.0
Remand	29	25.2
Detainees	0	0.0
Other	5	4.3
Total	115	100

Age	Number of young people	%
15 years	5	4.3
16 years	22	19.1
17 years	70	60.9
18 years	18	15.7
Other	0	0.0
Total	115	100

Nationality	Number of young people	%
British	92	80
Foreign nationals	21	18.3
Not stated	2	1.7
Total	115	100

Ethnicity	Number of young people	%
White		
British	40	34.8
Irish	1	0.9
Gypsy/Irish Traveller	0	0
Other white	10	8.7
Mixed		
White and black Caribbean	11	9.6
White and black African	0	0.0
White and Asian	1	0.9
Other mixed	2	1.7
Asian or Asian British		
Indian	4	3.5
Pakistani	9	7.8
Bangladeshi	0	0.0
Chinese	0	0.0
Other Asian	5	0.0
Black or black British		
Caribbean	15	13.0
African	11	9.6
Other black	3	2.6
Other ethnic group		
Arab	0	0.0
Other ethnic group	3	2.6
Not stated	0	0
Total	115	100

Religion	Number of young people	%
Baptist	0	0.0
Church of England	3	2.6
Roman Catholic	10	8.7
Other Christian denominations	18	15.7
Muslim	32	27.8
Sikh	1	0.9
Hindu	0	0.0
Buddhist	0	0.0
Jewish	0	0.0
Other	1	0.9
No religion	50	43.5
Total	115	100

Other demographics	Number of young people	%
Gypsy/Romany/Traveller	0	0.0
Total	0	0

Sentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs +	4 yrs +	Total
Age								
15 years	0	1	1	0	0	0	0	2.3
16 years	1	1	5	8	1	0	0	18.6
17 years	4	13	13	12	9	0	0	59.3
18 years	1	3	3	9	1	0	0	19.8
Total	6	18	22	29	11	0	0	100

Unsentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs+	4 yrs +	Total
Age								
15 years	3	0	0	0	0	0	0	10.3
16 years	3	2	0	1	0	0	0	20.7
17 years	8	2	3	5	1	0	0	65.5
18 years	0	0	0	0	1	0	0	3.4
Total	14	4	3	6	2	0	0	100

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

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

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

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Recall	Total
Age							
15 years	0	0	0	0	0	0	0.0
16 years	8	0	0	0	0	0	25.0
17 years	21	0	0	0	0	0	65.6
18 years	3	0	0	0	0	0	9.4
Total	32	0	0	0	0	0	100

Number of extended sentences under Section 228 (extended determinate sentence for public protection) by age and length of tariff

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

Number of indeterminate sentences by age

Sentence	Section 90	Section 53 (1)	Recall	ISPPCJ03	HMP	Total
Age						
15 years	0	0	0	0	0	0
16 years	0	0	0	0	2	40.0
17 years	0	0	0	0	3	60.0
18 years	0	0	0	0	0	0
Total	0	0	0	0	5	100

Appendix IV: Summary of questionnaires and interviews

Children's survey methodology

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

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

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

Distribution and collection of questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that children can give their informed consent³⁰ to participate, the purpose of the survey and the inspection is explained. We make clear that the questionnaire can also be administered via a face-to-face interview for those who have literacy difficulties and via a telephone interpreting service for those with limited English.

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

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

Child protection and safeguarding

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

³⁰ For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Survey results

Response rate

At the time of the survey on 18 February 2019 the population at HMYOI Werrington was 114. Using the approach described above, questionnaires were distributed to 112 children.³¹

We received a total of 99 completed questionnaires, a response rate of 88%. Five young people declined to participate in the survey and eight questionnaires were not returned.

Survey results and analyses

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

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

We also present the following comparative analyses:

- The current survey responses from HMYOI Werrington 2019 compared with responses from other YOIs holding children. The comparator surveys were carried out in five YOIs since March 2018.
- The current survey responses from HMYOI Werrington 2019 compared with the responses of children surveyed at HMYOI Werrington in 2018.
- Responses of children on the first night/induction and enhanced unit (C2) compared with those from the rest of the establishment.
- A comparison within the 2019 survey between the responses of children aged 18 or over and 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 significant³² 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.

³¹ Questionnaires were not distributed to two children who were at court on the day of the survey.

³² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Background information

Q1.1	What wing, unit or houseblock do you live on?						
	A Wing						43 (43%)
	B Wing.....						34 (34%)
	C Wing.....						16 (16%)
	Segregation Unit.....						6 (6%)
Q1.2	How old are you?						
	12	13	14	15	16	17	18 or over
	1 (1%)	0 (0%)	0 (0%)	4 (4%)	19 (19%)	64 (65%)	11 (11%)
Q1.3	What is your gender?						
	Male						97 (99%)
	Female.....						1 (1%)
Q1.4	What is your ethnic group?						
	White - English/ Welsh/ Scottish/ Northern Irish/ British						28 (29%)
	White - Irish						1 (1%)
	White - Gypsy or Irish Traveller.....						1 (1%)
	White - any other White background						7 (7%)
	Mixed - White and Black Caribbean						11 (11%)
	Mixed - White and Black African						2 (2%)
	Mixed - White and Asian						1 (1%)
	Mixed - any other Mixed ethnic background						4 (4%)
	Asian/ Asian British - Indian.....						1 (1%)
	Asian/ Asian British - Pakistani.....						10 (10%)
	Asian/ Asian British - Bangladeshi.....						2 (2%)
	Asian/ Asian British - Chinese.....						1 (1%)
	Asian - any other Asian background.....						1 (1%)
	Black/ Black British - Caribbean.....						13 (13%)
	Black/ Black British - African						8 (8%)
	Black - any other Black/ African/ Caribbean background.....						1 (1%)
	Arab.....						2 (2%)
	Any other ethnic group						4 (4%)
Q1.5	Do you have any children?						
	Yes						8 (8%)
	No.....						87 (92%)
Q1.6	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?						
	Yes						8 (8%)
	No.....						90 (92%)
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						49 (51%)
	No.....						48 (49%)

Arrival and induction

Q2.1	When you were searched in reception/admissions, was this done in a respectful way?	
	Yes	63 (64%)
	No.....	6 (6%)
	Don't remember	25 (25%)
	I wasn't searched.....	5 (5%)
Q2.2	Overall, how were you treated in reception/admissions?	
	Well.....	71 (72%)
	Badly.....	8 (8%)
	Don't remember	20 (20%)
Q2.3	When you first arrived here did staff help you with any problems or worries you had?	
	Yes	32 (33%)
	No.....	24 (24%)
	Don't remember	9 (9%)
	I didn't have any problems or worries.....	33 (34%)
Q2.4	Did you feel safe on your first night here?	
	Yes	70 (71%)
	No.....	19 (19%)
	Don't remember	10 (10%)
Q2.5	In your first few days were you told everything you needed to know about life here?	
	Yes	53 (54%)
	No.....	46 (46%)

Living conditions

Q3.1	How comfortable is the temperature of your cell?	
	Too cold.....	51 (56%)
	About right	35 (38%)
	Too hot	5 (5%)
Q3.2	Can you shower every day?	
	Yes	60 (62%)
	No.....	32 (33%)
	Don't know.....	5 (5%)
Q3.3	Do you normally have enough clean, suitable clothes for the week?	
	Yes	75 (76%)
	No.....	21 (21%)
	Don't know.....	3 (3%)
Q3.4	Do you have clean sheets every week?	
	Yes	70 (74%)
	No.....	19 (20%)
	Don't know.....	6 (6%)
Q3.5	Can you get your stored property if you need it?	
	Yes	54 (56%)
	No.....	18 (19%)
	Don't know.....	25 (26%)

Q3.6	Is it normally quiet enough for you to relax or sleep at night?	
	Yes	52 (54%)
	No.....	45 (46%)
	Don't know.....	0 (0%)
Q3.7	Do you usually spend more than 2 hours out of your cell on weekdays?	
	Yes	82 (86%)
	No.....	8 (8%)
	Don't know.....	5 (5%)
Q3.8	Do you usually spend more than 2 hours out of your cell on Saturdays and Sundays?	
	Yes	27 (28%)
	No.....	54 (57%)
	Don't know.....	14 (15%)

Food and canteen

Q4.1	What is the food like here?	
	Very good	0 (0%)
	Quite good	25 (27%)
	Quite bad	48 (52%)
	Very bad	20 (22%)
Q4.2	Do you get enough to eat at mealtimes?	
	Always.....	12 (12%)
	Most of the time.....	26 (27%)
	Some of the time.....	43 (44%)
	Never	17 (17%)
Q4.3	Does the canteen sell the things that you need?	
	Yes	48 (51%)
	No.....	36 (38%)
	Don't know.....	10 (11%)

Health and well-being

Q5.1	How easy or difficult is it to see the following health staff?			
		Easy	Difficult	Don't know
	Doctor	39 (41%)	35 (37%)	21 (22%)
	Nurse	52 (55%)	27 (29%)	15 (16%)
	Dentist	22 (23%)	53 (56%)	20 (21%)
	Mental health workers	39 (41%)	26 (27%)	30 (32%)
Q5.2	Do you have any health problems (including mental health problems)?			
	Yes			33 (35%)
	No.....			61 (65%)
Q5.3	Have you been helped with your health problems since you've been here?			
	Yes			26 (27%)
	No.....			10 (10%)
	Don't have any health problems.....			61 (63%)
Q5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.			
	Yes			27 (28%)
	No.....			71 (72%)

Q5.5	If you have a disability, are you getting the support you need?	
	Yes	12 (12%)
	No.....	14 (14%)
	Don't have a disability	71 (73%)
Q5.6	Did you have an alcohol problem when you came here?	
	Yes	6 (6%)
	No.....	92 (94%)
Q5.7	Did you have a drug problem when you came here?	
	Yes	18 (18%)
	No.....	80 (82%)
Q5.8	Have you been helped with your drug or alcohol problem since you've been here?	
	Yes	12 (12%)
	No.....	8 (8%)
	Did not have a drug or alcohol problem.....	78 (80%)
Q5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	
	Yes	60 (62%)
	No.....	27 (28%)
	Don't know.....	10 (10%)
Q5.10	How often do you go to the gym or play sports?	
	More than once a week.....	64 (65%)
	About once a week.....	25 (25%)
	Less than once a week.....	3 (3%)
	Never	7 (7%)

Complaints

Q6.1	Do you know how to make a complaint?	
	Yes	90 (91%)
	No.....	9 (9%)
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?	20 (20%) 40 (41%) 38 (39%)
	Were your complaints usually dealt with within 7 days?	20 (21%) 36 (38%) 38 (40%)
Q6.3	Have you ever felt too scared to make a complaint?	
	Yes	11 (12%)
	No.....	63 (67%)
	Never wanted to make a complaint	20 (21%)

Safety and security

Q7.1	Have you ever felt unsafe here?	
	Yes	32 (33%)
	No.....	66 (67%)
Q7.2	Do you feel unsafe now?	
	Yes	13 (13%)
	No.....	86 (87%)

Q7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	
	Yes	17 (18%)
	No.....	61 (64%)
	Don't know.....	18 (19%)
Q7.5	Have other young people here ever done any of the following to you?	
	Verbal abuse.....	34 (43%)
	Threats or intimidation.....	27 (34%)
	Physical assault.....	17 (21%)
	Sexual assault.....	0 (0%)
	Being forced to assault another young person	2 (3%)
	Theft of canteen or property.....	3 (4%)
	Other bullying or victimisation	6 (8%)
	Young people here have not done any of these things to me	46 (58%)
Q7.6	If you were being bullied/victimised by other young people here, would you report it?	
	Yes	26 (29%)
	No.....	65 (71%)
Q7.7	Have staff here ever done any of the following to you?	
	Verbal abuse.....	38 (43%)
	Threats or intimidation.....	28 (32%)
	Physical assault.....	12 (14%)
	Sexual assault.....	0 (0%)
	Theft of canteen or property.....	15 (17%)
	Other bullying or victimisation	7 (8%)
	Staff here have not done any of these things to me	42 (48%)
Q7.8	If you were being bullied/victimised by staff here, would you report it?	
	Yes	47 (53%)
	No.....	41 (47%)

Behaviour management

Q8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	
	Yes	37 (39%)
	No.....	46 (48%)
	Don't know	13 (14%)
Q8.2	Do you think the system of rewards or incentives is fair?	
	Yes	29 (30%)
	No.....	47 (49%)
	Don't know.....	20 (21%)
Q8.3	Do staff usually let you know when your behaviour is good?	
	Yes	40 (43%)
	No.....	53 (57%)
Q8.4	If you get in trouble, do staff usually explain what you have done wrong?	
	Yes	33 (36%)
	No.....	41 (45%)
	Not applicable (never been in trouble here).....	17 (19%)
Q8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	
	Yes	55 (57%)
	No.....	42 (43%)

Q8.6	If you have been restrained, did a member of staff come and talk to you about it afterwards?	
	Yes	35 (36%)
	No.....	13 (13%)
	Don't remember	7 (7%)
	Not been restrained here	42 (43%)
Q8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people <u>as a punishment</u>?	
	Yes.....	53 (54%)
	No.....	45 (46%)

Staff

Q9.1	Do you feel cared for by most staff here?	
	Yes	31 (33%)
	No.....	63 (67%)
Q9.2	Do most staff here treat you with respect?	
	Yes.....	58 (62%)
	No.....	36 (38%)
Q9.3	If you had a problem, are there any staff here you could turn to for help?	
	Yes.....	59 (62%)
	No.....	36 (38%)
Q9.4	Can you speak to a Barnardo's advocate when you need to?	
	Yes.....	77 (79%)
	No.....	5 (5%)
	Don't know.....	16 (16%)

Faith

Q10.1	What is your religion?	
	No religion.....	22 (23%)
	Christian (including Church of England, Catholic, and other branches of Christianity)	41 (42%)
	Buddhist.....	0 (0%)
	Hindu.....	0 (0%)
	Jewish	0 (0%)
	Muslim.....	29 (30%)
	Sikh	1 (1%)
	Other	4 (4%)
Q10.2	Are your religious beliefs respected here?	
	Yes	59 (63%)
	No.....	7 (7%)
	Don't know.....	6 (6%)
	Not applicable (no religion).....	22 (23%)
Q10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes	54 (56%)
	No.....	8 (8%)
	Don't know.....	13 (13%)
	Not applicable (no religion).....	22 (23%)

Keeping in touch with family and friends

Q11.1	Has anyone here helped you to keep in touch with your family and friends?	
	Yes.....	68 (72%)
	No.....	27 (28%)
Q11.2	Are you able to use a phone every day (if you have credit)?	
	Yes.....	68 (73%)
	No.....	25 (27%)
Q11.3	How easy or difficult is it for your family and friends to get here?	
	Very easy.....	3 (3%)
	Quite easy.....	32 (34%)
	Quite difficult.....	33 (35%)
	Very difficult.....	13 (14%)
	Don't know.....	13 (14%)
Q11.4	How often do you have visits from family or friends?	
	More than once a week.....	4 (4%)
	About once a week.....	37 (39%)
	Less than once a week.....	35 (37%)
	Not applicable (haven't had any visits).....	18 (19%)

Education and training

Q12.1	Are you doing any of the following activities at the moment?	
	Education.....	87 (91%)
	Training for a job (vocational training).....	6 (6%)
	Paid work.....	5 (5%)
	Interventions (e.g. offending behaviour programmes).....	14 (15%)
	None of these.....	8 (8%)
Q12.2	Do staff encourage you to attend education, training or work?	
	Yes.....	58 (62%)
	No.....	36 (38%)
Q12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	
	Yes.....	49 (53%)
	No.....	43 (47%)

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.....	65 (67%)
	No.....	14 (14%)
	Don't know.....	18 (19%)
Q13.2	Do you understand what you need to do to achieve your objectives or targets?	
	Yes.....	58 (63%)
	No.....	2 (2%)
	Don't know what my objectives or targets are.....	32 (35%)

Q13.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes	27 (29%)
	No.....	33 (36%)
	Don't know what my objectives or targets are.....	32 (35%)
Q13.4	Is anybody here helping you to prepare for when you leave?	
	Yes	46 (48%)
	No.....	49 (52%)
Q13.5	Have you had a say in what will happen to you when you leave here?	
	Yes	49 (51%)
	No.....	47 (49%)

Final questions about this YOI

Q14.1	Do you think your experiences here have made you more or less likely to offend in the future?	
	More likely to offend.....	6 (7%)
	Less likely to offend.....	53 (58%)
	Made no difference	33 (36%)

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

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
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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

HMYOI Werrington 2019	All other YOIs	HMYOI Werrington 2019	HMYOI Werrington 2018
99	474	99	83

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

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 15 years of age?	n=99	1%	0%	1%	0%
	Are you aged 18 or over?	n=99	11%	16%	11%	14%
1.4	Are you from a minority ethnic group?	n=98	62%	52%	62%	49%
1.5	Do you have any children?	n=95	8%	10%	8%	14%
1.6	Are you from a traveller community?	n=98	8%	6%	8%	4%
1.7	Have you ever been in local authority care?	n=97	51%	45%	51%	41%
5.2	Do you have any health problems (including mental health problems)?	n=94	35%		35%	
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=98	28%	21%	28%	22%
10.1	Are you Muslim?	n=97	30%	19%	30%	23%
ARRIVAL AND INDUCTION						
2.1	Were you searched in reception/admissions?	n=99	95%	98%	95%	
<i>For those who had been searched:</i>						
2.1	Was this search done in a respectful way?	n=94	67%		67%	
2.2	Overall, were you treated well in reception/admission?	n=99	72%		72%	
2.3	When you first arrived, did you have any problems or worries?	n=98	66%		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?	n=65	49%		49%	
2.4	Did you feel safe on your first night here?	n=99	71%	70%	71%	85%
2.5	In your first few days, were you told everything you needed to know about life here?	n=99	54%		54%	
LIVING CONDITIONS						
3.1	Is the temperature of your room or cell about right?	n=91	39%		39%	
3.2	Can you shower everyday?	n=97	62%	72%	62%	69%
3.3	Do you normally have enough clean, suitable clothes for the week?	n=99	76%		76%	
3.4	Do you have clean sheets every week?	n=95	74%		74%	
3.5	Can you get to your stored property if you need it?	n=97	56%		56%	
3.6	Is it normally quiet enough for you to relax or sleep at night?	n=97	54%		54%	
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	n=95	86%		86%	
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	n=95	28%		28%	

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Number of completed questionnaires returned

HMYOI Werrington 2019	All other YOIs	HMYOI Werrington 2019	HMYOI Werrington 2018
99	474	99	83

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

FOOD AND CANTEN							
4.1	Is the food here very / quite good?	n=93	27%		27%		
4.2	Do you get enough to eat at mealtimes always / most of the time?	n=98	39%		39%		
4.3	Does the shop / canteen sell the things that you need?	n=94	51%		51%		
HEALTH AND WELL-BEING							
5.1	Is it easy to see:						
	- Doctor?	n=95	41%		41%		
	- Nurse?	n=94	55%		55%		
	- Dentist?	n=95	23%		23%		
	- Mental health worker?	n=95	41%		41%		
5.2	Do you have any health problems (including mental health problems)?	n=94	35%		35%		
<i>For those who have health problems:</i>							
5.3	Have you been helped with your health problems since you have been here?	n=36	72%		72%		
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=98	28%	21%	28%	22%	
<i>For those who have a disability</i>							
5.5	Are you getting the support you need?	n=26	46%		46%		
5.6	Did you have an alcohol problem when you came here?	n=98	6%	5%	6%	9%	
5.7	Did you have a drug problem when you came here?	n=98	18%	25%	18%	28%	
<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?	n=20	60%		60%		
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	n=97	62%		62%		
5.10	Do you go to the gym or play sports once a week or more?	n=99	65%		65%		
COMPLAINTS							
6.1	Do you know how to make a complaint?	n=99	91%		91%		
<i>For those who have made a complaint:</i>							
6.2	Were your complaints usually dealt with fairly?	n=60	33%		33%		
	Were your complaints usually dealt with within 7 days?	n=56	36%		36%		
6.3	Have you ever felt too scared to make a complaint?	n=74	15%	12%	15%	28%	

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Number of completed questionnaires returned

	HMYOI Werrington 2019	All other YOIs	HMYOI Werrington 2019	HMYOI Werrington 2018
	99	474	99	83

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

SAFETY AND SECURITY					
7.1	Have you ever felt unsafe here?	n=98	33%	36%	33% 28%
7.2	Do you feel unsafe now?	n=99	13%	12%	13% 15%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	n=96	18%	28%	18% 35%
7.5	Have other young people here ever done any of the following to you?				
	- Verbal abuse?	n=80	43%		43%
	- Threats or intimidation?	n=80	34%		34%
	- Physical assault?	n=80	21%		21%
	- Sexual assault?	n=80	0%		0%
	- Being forced to assault another young person?	n=80	3%		3%
	- Theft of canteen or property?	n=80	4%		4%
	- Other bullying or victimisation?	n=80	8%		8%
	- Young people here have not done any of these things to me	n=80	58%		58%
7.6	If you were being bullied / victimised by other young people here, would you report it?	n=91	29%		29%
7.7	Have staff here ever done any of the following to you?				
	- Verbal abuse?	n=88	43%		43%
	- Threats or intimidation?	n=88	32%		32%
	- Physical assault?	n=88	14%		14%
	- Sexual assault?	n=88	0%		0%
	- Theft of canteen or property?	n=88	17%		17%
	- Other bullying / victimisation?	n=88	8%		8%
	- Staff here have not done any of these things to me	n=88	48%		48%
7.8	If you were being bullied / victimised by staff here, would you report it?	n=88	53%		53%
BEHAVIOUR MANAGEMENT					
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	n=96	39%		39%
8.2	Do you think the system of rewards or incentives is fair?	n=96	30%		30%
8.3	Do staff usually let you know when your behaviour is good?	n=93	43%		43%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	n=74	45%		45%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	n=97	57%	59%	57% 46%
	<i>For those who have been restrained:</i>				
8.6	Did a member of staff come and talk to you about it afterwards?	n=55	64%		64%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	n=98	54%		54%
STAFF					
9.1	Do you feel cared for by most staff here?	n=94	33%		33%
9.2	Do most staff here treat you with respect?	n=94	62%	65%	62% 67%
9.3	If you had a problem, are there any staff here you could turn to for help?	n=95	62%		62%
9.4	Can you speak to a Barnardo's advocate when you need to?	n=98	79%	56%	79% 37%

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	HMYOI Werrington 2019	All other YOIs		HMYOI Werrington 2019	HMYOI Werrington 2018
Number of completed questionnaires returned	99	474		99	83

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

FAITH						
10.1	Do you have a religion?	n=97	77%	65%	77%	70%
<i>For those who have a religion:</i>						
10.2	Are your religious beliefs respected here?	n=72	82%		82%	
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=75	72%		72%	
KEEPING IN TOUCH WITH FAMILY AND FRIENDS						
11.1	Has anyone here helped you to keep in touch with your family / friends?	n=95	72%		72%	
11.2	Are you able to use a phone every day (if you have credit)?	n=93	73%		73%	
11.3	Is it quite / very easy for your family and friends to get here?	n=94	37%		37%	
11.4	Do you get visits from family or friends?	n=94	81%		81%	
<i>For those who do get visits:</i>						
11.4	Do you get visits from family or friends once a week or more?	n=76	54%		54%	
EDUCATION AND TRAINING						
12.1	Are you doing any of the following activities at the moment:					
	- Education?	n=96	91%	82%	91%	71%
	- Training for a job (vocational training)?	n=96	6%		6%	
	- Paid work?	n=96	5%		5%	
	- Interventions (e.g. offending behaviour programmes)?	n=96	15%		15%	
	- Not doing any of these activities	n=96	8%		8%	
12.2	Do staff encourage you to attend education, training or work?	n=94	62%		62%	
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	n=92	53%		53%	
PREPARING TO MOVE ON						
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	n=97	67%		67%	
<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?	n=60	97%		97%	
13.3	Are staff here supporting you to achieve your objectives or targets?	n=60	45%		45%	
13.4	Is anybody here helping you to prepare for when you leave?	n=95	48%		48%	
13.5	Have you had a say in what will happen to you when you leave here?	n=96	51%		51%	
FINAL QUESTIONS ABOUT THIS STC/YOI						
14.1	Do you think your experiences here have made you less likely to offend in the future?	n=92	58%		58%	

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

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
61	37	29	68

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 15 years of age?	2%	0%	0%	0%
	Are you aged 18 or over?	8%	16%	14%	10%
1.4	Are you from a minority ethnic group?			90%	49%
1.5	Do you have any children?	7%	12%	7%	8%
1.6	Are you from a traveller community?	5%	14%	3%	9%
1.7	Have you ever been in local authority care?	46%	60%	48%	50%
5.2	Do you have any health problems (including mental health problems)?	26%	51%	15%	43%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	15%	49%	17%	31%
10.1	Are you Muslim?	44%	8%		
ARRIVAL AND INDUCTION					
2.1	Were you searched in reception/admissions?	97%	92%	100%	93%
<i>For those who had been searched:</i>					
2.1	Was this search done in a respectful way?	64%	74%	72%	65%
2.2	Overall, were you treated well in reception/admission?	67%	78%	76%	71%
2.3	When you first arrived, did you have any problems or worries?	62%	72%	55%	70%
<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?	37%	65%	31%	55%
2.4	Did you feel safe on your first night here?	66%	78%	62%	75%
2.5	In your first few days, were you told everything you needed to know about life here?	51%	57%	52%	56%
LIVING CONDITIONS					
3.1	Is the temperature of your room or cell about right?	36%	41%	42%	38%
3.2	Can you shower everyday?	56%	73%	59%	64%
3.3	Do you normally have enough clean, suitable clothes for the week?	79%	70%	76%	77%
3.4	Do you have clean sheets every week?	68%	83%	64%	79%
3.5	Can you get to your stored property if you need it?	57%	56%	48%	59%
3.6	Is it normally quiet enough for you to relax or sleep at night?	53%	53%	59%	53%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	88%	83%	93%	85%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	28%	27%	36%	26%

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

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

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

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
61	37	29	68

FOOD AND CANTEEN					
4.1	Is the food here very / quite good?	21%	37%	21%	30%
4.2	Do you get enough to eat at mealtimes always / most of the time?	35%	43%	28%	45%
4.3	Does the shop / canteen sell the things that you need?	44%	61%	36%	58%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	33%	54%	31%	47%
	- Nurse?	51%	62%	54%	58%
	- Dentist?	24%	22%	18%	26%
	- Mental health worker?	34%	53%	32%	46%
5.2	Do you have any health problems (including mental health problems)?	26%	51%	15%	43%
<i>For those who have health problems:</i>					
5.3	Have you been helped with your health problems since you have been here?	56%	85%	80%	73%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	15%	49%	17%	31%
<i>For those who have a disability</i>					
5.5	Are you getting the support you need?	38%	50%	75%	43%
5.6	Did you have an alcohol problem when you came here?	2%	14%	0%	8%
5.7	Did you have a drug problem when you came here?	10%	32%	14%	21%
<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?	57%	62%	75%	60%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	60%	64%	57%	64%
5.10	Do you go to the gym or play sports once a week or more?	67%	60%	62%	66%
COMPLAINTS					
6.1	Do you know how to make a complaint?	93%	87%	90%	91%
<i>For those who have made a complaint:</i>					
6.2	Were your complaints usually dealt with fairly?	28%	43%	42%	28%
	Were your complaints usually dealt with within 7 days?	22%	60%	35%	35%
6.3	Have you ever felt too scared to make a complaint?	16%	13%	25%	8%

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

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

Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	61	37	29	68

SAFETY AND SECURITY					
7.1	Have you ever felt unsafe here?	34%	28%	35%	30%
7.2	Do you feel unsafe now?	10%	16%	3%	16%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	12%	25%	14%	20%
7.5	Have other young people here ever done any of the following to you?				
	- Verbal abuse?	35%	55%	33%	47%
	- Threats or intimidation?	27%	45%	33%	34%
	- Physical assault?	19%	26%	26%	19%
	- Sexual assault?	0%	0%	0%	0%
	- Being forced to assault another young person?	2%	3%	0%	4%
	- Theft of canteen or property?	2%	7%	0%	6%
	- Other bullying or victimisation?	4%	13%	0%	11%
	- Young people here have not done any of these things to me	65%	45%	67%	53%
7.6	If you were being bullied / victimised by other young people here, would you report it?	20%	40%	19%	33%
7.7	Have staff here ever done any of the following to you?				
	- Verbal abuse?	44%	43%	38%	44%
	- Threats or intimidation?	29%	37%	29%	33%
	- Physical assault?	14%	14%	13%	14%
	- Sexual assault?	0%	0%	0%	0%
	- Theft of canteen or property?	21%	11%	13%	19%
	- Other bullying / victimisation?	10%	6%	8%	8%
	- Staff here have not done any of these things to me	44%	51%	46%	49%
7.8	If you were being bullied / victimised by staff here, would you report it?	52%	54%	46%	56%
BEHAVIOUR MANAGEMENT					
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	33%	46%	30%	43%
8.2	Do you think the system of rewards or incentives is fair?	22%	41%	19%	35%
8.3	Do staff usually let you know when your behaviour is good?	33%	57%	37%	46%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	36%	55%	32%	51%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	58%	54%	67%	52%
	<i>For those who have been restrained:</i>				
8.6	Did a member of staff come and talk to you about it afterwards?	56%	75%	58%	68%
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)	53%	57%	61%	52%

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

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
61	37	29	68

STAFF					
9.1	Do you feel cared for by most staff here?	21%	49%	30%	35%
9.2	Do most staff here treat you with respect?	53%	74%	61%	64%
9.3	If you had a problem, are there any staff here you could turn to for help?	60%	64%	56%	65%
9.4	Can you speak to a Barnardo's advocate when you need to?	77%	81%	68%	84%
FAITH					
10.1	Do you have a religion?	86%	62%	100%	68%
<i>For those who have a religion:</i>					
10.2	Are your religious beliefs respected here?	78%	91%	79%	84%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	67%	83%	76%	70%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Has anyone here helped you to keep in touch with your family / friends?	68%	77%	62%	76%
11.2	Are you able to use a phone every day (if you have credit)?	65%	86%	68%	75%
11.3	Is it quite / very easy for your family and friends to get here?	35%	42%	31%	40%
11.4	Do you get visits from family or friends?	81%	80%	75%	83%
<i>For those who do get visits:</i>					
11.4	Do you get visits from family or friends once a week or more?	55%	50%	62%	51%
EDUCATION AND TRAINING					
12.1	Are you doing any of the following activities at the moment:				
	- Education?	95%	83%	97%	88%
	- Training for a job (vocational training)?	7%	6%	7%	6%
	- Paid work?	5%	6%	3%	6%
	- Interventions (e.g. offending behaviour programmes)?	12%	19%	14%	15%
	- Not doing any of these activities	5%	14%	3%	10%
12.2	Do staff encourage you to attend education, training or work?	56%	71%	59%	63%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	54%	51%	56%	52%
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)?	75%	54%	69%	66%
<i>For those who do have a plan:</i>					
13.2	Do you understand what you need to do to achieve your objectives or targets?	100%	90%	100%	95%
13.3	Are staff here supporting you to achieve your objectives or targets?	38%	58%	25%	54%
13.4	Is anybody here helping you to prepare for when you leave?	45%	53%	57%	46%
13.5	Have you had a say in what will happen to you when you leave here?	48%	57%	38%	58%
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%	64%	57%	59%

HMYOI Werrington 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
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Number of completed questionnaires returned

Have a disability	Do not have a disability
27	71

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	4%	0%
	Are you aged 18 or over?	15%	10%
1.4	Are you from a minority ethnic group?	33%	73%
1.5	Do you have any children?	16%	4%
1.6	Are you from a traveller community?	19%	4%
1.7	Have you ever been in local authority care?	72%	42%
5.2	Do you have any health problems (including mental health problems)?	80%	19%
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?	19%	34%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	89%	97%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	63%	68%
2.2	Overall, were you treated well in reception/admission?	70%	73%
2.3	When you first arrived, did you have any problems or worries?	73%	63%
<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?	42%	51%
2.4	Did you feel safe on your first night here?	63%	75%
2.5	In your first few days, were you told everything you needed to know about life here?	52%	54%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	40%	39%
3.2	Can you shower everyday?	63%	61%
3.3	Do you normally have enough clean, suitable clothes for the week?	70%	79%
3.4	Do you have clean sheets every week?	76%	73%
3.5	Can you get to your stored property if you need it?	54%	56%
3.6	Is it normally quiet enough for you to relax or sleep at night?	44%	57%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	73%	91%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	11%	35%

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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	27	71

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	39%	22%
4.2	Do you get enough to eat at mealtimes always / most of the time?	44%	37%
4.3	Does the shop / canteen sell the things that you need?	50%	52%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	48%	38%
	- Nurse?	58%	54%
	- Dentist?	20%	24%
	- Mental health worker?	52%	37%
5.2	Do you have any health problems (including mental health problems)?	80%	19%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	76%	67%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.		
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	46%	
5.6	Did you have an alcohol problem when you came here?	11%	4%
5.7	Did you have a drug problem when you came here?	41%	10%
<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?	50%	75%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	48%	67%
5.10	Do you go to the gym or play sports once a week or more?	44%	72%
COMPLAINTS			
6.1	Do you know how to make a complaint?	89%	92%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	28%	34%
	Were your complaints usually dealt with within 7 days?	33%	35%
6.3	Have you ever felt too scared to make a complaint?	21%	13%

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

Have a disability	Do not have a disability
27	71

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	52%	24%
7.2	Do you feel unsafe now?	30%	7%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	15%	18%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	52%	38%
	- Threats or intimidation?	52%	25%
	- Physical assault?	22%	20%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	9%	0%
	- Theft of canteen or property?	9%	2%
	- Other bullying or victimisation?	17%	2%
	- Young people here have not done any of these things to me	48%	63%
7.6	If you were being bullied / victimised by other young people here, would you report it?	44%	22%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	44%	44%
	- Threats or intimidation?	44%	27%
	- Physical assault?	8%	16%
	- Sexual assault?	0%	0%
	- Theft of canteen or property?	12%	19%
	- Other bullying / victimisation?	4%	10%
	- Staff here have not done any of these things to me	40%	50%
7.8	If you were being bullied / victimised by staff here, would you report it?	52%	53%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	35%	39%
8.2	Do you think the system of rewards or incentives is fair?	35%	29%
8.3	Do staff usually let you know when your behaviour is good?	54%	38%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	33%	48%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	54%	59%
	<i>For those who have been restrained:</i>		
8.6	Did a member of staff come and talk to you about it afterwards?	53%	68%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	59%	53%

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

Have a disability	Do not have a disability
27	71

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	42%	28%
9.2	Do most staff here treat you with respect?	68%	59%
9.3	If you had a problem, are there any staff here you could turn to for help?	54%	65%
9.4	Can you speak to a Barnardo's advocate when you need to?	82%	77%
FAITH			
10.1	Do you have a religion?	73%	79%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	71%	87%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	68%	73%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	71%	71%
11.2	Are you able to use a phone every day (if you have credit)?	74%	73%
11.3	Is it quite / very easy for your family and friends to get here?	36%	38%
11.4	Do you get visits from family or friends?	79%	81%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	53%	55%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	77%	96%
	- Training for a job (vocational training)?	0%	7%
	- Paid work?	8%	4%
	- Interventions (e.g. offending behaviour programmes)?	19%	13%
	- Not doing any of these activities	19%	4%
12.2	Do staff encourage you to attend education, training or work?	74%	57%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	50%	54%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	56%	70%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	92%	98%
13.3	Are staff here supporting you to achieve your objectives or targets?	50%	43%
13.4	Is anybody here helping you to prepare for when you leave?	60%	44%
13.5	Have you had a say in what will happen to you when you leave here?	56%	49%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	58%	57%

HMYOI Werrington 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
	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 been in local authority care	Have not been in local authority care
49	48

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	2%	0%
	Are you aged 18 or over?	14%	6%
1.4	Are you from a minority ethnic group?	57%	70%
1.5	Do you have any children?	13%	4%
1.6	Are you from a traveller community?	10%	6%
1.7	Have you ever been in local authority care?		
5.2	Do you have any health problems (including mental health problems)?	48%	22%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	38%	15%
10.1	Are you Muslim?	30%	31%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	92%	98%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	76%	60%
2.2	Overall, were you treated well in reception/admission?	76%	67%
2.3	When you first arrived, did you have any problems or worries?	69%	64%
<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?	62%	37%
2.4	Did you feel safe on your first night here?	74%	67%
2.5	In your first few days, were you told everything you needed to know about life here?	57%	50%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	41%	38%
3.2	Can you shower everyday?	67%	55%
3.3	Do you normally have enough clean, suitable clothes for the week?	71%	79%
3.4	Do you have clean sheets every week?	75%	71%
3.5	Can you get to your stored property if you need it?	53%	60%
3.6	Is it normally quiet enough for you to relax or sleep at night?	46%	62%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	87%	87%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	23%	35%

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

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

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

Number of completed questionnaires returned

Have been in local authority care	Have not been in local authority care
49	48

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	30%	24%
4.2	Do you get enough to eat at mealtimes always / most of the time?	35%	44%
4.3	Does the shop / canteen sell the things that you need?	59%	41%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	40%	41%
	- Nurse?	59%	50%
	- Dentist?	19%	26%
	- Mental health worker?	40%	44%
5.2	Do you have any health problems (including mental health problems)?	48%	22%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	67%	91%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	38%	15%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	44%	67%
5.6	Did you have an alcohol problem when you came here?	10%	2%
5.7	Did you have a drug problem when you came here?	23%	13%
<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?	54%	67%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	69%	53%
5.10	Do you go to the gym or play sports once a week or more?	65%	67%
COMPLAINTS			
6.1	Do you know how to make a complaint?	92%	90%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	38%	31%
	Were your complaints usually dealt with within 7 days?	46%	27%
6.3	Have you ever felt too scared to make a complaint?	17%	14%

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

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

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

Have been in local authority care	Have not been in local authority care
49	48

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	42%	25%
7.2	Do you feel unsafe now?	14%	13%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	23%	13%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	61%	27%
	- Threats or intimidation?	50%	20%
	- Physical assault?	32%	12%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	5%	0%
	- Theft of canteen or property?	5%	2%
	- Other bullying or victimisation?	13%	2%
	- Young people here have not done any of these things to me	40%	73%
7.6	If you were being bullied / victimised by other young people here, would you report it?	36%	22%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	49%	40%
	- Threats or intimidation?	40%	23%
	- Physical assault?	19%	9%
	- Sexual assault?	0%	0%
	- Theft of canteen or property?	19%	16%
	- Other bullying / victimisation?	7%	9%
	- Staff here have not done any of these things to me	44%	51%
7.8	If you were being bullied / victimised by staff here, would you report it?	64%	44%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	32%	47%
8.2	Do you think the system of rewards or incentives is fair?	34%	28%
8.3	Do staff usually let you know when your behaviour is good?	47%	39%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	46%	46%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	51%	63%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	68%	59%
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)	54%	52%

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

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

Number of completed questionnaires returned

Have been in local authority care	Have not been in local authority care
49	48

STAFF			
9.1	Do you feel cared for by most staff here?	43%	24%
9.2	Do most staff here treat you with respect?	69%	53%
9.3	If you had a problem, are there any staff here you could turn to for help?	71%	54%
9.4	Can you speak to a Barnardo's advocate when you need to?	79%	77%
FAITH			
10.1	Do you have a religion?	81%	75%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	78%	85%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	72%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	79%	66%
11.2	Are you able to use a phone every day (if you have credit)?	76%	70%
11.3	Is it quite / very easy for your family and friends to get here?	26%	47%
11.4	Do you get visits from family or friends?	73%	87%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	52%	56%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	91%	90%
	- Training for a job (vocational training)?	11%	2%
	- Paid work?	9%	2%
	- Interventions (e.g. offending behaviour programmes)?	22%	8%
	- Not doing any of these activities	7%	10%
12.2	Do staff encourage you to attend education, training or work?	70%	55%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	53%	52%
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)?	60%	75%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	100%	94%
13.3	Are staff here supporting you to achieve your objectives or targets?	44%	44%
13.4	Is anybody here helping you to prepare for when you leave?	48%	49%
13.5	Have you had a say in what will happen to you when you leave here?	55%	47%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	51%	64%

HMYOI Werrington 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
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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
11	88

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?		1%
	Are you aged 18 or over?		
1.4	Are you from a minority ethnic group?	46%	64%
1.5	Do you have any children?	0%	9%
1.6	Are you from a traveller community?	18%	7%
1.7	Have you ever been in local authority care?	70%	48%
5.2	Do you have any health problems (including mental health problems)?	46%	34%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	36%	26%
10.1	Are you Muslim?	36%	29%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	100%	94%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	82%	65%
2.2	Overall, were you treated well in reception/admission?	82%	71%
2.3	When you first arrived, did you have any problems or worries?	64%	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?	57%	48%
2.4	Did you feel safe on your first night here?	73%	71%
2.5	In your first few days, were you told everything you needed to know about life here?	73%	51%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	50%	37%
3.2	Can you shower everyday?	82%	59%
3.3	Do you normally have enough clean, suitable clothes for the week?	73%	76%
3.4	Do you have clean sheets every week?	82%	73%
3.5	Can you get to your stored property if you need it?	60%	55%
3.6	Is it normally quiet enough for you to relax or sleep at night?	73%	51%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	100%	85%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	30%	28%

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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
	11	88

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	46%	24%
4.2	Do you get enough to eat at mealtimes always / most of the time?	64%	36%
4.3	Does the shop / canteen sell the things that you need?	80%	48%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	70%	38%
	- Nurse?	82%	52%
	- Dentist?	9%	25%
	- Mental health worker?	36%	42%
5.2	Do you have any health problems (including mental health problems)?	46%	34%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	100%	68%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	36%	26%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	50%	46%
5.6	Did you have an alcohol problem when you came here?	9%	6%
5.7	Did you have a drug problem when you came here?	36%	16%
<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?	75%	56%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	100%	58%
5.10	Do you go to the gym or play sports once a week or more?	73%	64%
COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	90%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	67%	28%
	Were your complaints usually dealt with within 7 days?	63%	31%
6.3	Have you ever felt too scared to make a complaint?	0%	17%

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

18 or over	Under 18
11	88

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	36%	32%
7.2	Do you feel unsafe now?	9%	14%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	18%	18%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	56%	41%
	- Threats or intimidation?	56%	31%
	- Physical assault?	22%	21%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	0%	3%
	- Theft of canteen or property?	11%	3%
	- Other bullying or victimisation?	11%	7%
	- Young people here have not done any of these things to me	44%	59%
7.6	If you were being bullied / victimised by other young people here, would you report it?	27%	29%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	40%	44%
	- Threats or intimidation?	40%	31%
	- Physical assault?	10%	14%
	- Sexual assault?	0%	0%
	- Theft of canteen or property?	10%	18%
	- Other bullying / victimisation?	0%	9%
	- Staff here have not done any of these things to me	30%	50%
7.8	If you were being bullied / victimised by staff here, would you report it?	55%	53%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	64%	35%
8.2	Do you think the system of rewards or incentives is fair?	46%	28%
8.3	Do staff usually let you know when your behaviour is good?	55%	42%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	33%	46%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	64%	56%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	100%	58%
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)	73%	52%

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

18 or over	Under 18
11	88

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	46%	31%
9.2	Do most staff here treat you with respect?	80%	60%
9.3	If you had a problem, are there any staff here you could turn to for help?	70%	61%
9.4	Can you speak to a Barnardo's advocate when you need to?	82%	78%
FAITH			
10.1	Do you have a religion?	91%	76%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	100%	79%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	90%	69%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	70%	72%
11.2	Are you able to use a phone every day (if you have credit)?	80%	72%
11.3	Is it quite / very easy for your family and friends to get here?	46%	36%
11.4	Do you get visits from family or friends?	73%	82%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	50%	54%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	100%	89%
	- Training for a job (vocational training)?	9%	6%
	- Paid work?	0%	6%
	- Interventions (e.g. offending behaviour programmes)?	27%	13%
	- Not doing any of these activities	0%	9%
12.2	Do staff encourage you to attend education, training or work?	73%	60%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	73%	51%
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)?	82%	65%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	100%	96%
13.3	Are staff here supporting you to achieve your objectives or targets?	38%	46%
13.4	Is anybody here helping you to prepare for when you leave?	73%	45%
13.5	Have you had a say in what will happen to you when you leave here?	73%	48%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	70%	56%

HMYOI Werrington 2019

Comparison of survey responses from different residential locations

In this table responses from the first night/induction and enhanced unit (C2 wing) are compared with those from the rest of the establishment (A and B wings).

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

First night/induction and enhanced unit (C2 wing)	16
Rest of the establishment (A and B wings)	77

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	1%
	Are you aged 18 or over?	6%	12%
1.4	Are you from a minority ethnic group?	56%	66%
1.5	Do you have any children?	20%	5%
1.6	Are you from a traveller community?	0%	11%
1.7	Have you ever been in local authority care?	56%	48%
5.2	Do you have any health problems (including mental health problems)?	33%	34%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	33%	27%
10.1	Are you Muslim?	25%	32%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	94%	96%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	73%	66%
2.2	Overall, were you treated well in reception/admission?	75%	73%
2.3	When you first arrived, did you have any problems or worries?	56%	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?	67%	45%
2.4	Did you feel safe on your first night here?	63%	70%
2.5	In your first few days, were you told everything you needed to know about life here?	63%	52%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	64%	32%
3.2	Can you shower everyday?	69%	61%
3.3	Do you normally have enough clean, suitable clothes for the week?	69%	78%
3.4	Do you have clean sheets every week?	75%	71%
3.5	Can you get to your stored property if you need it?	44%	57%
3.6	Is it normally quiet enough for you to relax or sleep at night?	69%	50%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	73%	88%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	40%	27%

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

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	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

First night/induction and enhanced unit (C2 wing)	Rest of the establishment (A and B wings)
16	77

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	33%	24%
4.2	Do you get enough to eat at mealtimes always / most of the time?	53%	39%
4.3	Does the shop / canteen sell the things that you need?	40%	52%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	40%	41%
	- Nurse?	43%	56%
	- Dentist?	21%	24%
	- Mental health worker?	43%	37%
5.2	Do you have any health problems (including mental health problems)?	33%	34%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	80%	68%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	33%	27%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	60%	40%
5.6	Did you have an alcohol problem when you came here?	7%	7%
5.7	Did you have a drug problem when you came here?	7%	21%
<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?	50%	59%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	69%	61%
5.10	Do you go to the gym or play sports once a week or more?	56%	68%
COMPLAINTS			
6.1	Do you know how to make a complaint?	88%	91%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	75%	28%
	Were your complaints usually dealt with within 7 days?	57%	34%
6.3	Have you ever felt too scared to make a complaint?	0%	18%

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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

First night/induction and enhanced unit (C2 wing)	16
Rest of the establishment (A and B wings)	77

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	38%	33%
7.2	Do you feel unsafe now?	6%	16%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	25%	15%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	40%	43%
	- Threats or intimidation?	27%	36%
	- Physical assault?	7%	25%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	0%	3%
	- Theft of canteen or property?	0%	5%
	- Other bullying or victimisation?	13%	7%
	- Young people here have not done any of these things to me	60%	57%
7.6	If you were being bullied / victimised by other young people here, would you report it?	50%	23%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	14%	46%
	- Threats or intimidation?	7%	34%
	- Physical assault?	0%	13%
	- Sexual assault?	0%	0%
	- Theft of canteen or property?	14%	16%
	- Other bullying / victimisation?	0%	9%
	- Staff here have not done any of these things to me	79%	44%
7.8	If you were being bullied / victimised by staff here, would you report it?	73%	49%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	67%	33%
8.2	Do you think the system of rewards or incentives is fair?	60%	24%
8.3	Do staff usually let you know when your behaviour is good?	73%	38%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	86%	38%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	0%	66%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	0%	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)	13%	59%

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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

First night/induction and enhanced unit (C2 wing)	Rest of the establishment (A and B wings)
16	77

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	63%	26%
9.2	Do most staff here treat you with respect?	69%	60%
9.3	If you had a problem, are there any staff here you could turn to for help?	81%	56%
9.4	Can you speak to a Barnardo's advocate when you need to?	56%	82%
FAITH			
10.1	Do you have a religion?	69%	80%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	80%	83%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	82%	70%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	94%	66%
11.2	Are you able to use a phone every day (if you have credit)?	87%	71%
11.3	Is it quite / very easy for your family and friends to get here?	38%	38%
11.4	Do you get visits from family or friends?	56%	86%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	67%	52%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	75%	93%
	- Training for a job (vocational training)?	13%	5%
	- Paid work?	6%	4%
	- Interventions (e.g. offending behaviour programmes)?	6%	14%
	- Not doing any of these activities	25%	5%
12.2	Do staff encourage you to attend education, training or work?	80%	55%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	50%	54%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	50%	72%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	100%	96%
13.3	Are staff here supporting you to achieve your objectives or targets?	50%	45%
13.4	Is anybody here helping you to prepare for when you leave?	50%	47%
13.5	Have you had a say in what will happen to you when you leave here?	63%	46%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	73%	55%