

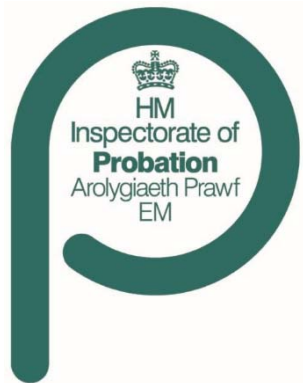
Report on an unannounced inspection of

**HMYOI Wetherby and
Keppel**

by HM Chief Inspector of Prisons

11 – 21 March 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 Wetherby is a young offender institution (YOI) in Yorkshire with space for up to 326 boys aged between 15 and 18. Of these, up to 48 could be held on the Keppel unit, a specialist facility within the prison that is designed to hold and manage some of the most vulnerable and challenging children from anywhere in the country. At the time of this inspection, however, just 250 children were in custody. As Keppel is a self-contained unit, we have followed our previous practice and made separate assessments against our healthy prison tests. In common with all other establishments that hold children, and as a reflection of the risks and challenges that they face, we inspect HMYOI Wetherby annually.

When we inspected last year, we found an institution that was progressing well, and was achieving reasonably good or better outcomes in nearly all the healthy prison tests we assessed. This inspection was equally good; indeed, safety had improved on the Wetherby side of the institution to the extent that all eight of our assessments were now at least reasonably good or better. Keppel in particular should be commended for the good outcomes it was achieving for some very vulnerable and challenging children.

Both institutions were comparably safe. Children were correctly assessed and supported on arrival and given a good induction. Child protection work was, for the most part, effective although some referrals to the local authority were missing. Levels of self-harm were comparable with other YOIs but higher on Keppel and reflected the vulnerabilities of the children on the units. The care such children in self-harm crisis received was generally well integrated and very good, although an exception was the too frequent use of strip clothing with seemingly insufficient justification.

The amount of violence in Wetherby had fallen slightly and was now lower than comparable prisons, with some good robust initiatives to hopefully reduce it further. There were also several schemes in place to incentivise young people but they were undermined by too great an emphasis on punishment over reward. Use of force remained high and although it was now better supervised, in our view there needed to be greater evidence of de-escalation and a further reduction in last resort pain-inducing techniques.

Overall the quality of relationships between staff and young people remained a real strength of the institution. Staff expressed pride in their work and knew the children well. Children also spoke positively about the influence of the Governor, which was unusual and impressive. Formal consultation with children was, however, more limited and a missed opportunity. Living conditions continued to improve and were particularly good in the Keppel unit. Work to promote equality and diversity was being prioritised and children with protected characteristics were receiving some useful and meaningful support. Health services again, remained good.

Time out of cell had improved and PE provision was very good. The delivery of learning and skills was well led, and priority had been given to maintaining high levels of attendance. Across both sites there was enough activity for all. The quality of teaching was good and educational and vocational achievements were high. Our colleagues in Ofsted judged the overall effectiveness of learning and skills to be 'good'.

Both Wetherby and Keppel had up-to-date reducing reoffending strategies and action plans based on useful assessments of need. Resettlement needs were supported by some good casework and all young people had a sentence or remand plan. Contact with supervisors was better in Wetherby but needed to improve further. In the Keppel unit contact was much more structured. Public protection measures were effective.

Overall Wetherby continues to be a well-led institution, run by a confident staff group delivering useful outcomes for children. We observed considerable initiative and energy and a very evident commitment to ongoing improvement. We have made a small number of recommendations which we hope will assist this process.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

May 2019

Fact page

Task of the establishment

To hold in custody children aged between 15 and 18 years committed by the courts

Certified normal accommodation and operational capacity¹

Children held at the time of inspection: 250

Baseline certified normal capacity: 336 (including 48 on Keppel unit)

In-use certified normal capacity: 336 (including 48 on Keppel unit)

Operational capacity: 336 (including 48 on Keppel unit)

Notable features from this inspection

One of only two YOIs holding children with restricted status²

Keppel is a national resource looking after some of the most vulnerable children in the YOI estate.

Only YOI to offer Fire and army cadet courses

Keppel hosts the only Parkrun³ in the YOI estate.

Over half the children resident at Wetherby and Keppel have special educational needs.

Innovative use of digital technology to support induction of new arrivals.

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

Public

Region/Department

Youth Custody Service

Date of last full inspection

March 2018

Brief history

A former naval base. Wetherby became a borstal in 1958 and has since changed its role from an open youth custody centre to a closed youth custody centre and is now a dedicated establishment for boys under 18. Keppel unit is a specialist facility located within the Wetherby perimeter fence. It manages some of the most vulnerable and challenging young people held anywhere in the country.

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.

² Restricted status refers to any young person or young adult prisoner convicted or on remand whose escape would present a serious risk to the public, and who is required to be held in designated secure accommodation.

³ Parkrun UK is a non-profit organisation that supports more than 700 communities across the country to coordinate free volunteer-led 5km and 2km events for walkers and runners.

Short description of residential units

Anson unit: 9 cell segregation (A1) and a 9 cell progression landing (A3)
Benbow: 48 bed unit with accommodation for first night procedures and restricted status
Collingwood: 60 bed standard accommodation for enhanced young people
Drake: 60 bed standard accommodation
Exmouth: 60 bed standard accommodation
Frobisher: 60 bed standard accommodation
Keppel unit: 48 bed complex needs unit

Name of governor, date of appointment

Andrew Dickinson, 6 October 2016

Escort contractor

GeoAmey

Health service commissioner and providers

Commissioner: NHS England

Lead provider: Leeds Community Health Care NHS Trust

With a subcontract in place for child and adolescent mental health services: South West Yorkshire NHS Foundation Trust

Learning and skills providers

Novus

Independent Monitoring Board chair

Catherine Porter

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

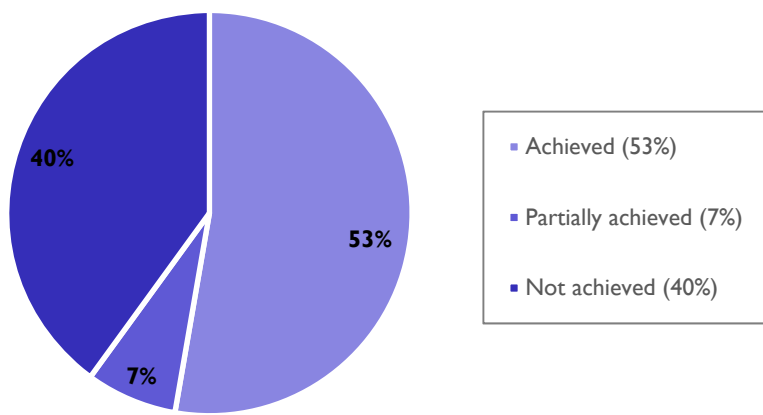
- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of children and conditions 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.⁴

⁴ 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

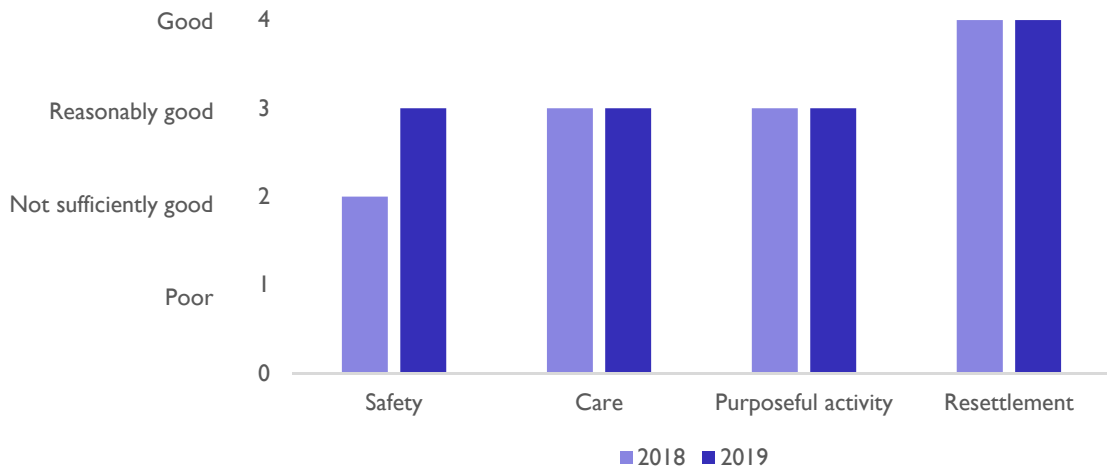
- S1 We last inspected HMYOI Wetherby and Keppel in 2018 and made 55 recommendations overall. The prison fully accepted 41 of the recommendations and partially (or subject to resources) accepted 10. It rejected four of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 29 of those recommendations, partially achieved four recommendations and not achieved 22 recommendations.

Figure 1: HMYOI Wetherby and Keppel progress on recommendations from last inspection (n=55)



- S3 Since our last inspection outcomes for children in HMYOI Wetherby improved in safety, and stayed the same in care, purposeful activity and resettlement. Outcomes for children were reasonably good in safety, care and purposeful activity, and good in resettlement.

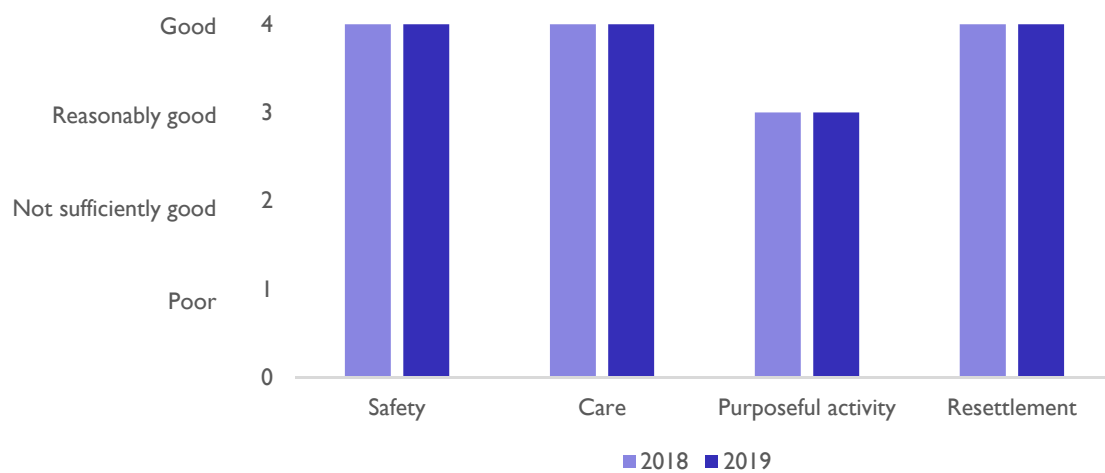
Figure 2: HMYOI Wetherby healthy prison outcomes 2018 and 2019⁵



⁵ 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.

S4 Since our last inspection outcomes for children in the Keppel unit had stayed the same in all healthy prison areas. Outcomes for children were good in safety, care and resettlement, and reasonably good in purposeful activity.

Figure 3: Keppel unit healthy prison outcomes 2018 and 2019



Safety

- S5 *Early days work at Wetherby and Keppel was very good. Child protection systems were effective and the management of children in crisis was good. Behaviour management processes focused too heavily on punishment, although numerous incentives were available to motivate good behaviour. While still too high, levels of violence had marginally reduced and were lower than comparators. The strategy to reduce violence further was very effective and conflict resolution work was very good. The use of force was high and, although governance had improved, there was still insufficient focus on de-escalation. Oversight of children segregated in the segregation unit and on residential units was better. Keppel continued to hold children with some of the most complex needs and managed them safely. **Outcomes for children at Wetherby were reasonably good against this healthy prison test. Outcomes for children at Keppel were good against this healthy prison test.***
- S6 *At the last inspection in 2018, we found that outcomes for children in Wetherby were not sufficiently good against this healthy prison test, while outcomes for children at Keppel were good. We made 21 recommendations about safety.⁶ At this follow-up inspection we found that 12 of the recommendations had been achieved, one had been partially achieved and eight had not been achieved.*
- S7 A third of children continued to arrive late into the night despite their court proceedings finishing much earlier in the day. Reception was clean, bright and airy, and staff treated new arrivals well. The reception process was thorough; children were assessed and interviewed by the appropriate departments and moved to their induction unit promptly. The early days regime and induction on both the Wetherby and Keppel sites was good. MP3 players with recorded induction information were provided to children so they could listen at their own pace.
- S8 In our survey, 27% of children at Wetherby and 15% on Keppel reported feeling unsafe at the time of the inspection. Effective weekly, monthly and quarterly safeguarding meetings covered both sites. Meetings were multi-agency and action focused. In consultation with the local authority designated officer (LADO), a local triage system had been established to manage child protection referrals. The quality of investigation into child protection complaints was good and regularly challenged staff who were at fault. However, a small number of referrals that should have been made to the community LADO or MMPR (minimising and managing physical restraint) national team were not.
- S9 During the previous six months, the number of instances of self-harm at Wetherby were comparable to similar establishments. Incidences on Keppel unit were much higher than comparators but reflected the vulnerability of the children located there. Care for children on ACCTs⁷ was good and they were now actively encouraged to engage in purposeful activities. ACCT documents were mostly good and a robust quality assurance process challenged the poor examples. The practice of placing children on a constant watch in strip-clothing and bedding was not always justified. Force had been used on several occasions to remove a child's clothes when they refused to hand them over willingly, with not enough evidence to justify such extreme action.

⁶ 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.

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

- S10 The prison was aware of current security risks, although there was a significant backlog of intelligence reports. There were some effective supply reduction measures in place and positive mandatory drug testing results were relatively low.
- S11 There were numerous meaningful incentives to motivate good behaviour, not least the opportunity to progress to the enhanced wing which offered more time out of cell and extra privileges. There was also a merit scheme but rewards were not instant and most merits were awarded by staff in non-operational roles. Overall, the establishment's approach to managing behaviour focused very heavily on punishment, with 30% of children subject to one or more punitive actions. The number of children on the basic level of the scheme had doubled since the previous inspection.
- S12 Levels of violence between children had reduced marginally since the last inspection and were now lower than we find in similar prisons. Violence among children was higher at Wetherby than on Keppel. There was a clear and robust violence reduction strategy and an excellent monthly safeguarding meeting. Perpetrators of violence were managed through a behaviour improvement ladder, an effective plan used to support and monitor children. New procedures to support victims of bullying and violence had just been introduced and it was too early to judge their effectiveness. Conflict resolution work was very good but hampered by resource issues. The establishment of a conflict resolution unit and the appointment of trained peer mentors were very promising; early work in this area had been highly effective.
- S13 The use of force remained high. Local governance through a robust multidisciplinary scrutiny panel had improved and was now more effective. The use of full restraint had decreased and half the incidents of force involved the use of guiding holds. However, there were still too many examples of force used too quickly with little evidence of de-escalation. Numbers had significantly reduced, but there was insufficient justification for the application of pain-inducing techniques in the cases that we examined.
- S14 The use of the segregation unit (Anson) and formal separation of children on residential units had reduced. Living conditions on the Anson unit were reasonable and the regime was reasonably good. Oversight of children segregated on residential units had improved. The weekly meeting to monitor the welfare of segregated children was excellent and helped to direct reintegration work.

Care

- S15 *Relationships between staff and children were good and a strength at both Wetherby and Keppel. Living conditions at both sites had improved and were reasonably good. The provision of in-cell phones and showers on Keppel was excellent. In contrast, children at Wetherby could not shower or phone home every day. There were limited opportunities for children to eat together or prepare their own food. Consultation arrangements were underdeveloped. Equality and diversity work was being prioritised and outcomes for children with protected characteristics were generally good. Health services were child focused and remained good. **Outcomes for children at Wetherby were reasonably good against this healthy prison test. Outcomes for children at Keppel were good against this healthy prison test.***
- S16 *At the last inspection in 2018, we found that outcomes for children in Wetherby were reasonably good against this healthy prison test, while outcomes for children at Keppel were good.⁸ We made 18 recommendations about respect. At this follow-up inspection we found that 10 of the recommendations had been achieved and eight had not been achieved.*
- S17 In our survey, children on Keppel unit were particularly positive about their relationships with staff. Children we spoke to at both Wetherby and Keppel described good relationships with staff and we observed positive interactions at both sites. Staff demonstrated a good understanding of the needs and behaviours of children, which was particularly impressive bearing in mind the number of new officers. The personal officer scheme was well established and the introduction of custody support plans on Keppel was promising.
- S18 The fabric of the buildings and communal areas was worn in places and in need of refurbishment. Living conditions on both sites had improved since the last inspection and were generally good. The cells we inspected were well equipped with adequate toilet screening and toilet seats. Children on Keppel valued in-cell telephones and showers. Communal showers at Wetherby were maintained to a decent standard but only 34% of children in our survey said they could access a shower each day. Similarly, access to telephones at Wetherby was not sufficiently good. Laundry facilities were generally good.
- S19 Children were negative about the quality and quantity of food. There was some consultation about food but clearly these negative perceptions needed further investigation. The quality and quantity of food that we observed were reasonable but too few children could eat together, and only Collingwood unit provided children with communal toasters and microwaves. Children could not wear their own clothes unless they were on the gold regime and, even then, only on the residential units. There was no facility for children to buy clothes, which was a divisive restriction when some children had no family to send them clothes.
- S20 Formal wing consultation now took place which was a positive step forward. However, most meetings were poorly attended and not sufficiently focused on action. Many children were unaware of consultation events or outcomes from the consultation. The survey suggested a lack of confidence in the complaints system, although children we spoke to were more positive about the process. Most complaints that we reviewed were investigated well and addressed the issues appropriately. Not enough was done to analyse complaints and address some of the common issues for the long term. Case workers supported children to exercise their legal rights but facilities for legal visits were not sufficiently private.

⁸ In our previous version of *Expectations* for children, this healthy prison test was called 'Respect'.

- S21 Equality and diversity work was prioritised and well resourced. However, the equality and diversity action plan was not supported by a needs analysis or robustly managed through the equality action group. The discrimination reporting process was widely understood and well managed, although not subject to external scrutiny.
- S22 The establishment was not using the data it held effectively to develop and meet the diverse needs of its population. That said, children with protected characteristics received good support from personal officers and case workers, and consultation with children with protected characteristics had led to some positive outcomes. Chaplaincy provision was good, offering a full and varied schedule of services and classes, and good pastoral support.
- S23 Many aspects of health provision remained good and there was an appropriate range of child-focused services. Most children were very satisfied with the quality of health care they received. There was a proactive approach to health promotion and a good uptake of child health immunisations and vaccinations through innovative pop-up clinics. Waiting times for primary care services were acceptable, with the exception of the optician and dentist waiting lists which were too long. The child and adolescent multidisciplinary team provided good individual support. There had been delays in the delivery of the harmful sexual behaviours service, although a dedicated team was now in place to provide this. Psychosocial support for children with substance misuse issues remained good and was well integrated with other departments. Medicines management was good and the wing treatment rooms were clean and well maintained. Dental provision was good, including oral health promotion.

Purposeful activity

S24 *Time out of cell had improved but was still insufficient for children at Wetherby. PE provision was very good. Leadership and management of learning and skills were good. A strong ethos of improving the engagement of children in education had significantly reduced the need for outreach provision. The provision for learners had been extended and there were sufficient spaces for every child. Attendance was good but more needed to be done to manage unauthorised absences and monitor children who had been withdrawn from education. Most children behaved well in the classroom and there were good opportunities for personal development. Achievement rates for those who completed courses were high. **Outcomes for children at Wetherby and Keppel were reasonably good against this healthy prison test.***

S25 *At the last inspection in 2018, we found that outcomes for children in Wetherby and Keppel were reasonably good against this healthy prison test. We made 11 recommendations about purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, three had been partially achieved and three had not been achieved.*

- S26 Fewer children remained in their cells during the core day than at the last inspection. At Wetherby, with the exception of the enhanced unit, not enough time was allowed for association, exercise and domestic activity. Time out of cell for children on Keppel was reasonable.
- S27 Children at Wetherby could use the well-equipped library during education time but access at other times was limited. Children on Keppel could attend the library at weekends. There was excellent access to a good range of PE facilities and children could undertake numerous PE qualifications and activities to support healthy living.
- S28 Leaders and managers had developed a strong ethos for improving the engagement of children in education, reducing considerably the amount of outreach provision delivered.

They placed good priority on ensuring that children developed their personal and social skills, particularly in English and mathematics. Leaders and managers had further strengthened their partnerships in education and had developed and extended the provision for learners. There were enough activity spaces to occupy and meet the needs of all children. The evaluation of the quality of teaching, learning and assessment was robust and accurate and the large majority of recommendations made at the previous inspection had been successfully implemented. Managers had made good efforts to maintain the good attendance rates found at the previous inspection, but more work was needed to reduce the levels of unauthorised absence. Leaders and managers did not monitor and evaluate sufficiently the achievements of children who were withdrawn from education.

- S29 Teachers planned lessons and set tasks that were well suited to children's abilities and interests. Tutors assessed learners' work regularly and accurately and their written feedback provided learners with good guidance on how to improve. There was a good focus on developing employability skills and learning support was very effective for lower ability learners. Targets for progress set by tutors were not consistently clear or understood by children. Tutors thoughtfully promoted equality and diversity to increase children's understanding of other cultures.
- S30 Children developed a good attitude towards learning and many worked well independently. However, too much low-level disruption existed in lessons and, as a result, other learners became frustrated and distracted from learning. Most children were keen to share with others the progress they made and sought to take on additional responsibilities such as peer mentoring. Children benefited from an extensive and varied range of enrichment activities that met their personal and social development needs and interests.
- S31 Children made good progress from their starting points in building their confidence, knowledge and skills. Pass rates for those who completed courses were high and learners undertaking English and mathematics qualifications at levels 1 and 2 made particularly good progress. However, not all learners developed their writing skills sufficiently well. There were no differences in the progress and achievement of different groups of learners, including those with a learning disability and difficulty which accounted for the majority of children at both sites.

Resettlement

S32 *There was a good focus on initiatives to build and maintain family ties. The resettlement strategy was based on an up-to-date needs analysis, and casework was resettlement and child focused. Training for caseworkers did not fully equip them to identify, manage and reduce risk. Children on Keppel unit had good structured contact with their caseworkers. Sentence planning reviews were of good quality. Public protection arrangements were sound. The establishment provided a range of interventions for children. Home detention curfew and early release arrangements were managed well. Reintegration was hampered by the late confirmation of suitable release addresses and too many children were released with no education or employment outcome* **Outcomes for children at Wetherby and Keppel were good against this healthy prison test.**

S33 *At the last inspection in 2018, we found that outcomes for children in Wetherby and Keppel were good against this healthy prison test. We made five recommendations about resettlement.⁹ At this follow-up inspection we found that two of the recommendations had been achieved and three had not been achieved.*

S34 Access to family visits was adequate but visit facilities were basic. Many departments focused on initiatives to build family relationships and facilitate contact with families, including a parenting intervention and Storybook Dads.¹⁰ Children on Keppel had better access to family days than those at Wetherby. Following the introduction of in-cell telephones, all children on Keppel could phone home every day. The restricted regime for children at Wetherby limited their opportunities to maintain important family contact.

S35 Both Wetherby and Keppel had an updated reducing reoffending strategy and a new action plan to deliver the strategy, which was informed by a current needs analysis. Looked-after children were identified effectively but were not always monitored continuously to ensure they received their entitlements. Work to support children's transition to the adult estate continued to develop well and children serving long sentences benefited from a dedicated casework team. Suitable children were still able to benefit from release on temporary licence, although there was scope to use it more effectively to support accommodation and education, training and employment release plans. Home detention curfew and early release arrangements were managed well.

S36 Casework was resettlement and child focused. Integration of casework with other departments which supported resettlement was better than we often see. Contributions from residential staff were better on Keppel unit than on the main site. Training for caseworkers did not fully equip them to identify, manage and reduce risk. The review meetings that we observed were of a good standard. However, records of previous meetings did not reflect the good work undertaken which limited their effectiveness when sharing information.

S37 All children had a sentence or remand plan, although not all were aware of them. Those who knew about their plan understood what they needed to do to achieve their targets. Children on Keppel unit had more structured contact with their caseworker than their peers on the main site. The frequency of contact at Wetherby had increased but was still not adequate.

S38 Public protection processes, including the integrated risk management team meeting, were well established and effective.

⁹ 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.

¹⁰ Storybook Dads is a programme where children can record themselves reading a story to send to their own children or siblings.

- S39 The establishment offered a range of accredited and non-accredited offending behaviour programmes. However, not all children were able to access the intervention they needed either because there were not enough spaces or the intervention was not offered. Children had good access to individual psychological support. Kinetic Youth¹¹ provided invaluable support to children across both sites.
- S40 Too few children were able to access the pre-release course. In-2-Out (a mentoring charity) continued to provide valuable through-the-gate support to children released to the North of England. Health and substance misuse discharge arrangements were good with effective liaison and communication with youth offending teams and community services. In the past year, a significant number of children at Wetherby and Keppel did not have a release address established until 10 days before their release date which hampered meaningful reintegration planning. Too few children left the prison with a positive education, training and employment outcome.

Main concerns and recommendations

- S41 Concern: There were still too many examples of force being used too quickly without adequate attempts at de-escalation. The application of pain-inducing techniques was not always justified.

Recommendation: The use of force should only be used as a last resort. The application of pain-inducing techniques should only be used when there is an immediate risk of serious physical harm to the child, staff or others.

- S42 Concern: The number of adjudications and minor reports had increased and too many were of poor quality and lacked investigation. The number of children on the basic level of the IEP scheme had doubled. A third of children were subject to some form of sanction. There were too many different systems in place to punish children and they were poorly coordinated, which had led to confusion. Operational staff did not use the instant rewards scheme often enough.

Recommendation: Behaviour management systems should be simplified and the emphasis should be on reward to motivate positive behaviour.

- S43 Concern: Not enough time was allowed for association, exercise and domestic activity for most children at Wetherby.

Recommendation: The core day should allow reasonable time for all children to complete all domestic tasks.

- S44 Concern: Planning for release was not sufficiently focused on the management of risk after release. Caseworkers did not coordinate the work of other departments preparing children for release. Release accommodation was provided too late for some. Children did not routinely attend the pre-release course delivered by education and too many left without any education, training or employment in place.

Recommendation: Release planning should be comprehensive and coordinated to reduce risk on return to the community.

¹¹ Kinetic Youth is a not-for-profit organisation that delivers youth work services for children housed in the secure estate.

Section 1. Safety

Early days in custody

Expected outcomes:

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

- 1.1 Children continued to spend prolonged periods at court or on escort vans despite the completion of their court appearances by late morning. About a third of children continued to arrive late in the evening between 8pm and 10pm. The inappropriate practice of children travelling with adult prisoners occurred regularly. Adults were dropped off at their destination prisons first which contributed to children arriving late.
- 1.2 Reception was bright and airy, with clean holding rooms furnished with televisions and activities to keep children occupied. They were offered a free telephone call, hot meal, drink and shower on reception. Peer mentors were also available to provide additional support to new arrivals.
- 1.3 Appropriate effort was made to ensure that children spent no more than two hours in reception on arrival. The reception process was thorough and focused on risk. Staff from health care and the first night team from either Wetherby or Keppel interviewed each child in private. These interviews alerted staff and other agencies of any significant concerns during the first few days in custody. If information was limited, additional safeguards and support were put in place for the first 72 hours while further assessments were carried out.
- 1.4 First night and induction were based on Benbow unit at Wetherby where the cells were well equipped, clean and free of graffiti. The regime had been relaxed since our last inspection; children could now eat together at breakfast and in the evening, and we observed good relationships between staff and children.
- 1.5 The rolling induction programme took five days. The programme had been enhanced recently with the introduction of afternoon sessions with Kinetic Youth.¹² Managers had engaged with the children to tell them about the changes and their good leadership had had a positive influence on the culture on the unit. Children now spent about seven hours a day out of cell during induction. The programme was comprehensive and delivered with consistent access to the Big Word for children whose first language was not English (see paragraph 2.40).
- 1.6 Children were issued with a free MP3 player with a comprehensive recording of the induction programme. This enabled them to listen to information in their own time and was particularly useful for those who struggled to retain everything they were told in the first few days of custody. An induction tour was being developed using virtual reality goggles which was an excellent and innovative use of technology.
- 1.7 First night and induction procedures on Keppel were appropriately tailored to each child because of the complex mental health and learning needs of each individual. In our survey, 73% of children said they were told everything they needed to know about life at Keppel in the first few days.

¹² Kinetic Youth is a not-for-profit organisation that delivers youth work services for children housed in the secure estate.

- 1.8** Children were positively engaged in the regime at the earliest opportunity, attending education from the second day after arrival. A designated officer delivered induction to fit around the regime which avoided children being locked up away from their peers.

Good practice

- 1.9** *Children were issued with a free MP3 player with a comprehensive recording of the induction programme which enabled them to listen to information in their own time.*

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.

- 1.10** In our survey, 27% of children at Wetherby and 15% on Keppel said they felt unsafe at the time of the inspection.
- 1.11** The weekly, multi-agency safeguarding meeting was well attended and dealt effectively with all operational safeguarding issues from the previous week. This meeting formed the basis of a monthly meeting which was more strategic in focus, coordinating all actions into a plan which was reviewed at the next meeting (see paragraph 1.35). The quarterly meeting with community partners was not so well focused, although this had been noted and the agenda revised for future events. In addition, the governor sat on the Leeds Safeguarding Children Partnership (LCSP) which met quarterly. This comprehensive meeting structure delivered effective actions which were reviewed internally and externally, helping to forge good relationships with the LCSP and local authority designated officer (LADO).
- 1.12** There had been 84 child protection referrals during the previous six months. Referrals from across the establishment were subject to robust and timely investigations. The investigation team consisted of senior or skilled representatives such as the MMRP coordinator (minimising and managing physical restraint), a community social worker and the establishment child protection coordinator.
- 1.13** The quality of these investigations was good and it was clear that the staff involved had challenged inappropriate behaviour at all levels. In nearly every case a decision had been made within 24 hours on whether to refer to the LADO. The establishment kept records of the investigation and the decision-making process. Children were kept informed and provided with a response, as were agencies who had made complaints that were subsequently referred. Parents, guardians and the local authority were also informed about outcomes.
- 1.14** The LADO had confidence in this process and had asked the establishment to triage all referrals to their office. A small number of referrals, while thoroughly investigated, were not forwarded to the LADO or the MMRP national team according to national safeguarding protocols which was a serious oversight.
- 1.15** Good quality, multi-agency briefings were held twice a day on Keppel. Concerns about children and their behaviour were discussed, including triggers for violence and self-harm. Managers also used this opportunity to test staff knowledge about safeguarding protocols, such as personal emergency evacuation plans.

Recommendation

- 1.16 All child protection referrals should meet national safeguarding protocols and should be forwarded to the local authority designated officer for investigation.**

Suicide and self-harm prevention

Expected outcomes:

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

- 1.17** During the previous six months, there had been 119 instances of self-harm at Wetherby which was comparable to similar establishments. There had been 110 on the smaller Keppel unit reflecting the complex and vulnerable nature of the children held there.
- 1.18** Most ACCT¹³ documents were good, with contributions from child and adolescent mental health services (CAMHS) in every case. Robust quality assurance challenged the poor examples, ensured that care plans were accurate and requested further meetings when appropriate.
- 1.19** The safeguarding team provided governance of self-harm procedures and children of concern were identified and discussed at the weekly safeguarding meeting. Incidents of potential interest were identified by the child protection coordinator who was a member of the safeguarding team.
- 1.20** Children on an ACCT were encouraged to take part in as normal a regime as possible across both sites and it was good to see that time out of cell for these children was comparable to their peers on the same units. Children on constant watch¹⁴ were observed in education and other activities during the day. Most children on open ACCTs whom we spoke to were positive about their care.
- 1.21** Constant watch cells were being used to protect children who were at serious risk of self-harm. However, the practice of issuing anti-ligature clothing and bedding in these circumstances had become too routine and was not always supported by a suitable risk assessment. Force was used on some children who refused to hand their clothes to staff. It was concerning that the establishment could not provide sufficient evidence to justify this or accurate figures to show how frequently it happened.
- 1.22** Only 54% of staff were trained in suicide and self-harm. However, this training had been given greater priority since the previous inspection and a programme had been set up to capture the remaining staff.

Recommendation

- 1.23 The use of strip-clothing and bedding for children in crisis should be justified on every occasion and a record kept of the decision-making process.**

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

¹⁴ Constant watch, the risk of suicide is deemed high and so the child is directly observed by a specific officer 24 hours a day.

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.24** The security department was well resourced and staff understood the current security risks. There was a significant backlog of intelligence reports which staff were working to reduce. The prison had good, established links with the police and the backlog of police referrals was being dealt with relatively quickly.
- I.25** The monthly security meeting was well attended and there were now effective links with the safeguarding team. The establishment had recently conducted a successful weapons amnesty. Managers had taken a sensible approach to ensure that children on restricted status could access education and associate with other children.
- I.26** A number of effective supply reduction measures were in place. Mandatory drug testing (MDT) staff carried out intelligence-led suspicion testing in a proactive bid to deter drug users. There had been a spike in MDT since the last inspection, but managers had identified the specific cause of this and dealt with it appropriately. MDT rates were relatively low, although several children had refused to be tested in recent months which may have skewed the results.

Behaviour management

Expected outcomes:

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

- I.27** The number of adjudications and minor reports had increased since the previous inspection. The samples that we examined lacked detailed investigation into the charge and, in most cases, concerned low-level matters. The minor reports were of very poor quality, and in many cases the charge was found proven with no investigation of how or why the incident had occurred.
- I.28** Several opportunities were available at both Wetherby and Keppel that captured children's interest and motivated them to behave well. These included opportunities to participate in the army and fire cadets (see paragraph 3.19), Parkrun¹⁵ and release on temporary licence (ROTL).
- I.29** The formal incentives and earned privileges (IEP) scheme continued to offer progression to an enhanced wing (Collingwood) where children benefited from a fuller regime and a wider choice of facilities that were not available on other wings. The unit was in good, bright decorative order and was well equipped. A number of children both on the unit and elsewhere in the establishment reported feeling under undue pressure from a minority of staff on the enhanced unit who they said used a constant threat of removal from the unit if children did anything that fell below their exacting standards. However, there was an alternative to Collingwood. A number of the wings now had a 'gold landing' for children who

¹⁵ Parkrun UK is a non-profit organisation that supports more than 700 communities across the country to coordinate free volunteer-led 5k and 2k events for walkers and runners.

had reached the enhanced level of the incentive scheme but did not want to move location. The number of children on gold level had increased by 10% since the last inspection.

- I.30** The 'red' level was the lowest level of the IEP scheme. This level limited weekly spends on canteen and, in most cases, curtailed evening association. The number of children on red level had doubled since the last inspection.
- I.31** There were several methods of managing behaviour, each with its own clear structure. However, we observed confusion in the combined application of Rule 49,¹⁶ loss of association following an adjudication and the IEP red regime. When these three processes overlapped, staff and children were not clear how they would be implemented. Some staff told inspectors that the adjudication award took precedence, others that the awards, including red regime, would run concurrently. This confusion could result in children being placed on a restrictive red regime for six weeks or longer, which was too long to be effective for children. Staff also held inconsistent views about when and how a child would move through these levels and regain their privileges. Privileges such as a television or radio were returned one at a time a week apart, which further prolonged the sanctions. Most children on red level whom we spoke to were unclear when their sanctions would end. The combination of sanctions resulted in a high number of children experiencing a reduced regime and unable to associate with their peers. Almost a third of children on Keppel and the main site were on some form of sanction.
- I.32** We praised the introduction of the instant reward scheme in our last report, but it was disappointing that it had not been developed. Merits to reward good behaviour were still not awarded instantly (usually the most effective approach) and instead children had to save them up to exchange them for rewards weekly. Prison data showed that too few operational staff issued merits. We saw teachers issuing merits for positive learning outcomes, but overall the focus on operational staff driving the benefits of this scheme had been lost.
- I.33** Overall, despite pockets of innovative and motivating work across both sites, the formal behaviour management system was still too focused on the punitive.

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.34** Levels of violence between children were still too high but they had reduced slightly since the last inspection and were now lower than at similar prisons. Prison data showed that there were proportionally more violent incidents on Wetherby than Keppel, although assaults on staff were proportionally higher on Keppel.
- I.35** The violence reduction strategy was clear and robust. The monthly safeguarding meeting was well attended and violence formed a core part of the agenda (see paragraph I.11). The establishment had invested in a dedicated violence data analyst who had forged an effective link with security data analysts to interpret information in advance of the meetings.
- I.36** Weekly, monthly and quarterly meetings took place to discuss violence data and how to manage violence. Quarterly meetings included community stakeholders such as the local safeguarding children board which provided good opportunities for collaboration.

¹⁶ 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.

- I.37** The perpetrators of violence were managed using a local process called the behaviour improvement ladder. This worked on a simple model that children understood whereby they could move up or down an 'improvement ladder'.
- I.38** The ladder was used widely, providing support for children demonstrating harmful or unsociable behaviour, children subject to Rule 49 and those on the lowest level of the IEP scheme.
- I.39** A positive feature of the behaviour improvement ladder was its flexibility in continuing to monitor and support children long after they had achieved their objectives. This prevented children from becoming trapped in cycles of poor behaviour. Staff and children were familiar with the initiative. Reviews were conducted on time and outcomes were documented clearly.
- I.40** The establishment had recently introduced a process called 'target' which aimed to provide bespoke support to the victims of antisocial behaviour and ensure that it was properly documented. At the time of inspection, only one child was receiving target support. Support for victims was otherwise inconsistent and required much improvement.
- I.41** Four conflict resolution staff had been allocated to work with the safeguarding team. Two were in post at the time of inspection and two more were to be recruited by the end of March 2019. While conflict resolution staff were enthusiastic, they were not yet being used effectively and were frequently cross deployed to other tasks. They prioritised cases where possible but had a backlog of cases at the time of inspection. Keppel had a dedicated conflict resolution resource which provided more consistency.
- I.42** The establishment had created a dedicated area for conflict resolution which demonstrated a commitment to this important work. It was appropriately furnished and provided a child-friendly environment away from distractions, with activities for children to participate in together as part of the conflict resolution methods. Early work in this area had been highly effective.
- I.43** The conflict resolution team had recruited child peer mentors to support efforts to reduce violence. The peer mentors wore pale blue T-shirts to aid identification and many had been through the conflict resolution process successfully themselves. Their role was still a little unclear and the initiative required further development, but their appointment was a promising move forward in building trust with the young population. Support from conflict resolution staff for the peer mentors was hampered by staff shortages and regular cross deployment within the group.

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.44** The Prison Service policy for use of force in the young people's estate had been fully implemented, and nearly all (about 84%) frontline staff, including managers, had been trained in MMPR.
- I.45** Use of force remained high. There had been 85 recorded incidents at Keppel, compared with 63 at the previous inspection and 656 at Wetherby compared with 576. However, the number of incidents involving the use of full restraint had reduced by about half, with a

corresponding increase in the use of guiding holds. The use of pain-inducing techniques had reduced from 32 in the six months before the previous inspection to 16 at this inspection, which represented good progress.

- I.46** Most incidents involving use of force were spontaneous in response to fights or assaults. Some started with little warning and involved groups of children attacking each other or single victims. This inevitably resulted in several records of use of force during a single violent incident. For example, we witnessed an assault on one child involving six assailants which was recorded as six separate use of force incidents.
- I.47** Local governance of use of force had significantly improved since the previous inspection but there were still some omissions (see paragraph I.49). Full-time MMRP coordinators scrutinised CCTV recordings of all spontaneous and planned incidents, usually on the day they occurred, and reported their findings to the head of safeguarding. Body-worn video cameras were used extensively by managers and staff.
- I.48** A multidisciplinary scrutiny panel met each week to examine video recordings of incidents from the previous week. Attendance was very good and included a social worker, safeguarding staff, health care professionals, senior managers and MMRP coordinators.
- I.49** The safeguarding and restraint minimisation committees discussed all aspects of use of force at quarterly meetings and monitored relevant statistics. Trends were identified which helped to inform reduction strategies.
- I.50** We saw examples of effective use of de-escalation techniques, and video recordings of officers risking harm to themselves to protect children from attack. However, we also saw too many examples of force being used too quickly and de-escalation not being used well enough. The application of pain techniques had reduced significantly since the previous inspection but remained inappropriate and unjustified in some of the cases we examined. We saw officers applying pain to children under restraint with no immediate risk of serious physical harm to other children or staff. We observed children who were still being returned to their cells under full restraint, with little attempt to review and de-escalate. In another case we reviewed, a child who had refused to leave his classroom was prematurely grabbed by an officer who dismissed his colleague's reasonable attempts to negotiate a peaceful return to cell.

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.51** Segregation continued to be restricted to children who displayed the most challenging behaviour on residential units and usually followed a serious act of violence. Children on Keppel unit were less likely to be segregated than those in Wetherby.
- I.52** The use of segregation had reduced since the last inspection and was lower than at similar prisons. Segregation on the Anson segregation unit had been used 72 times in the previous six months, a rate of 28 per 100 children compared with 40 at the previous inspection. Two self-isolating children were being segregated on their residential units under prison Rule 49.
- I.53** The average period of segregation was about 10 days on the Anson unit and 17 days for the smaller group segregated on residential units, with a few notable exceptions where children were segregated for longer periods.

- I.54** Living conditions on Anson unit remained good. Most communal areas were clean, but exercise yards were stark and featureless. Most cells were clean and reasonably well furnished, but a few toilets were dirty. All cells had been freshly painted and were free of graffiti.
- I.55** A well-arranged communal area continued to be used to deliver a better regime than we often see, which included daily education outreach and a weekly PE session supervised by gym staff. An array of rooms and offices were used for individual interviews or planning for more complex cases.
- I.56** The progression landing on the upper level of Anson unit (A3) remained a decent environment where children could attend regime activities off the unit to help them progress to mainstream accommodation. However, there was not enough supervision on the landing and we saw examples of staff remaining in offices on the ground floor of the unit while children were locked in cells on the top floor, in relative isolation.
- I.57** Relationships between staff and children in the segregation unit were very good. We observed all officers interacting positively with children and they did not overreact to demanding behaviour. Reviews were timely and it was evident that planning to return children to normal location was given the highest priority.
- I.58** An excellent multidisciplinary meeting was well attended by staff and managers from key areas around the prison to help direct and monitor reintegration work for all segregated children. This included those who were separated on normal location, for whom oversight had improved since the last inspection. Individual management plans were raised for every child, and it was evident that staff supported individuals and addressed the issues that had led to their segregation.
- I.59** Governance arrangements had improved since the last inspection. A local segregation policy had been published and a segregation monitoring group met every month to review cases. The management of segregation at Wetherby and Keppel had been a real concern in past years, but managers had made significant efforts to improve the culture and experiences of children who had to be separated from their peers.

Recommendation

- I.60** **Supervision of children on A3 landing in the segregation unit should be strengthened.**

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 The relationships between all staff and children were a strength at both Wetherby and Keppel. We observed positive interactions at both sites. In our survey, children on Keppel unit were particularly positive about their relationships with staff: 87% said they had a member of staff they could turn to if they had a problem and 73% said they felt cared for by staff.
- 2.2 The staff were motivated and committed. Many officers we spoke to demonstrated pride in their work and staff morale appeared to be good. Staff articulated a good understanding of the needs and behaviours of children, which was particularly impressive in the context of the number of new officers. Children and staff spoke positively about the influence of the governor.
- 2.3 A well-established personal officer scheme was clearly displayed on all units. The introduction of custody support plans on Keppel was promising and the children we spoke to valued the time they spent with the staff. Staff and children told us the sessions were beneficial in building relationships and preventing problems from arising.
- 2.4 Children on the most restricted red regime had very little daily interaction with staff and other children and we saw examples of missed opportunities to build trust and challenge negative behaviour (see paragraph 1.31).

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 Living conditions at both sites had improved since the last inspection and were reasonably good, although the fabric of the buildings and communal areas was worn in places and needed refurbishment. The provision of in-cell phones and showers on Keppel was excellent and valued by children.
- 2.6 Children at Wetherby could not shower or telephone home every day. This was reflected in our survey, when only 34% of children said they could have a shower each day and only 43% said they could make a phone call against respective comparators of 68% and 70%. Work had started to address these issues. In-cell telephones were to be installed by August 2019 and two in-cell showers on Drake unit were being trialled at the time of our inspection.

- 2.7** Units were bright and airy and landings were wide and afforded good lines of sight to supervise children, except on Benbow where the layout of the unit made it much harder to supervise. Cells that we inspected on both sites were well equipped with adequate toilet screening and toilet seats. The environment in association areas at Wetherby had been improved by a painting programme and a display of large canvasses depicting attractive photographs of the local area. Communal showers at Wetherby were maintained to a decent standard, although we observed some minor maintenance issues on Benbow unit.
- 2.8** All children could personalise their cells with photographs and cards on notice boards. The offensive displays policy was adhered to and cells were generally free of graffiti. We observed small amounts of graffiti which was quickly addressed by the painting programme.
- 2.9** Exercise yards were small but seats and association equipment had been provided. However, very few children on Wetherby could exercise each day (see paragraph 3.3).
- 2.10** Children had good access to toiletries, clean clothes and bedding. Not all children could wear their own clothes and children complained that the prison clothing available was often the wrong size. Laundry facilities were generally good and each landing had designated days for laundry. Access to stored property was good.
- 2.11** We observed cell bells being answered promptly on Wetherby and Keppel, although there was no electronic system to monitor cell bells on Wetherby. Despite a weekly management check, in our survey only 18% of children on Wetherby said that their cell bell was answered within five minutes. Children's concerns about staff response to cell bells had not been investigated by the establishment.
- 2.12** We were encouraged to find that formal wing consultation now took place. However, most meetings were poorly attended and not sufficiently focused on actions. We identified several outstanding actions in our review of the minutes (see paragraph 2.21).

Recommendation

- 2.13 All children at Wetherby should be able to access a shower and telephone call each day.**

Residential services

- 2.14** The main kitchen and serveries were clean and well maintained. The young people's estate standard menu was used based on a four-week cycle with five options at lunch and the evening meal. Lunch comprised a sandwich and snacks and a hot meal was served in the evening. This was reversed at weekends. It was disappointing to find that two out of three meals were still served to children at their cell doors.
- 2.15** We found the quality and quantity of food to be reasonable, but children spoke negatively about it. The kitchen conducted two annual food surveys and surveys about breakfast packs and Ramadan, but these prevailing negative perceptions needed further investigation. Too few children could eat together or prepare their own food.
- 2.16** Promising work had started to inform children about the nutritional content of each meal so that they could make informed choices, but this was not yet embedded across the establishment.

- 2.17** Children on Collingwood unit had communal toasters and microwaves which they valued, but it was disappointing that this positive step had not been extended to all units.
- 2.18** Children could not wear their own clothes unless they were on the gold regime of the incentives and earned privileges scheme and, even then, only on the residential units. Children were not able to buy clothes, which created a divide between those who had family who could send them clothes and those who did not.
- 2.19** Weekly canteen provision was adequate, but only a limited range of goods could be purchased from catalogues.

Recommendation

- 2.20** **Children at both Wetherby and Keppel should be able to buy clothes.**

Consultation, application and redress

- 2.21** The establishment had taken the positive step of introducing consultation meetings for all wings, each with a standard, wide-ranging agenda. Minutes of some of the meetings that we looked at were not clear and indicated that action was not always taken in response to the issues highlighted by children. Very few children attended the meetings and the prison had not investigated this in a bid to increase attendance. Issues raised at wing forums were collated and discussed at the Youth Council, although the decisions and actions arising from all consultation meetings were not well publicised. Many children we spoke to were not aware of the consultation process.
- 2.22** The applications process was managed on each wing, and staff told us they would help children to resolve requests informally if possible. There was no monitoring or analysis of applications and staff were unable to confirm how many applications were outstanding or resolved.
- 2.23** In our survey, 85% of children said they knew how to make a complaint, and there were complaint boxes and forms on all wings. Barnardo's provided advocacy and had supported several children in appeals to the Prisons and Probation Ombudsman. The number of recorded complaints had risen since our last inspection, more than 20% of which had been submitted by one child. Some one-to-one work had been carried out with this child, but the number and frequency of his complaints had not reduced at the time of the inspection.
- 2.24** Despite the increase in the number of complaints, timeliness had improved markedly, and most children we spoke to told us their complaints had been responded to quickly. In our survey, only 41% of children said their complaints were usually dealt with fairly. The responses to most of the complaints that we reviewed were appropriate, but children were clearly not yet confident that the system worked fairly.
- 2.25** The deputy governor conducted a quality assurance check on 10% of complaints, and complaints data were monitored at senior management meetings. However, they did not adopt a qualitative analysis or problem-solving approach, nor was there a focus on lessons learned.
- 2.26** Caseworkers ensured that each child understood their legal status, length of sentence and earliest date for release. They explained licence conditions to children at the final planning meeting before release, and a copy of the conditions was provided to all children when they left.

- 2.27** There were no designated rooms for legal visits, and meetings with legal representatives had occasionally taken place in the main visits hall, which did not provide appropriate confidentiality. A video link suite was available for legal consultations. There was good access to the Barnardo's advocates, who met each child individually during induction and gave them a children's rights information pack.

Recommendation

- 2.28** **Consultation arrangements should be developed to ensure that children's voices are heard and they can contribute to positive change in the establishment.**

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

- 2.29** The equality policy was clear and assigned responsibility to named individuals, including dedicated equality team staff. However, the establishment had not conducted a formal equality needs analysis to inform this policy.
- 2.30** The equality action group (EAG) meeting took place every two months. The meeting was chaired by the governor and attendance by staff from a range of departments was good. We were told that children had been invited but had not attended which was unusual and required exploration.
- 2.31** A comprehensive equality action plan had recently been produced with wide-ranging initiatives to promote equality and prevent discrimination. However, the actions in the plan were not monitored at the EAG meeting to ensure that everyone was aware of them and could play a part in driving progress against the plan.
- 2.32** Steps had been taken to raise awareness of discrimination among staff and children, and most children we spoke to knew how to report discrimination and were confident it would be dealt with fairly. There had been an increase in the reporting of discrimination over the previous six months, many incidents concerning use of racist language. The responses to the reports that we reviewed were appropriate and indicated that staff challenged children who used such language. The governor quality assured all discrimination reports, but there was no independent scrutiny.
- 2.33** Data on discrimination reporting were discussed at the EAG. This identified that almost half of such reports originated from children in Keppel, although this finding had not resulted in specific follow-up action. Data on ethnicity were also monitored in respect of use of MMRP, adjudications, IEP and Rule 49, as well as children located in the segregation unit. Monitoring of other protected characteristics was rare, and there was no evidence of meaningful qualitative analysis of equality data.

- 2.34** Equality monitoring data were displayed on wing equality notice boards, where equality consultation meetings were also advertised. There had been some recent meetings for children with protected characteristics, although attendance had been poor and other approaches to consultation had not been explored. Some positive outcomes had arisen from consultation, such as the provision of hair products requested by children from a black and minority ethnic background (see paragraph 2.37). Discussions held and decisions made at these groups were not well communicated. Many children we spoke to were not aware of the outcomes of consultations and, in some cases, did not know there had been any consultation.

Recommendation

- 2.35** **An equality needs analysis should be conducted and used to inform the equality policy and action plan. Performance against the plan should be monitored at the equality action group.**

Protected characteristics

- 2.36** Children with protected characteristics were identified on reception and their central record updated. Health care staff used a comprehensive health assessment tool (CHAT) to assess health needs and identify disabilities. Where necessary they opened an individual care plan which was reviewed by a multidisciplinary team and shared as appropriate with residential staff. Education staff identified special educational needs and shared this information with residential staff so they could take this into consideration when managing children's behaviour. Staff we spoke to demonstrated a good understanding of the individual needs of children and how to meet them.
- 2.37** Just under a third of children were from a black and minority ethnic background at the time of the inspection. In our survey, most responses from these children were similar to those of their white counterparts. However, only 39% said that the canteen sold things that they needed compared with 72% of white children. A range of hair products and cosmetics appropriate for black and minority ethnic children had recently been introduced (see paragraph 2.34). Ethnicity data were monitored to identify potential disproportionality in areas including complaints, IEP and adjudications.
- 2.38** Only two children had identified as being from the Traveller community and they had declined the invitation to a group consultation. The prison had facilitated a meeting for them with representatives of the Irish Council for Prisoners Overseas. We spoke to both children who said that their needs were being met.
- 2.39** A manager in the casework team had recently been identified to act as liaison for foreign national children. Up to £10 additional phone credit was offered to children on application so that they could keep in touch with family and friends abroad. The establishment reported that none of the children had requested this, which was unusual and better promotion was necessary. Details of foreign national children were shared each week with immigration authorities who attended on an ad hoc basis. At the time of the inspection, there were 19 foreign national children, none of whom was held solely under immigration powers.
- 2.40** There was no formal record of children who had difficulty in communicating in English, although most staff could name the small number who had more limited ability. The education team supported children to develop English language skills. Big Word had been used 72 times since the last inspection.

- 2.41** In our survey, 49% of children with a disability said they were treated well in reception against 80% of children without a disability. Far more said they felt unsafe at the time of the inspection (41% against 7%) or had been bullied and victimised (21% against 3%). The prison had identified 72 children with a disability. Only one child had a personal emergency evacuation plan at the time of the inspection. We were told that children with a disability did not want to meet as a group to discuss their needs and to explore ways to remove any barriers to their progress. There was no evidence that alternative methods of consulting these children had been explored. We gathered a group of children together to discuss their experiences at the establishment and their feedback was generally positive. Over half the learners had a learning disability or difficulty and this was well managed by the education department. There was also good individual support from the mental health team, and the Beacon unit offered the opportunity for a range of therapeutic group work (see paragraphs 2.85–2.89)
- 2.42** No transgender children were resident at the time of the inspection. During the previous 12 months, multidisciplinary case review meetings had been held in respect of a child wishing to transition. The prison had a range of processes to ensure that the needs of trans children were met.
- 2.43** We spoke to the three children who identified as being gay. They all said that they were supported reasonably well, although two did not wish to attend group consultations in case this identified their sexuality to other children.
- 2.44** The chaplaincy provision was good. Chaplains attended a range of establishment meetings and reviews for individual children. Information about a good range of services and classes was given to children during induction and publicised on posters throughout the prison. There was good provision of services and effort was made to ensure that all children could attend but, when this was not possible, chaplains conducted personal visits to see children.
- 2.45** The chaplaincy also supported resettlement activities, such as the Time out 4 Dads parenting course and Sycamore Tree, an accredited victim awareness and restorative justice programme.

Recommendation

- 2.46** **Data on all protected characteristics should be analysed for evidence of disproportionality to ensure fair treatment and equal access to services and opportunities on offer.**

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.

- 2.47** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁷ 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.

¹⁷ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Strategy, clinical governance and partnerships

- 2.48** Leeds Community Healthcare NHS Trust (LCH) was the main health care provider. A range of sub-contracted services included the child and adolescent mental health service (CAMHS) and the harmful sexual behaviours service (HSB) provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). Crossley Street Medical Practice delivered GP services. There was no up-to-date health needs assessment to inform service delivery, although this had been commissioned and publication was scheduled for April 2019.
- 2.49** A range of governance meetings covering essential areas facilitated collaborative working between all health teams and the establishment. Commissioners monitored the contract through data analysis and regular meetings, including monthly progress meetings on the implementation of 'Secure Stairs',¹⁸ an integrated framework of care funded by NHS England.
- 2.50** Leadership of health services was good and all teams delivered child-focused care. There was a good skill mix of staff and 24-hour nursing presence. An active recruitment campaign was under way with some positive results. However, there were still vacancies in CAMHS and the substance misuse team and some group sessions in these areas had not been delivered.
- 2.51** We observed caring and nurturing interactions with children. Most children we spoke to were very satisfied with the quality of health provision.
- 2.52** Regular patient participation forums, patient surveys and attendance at the youth council had generated ideas on how to improve services. We saw examples of improvements resulting from feedback, which was positive.
- 2.53** Lessons learned from clinical incidents, concerns and audits were regularly shared with staff and had led to service enhancements.
- 2.54** Health staff were familiar with their safeguarding responsibilities and attended relevant training. Managerial supervision was embedded. The opportunity to attend regular reflective practice sessions and child protection supervision provided excellent and effective support to promote good standards of practice. Staff working in the CAMHS and HSB services received specialised supervision. Consent to share medical information and the capacity to consent to treatment were routinely sought.
- 2.55** Mandatory training was well managed and professional development opportunities were excellent.
- 2.56** Staff had access to a comprehensive set of policies and a range of helpful 'one-minute' guides outlining key information which they found useful.
- 2.57** Health staff received appropriate life support training and attended all emergencies. Emergency equipment, including automated external defibrillators (AEDs), was located in each treatment room. Despite staff signing daily check sheets, we found that some of the AED pads were out of date, compromising their effectiveness. The checking process was ineffective, but as soon as this was identified, the pads were replaced. An ambulance was called promptly in an emergency.

¹⁸ 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.

- 2.58** Most concerns from children still arrived through the establishment system despite a well-advertised separate health care process which separated concerns from more complex complaints. Since the last inspection, 16 concerns and no complaints had been raised. All the children were seen and issues resolved promptly and appropriately. Children knew how to escalate issues if they were not resolved to their satisfaction.
- 2.59** Health staff attended relevant meetings including weekly safeguarding meetings and MMPR (minimising and managing physical restraint) meetings where incidents were reviewed and regular updates about any pertinent health issues were shared.
- 2.60** The health care department had moved since the last inspection and all teams were co-located in a large open plan office which promoted good communication and joint working. Children now had access to a toilet next to the waiting area. Clinic rooms in the department were reasonable. Infection prevention and control standards were largely met, although an audit had identified areas requiring action, including the pharmacy which was scheduled for refurbishment. Most of the wing treatment rooms were well maintained and suitable for minor clinical procedures.

Recommendations

- 2.61** **An effective monitoring system should be in place to ensure that all emergency resuscitation equipment is in good order.**
- 2.62** **There should be sufficient staff to ensure that all aspects of the service are delivered.**

Good practice

- 2.63** *Regular clinical supervision by SWYPFT's safeguarding lead and reflective practice sessions facilitated by a community psychologist provided excellent support to promote good standards of practice.*

Promoting health and well-being

- 2.64** The patient involvement lead had developed some excellent child-focused health promotion initiatives, including a weekly health promotion induction talk delivered to all children and a quarterly newsletter. Three children were completing an accredited training 'Young Health Champions' qualification, in partnership with the Royal Society for Public Health. The training was delivered by the patient involvement lead and the education department. On completion, the children would be involved in delivering health promotion activities.
- 2.65** A range of eye-catching health promotion material was displayed in the waiting room and on all the units. The information was regularly updated and relevant to the population, such as posters outlining the effects of hand injuries from fighting or punching walls and whom to contact for anger management advice.
- 2.66** One-to-one well-being sessions covered dental hygiene, healthy eating, weight management and sleep hygiene and were available to all children.
- 2.67** There were good links with the gym for children who needed individual work to address health or weight concerns. The patient involvement lead had identified the number of high sugar/high fat content foods available for children to buy from the canteen and had tried with limited success to influence the establishment with this. Fresh fruit, water and cups were

provided in the waiting room. Despite good joint working initiatives by health care, there was no whole prison approach or health promotion strategic plan targeting the needs of children.

- 2.68** A proactive approach was taken to increasing the uptake of child vaccinations and immunisations by obtaining accurate immunisation histories from the Child Health Information Service. Immunisations were delivered on the units and in innovative pop-up clinics in education.
- 2.69** Sexual health screening and treatment were offered in house with established links with specialist sexual health community services. Work was in progress to increase the blood-borne virus testing during induction. Smoking cessation support was available and nicotine replacement patches and lozenges were offered.
- 2.70** Telephone interpreting services were used when needed and health literature could be translated where necessary.

Recommendation

- 2.71** **There should be a whole-prison strategy to support health promotion, including healthy eating.**

Good practice

- 2.72** *The proactive approach to acquiring accurate immunisation history and the focus on achieving good uptake of vaccinations through innovative pop-up and regular clinics were commendable.*

Primary care and inpatient services

- 2.73** All children were assessed on arrival for immediate health needs by a registered nurse.
- 2.74** Subsequent assessments using CHAT were completed within recommended timescales, including physical health, substance misuse, mental health and neuro-disability assessments. Efforts were made to ensure continuity of care through contact with community GPs and other services.
- 2.75** Analysis of the data from these assessments was used to inform care plans which were reviewed at least every three months by a multidisciplinary team and services offered again if they had been declined.
- 2.76** Children requested health services through pictorial application forms which were collected each day.
- 2.77** A GP was available during morning clinics apart from Wednesday and Sunday and by telephone from 8am to 6pm. Dedicated GP clinics were held on Keppel and all children could access urgent appointments when needed, irrespective of location. Out-of-hours cover was provided through NHS 111.
- 2.78** Children on Keppel and Wetherby had very good daily access to a nurse. Three non-medical prescribers ran clinics for children with asthma and diabetes. Children received individual evidence-based care and regular reviews.

- 2.79** The range of primary care services was good and access was reasonable apart from the optician and dentist waiting times which were too long at eight weeks.
- 2.80** Work was in progress to reduce the high rate of non-attendance at some clinics. Sometimes children had to wait too long in the waiting room before and after their appointments when there were not enough officers to escort them more promptly. A 'refusal form' was being trialled to demonstrate that children had been offered the opportunity to be brought to health care.
- 2.81** Arrangements for referrals to external hospital appointments were prompt and the process was well managed, with few cancellations.

Recommendations

- 2.82 Children should have timely access to the optician and dentist.**
- 2.83 Failure-to-attend rates for clinics should continue to be investigated and reduced.**

Mental health

- 2.84** CAMHS delivered good individual support. In our survey, 84% of children on Keppel and 29% of children at Wetherby said they had a mental health/emotional problem when they arrived.
- 2.85** All children were assessed by CAMHS staff using the mental health and neurodevelopmental assessment tools. There was a clear pathway for children needing neurodevelopmental, ADHD and autism spectrum disorder assessments and treatment. Staff gathered information from community mental health, the GP and youth offending teams to assist with developing care plans. Risks for children were explored and shared using the CHAT assessments. Managers had carried out clinical audits and identified staff who needed to develop their skills further to complete more in-depth risk assessments. This work was in progress.
- 2.86** The mental health team were working with 119 children of whom 41 resided on Keppel. Referrals were accepted from all areas of the establishment and from the children. Staff discussed each child at the weekly allocation meeting which ensured a person-centred approach. Each child was assigned a 'care navigator' who developed comprehensive and clear care plans with the child. The multidisciplinary team included psychiatrists, mental health nurses, neuro and learning disability specialists, clinical psychologists, occupational therapists, social workers and speech and language therapists. Care navigators attended ACCT reviews.¹⁹
- 2.87** Since the previous inspection, the mental health team had adopted the Beacon unit, to deliver a range of therapeutic group work such as music and creative writing. However, staff shortages prevented low-level cognitive behaviour therapy group sessions for anxiety, mood management or emotional regulation from being carried out. Children had access to psychiatry and higher-level individual support when needed.
- 2.88** Since the previous inspection, there had been delays in the delivery of the HSB service. SWYPFT now had a dedicated specialist trained team delivering HSB work. The needs analysis was due for completion, managers had identified the need for further training and staff to improve this service. Assessments were appropriate and the team ensured that the

¹⁹ Assessment, care in custody and teamwork case management of young people at risk of suicide or self-harm.

clinical application of assessment and formulation was well supervised. The multidisciplinary team approach to HSB was thorough. However, there were still vacancies and the team was stretched. Four children were waiting to start assessment.

- 2.89** The development of trauma and attachment-based interventions, to support behaviour management, was not yet embedded across the establishment. The CAMHS team had delivered training to a range of staff on 'formulation'.²⁰ About one-third of prison officers had completed training in mental health trauma with further training booked which covered Secure Stairs.
- 2.90** During the previous 12 months, there had been two transfers under The Mental Health Act, both within 14 days of assessment. Three children were awaiting assessment at the time of the inspection.

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.

- 2.91** Psychosocial support for children with substance misuse concerns remained good. LCH delivered clinical and psychosocial interventions and were well integrated with other departments.
- 2.92** All children were seen by a young person's alcohol and drug services worker (YPDASS) during induction. Staff used the substance misuse assessment tool to assess need. However, referrals were accepted at any time from children and custody staff.
- 2.93** No child had required clinical detoxification from alcohol or drugs since the last inspection, although competent staff were available to deliver this if needed.
- 2.94** In our survey, 52% of children on Keppel and 36% on Wetherby said they had a problem with drugs on arrival, significantly higher than the comparator in both cases. The team were supporting 95 children of whom 14 resided on Keppel. All children were offered individual sessions covering a range of topics such as triggers, cravings, cannabis and alcohol awareness and harm minimisation.
- 2.95** However, no group interventions had been delivered because of a shortage of staff. The team were developing specific harm minimisation groups, covering risks associated with being transferred to an adult establishment. At the time of inspection, this was delivered individually, which was positive.

Good practice

- 2.96** *Staff carried out comprehensive one-to-one harm minimisation awareness sessions, which ensured that all children transferring to the adult estate were made aware of potential risks.*

²⁰ A psychologically based understanding of the holistic needs of a child as opposed to (but may include) medical diagnosis.

Medicines optimisation and pharmacy services

- 2.97** The pharmacy room was due to be refurbished. The area was clean and tidy and medicines were stored appropriately with regular stock checks. Appropriate out-of-hours stock medication was available with a clear audit trail of use. The drug refrigerators in the pharmacy and in the treatment rooms stored vaccines and other heat sensitive medication within the correct temperature range and the room temperature was also recorded daily. There had been a few incidents where the integrity of heat sensitive medicines had been compromised because the fridge had not been reset when it had gone out of range. The pharmacist was due to deliver refresher training to all staff about the importance of the correct procedures for ensuring heat-sensitive medication is stored within the correct temperature range.
- 2.98** A dedicated pharmacy team consisted of a clinical pharmacist for two days a week and two pharmacy technicians. Two more were being recruited to assist with medicine administration. Medicines were administered three times a day by nurses and pharmacy technicians in a confidential, safe and supportive manner and children on more frequent doses were given them as required. Children declining medication were followed up and referred to the prescriber for review.
- 2.99** Medicines reconciliation and assessments were completed promptly by the pharmacy technicians. There was good oversight of all prescriptions, with robust processes to ensure that children received suitable and timely re-ordering of medicines.
- 2.100** The in-possession policy allowed some children to take appropriate responsibility for their medication following a risk assessment, such as inhalers, epipens and ointments.
- 2.101** Prescribing data, audit results and medicine management incidents were discussed at the monthly medicines management meeting and practice was informed by lessons learned. Medication returned for disposal and drug alerts were well managed.
- 2.102** The introduction of the transfer pack for children going to court was a good initiative. The pack contained life sustaining medication, for example an inhaler and an epipen, for children who had forgotten or declined to bring their own. There were similar packs in each education centre.
- 2.103** A suitable range of patient group directions²¹ enabled nurses to administer specific medications without an individual prescription and medications for treating minor ailments. These were recorded accurately on SystemOne (electronic medical records).

Good practice

- 2.104** *The introduction of the transfer pack with life sustaining medication was a good initiative to ensure children going to court and in education had prompt access to emergency medication.*

Dental services and oral health

- 2.105** LCH dental team delivered two clinical sessions a week and an oral therapy session every two weeks. Waiting times were about eight weeks, which was too long. However, urgent appointments were arranged for the next clinic and nursing staff offered pain management.

²¹ Patient group directions authorise appropriate health care professionals to supply and administer prescription-only medicine.

Children received community equivalent NHS treatment and there was a good range of oral health promotion information.

2.106 The dental surgery was well maintained, clean and fully equipped. LCH contracted an external company to provide sterilised dental tools.

2.107 Governance arrangements were good and staff were appropriately trained and qualified. Patients' consent to treatment was obtained and treatment options were clearly explained.

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.²²

- 3.1** Most children on Keppel could spend more than eight hours out of their cells on weekdays and about six hours at weekends. Attendance at scheduled activities was good and there was time for association on weekday evenings, but this was often limited to just three sessions a week. Children could attend exercise in the open air and had enough time for domestic activities. At Wetherby the 47 children on the enhanced Collingwood unit were unlocked for most of the day. They could take part in association in the evening with enough time for domestic activities. We calculated that they could have about seven hours out of their cells during the week and about five hours at weekends.
- 3.2** On the other units at Wetherby, attendance at activities during the day had clearly been made a high priority by managers and had improved since the last inspection, with fewer children remaining locked in their cells during the day. The number of children that were unable to attend main education had nearly halved since the last inspection (see paragraph 3.14). During roll checks in the middle of the day we found about 14% of children locked up compared with 20% at the last inspection.
- 3.3** Too many children on the Wetherby site were not given enough time for association, exercise and domestic activity, which was poor. They received about 45 minutes' association on three evenings a week and 30 minutes' exercise in the open air every other day. Each wing had an allocated gym session in the evening once a week, but those who did not choose to attend were locked in their cells. At weekends, association was limited to 45 minutes a day. Children were not able to access basic amenities such as showers and telephone calls every day. In our survey, only about a third of respondents at Wetherby said that they could have a shower or access time outside in the fresh air every day. Only 43% said that they could use the phone every day.
- 3.4** The library service continued to be delivered by Novus and was well resourced. Access to the library remained reasonable for children who attended education, with at least one session every other week. Children on Keppel unit had a Saturday morning session and a few classes had a weekly session. However, too few children attended the library every week. Children on the Wetherby site who did not attend group education did not go to the library at all and relied on books being taken to them.
- 3.5** The library was bright and well equipped. There was adequate space for private study and children could use computers. The range of reading material was good, including fiction and non-fiction books, local and national newspapers, magazines, easy reads, graphic novels and classic literature. There was a good range of educational and vocational books for courses and additional resources could be ordered by the librarian.
- 3.6** The literacy initiative, 'Reading Ahead', continued to encourage children to read six books, articles or stories and World Book Day had been publicised around the site. Children could still take part in Storybook Dads which enabled them to read a recorded story to send to their child or younger siblings (see paragraph 4.1).

²² Time out of cell, in addition to formal 'purposeful activity', includes any time children and young people are out of their cells to associate or use communal facilities to take showers or make telephone calls.

- 3.7** Children attended PE classes as part of their education curriculum and the environment in gyms and classrooms resembled that in a well-run senior school. Children had excellent access to a wide range of indoor and outdoor sports facilities and equipment, including a multi-use sports hall, weight room, cardiovascular suite, outdoor football pitch, and several classrooms. All equipment was well maintained and all areas were clean. Sessions were very well managed and children could attend at least three times a week. Sessions were rarely cancelled and there were also evening and weekend activities.
- 3.8** A well-planned and varied range of courses were offered and sports qualifications for children had been reintroduced. Community engagement had embedded and was excellent. Many providers, such as Leeds Rhinos, attended the prison to deliver Rugby League coaching to children and run projects focusing on personal development and interview techniques. Guisely football club continued to provide links to the local community. There were also links with White Rose Rugby Union and Leeds United and Everton football clubs.
- 3.9** The prison had become an accredited Parkrun UK²³ centre since the last inspection and children from Keppel were able to run or walk a 2km or 5km course each week in the prison grounds. It was impressive that Keppel was the first prison holding children to introduce the Parkrun initiative. The project was overseen by a member of the prison social work team and members of the community attended each week to support children completing the run. Well-developed plans were in place to extend the programme to children at Wetherby.
- 3.10** All children received a clear and comprehensive induction to the gym which covered the facilities and programmes offered, including dedicated remedial sessions and sessions for those with disabilities. Gym staff assessed children's health before they used the facilities, and ensured they understood safe use of the gym equipment. Gym and health care staff worked closely and ensured that prisoners accessed the gym facilities quickly.
- 3.11** Healthy living and the importance of exercise were very well promoted through PE courses, courses in health education, and remedial PE. Staff provided very good remedial support to children considered unsuitable to participate in normal physical activities.

Recommendation

- 3.12 All children should be able to shower, phone home, and exercise in the open air every day.**

²³ Parkrun UK is a non-profit organisation that supports more than 700 communities across the country to coordinate free volunteer-led 5k and 2k events for walkers and runners.

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.

3.13 Ofsted²⁴ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work: Good

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

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

Personal development and behaviour: Good

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

Management of education and learning and skills

3.14 Leaders and managers created a strong ethos of ensuring that all children participated in education and were included in the prison's main education activities. They had made good efforts to ensure that outreach provision was used only as a temporary measure and had more than halved the number of children who used it since the previous inspection.

3.15 Leaders and managers had placed good emphasis on providing children with services that supported them to develop essential personal and social skills, including English and mathematics. Children progressed very well through different pathways as their interest and engagement in full-time education consolidated.

3.16 The provision for children in both Wetherby and Keppel met their complex social and learning needs well and took good account of those with particularly poor education backgrounds and the most able learners.

3.17 There were enough activity spaces to occupy all children full time across both sites and no child was unoccupied. The process of allocation was prompt and effective and placed children in the most appropriate learning activity. Pay was equitable, rewarding good behaviour, and did not act as a disincentive to attend education.

3.18 Leaders and managers had correctly recognised the importance of upskilling staff and raising their awareness and understanding of mental health issues to improve their support for

²⁴ 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>.

children. Training and development in this area helped learning support assistants to target their efforts more successfully.

- 3.19** Since the previous inspection, leaders and managers had continued to develop and further strengthen their collaborative partnerships, which clearly benefited children. A particularly effective relationship had been developed with the Yorkshire Fire Service which educated children about fire safety in their cells and provided them with developmental opportunities.
- 3.20** Leaders' and managers' evaluation of the quality of the provision was robust and accurate and supported staff well to develop their teaching practice, in particular the newly recruited staff. Leaders and managers focused on improving the provision and had successfully rectified most of the weaknesses identified at the previous inspection.
- 3.21** Leaders and managers across the prison continued to prioritise and maintain the high attendance levels found at the previous inspection. However, unauthorised absences prevented attendance rates from becoming consistently high.
- 3.22** The number of children removed from class because of security issues had reduced since the previous inspection. However, managers did not evaluate sufficiently the progress made at Wetherby and Keppel by those who were removed and those who were transferred to other prisons.
- 3.23** Children benefited from an extensive induction where they were given good quality careers information, advice and guidance. Their personal learning plans were regularly reviewed and advice and guidance adapted to reflect their changing needs. However, not enough young children benefited from the use of release on temporary licence (ROTL) to improve their opportunities on release. Children did not undertake enough learning activities in the community to develop further valuable personal, social and employment related skills. Similarly, the number of children who left the prison with a positive education, training or employment (ETE) destination was too low.

Recommendations

- 3.24** Leaders and managers should continue to improve attendance rates to a consistently high level by analysing the impact of unauthorised absences and targeting actions to decrease it.
- 3.25** Leaders and managers should evaluate the progress that children who are removed from class or transferred from prison make during their time at Wetherby and Keppel.
- 3.26** Leaders and managers should improve the education, training and employment prospects of young learners on release.
- 3.27** More children should benefit from the use of ROTL to develop valuable personal, social and employment related skills and more should leave the prison with a positive ETE destination.

Quality of provision

- 3.28** The vast majority of teachers planned lessons and set tasks which were well suited to children's interests and abilities. They used effective questioning in class and verbal feedback helped children to improve their work. They accommodated children's broader personal and

social development in lessons well. As a result, the vast majority of children made good progress.

- 3.29** In a few instances, teachers failed to embed concepts, or used terminology which children struggled to understand. They did not take into account sufficiently the particular obstacles, such as poor comprehension or memory, which individual children encountered in their learning.
- 3.30** Teachers assessed children's learning needs particularly thoroughly and used this information well to plan learning activities. They monitored the academic progress of children periodically and effectively and, as a result, had a good understanding of the many gains that children made. However, teachers set children progress targets that were not always sufficiently clear or understood by all children.
- 3.31** Teachers and support staff created a calm and conducive atmosphere across the prison. Teachers assessed children's work regularly and accurately. Written feedback was encouraging and provided children with accurate pointers on how to improve. As a result, they made fewer mistakes over time.
- 3.32** Learning support was effective and well integrated into lessons, for example enabling children who experienced language difficulties to contribute to activities well.
- 3.33** Learning resources such as written handouts and exercise books were of good quality. Information learning technology was well maintained, although used mainly by teachers. Displays of children's work, for example in art, were of the highest standard and reflected well their efforts and the progress they had made throughout the course.
- 3.34** Teachers promoted equality thoughtfully to the children, enabling them to explore their own attitudes and increase their understanding of equality topics. In creative media lessons, learning activities included consideration of gender and race in advertising. This prepared children well for release into their local communities.
- 3.35** Teachers placed good focus on developing employability skills and attitudes, in particular in vocational areas. In information and communications technology and the Fire Service course, for example, teachers helpfully reinforced to children the expectations of employers about conduct in the workplace.

Recommendations

- 3.36** **Teachers should ensure that they consolidate and check learners' knowledge and understanding of topics taught before they move on to a new activity.**
- 3.37** **Teachers should improve the clarity of the progress targets they set for children, ensuring that they are fully understood.**

Personal development and behaviour

- 3.38** The number of children refusing to attend education and learning activities had significantly decreased since the previous inspection. Children developed positive attitudes towards learning, and many gained the confidence to work well independently. They were motivated, enjoyed their time in education and were keen to share with others the work they had produced. Children were largely respectful of staff and peers.

- 3.39** Children readily took on additional responsibilities such as peer mentoring or working in kitchens and the café. They appreciated this level of trust and learnt customer service skills in dealing with the public. In the multi-skills workshop, the children identified their personal responsibility towards health and safety in the workplace.
- 3.40** Children continued to benefit from an extensive and varied range of enrichment activities which met their personal and social development needs well and helped them develop new interests, for example two music bands had been formed in 2018 for children to write, play and record their own tracks. Children and staff participated in celebrating international days and cultural festivals such as Chinese New Year. This reinforced their understanding of the diverse cultures in British society.
- 3.41** Teachers organised a range of events to celebrate publicly children's successes. On the Keppel unit, for example, they could win awards for attributes such as resilience, effort and commitment.
- 3.42** In areas such as performing arts, children articulated well how education had a positive impact on their self-control, behaviour and management of relationships. In the advanced English group, discussions created a good opportunity for children to share stories from their recent past, enhancing their emotional well-being and resilience.
- 3.43** Teachers challenged inappropriate language effectively. However, the low-level disruption created by a small minority of children persisted in lessons. As a result, some children became frustrated and distracted from learning.

Education and vocational achievements

- 3.44** Children made good gains in their confidence, knowledge and skills from very often low academic starting points. There were no differences in the progress and achievement of different groups of learners, including those with a learning disability or difficulty which accounted for more than half the learners.
- 3.45** Children improved and consolidated their English and mathematics skills. For example, in horticulture, tutors skilfully integrated brief, spontaneous activities that enabled children to work out the costs and potential profits of propagating tomato plants for sale. In peer mentoring, children noted 'words of the day' to help them understand in more detail the topics being covered.
- 3.46** The qualification pass rates across all courses remained high for those children who completed their learning programme. Furthermore, the vast majority of children undertaking an English or Mathematics qualification at levels 1 and 2 demonstrated very good progress and achieved at their first attempt.
- 3.47** Children's work was of a good standard overall, particularly in the arts area, where they became confident to produce their own work in front of their peers. However, children did not develop written skills sufficiently well across a variety of learning activities and subjects.

Recommendation

- 3.48** **Children should have the opportunity to undertake learning activities which support them to develop their written skills further.**

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** Many departments focused on initiatives to build family relationships and facilitate contact with families. These included a parenting course from the chaplaincy, a family work intervention from psychology, an expanding Storybook Dads activity in the library (see paragraph 3.6) and events run in connection with the army cadets and fire service courses. Families also engaged in relevant modules of programmes delivered by the interventions team and associated celebration events (see paragraph 4.32). Children on Keppel unit had better access to family days than children at Wetherby. Caseworkers encouraged family attendance at remand and sentence plan meetings. Records showed that over the previous six months half the children at Wetherby and a third of children at Keppel had a family member at their reviews.
- 4.2** Access to visits was adequate and the number of children receiving weekly visits had improved since the last inspection. Some children did not receive visits as often as they would have liked because of the distance families had to travel. Visits facilities were basic and the system for booking visits was inconsistent and did not always meet visitors' needs.
- 4.3** Following the introduction of in-cell telephones, almost all children on Keppel were able to make a phone call every day. In contrast, however, access to calls had reduced for children at Wetherby, where the more restricted regime limited opportunities to use the communal telephones and maintain important family contact (see paragraph 3.3).

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.

- 4.4** Reducing reoffending work at Wetherby and Keppel was informed by recent needs analyses. A strategy had been developed for each site with an action plan to deliver the strategies. Attendance at the quarterly reducing reoffending committee was not consistent and the committee was not driving work to improve outcomes for children. However, there was evidence of progress, for example there were well advanced plans with the local resettlement consortium to start community-based pre-release clinics for children nearing release. Links with resettlement consortia were well established and community services were represented at reducing reoffending committee meetings. An open day for youth offending teams (YOTs) had been held in October 2018. This was a good initiative to improve joint working.
- 4.5** The size of the casework team had increased since the previous inspection and the 20 caseworkers held caseloads of up to 16 remanded and sentenced children at Wetherby and

12 on Keppel unit. They were child focused and enthusiastic. Caseworkers were divided into four pods which included one for Keppel and one for children with long sentences. Each pod included a social worker. New receptions were initially supported by an early days caseworker based on the Wetherby induction unit. They were then allocated to a caseworker in the appropriate pod.

- 4.6** Caseworkers had shadowed community YOTs and attended youth courts as part of their training. However, there was a lack of training in other areas for caseworkers which resulted in some weaknesses, for example in relation to risk and information sharing. Caseworkers did not have formal supervision, which impeded their development (see paragraph 4.14).
- 4.7** Contact between children and caseworkers was more focused on Keppel where children had documented fortnightly care plan meetings between remand or sentence plan review meetings. Frequency of contact at Wetherby had improved since the last inspection and managers had an expectation that fortnightly contact would be maintained. However, these contacts often had to take place through locked doors because of keep-apart protocols and were not always fully recorded. This hampered individual work with children at Wetherby as did the lack of interview rooms on residential units.
- 4.8** Release on temporary licence (ROTL) continued to be available for appropriate children. Suitability was assessed as children approached their eligibility date. In the previous six months, 40 children had taken part in ROTL 238 times, most of which were to support the strengthening of family ties and to undertake community work with a local charity. There was scope to extend the use of ROTL to support resettlement work, for example to secure education, training or employment ready for release, to view release accommodation or to open bank accounts (see paragraph 3.23).
- 4.9** Early release and home detention curfew procedures were managed appropriately. Children we spoke to knew the release dates they were working towards.
- 4.10** Transition work to the adult estate for 18-year olds continued to start in good time. There were established links with the establishments that children most often moved to and a library of information about those prisons was available. During 2018, 112 children had transitioned to adult prisons, including four to open prisons. Information sharing before transfer was good and in some cases staff from Wetherby had provided the escort to the new prison to aid the handover and reassure the young adult who was moving on. Where possible, staff from Wetherby and Keppel visited children from secure training centres or secure children's homes before they transferred to the establishment. More recently, they also provided the children they visited with audio information about the establishment (see paragraph 1.9) in preparation for their transfer.
- 4.11** Despite efforts by staff, limited follow-up data were available on the progress of children after release. This prevented assessment of the long-term effectiveness of resettlement work.

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.

- 4.12** In our survey, 67% of children at Wetherby and 73% on Keppel unit knew they had a training or remand plan. Nearly all these children understood what they needed to do to achieve their targets.
- 4.13** Children had regular remand or sentence plan review meetings, and those that we observed were chaired well by caseworkers. Attendance by community YOTs was good but there was variable attendance from within the establishment, with some departments only submitting written updates. However, integration of casework with other departments supporting resettlement was better than we often see. Residential officers attended reviews on Keppel but not at Wetherby. Families were invited to attend reviews and efforts were made to facilitate their travel and attendance. More attended at Wetherby than Keppel unit (see paragraph 4.1).
- 4.14** Case workers had a good focus on resettlement planning. Release planning, including discussions about early release, started at initial planning meetings. Planning meetings were not fully recorded and the plans and actions arising were inconsistent. Case workers used varying formats for the plans and some targets were not written in child friendly language or were too focused on behaviour at the YOI rather than resettlement. They clearly knew the children on their caseload and were assiduous in pursuing accommodation and other welfare needs. Most had an awareness of safeguarding issues and the social workers were valuable in promoting this. However, case workers had a narrow understanding of their role and assumed that some work was entirely the remit of other agencies, both inside and outside the establishment. For example, they did not monitor provision for education, training and employment (ETE) or health in the establishment. Most significantly, not all case workers understood their role in planning for the management of risk after release (see paragraph 4.17).
- 4.15** A weekly multidisciplinary sequencing meeting, which was focused on resettlement, took place for children following their initial sentence planning meeting. All agencies, education, health, interventions and casework, attended but information from external sources such as AssetPlus (the assessment and planning framework for the youth justice system) was not used, which limited the analysis of children's needs.

Recommendation

- 4.16** **The role of casework should be defined and caseworkers provided with training and support to fulfil all elements of the role.**

Public protection

- 4.17** The interdepartmental risk management team meeting remained an effective forum for considering risk. Caseworkers contributed well to discussions about children on their caseload but needed to be alert to potential risks when children left Wetherby. Efforts were

made to ensure that MAPPA (multi-agency public protection arrangements) management levels were known in time to inform resettlement planning. However, there were cases where concerns had not been identified or raised with community partners to ensure that public protection issues were recognised and addressed.

Indeterminate and long-sentenced children

- 4.18** At the time of our inspection, six children were serving indeterminate sentences and several others were remanded for offences that could attract an indeterminate sentence. Another 45 were serving sentences of four years or longer. This group was managed by a discrete team of caseworkers at Wetherby but not on Keppel. Sentence planning was broadly the same for these as for other children, with additional procedures required for indeterminate sentences, such as annual life sentence reviews. The caseworkers and their managers were experienced in this work and understood the support needed by children with these sentences. Case notes for one case that we reviewed showed sensitive handling of the child's need to be emotionally stable before starting any offence related work.

Looked-after children

- 4.19** In our survey, half the children at Wetherby and three-quarters on Keppel said that they had been in local authority care. Prison records showed that this was a reasonably accurate picture and very similar to the previous inspection. Some children had experienced little continuity and one child's records indicated 46 placements in the four years before custody.
- 4.20** Looked-after children and those who were care leavers were identified by one of four social workers who alerted the relevant local authority to placements at Wetherby or Keppel and reminded them of their statutory responsibilities to the child while in custody. Caseworkers facilitated looked-after reviews and worked closely with the social workers to ensure that children received the support they needed. Social workers told us that they frequently had to chase local authorities for the financial allowances due to children. There was no process for monitoring receipt of these allowances which ran the risk that children did not receive their entitlement to financial support.
- 4.21** When children moved to an adult prison, the social workers ensured that the prison was informed of their care leaver status. On Keppel unit, the promising Clear Approach²⁵ initiative noted at the previous inspection had been developed with the Care Leavers Association into a peer-led programme which had started at the end of 2018. It aimed to develop understanding of the relationship between care experiences and behaviours deemed to be criminal.

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.

- 4.22** Reintegration planning was reasonable and caseworkers ensured that children knew who would be collecting them on their day of release. Practical arrangements for release were made and children were provided with plain bags to carry their personal possessions. A small

²⁵ Clear Approach is a programme developed by the Care Leavers Association designed to empower care leavers in the CJS to take more control over their lives.

stock of non-prison clothing was available for children with nothing suitable to wear. A few 18-year olds were not collected by family, friends or professionals and instead staff drove them to the most appropriate transport terminal.

- 4.23** Release planning was hampered for most children by the late provision of an address for their release, despite the efforts of Wetherby and Keppel staff. This affected the ability to organise other important elements of resettlement, for example education, training and employment and substance misuse services. During the previous year, 161 children had been released from Wetherby, 16% of whom were told of their release address between three and nine days before release and 4% two days or less before release. Respective figures for the 51 children released from Keppel over the same period were 29% and 6%. Four children and one 18-year-old were released to hostel accommodation. One 18-year-old was released homeless, but was met at the gate by his probation officer to help him to report as homeless. He subsequently returned to his parental home.
- 4.24** Work to develop finance, benefit and debt services was progressing slowly with some changes since the previous inspection. There was now some provision for opening bank accounts but only for 18-year olds. Job Centre Plus visited fortnightly but could only work with 18-year olds. A new money coaching course had been delivered at Wetherby by Christians Against Poverty, with the next course arranged for Keppel.
- 4.25** Too few children had been able to access the two-week pre-release course. We checked seven Wetherby cases of whom only one had attended the course. There was no evidence of promotion of the course by the casework team or that it was considered an essential part of resettlement
- 4.26** Children being released to the North of England could benefit from good through-the-gate support from In2Out (a mentoring charity). Children were paired with a mentor before release and then received support tailored to their needs for as long as they needed it. In some cases, the mentoring resumed when a child required additional help after a setback. Ninety-one children from Wetherby and Keppel unit had been supported by In2Out in 2018.
- 4.27** Too few children left Wetherby and Keppel with an education, training or employment place.

Interventions

Expected outcomes:

Children can access interventions designed to promote successful rehabilitation.

- 4.28** Children at Wetherby and Keppel had access to the interventions approved by HMPPS for use in the youth custody estate. They covered motivation to engage (A-Z), thinking skills, (JETS and ACCESS), anger and/or emotional management (STAG and TEAM)²⁶ and violence (LMV-E and ART).²⁷ The interventions varied in length with LMV-E taking nine months to complete. This was targeted at children with the highest level of risk for violence. During 2018, 92 children had completed an intervention, several on an individual rather than group basis.
- 4.29** Caseworkers completed an initial interventions screening which was considered by the interventions team to determine the most appropriate intervention for each child.

²⁶ STAG refers to 'Starving The Anger Gremlin'. TEAM refers to 'The Emotional Awareness and Management' course.

²⁷ LMVE-E refers to 'Life Minus Violence – Enhanced'. ART refers to 'Aggression Replacement Therapy'.

- 4.30** Waiting lists were maintained for all the interventions offered by the team. Capacity to deliver interventions was limited by the size of the team and vacancies in it. We were told that some children had been released without undertaking the intervention they were waiting for. Decisions about risk and need had to be made when deciding which children would be given a place on an intervention.
- 4.31** There had been no interventions needs analysis since 2014. Continuing screening of children identified needs which could be met through the existing range of interventions but there were other unmet needs. Prison data suggested that just over a quarter of children had been convicted of an offence involving weapons but, other than the Street Doctors²⁸ programme, there were no interventions specific to this offence.
- 4.32** When children completed interventions, reports of their progress were shared with caseworkers and community YOTs. Celebration events were held to mark the successful completion of an intervention and attendance by families and carers helped to emphasise the importance of the work.
- 4.33** Children at Wetherby and Keppel had good access to one-to-one support from the on-site psychology team which usually focused on offending behaviour and behaviour management needs. Detailed assessments were completed for children with indeterminate sentences to inform their sentence plan and future progression. About 50 children across both sites were working with a forensic psychologist at the time of the inspection.
- 4.34** Kinetic Youth provided invaluable support to children at Wetherby and Keppel unit on an individual and group basis.

Recommendation

- 4.35 All children should be able to complete interventions which address their needs while in custody.**

Health, social care and substance misuse

- 4.36** Release and transfer arrangements remained good. All health teams, including the dental team, had effective liaison and communication with YOTs and community services to ensure continuity of care. Good work was also completed with children transferring to adult establishments or mental health services.
- 4.37** All children were offered a pre-release appointment to complete the CHAT (comprehensive health assessment tool) discharge plan which was sent to relevant agencies. Children were given harm reduction advice and information before leaving. Children were also usually seen on the day of release or transfer to assess their health needs and were offered health promotion advice, including barrier protection. A week's supply of medication or a prescription was provided for appropriate children.

²⁸ Street Doctors is a charity which equips children most at risk of violence with the skills and confidence they need to act in a medical emergency. The sessions cover the medical consequences of violence including the possibility of serious infection or life changing injuries, and help children make the links between carrying a knife and the likelihood of them or someone they know getting seriously hurt.

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** The use of force should only be used as a last resort. The application of pain-inducing techniques should only be used when there is an immediate risk of serious physical harm to the child, staff or others. (S41)
- 5.2** Behaviour management systems should be simplified and the emphasis should be on reward to motivate positive behaviour. (S42)
- 5.3** The core day should allow reasonable time for all children to complete all domestic tasks. (S43)
- 5.4** Release planning should be comprehensive and coordinated to reduce risk on return to the community. (S44)

Recommendations

To the governor

Safeguarding of children

- 5.5** All child protection referrals should meet national safeguarding protocols and should be forwarded to the local authority designated officer for investigation. (1.16)

Suicide and self-harm prevention

- 5.6** The use of strip-clothing and bedding for children in crisis should be justified on every occasion and a record kept of the decision-making process. (1.23)

Separation/removal from normal location

- 5.7** Supervision of children on A3 landing in the segregation unit should be strengthened. (1.60)

Living conditions

- 5.8** All children at Wetherby should be able to access a shower and telephone call each day. (2.13)

Residential services

- 5.9** Children at both Wetherby and Keppel should be able to buy clothes. (2.20)

Consultation, application and redress

- 5.10** Consultation arrangements should be developed to ensure that children's voices are heard and they can contribute to positive change in the establishment. (2.28)

Strategic management of equality and diversity

- 5.11** An equality needs analysis should be conducted and used to inform the equality policy and action plan. Performance against the plan should be monitored at the equality action group. (2.35)

Protected characteristics

- 5.12** Data on all protected characteristics should be analysed for evidence of disproportionality to ensure fair treatment and equal access to services and opportunities on offer. (2.46)

Strategy, clinical governance and partnerships

- 5.13** An effective monitoring system should be in place to ensure that all emergency resuscitation equipment is in good order. (2.61)
- 5.14** There should be sufficient staff to ensure that all aspects of the service are delivered. (2.62)

Promoting health and well-being

- 5.15** There should be a whole-prison strategy to support health promotion, including healthy eating. (2.71)

Primary care and inpatient services

- 5.16** Children should have timely access to the optician and dentist. (2.82)
- 5.17** Failure-to-attend rates for clinics should continue to be investigated and reduced. (2.83)

Time out of cell

- 5.18** All children should be able to shower, phone home, and exercise in the open air every day. (3.12)

Education, skills and work activities (Ofsted)

- 5.19** Leaders and managers should continue to improve attendance rates to a consistently high level by analysing the impact of unauthorised absences and targeting actions to decrease it. (3.24)
- 5.20** Leaders and managers should evaluate the progress that children who are removed from class or transferred from prison make during their time at Wetherby and Keppel. (3.25)
- 5.21** Leaders and managers should improve the education, training and employment prospects of young learners on release. (3.26)

- 5.22** More children should benefit from the use of ROTL to develop valuable personal, social and employment related skills and more should leave the prison with a positive ETE destination. (3.27)
- 5.23** Teachers should ensure that they consolidate and check learners' knowledge and understanding of topics taught before they move on to a new activity. (3.36)
- 5.24** Teachers should improve the clarity of the progress targets they set for children, ensuring that they are fully understood. (3.37)
- 5.25** Children should have the opportunity to undertake learning activities which support them to develop their written skills further. (3.48)

Training planning and remand management

- 5.26** The role of casework should be defined and caseworkers provided with training and support to fulfil all elements of the role. (4.16)

Interventions

- 5.27** All children should be able to complete interventions which address their needs while in custody. (4.35)

Examples of good practice

- 5.28** Children were issued with a free MP3 player with a comprehensive recording of the induction programme which enabled them to listen to information in their own time. (1.9)
- 5.29** Regular clinical supervision by SWYPFT's safeguarding lead and reflective practice sessions facilitated by a community psychologist provided excellent support to promote good standards of practice. (2.63)
- 5.30** The proactive approach to acquiring accurate immunisation history and the focus on achieving good uptake of vaccinations through innovative pop-up and regular clinics were commendable. (2.72)
- 5.31** Staff carried out comprehensive one-to-one harm-minimisation awareness sessions, which ensured that all children transferring to the adult estate were made aware of potential risks. (2.96)
- 5.32** The introduction of the transfer pack with life sustaining medication was a good initiative to ensure children going to court and in education had prompt access to emergency medication. (2.104)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
David Foot	Inspector
Martyn Griffiths	Inspector
Angela Johnson	Inspector
David Owens	Inspector
Gordon Riach	Inspector
Esra Sari	Inspector
Emma Sunley	Inspector
Sharlene Andrew	Researcher
Rebecca Duffield	Researcher
Helen Ranns	Researcher
Catherine Shaw	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Holly Tuson	Researcher
Claudia Vince	Researcher
Maureen Jamieson	Health services inspector
Lynda Day	Care Quality Commission inspector
Tony Gallagher	Ofsted inspector
Maria Navarro	Ofsted inspector
Jane Attwood	HMI Probation inspector
Mark Freeman	HMI Probation inspector
Tracy Green	HMI Probation 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, the early days experience for boys at Wetherby and Keppel was good. Levels of violence at Wetherby had risen and were too high. Boys on Keppel unit felt and were safer. An impressive range of systems and interventions was designed to reduce violence and improve behaviour. However, much of this was new, lacked coordination and was not yet fully effective in reducing the violence. Levels of self-harm were high on Keppel and low at Wetherby. Weaknesses in ACCT processes were mitigated by good individual care in most cases. There were also weaknesses in child protection work. Security measures were more proportionate than at the last inspection. Governance of use of force was weak. Significant improvements had been made to the management of boys in segregation. Substance misuse was minimal and managed well. **Outcomes for children and young people at Wetherby were not sufficiently good against this healthy prison test. Outcomes for children and young people on Keppel unit were good against this healthy prison test.***

Main recommendations

The response to bullying and violence should be better coordinated and include effective support for victims. Monthly safeguarding meetings should analyse trends and direct clear action to reduce levels of violence at Wetherby. (S40)

Achieved

Governance procedures should focus on identifying and addressing poor de-escalation, reducing the use of pain, and challenging the failure to use body-worn video cameras. Local training should be reviewed to ensure that staff can employ alternative options before resorting to the use of force. (S41)

Partially achieved

Recommendations

On completion of their court appearance, boys should be transferred to limit the time spent in court cells and should be prioritised for drop off at the receiving prison. (1.4, repeated recommendation 1.4)

Not achieved

Boys should not be routinely handcuffed from or to escort vehicles without a risk assessment. (1.5)

Not achieved

All new receptions should be given the opportunity to take a shower on their first night. (1.15)

Achieved

All boys on the first night unit should have a regime which keeps them occupied. Time locked in cells during the working day or at weekends should be limited. (1.16)

Achieved

All safeguarding meetings should be well attended and focused on actions. (1.23)

Achieved

Child protection arrangements should be robust. Investigations should be prompt and underpinned by clear procedures, agreed with external safeguarding partners and reinforced by appropriate escalation procedures. (1.28)

Achieved

Children should never be strip-searched under restraint. (1.29)

Not achieved

Formal support for victims should be implemented. (1.35)

Not achieved

Victims of bullying and violence should be enabled to access a constructive regime. (1.36)

Achieved

Boys on an open ACCT should have regular, predictable time out of cell including education, exercise and leisure time. (1.40)

Achieved

Suicide and self-harm refresher training should be available to all staff. (1.41)

Achieved

Behaviour management should be coordinated effectively and links to safeguarding should be better developed. (1.48)

Achieved

BILS should be more flexible and boys on the silver level of the rewards and sanctions scheme should be allowed all corresponding privileges. (1.49)

Not achieved

Behaviour improvement targets should focus on the issues that have caused poor behaviour. (1.50)

Achieved

Adjudicators should ensure that a full investigation of the facts takes place in each case. (1.61)

Not achieved

Pain-inducing techniques should not be used on boys. (1.73)

Not achieved

Body-worn video cameras should be worn by all designated staff to provide audio and visual oversight of all incidents of force. (1.74)

Not achieved

The segregation review meeting should analyse comprehensive data to identify trends or patterns in segregation and to reduce further the number of boys segregated. (1.83)

Achieved

All boys who are subject to restricted regimes should be safeguarded by governance equivalent to that provided for boys in the segregation unit. (1.84)

Achieved

Care

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

*At the last inspection in 2018, the fabric of the establishment was worn out and some areas required investment to bring them up to a better standard. There had been further improvements on Keppel which provided bright and clean accommodation. Efforts had been made to improve Benbow and Collingwood and the exercise yards on the Wetherby site. Staff relationships were good and the majority of the multidisciplinary team were passionate about their work with young people. A wide range of staff worked with boys individually which partly mitigated weaknesses in formal consultation. Keppel was once again fulfilling its founding objectives. Equality and diversity work was still not sufficiently prioritised. The proactive integrated chaplaincy provided valuable support to boys. Health services were very good. The quality of food was reasonable. **Outcomes for children and young people at Wetherby were reasonably good against this healthy prison test. Outcomes for children and young people at Keppel were good against this healthy prison test.***

Main recommendation

Boys with protected characteristics should have a range of consistent, reliable ways to raise concerns and have them addressed. Negative perceptions held by particular groups should be understood and the causes investigated to identify any remedial action needed. (S42)

Not achieved

Recommendations

All toilets should be clean and adequately screened, with seats and lids. (2.9)

Achieved

Trolley phones should be provided on every wing and all boys should be able to shower and make a telephone call each day. (2.10)

Not achieved

All boys should be able to wear their own clothes. (2.11)

Not achieved

All staff should engage positively with boys and have higher expectations of them. (2.17)

Achieved

Consultation arrangements should be promoted to boys and meetings should be held regularly and given a high priority. (2.18)

Not achieved

A policy should be available to staff and boys which sets out how the establishment will meet the identified equality and diversity needs of boys at Wetherby and Keppel. (2.23)

Achieved

Information on boys with a disability should be shared with unit staff and, where necessary, unit care plans should be produced to help staff meet the needs of this group. (2.32)

Achieved

Staff should use an accredited interpretation service whenever there are issues of accuracy or confidentiality. (2.33)

Achieved

Language which could cause offence should be consistently acknowledged and challenged, particularly when used as an insult. (2.34)

Achieved

The complaints procedure should be based on prompt decisions informed by thorough investigations, with effective consultation and quality assurance so that boys are more likely to have confidence in the system. (2.43)

Achieved

Appropriate facilities should be provided for legal visits to be conducted in confidence. (2.47, repeated recommendation 2.60)

Not achieved

All custody staff should receive regular basic life support training. (2.59)

Not achieved

All prison staff should receive regular mental health awareness training. (2.81)

Achieved

There should be sufficient access to appropriate therapeutic space to meet the needs of the population. (2.82)

Achieved

Boys should be able to eat in association for all meals. (2.89)

Not achieved

Toast should be provided for boys on all units to supplement the small breakfast packs. (2.90)

Not achieved

Procedures should be implemented to ensure that boys are not bullied into giving away their canteen. (2.95)

Achieved

Purposeful activity

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

*At the last inspection in 2018, time out of cell had improved significantly across both sites since the last inspection. The leadership and management of learning and skills activities were effective and good partnership working had led to improved outcomes for boys. Quality assurance arrangements were good. There were enough full-time activities of sufficient breadth for all boys. Attendance was improving but was not yet consistently good. The quality of the activities and teaching was good. Boys behaved well in class and achievement rates were high. There was insufficient outreach work to meet the needs of the population who did not attend the colleges. The library provided a good service. PE provision had improved and boys could now gain qualifications. **Outcomes for children and young people at Wetherby and Keppel were reasonably good against this healthy prison test.***

Recommendations

All boys should have access to a full prison regime. (3.4)

Not achieved

All boys should have the opportunity for at least an hour's exercise outside every day. (3.5)

Not achieved

Prison managers should ensure that attendance is consistently high to maximise use of sessions. (3.12)

Partially achieved

Novus should introduce a suitable curriculum for boys studying entry level English and mathematics. (3.17)

Achieved

Prison and Novus managers should ensure that the virtual campus is fully exploited to support boys' learning and resettlement. (3.18)

Partially achieved

Novus managers should ensure that all teachers manage boys' disruptive behaviour effectively. (3.27)

Partially achieved

Novus teachers should identify spelling and punctuation errors that boys have made so that they can avoid repeating mistakes. (3.28)

Achieved

Novus managers should provide relevant accredited qualification for peer mentors. (3.29)

Achieved

Novus teachers should challenge boys' inappropriate use of language effectively. (3.33)

Achieved

Prison managers should ensure that outreach pathway delivery meets the needs of all boys. (3.37)

Achieved

The prison should ensure that all boys have adequate access to the full range of library resources. (3.41)

Not achieved

Resettlement

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

*At the last inspection in 2018, reducing reoffending was central to the work of the prison. Staff knew boys well and an impressive range of services and support was designed to address risk, reduce reoffending and resettle boys into their communities. Although casework was generally good, contact time between boys and case workers was hampered by staff shortfalls on the Wetherby site. There was good joint working with youth offending teams (YOTs) and other community groups. Public protection arrangements were sound and there had been improvements to MAPPA (multi-agency public protection arrangements) processes. There was good support to maintain and build relationships with families. The establishment provided a good range of offending behaviour programmes but not all eligible boys could access them. Preparation for release was good. **Outcomes for children and young people at Wetherby and Keppel were good against this healthy prison test.***

Recommendations

The Youth Custody Service and regional resettlement consortia should seek to replicate the South and West Yorkshire accommodation protocol to ensure that appropriate accommodation is secured in good time for all young people. (4.10)

Not achieved

All looked-after children should receive their entitlements from local authorities. (4.24)

Not achieved

Prison managers should ensure that they receive and use comprehensive data from community agencies about boys' destinations on release so that the provision can be improved. (4.29)

Not achieved

All boys should be able to access family visits. (4.37)

Achieved

The needs of boys preparing to engage in offending behaviour programmes should be incorporated into the establishment needs analysis. (4.40)

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 children	%
Sentenced	191	76.4
Recall	3	1.2
Convicted unsentenced	0	0.0
Remand	56	22.4
Detainees	0	0.0
Other	0	0.0
Total	250	100

Age	Number of children	%
15 years	8	3.2
16 years	68	27.2
17 years	151	60.4
18 years	23	9.2
Other	0	0.0
Total	250	100

Nationality	Number of children	%
British	232	92.8
Foreign nationals	18	7.2
Not stated	0	0.0
Total	250	100

Ethnicity	Number of children	%
White		
British	164	65.6
Irish	2	0.8
Gypsy/Irish Traveller	2	0.8
Other white	4	1.6
Total	172	68.8
Mixed		
White and black	10	4.0
White and black African	2	0.8
White and Asian	6	2.4
Other mixed	5	2.0
Total	23	9.2
Asian or Asian British		
Indian	0	0.0
Pakistani	14	5.6
Bangladeshi	3	1.2
Chinese	0	0.0
Other Asian	4	1.6
Total	21	8.4
Black or black British		
Caribbean	8	3.2
African	9	3.6
Other black	11	4.4
Total	28	11.2
Other ethnic group		
Arab	0	0.0
Other ethnic group	5	2.0
Total	5	2.0
Not stated	1	0.4
Total	250	100

Religion	Number of children	%
Baptist	0	0.0
Church of England	4	1.6
Roman Catholic	30	12.0
Other Christian denominations	45	18.0
Muslim	27	10.8
Sikh	0	0.0
Hindu	0	0.0
Buddhist	0	0.0
Jewish	0	0.0
Other	2	0.8
No religion	0	0.0
Total	250	100

Sentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs +	%
Age							
15 years	2	0	2	0	0	0	2.1
16 years	8	15	13	17	1	0	27.8
17 years	12	24	35	27	14	2	58.8
18 years	0	1	8	9	4	0	11.3
Total	22	40	58	53	19	2	100

Unsentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs+	%
Age							
15 years	2	0	2	0	0	0	7.1
16 years	6	3	3	2	0	0	25.0
17 years	16	10	8	3	0	0	66.1
18 years	0	1	0	0	0	0	1.8
Total	24	14	13	5	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	Over 24 mths	%
Age									
15 years	0	0	1	0	0	0	2	0	2.6
16 years	5	4	3	3	1	13	4	1	29.8
17 years	9	1	5	6	0	25	9	7	54.4
18 years	0	0	1	1	0	8	4	1	13.2
Total	0	0	0	0	0	0	0	0	100

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 +	Total %
Age						
15 years	0	1	0	0	0	1.6
16 years	0	3	5	4	2	23.0
17 years	0	9	11	15	4	63.9
18 years	0	1	0	3	3	11.5
Total		14	16	22	9	100

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

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Total %
Age						
15 years	0	0	0	0	0	0.0
16 years	0	0	0	0	5	35.7
17 years	0	0	0	0	90	64.3
18 years	0	0	0	0	0	0.0
Total	0	0	0	0	0	100

Number of indeterminate sentences by age

Sentence	Section 90	Section 53 (1)	Recall	ISPPCJ03	HMP	Total
Age						
15 years	0	0	0	0	0	0.0
16 years	0	0	0	0	0	0.0
17 years	0	0	0	0	7	100
18 years	0	0	0	0	0	0.0
Total	0	0	0	0	7	100

Appendix IV: Summary of questionnaires and interviews

Children’s survey methodology – Wetherby and Keppel

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 consent²⁹ 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.

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

Response rate - Wetherby

At the time of the survey on 11 March 2019 the population at HMYOI Wetherby was 210. Using the approach described above, questionnaires were distributed to 208 children³⁰.

We received a total of 191 completed questionnaires, a response rate of 92%. Five young people declined to participate in the survey and 12 questionnaires were not returned.

Survey results and analyses

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

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 Wetherby 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 Wetherby 2019 compared with the responses of children surveyed at HMYOI Wetherby in 2018.
- A comparison within the 2019 survey between the responses of white children and those from a black and minority ethnic group.
- A comparison within the 2019 survey between the responses of Muslim children and non-Muslim children.
- A comparison within the 2019 survey between the responses of children who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2019 survey between the responses of children who reported that they had been in local authority care and those who did not.

In all the comparative analyses above, statistically significant³¹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in children's background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of children filtered to that question. For all other questions, percentages refer to the total number of responses to that question. All missing responses have been excluded from analyses.

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

³¹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Response rate - Keppel

At the time of the survey on 11 March 2019 the population at the Keppel unit was 40. Using the approach described above, questionnaires were distributed to 39 children³².

We received a total of 31 completed questionnaires, a response rate of 75%. Three young people declined to participate in the survey and four questionnaires were not returned.

Survey results and analyses

Over the following pages we present the survey results for the Keppel unit.

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 the Keppel Unit 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 the Keppel unit 2019 compared with the responses of children surveyed at the Keppel Unit in 2018.
- The current survey responses from the Keppel unit in 2019 compared with the responses of young people surveyed at HMYOI Wetherby 2019.
- 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.

In all the comparative analyses above, statistically significant³³ 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 young people'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.

³² Questionnaires were not distributed to one child who was at court on the day of the survey.

³³ 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 - Wetherby

Background information

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

Benbow.....	31 (16%)
Collingwood.....	41 (21%)
Drake.....	40 (21%)
Exmouth.....	36 (19%)
Frobisher.....	34 (18%)
Segregation unit (Anson 1).....	5 (3%)
Integration unit (Anson 3).....	4 (2%)

Q1.2 How old are you?

12	13	14	15	16	17	18 or over
1 (1%)	0 (0%)	0 (0%)	4 (2%)	51 (27%)	113 (61%)	17 (9%)

Q1.3 What is your gender?

Male.....	183 (99%)
Female.....	1 (1%)

Q1.4 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British.....	110 (59%)
White - Irish.....	2 (1%)
White - Gypsy or Irish Traveller.....	6 (3%)
White - any other White background.....	2 (1%)
Mixed - White and Black Caribbean.....	14 (7%)
Mixed - White and Black African.....	2 (1%)
Mixed - White and Asian.....	4 (2%)
Mixed - any other Mixed ethnic background.....	2 (1%)
Asian/ Asian British - Indian.....	0 (0%)
Asian/ Asian British - Pakistani.....	14 (7%)
Asian/ Asian British - Bangladeshi.....	2 (1%)
Asian/ Asian British - Chinese.....	0 (0%)
Asian - any other Asian background.....	0 (0%)
Black/ Black British - Caribbean.....	11 (6%)
Black/ Black British - African.....	8 (4%)
Black - any other Black/ African/ Caribbean background.....	3 (2%)
Arab.....	1 (1%)
Any other ethnic group.....	6 (3%)

Q1.5 Do you have any children?

Yes.....	17 (9%)
No.....	164 (91%)

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

Yes.....	15 (8%)
No.....	173 (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.....	96 (51%)
No.....	91 (49%)

Arrival and induction

Q2.1	When you were searched in reception/admissions, was this done in a respectful way?	
	Yes	140 (74%)
	No.....	11 (6%)
	Don't remember	33 (17%)
	I wasn't searched.....	5 (3%)
Q2.2	Overall, how were you treated in reception/admissions?	
	Well.....	135 (72%)
	Badly.....	18 (10%)
	Don't remember	34 (18%)
Q2.3	When you first arrived here did staff help you with any problems or worries you had?	
	Yes	66 (35%)
	No.....	47 (25%)
	Don't remember	22 (12%)
	I didn't have any problems or worries.....	52 (28%)
Q2.4	Did you feel safe on your first night here?	
	Yes.....	143 (76%)
	No.....	33 (17%)
	Don't remember	13 (7%)
Q2.5	In your first few days were you told everything you needed to know about life here?	
	Yes.....	112 (59%)
	No.....	77 (41%)

Living conditions

Q3.1	How comfortable is the temperature of your cell?	
	Too cold.....	41 (23%)
	About right.....	88 (49%)
	Too hot	50 (28%)
Q3.2	Can you shower every day?	
	Yes.....	65 (34%)
	No.....	123 (65%)
	Don't know.....	2 (1%)
Q3.3	Do you normally have enough clean, suitable clothes for the week?	
	Yes.....	112 (60%)
	No.....	70 (37%)
	Don't know.....	5 (3%)
Q3.4	Do you have clean sheets every week?	
	Yes.....	170 (90%)
	No.....	15 (8%)
	Don't know.....	4 (2%)
Q3.5	Can you get your stored property if you need it?	
	Yes.....	101 (54%)
	No.....	37 (20%)
	Don't know.....	49 (26%)

Q3.6	Is it normally quiet enough for you to relax or sleep at night?	
	Yes.....	91 (49%)
	No.....	92 (49%)
	Don't know.....	4 (2%)
Q3.7	Do you usually spend more than 2 hours out of your cell on weekdays?	
	Yes.....	129 (70%)
	No.....	43 (23%)
	Don't know.....	12 (7%)
Q3.8	Do you usually spend more than 2 hours out of your cell on Saturdays and Sundays?	
	Yes.....	49 (26%)
	No.....	129 (69%)
	Don't know.....	10 (5%)

Food and canteen

Q4.1	What is the food like here?	
	Very good.....	0 (0%)
	Quite good.....	59 (32%)
	Quite bad.....	88 (48%)
	Very bad.....	36 (20%)
Q4.2	Do you get enough to eat at mealtimes?	
	Always.....	25 (13%)
	Most of the time.....	56 (30%)
	Some of the time.....	73 (39%)
	Never.....	35 (19%)
Q4.3	Does the canteen sell the things that you need?	
	Yes.....	111 (60%)
	No.....	60 (32%)
	Don't know.....	14 (8%)

Health and well-being

Q5.1	How easy or difficult is it to see the following health staff?			
		Easy	Difficult	Don't know
	Doctor	76 (40%)	70 (37%)	42 (22%)
	Nurse	113 (60%)	45 (24%)	30 (16%)
	Dentist	40 (21%)	108 (57%)	40 (21%)
	Mental health workers	86 (46%)	42 (22%)	59 (32%)
Q5.2	Do you have any health problems (including mental health problems)?			
	Yes.....			53 (29%)
	No.....			132 (71%)
Q5.3	Have you been helped with your health problems since you've been here?			
	Yes.....			28 (15%)
	No.....			26 (14%)
	Don't have any health problems.....			132 (71%)
Q5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.			
	Yes.....			46 (25%)
	No.....			140 (75%)

Q5.5	If you have a disability, are you getting the support you need?		
	Yes	20 (11%)	
	No.....	26 (14%)	
	Don't have a disability	140 (75%)	
Q5.6	Did you have an alcohol problem when you came here?		
	Yes	14 (7%)	
	No.....	173 (93%)	
Q5.7	Did you have a drug problem when you came here?		
	Yes	67 (36%)	
	No.....	119 (64%)	
Q5.8	Have you been helped with your drug or alcohol problem since you've been here?		
	Yes	39 (21%)	
	No.....	32 (17%)	
	Did not have a drug or alcohol problem.....	117 (62%)	
Q5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?		
	Yes	56 (30%)	
	No.....	117 (63%)	
	Don't know.....	13 (7%)	
Q5.10	How often do you go to the gym or play sports?		
	More than once a week.....	106 (57%)	
	About once a week	39 (21%)	
	Less than once a week.....	11 (6%)	
	Never	31 (17%)	

Complaints

Q6.1	Do you know how to make a complaint?			
	Yes	159 (85%)		
	No.....	29 (15%)		
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?	34 (18%)	49 (26%)	102 (55%)
	Were your complaints usually dealt with within 7 days?	24 (13%)	56 (31%)	102 (56%)
Q6.3	Have you ever felt too scared to make a complaint?			
	Yes	17 (9%)		
	No.....	105 (58%)		
	Never wanted to make a complaint.....	60 (33%)		

Safety and security

Q7.1	Have you ever felt unsafe here?		
	Yes	75 (40%)	
	No.....	114 (60%)	
Q7.2	Do you feel unsafe now?		
	Yes	28 (15%)	
	No.....	155 (85%)	

Q7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	
	Yes	34 (18%)
	No.....	140 (76%)
	Don't know.....	11 (6%)
Q7.5	Have other young people here ever done any of the following to you?	
	Verbal abuse.....	69 (41%)
	Threats or intimidation.....	52 (31%)
	Physical assault.....	50 (30%)
	Sexual assault	5 (3%)
	Being forced to assault another young person	13 (8%)
	Theft of canteen or property.....	9 (5%)
	Other bullying or victimisation	13 (8%)
	Young people here have not done any of these things to me	84 (50%)
Q7.6	If you were being bullied/victimised by other young people here, would you report it?	
	Yes	45 (26%)
	No.....	130 (74%)
Q7.7	Have staff here ever done any of the following to you?	
	Verbal abuse.....	53 (30%)
	Threats or intimidation.....	35 (20%)
	Physical assault.....	29 (16%)
	Sexual assault	4 (2%)
	Theft of canteen or property.....	16 (9%)
	Other bullying or victimisation	15 (9%)
	Staff here have not done any of these things to me	108 (61%)
Q7.8	If you were being bullied/victimised by staff here, would you report it?	
	Yes	95 (53%)
	No.....	85 (47%)

Behaviour management

Q8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	
	Yes	72 (38%)
	No.....	95 (50%)
	Don't know	22 (12%)
Q8.2	Do you think the system of rewards or incentives is fair?	
	Yes	66 (35%)
	No.....	88 (47%)
	Don't know.....	33 (18%)
Q8.3	Do staff usually let you know when your behaviour is good?	
	Yes	79 (42%)
	No.....	110 (58%)
Q8.4	If you get in trouble, do staff usually explain what you have done wrong?	
	Yes	108 (57%)
	No.....	55 (29%)
	Not applicable (never been in trouble here).....	25 (13%)
Q8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	
	Yes	130 (69%)
	No.....	58 (31%)

Q8.6	If you have been restrained, did a member of staff come and talk to you about it afterwards?	
	Yes.....	88 (48%)
	No.....	31 (17%)
	Don't remember	8 (4%)
	Not been restrained here	58 (31%)
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.....	120 (64%)
	No.....	68 (36%)

Staff

Q9.1	Do you feel cared for by most staff here?	
	Yes.....	87 (47%)
	No.....	100 (53%)
Q9.2	Do most staff here treat you with respect?	
	Yes.....	121 (67%)
	No.....	59 (33%)
Q9.3	If you had a problem, are there any staff here you could turn to for help?	
	Yes.....	124 (68%)
	No.....	58 (32%)
Q9.4	Can you speak to a Barnardo's advocate when you need to?	
	Yes.....	124 (66%)
	No.....	22 (12%)
	Don't know.....	41 (22%)

Faith

Q10.1	What is your religion?	
	No religion.....	84 (46%)
	Christian (including Church of England, Catholic, and other branches of Christianity).....	75 (41%)
	Buddhist.....	0 (0%)
	Hindu.....	0 (0%)
	Jewish.....	0 (0%)
	Muslim.....	21 (12%)
	Sikh.....	0 (0%)
	Other.....	2 (1%)
Q10.2	Are your religious beliefs respected here?	
	Yes.....	75 (41%)
	No.....	12 (7%)
	Don't know.....	11 (6%)
	Not applicable (no religion).....	84 (46%)
Q10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	76 (41%)
	No.....	3 (2%)
	Don't know.....	21 (11%)
	Not applicable (no religion).....	84 (46%)

Keeping in touch with family and friends

Q11.1	Has anyone here helped you to keep in touch with your family and friends?	
	Yes.....	107 (58%)
	No.....	77 (42%)
Q11.2	Are you able to use a phone every day (if you have credit)?	
	Yes.....	79 (43%)
	No.....	104 (57%)
Q11.3	How easy or difficult is it for your family and friends to get here?	
	Very easy.....	12 (7%)
	Quite easy.....	54 (29%)
	Quite difficult.....	68 (37%)
	Very difficult.....	45 (24%)
	Don't know.....	5 (3%)
Q11.4	How often do you have visits from family or friends?	
	More than once a week.....	4 (2%)
	About once a week.....	46 (26%)
	Less than once a week.....	76 (42%)
	Not applicable (haven't had any visits).....	53 (30%)

Education and training

Q12.1	Are you doing any of the following activities at the moment?	
	Education.....	148 (80%)
	Training for a job (vocational training).....	13 (7%)
	Paid work.....	17 (9%)
	Interventions (e.g. offending behaviour programmes).....	19 (10%)
	None of these.....	32 (17%)
Q12.2	Do staff encourage you to attend education, training or work?	
	Yes.....	122 (67%)
	No.....	59 (33%)
Q12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	
	Yes.....	87 (48%)
	No.....	96 (52%)

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.....	124 (67%)
	No.....	35 (19%)
	Don't know.....	25 (14%)
Q13.2	Do you understand what you need to do to achieve your objectives or targets?	
	Yes.....	110 (62%)
	No.....	7 (4%)
	Don't know what my objectives or targets are.....	60 (34%)

Q13.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes.....	56 (32%)
	No.....	60 (34%)
	Don't know what my objectives or targets are.....	60 (34%)
Q13.4	Is anybody here helping you to prepare for when you leave?	
	Yes.....	68 (38%)
	No.....	113 (62%)
Q13.5	Have you had a say in what will happen to you when you leave here?	
	Yes.....	79 (43%)
	No.....	103 (57%)

Final question about this YOI

Q14.1	Do you think your experiences here have made you more or less likely to offend in the future?	
	More likely to offend.....	27 (15%)
	Less likely to offend.....	93 (53%)
	Made no difference	56 (32%)

Background information

Q1.1	What wing, unit or houseblock do you live on?						
	Keppel						31 (100%)
Q1.2	How old are you?						
	12	13	14	15	16	17	18 or over
	1 (3%)	0 (0%)	0 (0%)	0 (0%)	6 (19%)	21 (68%)	3 (10%)
Q1.3	What is your gender?						
	Male						30 (100%)
	Female						0 (0%)
Q1.4	What is your ethnic group?						
	White - English/ Welsh/ Scottish/ Northern Irish/ British						18 (58%)
	White - Irish						0 (0%)
	White - Gypsy or Irish Traveller						4 (13%)
	White - any other White background						1 (3%)
	Mixed - White and Black Caribbean						1 (3%)
	Mixed - White and Black African						0 (0%)
	Mixed - White and Asian						1 (3%)
	Mixed - any other Mixed ethnic background						0 (0%)
	Asian/ Asian British - Indian						0 (0%)
	Asian/ Asian British - Pakistani						2 (6%)
	Asian/ Asian British - Bangladeshi						0 (0%)
	Asian/ Asian British - Chinese						0 (0%)
	Asian - any other Asian background						0 (0%)
	Black/ Black British - Caribbean						1 (3%)
	Black/ Black British - African						0 (0%)
	Black - any other Black/ African/ Caribbean background						0 (0%)
	Arab						0 (0%)
	Any other ethnic group						3 (10%)
Q1.5	Do you have any children?						
	Yes						5 (17%)
	No						24 (83%)
Q1.6	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?						
	Yes						7 (23%)
	No						23 (77%)
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						23 (77%)
	No						7 (23%)

Arrival and induction

Q2.1	When you were searched in reception/admissions, was this done in a respectful way?	
	Yes	17 (57%)
	No	2 (7%)
	Don't remember	7 (23%)
	I wasn't searched	4 (13%)

Q2.2	Overall, how were you treated in reception/admissions?	
	Well.....	18 (62%)
	Badly.....	3 (10%)
	Don't remember	8 (28%)
Q2.3	When you first arrived here did staff help you with any problems or worries you had?	
	Yes.....	17 (57%)
	No.....	5 (17%)
	Don't remember	3 (10%)
	I didn't have any problems or worries.....	5 (17%)
Q2.4	Did you feel safe on your first night here?	
	Yes.....	19 (66%)
	No.....	9 (31%)
	Don't remember	1 (3%)
Q2.5	In your first few days were you told everything you needed to know about life here?	
	Yes.....	22 (73%)
	No.....	8 (27%)

Living conditions

Q3.1	How comfortable is the temperature of your cell?	
	Too cold.....	10 (34%)
	About right.....	16 (55%)
	Too hot	3 (10%)
Q3.2	Can you shower every day?	
	Yes.....	30 (97%)
	No.....	1 (3%)
	Don't know.....	0 (0%)
Q3.3	Do you normally have enough clean, suitable clothes for the week?	
	Yes.....	22 (71%)
	No.....	7 (23%)
	Don't know.....	2 (6%)
Q3.4	Do you have clean sheets every week?	
	Yes.....	28 (90%)
	No.....	2 (6%)
	Don't know.....	1 (3%)
Q3.5	Can you get your stored property if you need it?	
	Yes.....	16 (53%)
	No.....	5 (17%)
	Don't know.....	9 (30%)
Q3.6	Is it normally quiet enough for you to relax or sleep at night?	
	Yes.....	12 (41%)
	No.....	16 (55%)
	Don't know.....	1 (3%)
Q3.7	Do you usually spend more than 2 hours out of your cell on weekdays?	
	Yes.....	21 (70%)
	No.....	5 (17%)
	Don't know.....	4 (13%)

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

Yes.....	6 (20%)
No.....	22 (73%)
Don't know.....	2 (7%)

Food and canteen**Q4.1 What is the food like here?**

Very good	2 (7%)
Quite good	12 (41%)
Quite bad	11 (38%)
Very bad	4 (14%)

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

Always.....	8 (29%)
Most of the time.....	4 (14%)
Some of the time.....	10 (36%)
Never.....	6 (21%)

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

Yes.....	19 (63%)
No.....	8 (27%)
Don't know.....	3 (10%)

Health and well-being**Q5.1 How easy or difficult is it to see the following health staff?**

	Easy	Difficult	Don't know
Doctor	12 (40%)	13 (43%)	5 (17%)
Nurse	23 (77%)	3 (10%)	4 (13%)
Dentist	8 (29%)	14 (50%)	6 (21%)
Mental health workers	15 (50%)	10 (33%)	5 (17%)

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

Yes.....	26 (84%)
No.....	5 (16%)

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

Yes.....	16 (55%)
No.....	8 (28%)
Don't have any health problems.....	5 (17%)

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

Yes.....	20 (67%)
No.....	10 (33%)

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

Yes.....	12 (39%)
No.....	9 (29%)
Don't have a disability	10 (32%)

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

Yes.....	9 (30%)
No.....	21 (70%)

Q5.7	Did you have a drug problem when you came here?		
	Yes	16	(52%)
	No	15	(48%)
Q5.8	Have you been helped with your drug or alcohol problem since you've been here?		
	Yes	12	(40%)
	No.....	4	(13%)
	Did not have a drug or alcohol problem.....	14	(47%)
Q5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?		
	Yes	21	(70%)
	No.....	6	(20%)
	Don't know.....	3	(10%)
Q5.10	How often do you go to the gym or play sports?		
	More than once a week.....	16	(59%)
	About once a week	7	(26%)
	Less than once a week.....	0	(0%)
	Never	4	(15%)

Complaints

Q6.1	Do you know how to make a complaint?			
	Yes	25	(83%)	
	No.....	5	(17%)	
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?	6 (23%)	9 (35%)	11 (42%)
	Were your complaints usually dealt with within 7 days?	11 (41%)	5 (19%)	11 (41%)
Q6.3	Have you ever felt too scared to make a complaint?			
	Yes	9	(31%)	
	No.....	16	(55%)	
	Never wanted to make a complaint.....	4	(14%)	

Safety and security

Q7.1	Have you ever felt unsafe here?	
	Yes	16 (55%)
	No.....	13 (45%)
Q7.2	Do you feel unsafe now?	
	Yes	8 (27%)
	No.....	22 (73%)
Q7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	
	Yes	9 (31%)
	No.....	18 (62%)
	Don't know.....	2 (7%)

- Q7.5 Have other young people here ever done any of the following to you? (Please tick all that apply to you)**
- | | |
|---|----------|
| Verbal abuse..... | 21 (70%) |
| Threats or intimidation..... | 19 (63%) |
| Physical assault..... | 15 (50%) |
| Sexual assault | 2 (7%) |
| Being forced to assault another young person | 3 (10%) |
| Theft of canteen or property..... | 3 (10%) |
| Other bullying or victimisation..... | 7 (23%) |
| Young people here have not done any of these things to me | 7 (23%) |
- Q7.6 If you were being bullied/victimised by other young people here, would you report it?**
- | | |
|----------|----------|
| Yes..... | 12 (39%) |
| No..... | 19 (61%) |
- Q7.7 Have staff here ever done any of the following to you? (Please tick all that apply to you)**
- | | |
|--|----------|
| Verbal abuse..... | 9 (33%) |
| Threats or intimidation..... | 6 (22%) |
| Physical assault..... | 4 (15%) |
| Sexual assault | 1 (4%) |
| Theft of canteen or property..... | 2 (7%) |
| Other bullying or victimisation..... | 6 (22%) |
| Staff here have not done any of these things to me | 15 (56%) |
- Q7.8 If you were being bullied/victimised by staff here, would you report it?**
- | | |
|----------|----------|
| Yes..... | 12 (43%) |
| No..... | 16 (57%) |

Behaviour management

- Q8.1 Do the rewards or incentives for good behaviour encourage you to behave well?**
- | | |
|------------------|----------|
| Yes..... | 17 (57%) |
| No..... | 11 (37%) |
| Don't know | 2 (7%) |
- Q8.2 Do you think the system of rewards or incentives is fair?**
- | | |
|-----------------|----------|
| Yes..... | 11 (37%) |
| No..... | 17 (57%) |
| Don't know..... | 2 (7%) |
- Q8.3 Do staff usually let you know when your behaviour is good?**
- | | |
|----------|----------|
| Yes..... | 18 (60%) |
| No..... | 12 (40%) |
- Q8.4 If you get in trouble, do staff usually explain what you have done wrong?**
- | | |
|--|----------|
| Yes..... | 22 (76%) |
| No..... | 4 (14%) |
| Not applicable (never been in trouble here)..... | 3 (10%) |
- Q8.5 Have you been physically restrained (e.g. MPR) since you have been here?**
- | | |
|----------|----------|
| Yes..... | 16 (52%) |
| No..... | 15 (48%) |
- Q8.6 If you have been restrained, did a member of staff come and talk to you about it afterwards?**
- | | |
|----------|----------|
| Yes..... | 12 (39%) |
| No..... | 3 (10%) |

Don't remember	1 (3%)
Not been restrained here	15 (48%)

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

Yes	21 (70%)
No.....	9 (30%)

Staff

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

Yes	22 (73%)
No.....	8 (27%)

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

Yes	24 (77%)
No.....	7 (23%)

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

Yes	27 (87%)
No.....	4 (13%)

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

Yes	21 (70%)
No.....	2 (7%)
Don't know.....	7 (23%)

Faith

Q10.1 What is your religion?

No religion.....	7 (23%)
Christian (including Church of England, Catholic, and other branches of Christianity).....	19 (63%)
Buddhist.....	1 (3%)
Hindu.....	0 (0%)
Jewish	0 (0%)
Muslim.....	2 (7%)
Sikh	0 (0%)
Other	1 (3%)

Q10.2 Are your religious beliefs respected here?

Yes	18 (62%)
No.....	3 (10%)
Don't know.....	1 (3%)
Not applicable (no religion).....	7 (24%)

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

Yes	18 (60%)
No.....	4 (13%)
Don't know.....	1 (3%)
Not applicable (no religion).....	7 (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	25 (86%)
No.....	4 (14%)

Q11.2	Are you able to use a phone every day (if you have credit)?	
	Yes.....	26 (87%)
	No.....	4 (13%)
Q11.3	How easy or difficult is it for your family and friends to get here?	
	Very easy.....	3 (10%)
	Quite easy.....	9 (30%)
	Quite difficult.....	4 (13%)
	Very difficult.....	13 (43%)
	Don't know.....	1 (3%)
Q11.4	How often do you have visits from family or friends?	
	More than once a week.....	0 (0%)
	About once a week.....	7 (23%)
	Less than once a week.....	16 (52%)
	Not applicable (haven't had any visits).....	8 (26%)

Education and training

Q12.1	Are you doing any of the following activities at the moment? (Please tick all that apply to you)	
	Education.....	24 (77%)
	Training for a job (vocational training).....	3 (10%)
	Paid work.....	2 (6%)
	Interventions (e.g. offending behaviour programmes).....	12 (39%)
	None of these.....	4 (13%)
Q12.2	Do staff encourage you to attend education, training or work?	
	Yes.....	25 (81%)
	No.....	6 (19%)
Q12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	
	Yes.....	18 (60%)
	No.....	12 (40%)

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.....	22 (73%)
	No.....	4 (13%)
	Don't know.....	4 (13%)
Q13.2	Do you understand what you need to do to achieve your objectives or targets?	
	Yes.....	19 (66%)
	No.....	1 (3%)
	Don't know what my objectives or targets are.....	9 (31%)
Q13.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes.....	14 (52%)
	No.....	4 (15%)
	Don't know what my objectives or targets are.....	9 (33%)
Q13.4	Is anybody here helping you to prepare for when you leave?	
	Yes.....	16 (55%)
	No.....	13 (45%)

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

Yes.....	14 (48%)
No.....	15 (52%)

Final question about this YOI**Q14.1 Do you think your experiences here have made you more or less likely to offend in the future?**

More likely to offend.....	3 (10%)
Less likely to offend.....	18 (60%)
Made no difference	9 (30%)

HMYOI Wetherby 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 Wetherby 2019 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other Young Offender Institutions (five establishments).
- Summary statistics from HMYOI Wetherby in 2019 are compared with those from HMYOI Wetherby 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
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

HMYOI Wetherby 2019	All other YOIs	HMYOI Wetherby 2019	HMYOI Wetherby 2018
191	412	191	153

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

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 15 years of age?	<i>n</i> =186	1%	1%	1%	0%
	Are you aged 18 or over?	<i>n</i> =186	9%	13%	9%	15%
1.4	Are you from a minority ethnic group?	<i>n</i> =187	36%	60%	36%	40%
1.5	Do you have any children?	<i>n</i> =181	9%	10%	9%	8%
1.6	Are you from a traveller community?	<i>n</i> =188	8%	8%	8%	4%
1.7	Have you ever been in local authority care?	<i>n</i> =187	51%	52%	51%	32%
5.2	Do you have any health problems (including mental health problems)?	<i>n</i> =185	29%	36%	29%	
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	<i>n</i> =186	25%	26%	25%	20%
10.1	Are you Muslim?	<i>n</i> =182	12%	23%	12%	17%
ARRIVAL AND INDUCTION						
2.1	Were you searched in reception/admissions?	<i>n</i> =189	97%	95%	97%	
<i>For those who had been searched:</i>						
2.1	Was this search done in a respectful way?	<i>n</i> =184	76%	65%	76%	
2.2	Overall, were you treated well in reception/admission?	<i>n</i> =187	72%	69%	72%	
2.3	When you first arrived, did you have any problems or worries?	<i>n</i> =187	72%	70%	72%	
<i>For those who had any problems when they first arrived:</i>						
2.3	Did staff help you to deal with these problems or worries?	<i>n</i> =135	49%	47%	49%	
2.4	Did you feel safe on your first night here?	<i>n</i> =189	76%	70%	76%	74%
2.5	In your first few days, were you told everything you needed to know about life here?	<i>n</i> =189	59%	58%	59%	
LIVING CONDITIONS						
3.1	Is the temperature of your room or cell about right?	<i>n</i> =179	49%	40%	49%	
3.2	Can you shower everyday?	<i>n</i> =190	34%	68%	34%	76%
3.3	Do you normally have enough clean, suitable clothes for the week?	<i>n</i> =187	60%	70%	60%	
3.4	Do you have clean sheets every week?	<i>n</i> =189	90%	68%	90%	
3.5	Can you get to your stored property if you need it?	<i>n</i> =187	54%	49%	54%	
3.6	Is it normally quiet enough for you to relax or sleep at night?	<i>n</i> =187	49%	46%	49%	
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	<i>n</i> =184	70%	71%	70%	
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	<i>n</i> =188	26%	28%	26%	

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FOOD AND CANTEN					
4.1	Is the food here very / quite good?	n=183	32%	33%	32%
4.2	Do you get enough to eat at mealtimes always / most of the time?	n=189	43%	35%	43%
4.3	Does the shop / canteen sell the things that you need?	n=185	60%	61%	60%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	n=188	40%	38%	40%
	- Nurse?	n=188	60%	59%	60%
	- Dentist?	n=188	21%	25%	21%
	- Mental health worker?	n=187	46%	45%	46%
5.2	Do you have any health problems (including mental health problems)?	n=185	29%	36%	29%
<i>For those who have health problems:</i>					
5.3	Have you been helped with your health problems since you have been here?	n=54	52%	69%	52%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=186	25%	26%	25%
<i>For those who have a disability</i>					
5.5	Are you getting the support you need?	n=46	44%	52%	44%
5.6	Did you have an alcohol problem when you came here?	n=187	8%	6%	8%
5.7	Did you have a drug problem when you came here?	n=186	36%	19%	36%
<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=71	55%	54%	55%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	n=186	30%	62%	30%
5.10	Do you go to the gym or play sports once a week or more?	n=187	57%	40%	57%
COMPLAINTS					
6.1	Do you know how to make a complaint?	n=188	85%	86%	85%
<i>For those who have made a complaint:</i>					
6.2	Were your complaints usually dealt with fairly?	n=83	41%	31%	41%
	Were your complaints usually dealt with within 7 days?	n=80	30%	30%	30%
6.3	Have you ever felt too scared to make a complaint?	n=122	14%	15%	14%

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Number of completed questionnaires returned

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SAFETY AND SECURITY						
7.1	Have you ever felt unsafe here?	n=189	40%	35%	40%	32%
7.2	Do you feel unsafe now?	n=183	15%	13%	15%	17%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	n=185	18%	28%	18%	19%
7.5	Have other young people here ever done any of the following to you?					
	- Verbal abuse?	n=169	41%	43%	41%	
	- Threats or intimidation?	n=169	31%	29%	31%	
	- Physical assault?	n=169	30%	24%	30%	
	- Sexual assault?	n=169	3%	1%	3%	
	- Being forced to assault another young person?	n=169	8%	5%	8%	
	- Theft of canteen or property?	n=169	5%	5%	5%	
	- Other bullying or victimisation?	n=169	8%	7%	8%	
	- Young people here have not done any of these things to me	n=169	50%	54%	50%	
7.6	If you were being bullied / victimised by other young people here, would you report it?	n=175	26%	34%	26%	
7.7	Have staff here ever done any of the following to you?					
	- Verbal abuse?	n=176	30%	37%	30%	
	- Threats or intimidation?	n=176	20%	23%	20%	
	- Physical assault?	n=176	17%	11%	17%	
	- Sexual assault?	n=176	2%	2%	2%	
	- Theft of canteen or property?	n=176	9%	12%	9%	
	- Other bullying / victimisation?	n=176	9%	8%	9%	
	- Staff here have not done any of these things to me	n=176	61%	53%	61%	
7.8	If you were being bullied / victimised by staff here, would you report it?	n=180	53%	58%	53%	
BEHAVIOUR MANAGEMENT						
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	n=189	38%	41%	38%	
8.2	Do you think the system of rewards or incentives is fair?	n=187	35%	35%	35%	
8.3	Do staff usually let you know when your behaviour is good?	n=189	42%	38%	42%	
8.4	If you get in trouble, do staff usually explain what you have done wrong?	n=163	66%	57%	66%	
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	n=188	69%	61%	69%	52%
<i>For those who have been restrained:</i>						
8.6	Did a member of staff come and talk to you about it afterwards?	n=127	69%	70%	69%	
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	n=188	64%	56%	64%	
STAFF						
9.1	Do you feel cared for by most staff here?	n=187	47%	41%	47%	
9.2	Do most staff here treat you with respect?	n=180	67%	64%	67%	63%
9.3	If you had a problem, are there any staff here you could turn to for help?	n=182	68%	65%	68%	
9.4	Can you speak to a Barnardo's advocate when you need to?	n=187	66%	71%	66%	36%

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FAITH						
10.1	Do you have a religion?	n=182	54%	75%	54%	57%
<i>For those who have a religion:</i>						
10.2	Are your religious beliefs respected here?	n=98	77%	80%	77%	
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=100	76%	71%	76%	
KEEPING IN TOUCH WITH FAMILY AND FRIENDS						
11.1	Has anyone here helped you to keep in touch with your family / friends?	n=184	58%	63%	58%	
11.2	Are you able to use a phone every day (if you have credit)?	n=183	43%	70%	43%	
11.3	Is it quite / very easy for your family and friends to get here?	n=184	36%	38%	36%	
11.4	Do you get visits from family or friends?	n=179	70%	82%	70%	
<i>For those who do get visits:</i>						
11.4	Do you get visits from family or friends once a week or more?	n=126	40%	46%	40%	
EDUCATION AND TRAINING						
12.1	Are you doing any of the following activities at the moment:					
	- Education?	n=186	80%	83%	80%	82%
	- Training for a job (vocational training)?	n=186	7%	4%	7%	
	- Paid work?	n=186	9%	5%	9%	
	- Interventions (e.g. offending behaviour programmes)?	n=186	10%	17%	10%	
	- Not doing any of these activities	n=186	17%	15%	17%	
12.2	Do staff encourage you to attend education, training or work?	n=181	67%	61%	67%	
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	n=183	48%	48%	48%	
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=184	67%	63%	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=117	94%	96%	94%	
13.3	Are staff here supporting you to achieve your objectives or targets?	n=116	48%	51%	48%	
13.4	Is anybody here helping you to prepare for when you leave?	n=181	38%	40%	38%	
13.5	Have you had a say in what will happen to you when you leave here?	n=182	43%	43%	43%	
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=176	53%	56%	53%	

HMYOI Wetherby 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.

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

Black and minority ethnic	White	Muslim	Non-Muslim
67	120	21	161

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 15 years of age?	2%	0%	0%	0%
	Are you aged 18 or over?	6%	11%	0%	11%
1.4	Are you from a minority ethnic group?			100%	27%
1.5	Do you have any children?	9%	10%	0%	10%
1.6	Are you from a traveller community?	6%	9%	0%	9%
1.7	Have you ever been in local authority care?	36%	60%	19%	56%
5.2	Do you have any health problems (including mental health problems)?	14%	37%	10%	31%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	9%	33%	0%	28%
10.1	Are you Muslim?	33%	0%		
ARRIVAL AND INDUCTION					
2.1	Were you searched in reception/admissions?	99%	97%	100%	97%
<i>For those who had been searched:</i>					
2.1	Was this search done in a respectful way?	79%	74%	86%	74%
2.2	Overall, were you treated well in reception/admission?	73%	73%	76%	72%
2.3	When you first arrived, did you have any problems or worries?	77%	71%	71%	72%
<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%	52%	33%	51%
2.4	Did you feel safe on your first night here?	79%	73%	86%	75%
2.5	In your first few days, were you told everything you needed to know about life here?	56%	63%	57%	59%
LIVING CONDITIONS					
3.1	Is the temperature of your room or cell about right?	47%	51%	30%	50%
3.2	Can you shower everyday?	35%	34%	38%	34%
3.3	Do you normally have enough clean, suitable clothes for the week?	57%	63%	57%	58%
3.4	Do you have clean sheets every week?	88%	92%	91%	90%
3.5	Can you get to your stored property if you need it?	53%	56%	62%	53%
3.6	Is it normally quiet enough for you to relax or sleep at night?	48%	48%	43%	50%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	70%	69%	76%	69%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	25%	26%	19%	26%

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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
67	120	21	161

FOOD AND CANTEEN					
4.1	Is the food here very / quite good?	35%	32%	29%	34%
4.2	Do you get enough to eat at mealtimes always / most of the time?	46%	40%	38%	43%
4.3	Does the shop / canteen sell the things that you need?	39%	72%	43%	63%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	36%	43%	38%	40%
	- Nurse?	55%	63%	52%	60%
	- Dentist?	20%	23%	24%	20%
	- Mental health worker?	39%	50%	38%	47%
5.2	Do you have any health problems (including mental health problems)?	14%	37%	10%	31%
<i>For those who have health problems:</i>					
5.3	Have you been helped with your health problems since you have been here?	64%	50%	100%	49%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	9%	33%	0%	28%
<i>For those who have a disability</i>					
5.5	Are you getting the support you need?	33%	46%	0%	43%
5.6	Did you have an alcohol problem when you came here?	3%	9%	0%	8%
5.7	Did you have a drug problem when you came here?	18%	47%	19%	38%
<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?	42%	59%	50%	56%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	24%	34%	24%	31%
5.10	Do you go to the gym or play sports once a week or more?	54%	59%	43%	58%
COMPLAINTS					
6.1	Do you know how to make a complaint?	86%	84%	95%	83%
<i>For those who have made a complaint:</i>					
6.2	Were your complaints usually dealt with fairly?	31%	49%	43%	41%
	Were your complaints usually dealt with within 7 days?	16%	41%	15%	33%
6.3	Have you ever felt too scared to make a complaint?	14%	13%	0%	14%

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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
	67	120	21	161

SAFETY AND SECURITY					
7.1	Have you ever felt unsafe here?	33%	43%	24%	41%
7.2	Do you feel unsafe now?	9%	19%	5%	17%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	21%	17%	19%	19%
7.5	Have other young people here ever done any of the following to you?				
	- Verbal abuse?	34%	45%	25%	42%
	- Threats or intimidation?	25%	34%	15%	32%
	- Physical assault?	32%	29%	15%	30%
	- Sexual assault?	2%	4%	0%	3%
	- Being forced to assault another young person?	7%	8%	10%	7%
	- Theft of canteen or property?	5%	6%	0%	6%
	- Other bullying or victimisation?	7%	8%	0%	8%
	- Young people here have not done any of these things to me	59%	44%	75%	48%
7.6	If you were being bullied / victimised by other young people here, would you report it?	22%	28%	16%	27%
7.7	Have staff here ever done any of the following to you?				
	- Verbal abuse?	32%	28%	37%	28%
	- Threats or intimidation?	24%	16%	11%	20%
	- Physical assault?	18%	16%	11%	16%
	- Sexual assault?	2%	3%	0%	2%
	- Theft of canteen or property?	18%	5%	21%	7%
	- Other bullying / victimisation?	11%	7%	5%	9%
	- Staff here have not done any of these things to me	57%	65%	53%	64%
7.8	If you were being bullied / victimised by staff here, would you report it?	53%	54%	45%	54%
BEHAVIOUR MANAGEMENT					
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	35%	41%	29%	39%
8.2	Do you think the system of rewards or incentives is fair?	28%	41%	24%	36%
8.3	Do staff usually let you know when your behaviour is good?	38%	45%	38%	42%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	56%	74%	42%	70%
8.5	Have you been physically restrained (e.g. MMRP) since you have been here?	71%	68%	76%	68%
	<i>For those who have been restrained:</i>				
8.6	Did a member of staff come and talk to you about it afterwards?	70%	71%	75%	71%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	67%	62%	76%	62%

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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
67	120	21	161

STAFF					
9.1	Do you feel cared for by most staff here?	36%	53%	38%	50%
9.2	Do most staff here treat you with respect?	65%	67%	55%	71%
9.3	If you had a problem, are there any staff here you could turn to for help?	60%	73%	57%	70%
9.4	Can you speak to a Barnardo's advocate when you need to?	66%	67%	62%	68%
FAITH					
10.1	Do you have a religion?	80%	40%	100%	48%
<i>For those who have a religion:</i>					
10.2	Are your religious beliefs respected here?	75%	82%	71%	80%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	77%	74%	81%	76%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Has anyone here helped you to keep in touch with your family / friends?	57%	60%	57%	59%
11.2	Are you able to use a phone every day (if you have credit)?	48%	40%	52%	42%
11.3	Is it quite / very easy for your family and friends to get here?	30%	40%	43%	35%
11.4	Do you get visits from family or friends?	66%	72%	75%	70%
<i>For those who do get visits:</i>					
11.4	Do you get visits from family or friends once a week or more?	44%	37%	60%	37%
EDUCATION AND TRAINING					
12.1	Are you doing any of the following activities at the moment:				
	- Education?	80%	78%	81%	80%
	- Training for a job (vocational training)?	6%	8%	0%	8%
	- Paid work?	14%	6%	5%	9%
	- Interventions (e.g. offending behaviour programmes)?	14%	9%	14%	10%
	- Not doing any of these activities	15%	19%	14%	17%
12.2	Do staff encourage you to attend education, training or work?	68%	69%	52%	69%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	52%	47%	43%	49%
PREPARING TO MOVE ON					
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	62%	71%	67%	69%
<i>For those who do have a plan:</i>					
13.2	Do you understand what you need to do to achieve your objectives or targets?	95%	95%	100%	93%
13.3	Are staff here supporting you to achieve your objectives or targets?	38%	54%	43%	50%
13.4	Is anybody here helping you to prepare for when you leave?	31%	42%	24%	41%
13.5	Have you had a say in what will happen to you when you leave here?	37%	48%	25%	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?	61%	49%	62%	53%

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
46	140

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	2%	0%
	Are you aged 18 or over?	11%	8%
1.4	Are you from a minority ethnic group?	13%	44%
1.5	Do you have any children?	14%	8%
1.6	Are you from a traveller community?	16%	6%
1.7	Have you ever been in local authority care?	69%	44%
5.2	Do you have any health problems (including mental health problems)?	71%	15%
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?	0%	16%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	94%	99%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	65%	79%
2.2	Overall, were you treated well in reception/admission?	49%	80%
2.3	When you first arrived, did you have any problems or worries?	73%	73%
<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?	36%	53%
2.4	Did you feel safe on your first night here?	61%	80%
2.5	In your first few days, were you told everything you needed to know about life here?	50%	63%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	47%	50%
3.2	Can you shower everyday?	28%	36%
3.3	Do you normally have enough clean, suitable clothes for the week?	54%	61%
3.4	Do you have clean sheets every week?	89%	90%
3.5	Can you get to your stored property if you need it?	40%	58%
3.6	Is it normally quiet enough for you to relax or sleep at night?	41%	53%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	64%	72%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	27%	26%

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

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

Have a disability	Do not have a disability
46	140

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	30%	34%
4.2	Do you get enough to eat at mealtimes always / most of the time?	26%	48%
4.3	Does the shop / canteen sell the things that you need?	52%	64%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	37%	41%
	- Nurse?	50%	63%
	- Dentist?	11%	25%
	- Mental health worker?	37%	49%
5.2	Do you have any health problems (including mental health problems)?	71%	15%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	44%	62%
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?	42%	
5.6	Did you have an alcohol problem when you came here?	13%	6%
5.7	Did you have a drug problem when you came here?	65%	27%
<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?	32%	73%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	33%	29%
5.10	Do you go to the gym or play sports once a week or more?	52%	57%
COMPLAINTS			
6.1	Do you know how to make a complaint?	76%	88%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	42%	41%
	Were your complaints usually dealt with within 7 days?	33%	29%
6.3	Have you ever felt too scared to make a complaint?	20%	11%

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

Have a disability	Do not have a disability
46	140

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	63%	33%
7.2	Do you feel unsafe now?	41%	7%
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?	48%	39%
	- Threats or intimidation?	46%	26%
	- Physical assault?	43%	25%
	- Sexual assault?	7%	2%
	- Being forced to assault another young person?	14%	6%
	- Theft of canteen or property?	16%	2%
	- Other bullying or victimisation?	21%	3%
	- Young people here have not done any of these things to me	41%	52%
7.6	If you were being bullied / victimised by other young people here, would you report it?	34%	23%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	36%	29%
	- Threats or intimidation?	23%	19%
	- Physical assault?	16%	17%
	- Sexual assault?	5%	2%
	- Theft of canteen or property?	9%	9%
	- Other bullying / victimisation?	14%	7%
	- Staff here have not done any of these things to me	57%	62%
7.8	If you were being bullied / victimised by staff here, would you report it?	54%	52%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	35%	40%
8.2	Do you think the system of rewards or incentives is fair?	29%	38%
8.3	Do staff usually let you know when your behaviour is good?	36%	44%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	63%	67%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	62%	72%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	57%	74%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	58%	67%

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

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

Have a disability	Do not have a disability
46	140

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	44%	47%
9.2	Do most staff here treat you with respect?	54%	72%
9.3	If you had a problem, are there any staff here you could turn to for help?	59%	70%
9.4	Can you speak to a Barnardo's advocate when you need to?	63%	68%
FAITH			
10.1	Do you have a religion?	46%	56%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	75%	77%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	62%	80%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	58%	58%
11.2	Are you able to use a phone every day (if you have credit)?	36%	46%
11.3	Is it quite / very easy for your family and friends to get here?	22%	42%
11.4	Do you get visits from family or friends?	70%	70%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	40%	40%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	80%	79%
	- Training for a job (vocational training)?	4%	7%
	- Paid work?	4%	11%
	- Interventions (e.g. offending behaviour programmes)?	7%	12%
	- Not doing any of these activities	18%	18%
12.2	Do staff encourage you to attend education, training or work?	68%	68%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	48%	47%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	61%	69%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	96%	93%
13.3	Are staff here supporting you to achieve your objectives or targets?	50%	49%
13.4	Is anybody here helping you to prepare for when you leave?	43%	37%
13.5	Have you had a say in what will happen to you when you leave here?	43%	44%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	49%	54%

HMYOI Wetherby 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

Number of completed questionnaires returned

Have been in local authority care	96
Have not been in local authority care	91

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	1%	0%
	Are you aged 18 or over?	12%	7%
1.4	Are you from a minority ethnic group?	25%	46%
1.5	Do you have any children?	10%	9%
1.6	Are you from a traveller community?	7%	8%
1.7	Have you ever been in local authority care?		
5.2	Do you have any health problems (including mental health problems)?	39%	19%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	34%	15%
10.1	Are you Muslim?	4%	20%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	97%	99%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	80%	72%
2.2	Overall, were you treated well in reception/admission?	74%	70%
2.3	When you first arrived, did you have any problems or worries?	71%	74%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	48%	49%
2.4	Did you feel safe on your first night here?	73%	79%
2.5	In your first few days, were you told everything you needed to know about life here?	59%	58%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	48%	50%
3.2	Can you shower everyday?	28%	41%
3.3	Do you normally have enough clean, suitable clothes for the week?	58%	63%
3.4	Do you have clean sheets every week?	92%	88%
3.5	Can you get to your stored property if you need it?	59%	49%
3.6	Is it normally quiet enough for you to relax or sleep at night?	44%	53%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	72%	67%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	26%	28%

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

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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
96	91

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	30%	32%
4.2	Do you get enough to eat at mealtimes always / most of the time?	36%	48%
4.3	Does the shop / canteen sell the things that you need?	62%	58%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	43%	36%
	- Nurse?	66%	52%
	- Dentist?	24%	18%
	- Mental health worker?	51%	42%
5.2	Do you have any health problems (including mental health problems)?	39%	19%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	56%	44%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	34%	15%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	52%	29%
5.6	Did you have an alcohol problem when you came here?	12%	3%
5.7	Did you have a drug problem when you came here?	45%	27%
<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?	60%	48%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	33%	26%
5.10	Do you go to the gym or play sports once a week or more?	57%	56%
COMPLAINTS			
6.1	Do you know how to make a complaint?	83%	87%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	43%	39%
	Were your complaints usually dealt with within 7 days?	37%	22%
6.3	Have you ever felt too scared to make a complaint?	19%	9%

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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
96	91

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	44%	35%
7.2	Do you feel unsafe now?	22%	7%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	16%	21%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	47%	36%
	- Threats or intimidation?	39%	24%
	- Physical assault?	38%	22%
	- Sexual assault?	5%	1%
	- Being forced to assault another young person?	12%	4%
	- Theft of canteen or property?	8%	3%
	- Other bullying or victimisation?	11%	5%
	- Young people here have not done any of these things to me	45%	53%
7.6	If you were being bullied / victimised by other young people here, would you report it?	29%	21%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	34%	27%
	- Threats or intimidation?	27%	13%
	- Physical assault?	22%	12%
	- Sexual assault?	3%	1%
	- Theft of canteen or property?	10%	8%
	- Other bullying / victimisation?	13%	5%
	- Staff here have not done any of these things to me	58%	64%
7.8	If you were being bullied / victimised by staff here, would you report it?	54%	51%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	37%	40%
8.2	Do you think the system of rewards or incentives is fair?	36%	36%
8.3	Do staff usually let you know when your behaviour is good?	44%	39%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	70%	61%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	71%	67%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	70%	70%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	68%	61%

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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
96	91

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	45%	47%
9.2	Do most staff here treat you with respect?	64%	70%
9.3	If you had a problem, are there any staff here you could turn to for help?	70%	66%
9.4	Can you speak to a Barnardo's advocate when you need to?	65%	67%
FAITH			
10.1	Do you have a religion?	52%	55%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	78%	76%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	77%	76%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	56%	60%
11.2	Are you able to use a phone every day (if you have credit)?	34%	52%
11.3	Is it quite / very easy for your family and friends to get here?	27%	46%
11.4	Do you get visits from family or friends?	66%	74%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	25%	53%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	81%	78%
	- Training for a job (vocational training)?	6%	6%
	- Paid work?	9%	10%
	- Interventions (e.g. offending behaviour programmes)?	11%	10%
	- Not doing any of these activities	18%	18%
12.2	Do staff encourage you to attend education, training or work?	66%	69%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	45%	48%
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)?	72%	63%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	95%	92%
13.3	Are staff here supporting you to achieve your objectives or targets?	43%	57%
13.4	Is anybody here helping you to prepare for when you leave?	42%	32%
13.5	Have you had a say in what will happen to you when you leave here?	49%	36%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	44%	64%

Keppel Unit 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 Keppel Unit 2019 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other Young Offender Institutions (5 establishments).
- Summary statistics from Keppel Unit in 2019 are compared with those from Keppel Unit in 2018. Please note that we do not have comparable data for the new questions introduced in October 2018.

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

Number of completed questionnaires returned

n=number of valid responses to question (Keppel Unit 2019)

Keppel Unit 2019	All other YOIs	Keppel Unit 2019	Keppel Unit 2018
31	572	31	39

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 15 years of age?	<i>n=31</i>	3%	0%	3%	0%
	Are you aged 18 or over?	<i>n=31</i>	10%	12%	10%	28%
1.4	Are you from a minority ethnic group?	<i>n=31</i>	26%	54%	26%	21%
1.5	Do you have any children?	<i>n=29</i>	17%	10%	17%	11%
1.6	Are you from a traveller community?	<i>n=30</i>	23%	7%	23%	5%
1.7	Have you ever been in local authority care?	<i>n=30</i>	77%	50%	77%	56%
5.2	Do you have any health problems (including mental health problems)?	<i>n=31</i>	84%	31%	84%	
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	<i>n=30</i>	67%	23%	67%	29%
10.1	Are you Muslim?	<i>n=30</i>	7%	20%	7%	0%
ARRIVAL AND INDUCTION						
2.1	Were you searched in reception/admissions?	<i>n=30</i>	87%	96%	87%	
<i>For those who had been searched:</i>						
2.1	Was this search done in a respectful way?	<i>n=26</i>	65%	69%	65%	
2.2	Overall, were you treated well in reception/admission?	<i>n=29</i>	62%	70%	62%	
2.3	When you first arrived, did you have any problems or worries?	<i>n=30</i>	83%	70%	83%	
<i>For those who had any problems when they first arrived:</i>						
2.3	Did staff help you to deal with these problems or worries?	<i>n=25</i>	68%	46%	68%	
2.4	Did you feel safe on your first night here?	<i>n=29</i>	66%	72%	66%	57%
2.5	In your first few days, were you told everything you needed to know about life here?	<i>n=30</i>	73%	58%	73%	
LIVING CONDITIONS						
3.1	Is the temperature of your room or cell about right?	<i>n=29</i>	55%	43%	55%	
3.2	Can you shower everyday?	<i>n=31</i>	97%	55%	97%	97%
3.3	Do you normally have enough clean, suitable clothes for the week?	<i>n=31</i>	71%	67%	71%	
3.4	Do you have clean sheets every week?	<i>n=31</i>	90%	74%	90%	
3.5	Can you get to your stored property if you need it?	<i>n=30</i>	53%	51%	53%	
3.6	Is it normally quiet enough for you to relax or sleep at night?	<i>n=29</i>	41%	47%	41%	
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	<i>n=30</i>	70%	71%	70%	
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	<i>n=30</i>	20%	28%	20%	

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

	Keppel Unit 2019	All other YOIs		Keppel Unit 2019	Keppel Unit 2018
	31	572		31	39

Number of completed questionnaires returned

n=number of valid responses to question (Keppel Unit 2019)

FOOD AND CANTEEN					
4.1	Is the food here very / quite good?	n=29	48%	32%	48%
4.2	Do you get enough to eat at mealtimes always / most of the time?	n=28	43%	37%	43%
4.3	Does the shop / canteen sell the things that you need?	n=30	63%	60%	63%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	n=30	40%	39%	40%
	- Nurse?	n=30	77%	58%	77%
	- Dentist?	n=28	29%	23%	29%
	- Mental health worker?	n=30	50%	45%	50%
5.2	Do you have any health problems (including mental health problems)?	n=31	84%	31%	84%
<i>For those who have health problems:</i>					
5.3	Have you been helped with your health problems since you have been here?	n=24	67%	64%	67%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=30	67%	23%	67%
<i>For those who have a disability</i>					
5.5	Are you getting the support you need?	n=21	57%	48%	57%
5.6	Did you have an alcohol problem when you came here?	n=30	30%	5%	30%
5.7	Did you have a drug problem when you came here?	n=31	52%	23%	52%
<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=16	75%	52%	75%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	n=30	70%	51%	70%
5.10	Do you go to the gym or play sports once a week or more?	n=27	59%	45%	59%
COMPLAINTS					
6.1	Do you know how to make a complaint?	n=30	83%	86%	83%
<i>For those who have made a complaint:</i>					
6.2	Were your complaints usually dealt with fairly?	n=15	40%	33%	40%
	Were your complaints usually dealt with within 7 days?	n=16	69%	28%	69%
6.3	Have you ever felt too scared to make a complaint?	n=25	36%	13%	36%

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

	Keppel Unit 2019	All other YOIs	Keppel Unit 2019	Keppel Unit 2018
Number of completed questionnaires returned	31	572	31	39

n=number of valid responses to question (Keppel Unit 2019)

SAFETY AND SECURITY						
7.1	Have you ever felt unsafe here?	n=29	55%	36%	55%	61%
7.2	Do you feel unsafe now?	n=30	27%	13%	27%	6%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	n=29	31%	25%	31%	32%
7.5	Have other young people here ever done any of the following to you?					
	- Verbal abuse?	n=30	70%	40%	70%	
	- Threats or intimidation?	n=30	63%	28%	63%	
	- Physical assault?	n=30	50%	24%	50%	
	- Sexual assault?	n=30	7%	1%	7%	
	- Being forced to assault another young person?	n=30	10%	6%	10%	
	- Theft of canteen or property?	n=30	10%	5%	10%	
	- Other bullying or victimisation?	n=30	23%	6%	23%	
	- Young people here have not done any of these things to me	n=30	23%	54%	23%	
7.6	If you were being bullied / victimised by other young people here, would you report it?	n=31	39%	31%	39%	
7.7	Have staff here ever done any of the following to you?					
	- Verbal abuse?	n=27	33%	35%	33%	
	- Threats or intimidation?	n=27	22%	22%	22%	
	- Physical assault?	n=27	15%	12%	15%	
	- Sexual assault?	n=27	4%	2%	4%	
	- Theft of canteen or property?	n=27	7%	11%	7%	
	- Other bullying / victimisation?	n=27	22%	7%	22%	
	- Staff here have not done any of these things to me	n=27	56%	56%	56%	
7.8	If you were being bullied / victimised by staff here, would you report it?	n=28	43%	57%	43%	
BEHAVIOUR MANAGEMENT						
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	n=30	57%	39%	57%	
8.2	Do you think the system of rewards or incentives is fair?	n=30	37%	35%	37%	
8.3	Do staff usually let you know when your behaviour is good?	n=30	60%	38%	60%	
8.4	If you get in trouble, do staff usually explain what you have done wrong?	n=26	85%	59%	85%	
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	n=31	52%	65%	52%	45%
<i>For those who have been restrained:</i>						
8.6	Did a member of staff come and talk to you about it afterwards?	n=16	75%	70%	75%	
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	n=30	70%	58%	70%	
STAFF						
9.1	Do you feel cared for by most staff here?	n=30	73%	41%	73%	
9.2	Do most staff here treat you with respect?	n=31	77%	65%	77%	86%
9.3	If you had a problem, are there any staff here you could turn to for help?	n=31	87%	65%	87%	
9.4	Can you speak to a Barnardo's advocate when you need to?	n=30	70%	69%	70%	44%

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	Keppel Unit 2019	All other YOIs	Keppel Unit 2019	Keppel Unit 2018
Number of completed questionnaires returned	31	572	31	39

n=number of valid responses to question (Keppel Unit 2019)

FAITH					
10.1	Do you have a religion? n=30	77%	68%	77%	26%
<i>For those who have a religion:</i>					
10.2	Are your religious beliefs respected here? n=22	82%	79%	82%	
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to? n=23	78%	72%	78%	
KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Has anyone here helped you to keep in touch with your family / friends? n=29	86%	60%	86%	
11.2	Are you able to use a phone every day (if you have credit)? n=30	87%	60%	87%	
11.3	Is it quite / very easy for your family and friends to get here? n=30	40%	37%	40%	
11.4	Do you get visits from family or friends? n=31	74%	79%	74%	
<i>For those who do get visits:</i>					
11.4	Do you get visits from family or friends once a week or more? n=23	30%	45%	30%	
EDUCATION AND TRAINING					
12.1	Are you doing any of the following activities at the moment:				
	- Education? n=31	77%	82%	77%	84%
	- Training for a job (vocational training)? n=31	10%	4%	10%	
	- Paid work? n=31	7%	6%	7%	
	- Interventions (e.g. offending behaviour programmes)? n=31	39%	14%	39%	
	- Not doing any of these activities n=31	13%	16%	13%	
12.2	Do staff encourage you to attend education, training or work? n=31	81%	62%	81%	
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)? n=30	60%	47%	60%	
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=30	73%	64%	73%	
<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=20	95%	95%	95%	
13.3	Are staff here supporting you to achieve your objectives or targets? n=18	78%	49%	78%	
13.4	Is anybody here helping you to prepare for when you leave? n=29	55%	38%	55%	
13.5	Have you had a say in what will happen to you when you leave here? n=29	48%	43%	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? n=30	60%	54%	60%	

Keppel Unit 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.

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
20	10

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	5%	0%
	Are you aged 18 or over?	0%	20%
1.4	Are you from a minority ethnic group?	0%	0%
1.5	Do you have any children?	25%	30%
1.6	Are you from a traveller community?	21%	11%
1.7	Have you ever been in local authority care?	26%	20%
5.2	Do you have any health problems (including mental health problems)?	90%	70%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	79%	80%
10.1	Are you Muslim?	5%	10%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	84%	90%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	63%	67%
2.2	Overall, were you treated well in reception/admission?	53%	78%
2.3	When you first arrived, did you have any problems or worries?	79%	90%
<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?	60%	78%
2.4	Did you feel safe on your first night here?	63%	67%
2.5	In your first few days, were you told everything you needed to know about life here?	75%	67%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	58%	44%
3.2	Can you shower everyday?	95%	100%
3.3	Do you normally have enough clean, suitable clothes for the week?	70%	70%
3.4	Do you have clean sheets every week?	95%	80%
3.5	Can you get to your stored property if you need it?	50%	56%
3.6	Is it normally quiet enough for you to relax or sleep at night?	35%	50%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	74%	70%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	5%	50%

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

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

	Have a disability	Do not have a disability
Number of completed questionnaires returned	20	10

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	47%	44%
4.2	Do you get enough to eat at mealtimes always / most of the time?	42%	50%
4.3	Does the shop / canteen sell the things that you need?	58%	70%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	32%	50%
	- Nurse?	74%	80%
	- Dentist?	17%	44%
	- Mental health worker?	42%	60%
5.2	Do you have any health problems (including mental health problems)?	90%	70%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	67%	80%
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?	60%	
5.6	Did you have an alcohol problem when you came here?	25%	44%
5.7	Did you have a drug problem when you came here?	55%	50%
<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?	73%	80%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	74%	60%
5.10	Do you go to the gym or play sports once a week or more?	63%	57%
COMPLAINTS			
6.1	Do you know how to make a complaint?	84%	80%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	22%	60%
	Were your complaints usually dealt with within 7 days?	67%	67%
6.3	Have you ever felt too scared to make a complaint?	33%	44%

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

Have a disability	Do not have a disability
20	10

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	61%	50%
7.2	Do you feel unsafe now?	35%	11%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	28%	40%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	75%	56%
	- Threats or intimidation?	75%	33%
	- Physical assault?	60%	22%
	- Sexual assault?	10%	0%
	- Being forced to assault another young person?	15%	0%
	- Theft of canteen or property?	15%	0%
	- Other bullying or victimisation?	25%	22%
	- Young people here have not done any of these things to me	20%	33%
7.6	If you were being bullied / victimised by other young people here, would you report it?	40%	40%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	33%	38%
	- Threats or intimidation?	28%	13%
	- Physical assault?	11%	25%
	- Sexual assault?	6%	0%
	- Theft of canteen or property?	6%	13%
	- Other bullying / victimisation?	22%	25%
	- Staff here have not done any of these things to me	50%	63%
7.8	If you were being bullied / victimised by staff here, would you report it?	44%	33%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	63%	50%
8.2	Do you think the system of rewards or incentives is fair?	32%	50%
8.3	Do staff usually let you know when your behaviour is good?	58%	60%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	88%	78%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	55%	40%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	64%	100%
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)	80%	44%

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Have a disability	Do not have a disability
20	10

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	75%	67%
9.2	Do most staff here treat you with respect?	75%	80%
9.3	If you had a problem, are there any staff here you could turn to for help?	85%	90%
9.4	Can you speak to a Barnardo's advocate when you need to?	68%	70%
FAITH			
10.1	Do you have a religion?	84%	60%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	81%	80%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	75%	83%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	84%	89%
11.2	Are you able to use a phone every day (if you have credit)?	90%	80%
11.3	Is it quite / very easy for your family and friends to get here?	32%	60%
11.4	Do you get visits from family or friends?	70%	80%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	43%	13%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	85%	60%
	- Training for a job (vocational training)?	5%	20%
	- Paid work?	0%	20%
	- Interventions (e.g. offending behaviour programmes)?	35%	50%
	- Not doing any of these activities	10%	20%
12.2	Do staff encourage you to attend education, training or work?	80%	80%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	65%	56%
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)?	74%	80%
<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%	100%
13.3	Are staff here supporting you to achieve your objectives or targets?	73%	86%
13.4	Is anybody here helping you to prepare for when you leave?	58%	56%
13.5	Have you had a say in what will happen to you when you leave here?	39%	70%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	60%	56%

HMYOI Wetherby 2019

Comparison of survey responses from different residential locations

In this table responses from the Keppel unit are compared with those from HMYOI Wetherby.

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Number of completed questionnaires returned

Keppel Unit 2019	HMYOI Wetherby 2019
31	191

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	3%	1%
	Are you aged 18 or over?	10%	9%
1.4	Are you from a minority ethnic group?	26%	36%
1.5	Do you have any children?	17%	9%
1.6	Are you from a traveller community?	23%	8%
1.7	Have you ever been in local authority care?	77%	51%
5.2	Do you have any health problems (including mental health problems)?	84%	29%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	67%	25%
10.1	Are you Muslim?	7%	12%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	87%	97%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	65%	76%
2.2	Overall, were you treated well in reception/admission?	62%	72%
2.3	When you first arrived, did you have any problems or worries?	83%	72%
<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?	68%	49%
2.4	Did you feel safe on your first night here?	66%	76%
2.5	In your first few days, were you told everything you needed to know about life here?	73%	59%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	55%	49%
3.2	Can you shower everyday?	97%	34%
3.3	Do you normally have enough clean, suitable clothes for the week?	71%	60%
3.4	Do you have clean sheets every week?	90%	90%
3.5	Can you get to your stored property if you need it?	53%	54%
3.6	Is it normally quiet enough for you to relax or sleep at night?	41%	49%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	70%	70%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	20%	26%

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Keppel Unit 2019	HMYOI Wetherby 2019
31	191

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	48%	32%
4.2	Do you get enough to eat at mealtimes always / most of the time?	43%	43%
4.3	Does the shop / canteen sell the things that you need?	63%	60%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	40%	40%
	- Nurse?	77%	60%
	- Dentist?	29%	21%
	- Mental health worker?	50%	46%
5.2	Do you have any health problems (including mental health problems)?	84%	29%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	67%	52%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	67%	25%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	57%	44%
5.6	Did you have an alcohol problem when you came here?	30%	8%
5.7	Did you have a drug problem when you came here?	52%	36%
<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%	55%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	70%	30%
5.10	Do you go to the gym or play sports once a week or more?	59%	57%
COMPLAINTS			
6.1	Do you know how to make a complaint?	83%	85%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	40%	41%
	Were your complaints usually dealt with within 7 days?	69%	30%
6.3	Have you ever felt too scared to make a complaint?	36%	14%

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Keppel Unit 2019	HMYOI Wetherby 2019
31	191

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	55%	40%
7.2	Do you feel unsafe now?	27%	15%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	31%	18%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	70%	41%
	- Threats or intimidation?	63%	31%
	- Physical assault?	50%	30%
	- Sexual assault?	7%	3%
	- Being forced to assault another young person?	10%	8%
	- Theft of canteen or property?	10%	5%
	- Other bullying or victimisation?	23%	8%
	- Young people here have not done any of these things to me	23%	50%
7.6	If you were being bullied / victimised by other young people here, would you report it?	39%	26%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	33%	30%
	- Threats or intimidation?	22%	20%
	- Physical assault?	15%	17%
	- Sexual assault?	4%	2%
	- Theft of canteen or property?	7%	9%
	- Other bullying / victimisation?	22%	9%
	- Staff here have not done any of these things to me	56%	61%
7.8	If you were being bullied / victimised by staff here, would you report it?	43%	53%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	57%	38%
8.2	Do you think the system of rewards or incentives is fair?	37%	35%
8.3	Do staff usually let you know when your behaviour is good?	60%	42%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	85%	66%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	52%	69%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	75%	69%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	70%	64%

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Keppel Unit 2019	HMYOI Wetherby 2019
31	191

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	73%	47%
9.2	Do most staff here treat you with respect?	77%	67%
9.3	If you had a problem, are there any staff here you could turn to for help?	87%	68%
9.4	Can you speak to a Barnardo's advocate when you need to?	70%	66%
FAITH			
10.1	Do you have a religion?	77%	54%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	82%	77%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	78%	76%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	86%	58%
11.2	Are you able to use a phone every day (if you have credit)?	87%	43%
11.3	Is it quite / very easy for your family and friends to get here?	40%	36%
11.4	Do you get visits from family or friends?	74%	70%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	30%	40%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	77%	80%
	- Training for a job (vocational training)?	10%	7%
	- Paid work?	7%	9%
	- Interventions (e.g. offending behaviour programmes)?	39%	10%
	- Not doing any of these activities	13%	17%
12.2	Do staff encourage you to attend education, training or work?	81%	67%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	60%	48%
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)?	73%	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?	95%	94%
13.3	Are staff here supporting you to achieve your objectives or targets?	78%	48%
13.4	Is anybody here helping you to prepare for when you leave?	55%	38%
13.5	Have you had a say in what will happen to you when you leave here?	48%	43%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	60%	53%