

Report on an announced inspection of

HMYOI Feltham A

Children's Unit

by HM Chief Inspector of Prisons

4–19 July 2019

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



Crown copyright 2019

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: <http://www.justiceinspectrates.gov.uk/hmiprisons/>

Printed and published by:
Her Majesty's Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	23
Section 2. Care	31
Section 3. Purposeful activity	43
Section 4. Resettlement	49
Section 5. Summary of recommendations and good practice	55
Section 6. Appendices	61
Appendix I: Inspection team	61
Appendix II: Progress on recommendations from the last report	63
Appendix III: Urgent Notification letter	69
Appendix IV: Photographs	77
Appendix V: Establishment population profile	79
Appendix VI: Summary of questionnaires and interviews	83

Glossary of terms

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

Introduction

HMYOI Feltham A is an institution in West London that holds children aged 15 to 18. It is jointly managed with an adjacent establishment, Feltham B, that holds young adults. Although on this occasion both establishments were concurrently inspected, this report is concerned solely with the inspection findings as they relate to Feltham A.

The recent inspection history of Feltham A is highly relevant to this report. Young offender institutions (YOIs) are inspected more regularly than adult prisons because of the particular risks and vulnerabilities associated with the detention of children and young people. In recent years, Feltham A has been inspected annually. Inspection findings have fluctuated over the years, but in January 2018 we found an establishment that we judged to be reasonably good in three of our healthy prison tests. In our report of that inspection I commented that the progress could be fragile and that it could be jeopardised if leadership focus were to be lost.

It was therefore disappointing to find, when we next inspected in January 2019, that Feltham had been left without a governor for a period of some five months during 2018. I reported that:

'A new governor was now in post and beginning to stabilise the establishment, but it was evident to us that there had been a degree of drift resulting in deteriorating outcomes, notably in safety and care.'

However, by the time the report of the January inspection was published in June 2019, we had received deeply concerning information from a number of sources suggesting a possible further deterioration in treatment and conditions for the children being held in Feltham. I therefore decided to bring forward the next planned inspection, and this announced inspection took place in July 2019, barely six months after the last.

The outcome of this latest inspection was that we identified a dramatic decline across many aspects of Feltham A's performance. The decline was so acute and the outcomes so poor that for the first time in an establishment dedicated to the detention of children, I decided to use the Urgent Notification (UN) process. This requires that in a letter to the Secretary of State I set out the key evidence underpinning my decision to invoke the process and the rationale for why I believe it is necessary. This letter is attached to this report at Appendix IV. The letter and the report itself set out the detailed findings of the inspection. In this introduction I shall refer only to some of the most troubling of our findings.

In terms of safety the number of violent incidents had risen by 45% since our inspection just six months previously. The number of assaults against staff, some of which were very serious, had risen by around 150% since January 2019 and the levels of violence among children was higher than at similar establishments. Levels of self-harm had tripled since the previous inspection and were now 14 times higher than they were in January 2017. The poor and unpredictable regime affected children's well-being. Seventy-four per cent of children told us they had been restrained, but governance of and accountability for the use of force by staff had all but collapsed.

As far as our test of care was concerned, fewer than one in five children felt cared for by staff and the environment was such that it was difficult to build the effective relationships needed to manage poor behaviour, violence and self-harm. A third of children said they were out of their cells for fewer than two hours a day during the week. At the weekend this figure rose to nearly three-quarters. The poor regime and delays in moving children around the establishment had a highly disruptive influence on life at Feltham A. Resources were being wasted as health care staff, education facilities and resettlement intervention services stood idle waiting for children to arrive. These, of course, had all been contracted and paid for.

A key function of an establishment such as Feltham A is to provide education for the children held there, yet the provision had fallen to a little over eight hours a week per child, and attendance rates stood at 37%. Disturbingly, there were no plans in place to improve this. Not only were children not getting to education, but neither was education getting to them. In the four weeks leading up to the inspection some 800 hours had been scheduled to be delivered on residential wings, but only around 250 hours had actually materialised. Not surprisingly, Ofsted judged educational provision to be 'inadequate' in all areas.

The vital task of resettling children into their communities was impeded by the poor regime. Caseworkers and other professionals were often unable to gain access to children. Many were being released from Feltham A without stable accommodation, without education, training or employment in place, and without support from family or friends. In fact, family visits were regularly cancelled. Only one of the monthly family days had gone ahead since January, and this was attended by only one child. As I have said in my letter to the Secretary of State:

'I do not for one moment underestimate the challenges facing the leaders and staff at HMYOI Feltham A. During recent months they have often faced violence, some of it very serious. The atmosphere feels tense, and I could sense that many staff were anxious. Some were clearly frustrated about the situation in which they found themselves.'

Despite the challenges facing staff, there now needs to be a fundamental change in approach at Feltham. The practice of containing the behavioural problems of the boys rather than addressing them had failed to deliver a safe or rehabilitative environment. Neither boys nor staff were safe. The negative cycle of containment and separation that we have commented on in the past still dominated the day-to-day lives of those who lived and worked in the establishment. As I have said in my letter to the Secretary of State:

'This has led to a collapse of any reasonable regime, prevented many children from getting to education or training, delayed their access to health care, isolated them from meaningful human interaction and frustrated them to the point where violence and self-harm have become the means to express themselves or gain attention.'

The appalling situation we found during this latest inspection cannot be allowed to continue, and I was told that action had already been taken to ensure that improvements would follow. I hope that at long last there will be a recognition that Feltham, if it is to remain as an institution holding children in custody, must change in a more radical way than at any time in its troubled history. Short-term improvements followed by dramatic and dangerous declines should no longer be tolerated. I chose to invoke the Urgent Notification process not only because of the dire findings of this inspection, but also because it gives the opportunity for the Secretary of State to bring his personal authority to bear to demand decisive action and bring about lasting change.

Following the issue of the Urgent Notification, the Youth Custody Service decided to 'temporarily pause new placements of young people to Feltham A'. I have recently been informed that following a risk assessment 'the operational decision has been made to restart new placements at the establishment'. I hope this decision proves to be well founded.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2019

Fact page

Task of the establishment

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

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection: 106

Baseline certified normal capacity: 180

In-use certified normal capacity: 180

Operational capacity: 120

Notable features from this inspection

The number of children at Feltham A had reduced by 27% since the previous inspection in January 2019.

In our survey, only 19% of children felt cared for by most staff.

72% of children were from black and minority ethnic backgrounds.

82% of children had current involvement with children's social care.

Establishment status

Public

Department

Young people's estate

Date of last full inspection

January 2019

Brief history

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

The current HM Prison and Young Offender Institution Feltham was formed by the amalgamation of Ashford Remand Centre and Feltham Borstal in 1990/1991.

Short description of residential units

Albatross	Enhanced support unit
Bittern	Induction
Curlew	Normal location
Dunlin	Normal location
Eagle	Normal location – community unit
Falcon	Reintegration unit
Grebe	Closed

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

Heron Closed for refurbishment
Jay Normal location

Name of governor

Emily Martin

Escort contractor

Serco

Health service commissioner and providers

NHS England (London)

Care UK

Barnet, Enfield and Haringey Mental Health Trust

Learning and skills providers

Prospects

Independent Monitoring Board chair

Caroline Langton

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four tests of a healthy prison are:

Safety	Children, particularly the most vulnerable, are held safely.
Care	Children are cared for, their needs are met and they are treated with respect for their human dignity.
Purposeful activity	Children are able, and expected, to engage in education and other activity that is likely to benefit them.
Resettlement	Children are prepared for their release into the community and helped to reduce the likelihood of reoffending.

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

- **Outcomes for children are good against this healthy prison test.**
There is no evidence that outcomes for children are being adversely affected in any significant areas.
- **Outcomes for children are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for children in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **Outcomes for children are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for children are being adversely affected in many areas or particularly in those areas of greatest importance to their well-being. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **Outcomes for children are poor against this healthy prison test.**
There is evidence that the outcomes for children are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for children. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for children.
- A6 Five key sources of evidence are used by inspectors: observation; surveys of children; discussions with children; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 All of our inspections are unannounced, other than in exceptional circumstances, and follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of children and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the establishment population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of children and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

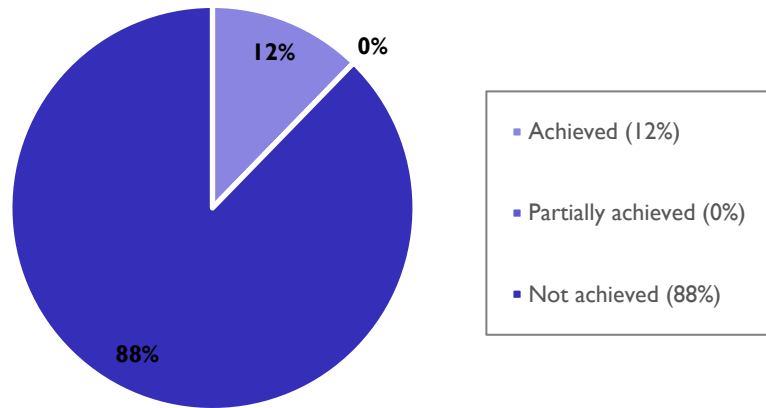
² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected HMYOI Feltham A in January 2019 and made 57 recommendations overall. The prison fully accepted 47 of the recommendations and partially (or subject to resources) accepted eight. It rejected two of the recommendations.

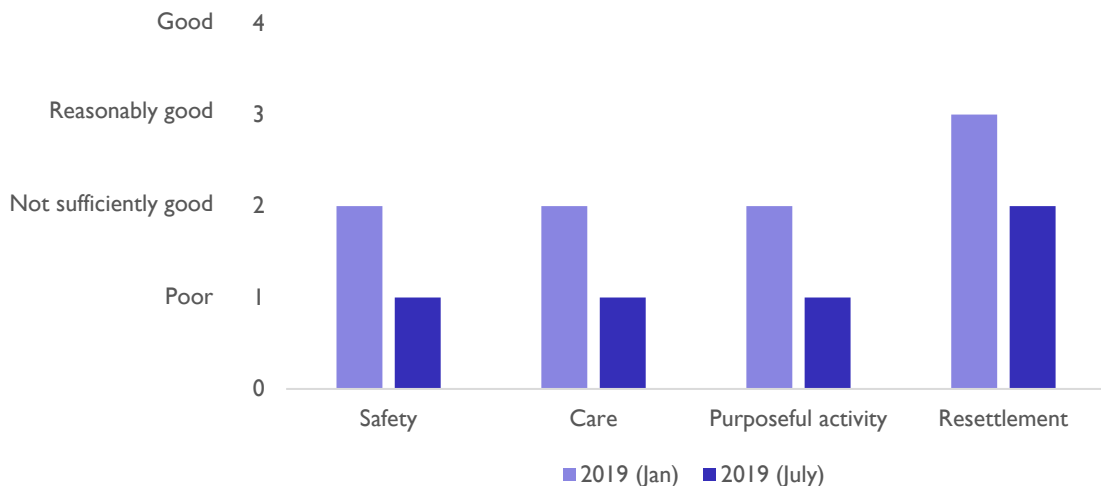
S2 At this follow up inspection we found that the prison had achieved seven of those recommendations and had not achieved 50 recommendations. No recommendations were partially achieved.

Figure 1: HMYOI Feltham A progress on recommendations from last inspection (n=57)



S3 Since our last inspection outcomes for children had declined in all healthy prison areas. Outcomes declined from not sufficiently good to poor in the safety, care and purposeful activity healthy prison areas. Outcomes declined from reasonably good to not sufficiently good in the resettlement healthy prison area.

Figure 2: HMYOI Feltham A healthy prison outcomes January 2019 and July 2019.



Safety

- S4** *Outcomes had deteriorated in all aspects of safety. The safeguarding team was overwhelmed and we could not be confident that action was always taken to safeguard children from harm. Violence, self-harm and use of force had all risen significantly since the previous inspection just six months ago. Management of these areas was weak, data on self-harm were poor, oversight of use of force was inadequate and behaviour management processes were not implemented effectively. The regime for separated children was poor. Security procedures to keep children apart affected the delivery of key work in every area of the prison. Significant action was required over a sustained period to halt the decline, stabilise the establishment and improve outcomes for children. **Outcomes for children were poor against this healthy prison test.***
- S5** *At the last inspection in January 2019, we found that outcomes for children in Feltham A were not sufficiently good against this healthy prison test. We made 11 recommendations about safety.³ At this follow-up inspection we found that none had been achieved.*
- S6** Reception processes remained prompt, focused on identifying risk and monitoring wellbeing. Despite this, fewer children than the comparator said they had been helped by staff to deal with problems or worries they had when they first arrived. First night accommodation was adequate and children were encouraged to mix with their peers through eating together and association. Despite a full induction programme, fewer children than at other young offender institutions (YOIs) said they were told everything they needed to know about Feltham in their first few days. Key sessions were only delivered at weekends and some children waited several days to receive this information.
- S7** In our survey, 40% of children said they had felt unsafe during their time at Feltham and 16% felt unsafe at the time of the inspection. Nearly half the children reported verbal abuse by their peers and more than half by staff. Managers had fallen behind in some crucial areas of safeguarding work. Managers at a national and local level had failed to identify the problems quickly enough and additional support to address the risks created by the significant backlogs of work had only recently been provided.
- S8** Oversight of identified child protection concerns remained mostly good and there was prompt consultation with the local authority designated officer. However, this was undermined by weaknesses elsewhere in safeguarding arrangements. Leaders and managers could not be certain all potential child protection issues were identified swiftly enough to enable suitable action to protect children from further harm.
- S9** Incidents of self-harm and the number of children supported on ACCT⁴ documents had, again, increased significantly since the previous inspection. The number of incidents of self-harm was more than three times that at the previous inspection, despite the smaller population. Many self-harm incidents were caused by frustration with the poor and unpredictable regime. We had concerns that an ambulance was not immediately called in response to emergency codes. Data considered at regular safeguarding meetings were inaccurate which undermined efforts to understand and address the rise in the incidence of self-harm. ACCT documentation was reasonably good. However, review meetings were not always multidisciplinary and entries on daily logs did not consistently demonstrate meaningful interaction.

³ 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.

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

- S10 Security arrangements continued to impede access to a purposeful regime and some measures were not proportionate. Good levels of intelligence were processed and were generally actioned promptly, but were still not used to set specific objectives to address the challenges faced by Feltham. The drug strategy was comprehensive and there was a multidisciplinary plan to address substance misuse, which was positive. However, it had not been fully implemented. Closed visits were not managed effectively, were not linked to intelligence and appeared punitive in some cases.
- S11 The number of violent incidents had risen since the previous inspection and was high. Assaults on staff had risen by nearly 150% since January 2019, some of which were serious in nature. The rate of violence among children had also risen and was high. The behaviour management strategy was not being implemented across the establishment. There was a lack of consistency and we saw many examples of staff struggling to manage poor behaviour. Staff did not always model good behaviour on residential units or in education. More support was needed from managers to ensure that frontline staff were confident in dealing with the high levels of poor behaviour and violence.
- S12 Implementation of the incentives and earned privileges (IEP) scheme, and instant reward scheme was poor. IEP reviews did not take place on time and it was not always clear why a child was placed on the bronze regime. The instant reward scheme was underused on residential units and some staff were unaware of its existence. The number of adjudications had doubled since our last inspection and was very high. Many were low-level incidents that should have been managed on residential units. The introduction of a gold unit on Eagle was positive, but children on bronze could not access a shower and a phone call each day.
- S13 In our survey, 74% of children said that force had been used against them. Use of force had risen from 488 at our last inspection to 727 and was very high. There were several concerning incidents, one of which involved seven batons being drawn. Governance of this area had continued to decline and was inadequate. Despite support from outside the establishment, at the time of the inspection more than 900 use of force reports were missing and nearly 300 incidents had not been reviewed by specialist staff. Children should be debriefed within 48 hours of being involved in use of force to ensure the causes of the incident are identified and safeguarding referrals are made promptly. However, records showed that these debriefs were happening very late.
- S14 Children had been separated using Rule 49 on 82 occasions during the previous six months. The average length of time children spent separated was 14 days although this masked large variations; the longest period of separation was 89 days. For much of this period managers were not recording children separated pending an adjudication. This practice had ceased in the weeks before the inspection, which was positive. At the time of our inspection, children could be separated on the enhanced support unit, Falcon unit or normal location. The role of these specialist units was unclear and the regime was very poor. Many children received less than two hours out of their cell each day with no meaningful contact with staff or peers. The quality of Rule 49 paperwork was poor. Key safeguards, including a daily visit by a duty governor or nurse, were absent and there were weaknesses in internal oversight. There were also delays in 21-day segregation reviews undertaken by the prison group director.

Care

S15 Relationships between staff and children were poor. Staff simply did not have the time to form effective relationships with children and we observed a minority of staff using inappropriate language in the presence of children. Living conditions were adequate but children could not have a shower each day. The complaints system worked well. Consultation was reasonably good. The strategic management of equality work was reasonable, but managers no longer had any tools to identify and address disproportionate treatment. Good health services were undermined by the inability to get children to appointments and significant weaknesses in the administration of medicines. **Outcomes for children were poor against this healthy prison test.**

S16 At the last inspection in January 2019, we found that outcomes for children in Feltham A were not sufficiently good against this healthy prison test.⁵ We made 22 recommendations about care. At this follow-up inspection we found that seven of the recommendations had been achieved and 15 had not been achieved.

S17 Children's perceptions of staff were very poor across all areas. Only 19% of children in our survey felt cared for by staff, fewer than half felt that most staff treated them with respect and only 45% said they had someone they could turn to if they had a problem, all of which were significantly worse than at other YOIs. Over recent months staff had been working in an incredibly challenging environment in which violence towards them had been very high. Many staff had low expectations of the children in their care and we observed examples of inappropriate language used by staff to describe children in several different areas of the prison. The limited regime did not allow staff the time to engage meaningfully with children and they were unable to develop suitable levels of trust or cultivate caring relationships.

S18 Since the last inspection, attempts had been made to stop the deterioration in the residential environment. Communal areas had new seating and cells were being painted but there was still too much graffiti and cell furniture that needed repairing. The windows did not allow adequate ventilation and children complained that they were too hot during the summer. Few cells were personalised. Communal areas were cleaned frequently, but often superficially. Showers remained in a poor state. In our survey, fewer than a quarter of children said they could shower every day, which was poorer than at similar establishments.

S19 Only 25% of children in our survey felt the food was good. Kitchen managers had produced a varied menu with good healthy options and provision for religious and medical diets. Wing serveries were dirty and staff and children who served the food did not wear the required clothing. The shop had improved since the previous inspection, increasing the selection of general items and items for cultural and religious groups.

S20 Despite very negative perceptions of the complaints system, we found the system was well managed and most children received a timely and focused reply. There had been 317 complaints in the previous six months which was a higher rate than at the same period before the previous inspection. The application system delivered good outcomes for children when the request could be dealt with by wing staff, but was less effective when a reply was needed from other departments. Consultation arrangements were reasonably good.

S21 Leadership and management of equality were reasonable: equality meetings were well attended and generated useful actions. During the previous six months, 26 discrimination incident report forms (DIRFs) had been submitted which was fewer than in comparable

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

prisons. Management and quality assurance of DIRFs was good, with independent scrutiny from the Zahid Mubarek Trust. The withdrawal of smart data from the hub had left a gap in the governance of equality and the potentially disproportionate treatment of children had gone unnoticed by managers. Some intermittent effort had been made to consult children about equality issues, but there was no evidence that outcomes for children had improved.

- S22 Some elements of the governance of health care had improved but risks associated with the administration of medicines were too high. The delivery of children to their health appointments was grossly inefficient and more than half failed to arrive on time for appointments with the dentist and GPs. We observed good care by prison officers and health care staff on Wren (inpatients), albeit children were still being admitted for non-clinical reasons. Medicines administration was extremely wasteful. We observed two health care professionals who were available to administer medicines, but only two out of 15 patients attended in 1.5 hrs. We found several examples of patients not receiving essential medicines at prescribed times which did not optimise the therapeutic benefit. The dental, mental health and substance misuse services remained good. Prison officers did not encourage children to take sufficient responsibility for their own health care and learn how to behave as responsible patients.

Purposeful activity

S23 *The regime for many children was poor and recent improvements needed to be sustained and developed. The library and gym facilities were good, but most children were unable to use them regularly. Leaders and managers at all levels had failed to provide an acceptable standard of education for the children. Only 37% attended education in many sessions and the punctuality of children and teachers was unacceptable. Teaching and learning were inadequate and many teachers lacked the knowledge to meet the additional learning needs of children. Behaviour had declined significantly, disrupting the little education that was delivered. Consequently, success rates had declined across most subjects. **Outcomes for children were poor against this healthy prison test.***

S24 *At the last inspection in January 2019, we found that outcomes for children in Feltham A were not sufficiently good against this healthy prison test. We made 13 recommendations about purposeful activity. At this follow-up inspection we found that none had been achieved.*

S25 Regime monitoring showed that children spent an average of 4.2 hours out of their cells each day in June 2019. Time outside was offered each day, although the need for some children to be kept apart from others made this difficult for staff to implement. The regime put in place to ensure more consistent access to association during the day had forced children to choose between education and staying on their unit. Lengthy movement periods affected the time that children spent in class. Evening association had recently become more consistent, but children expressed doubts that it would continue. Parkrun⁶ had recently been introduced to take place each week, which was positive. Several children talked of hoping to be suitable to take part in Duke of Edinburgh Award activities.

S26 In our survey, only 14% of children said they went to the gym or played sport once a week or more against the comparator of 54%. The library was reasonable but almost half the library sessions were cancelled. An average of only 12 children used the library each week.

⁶ Parkrun UK organises weekly, 5km runs across the world.

- S27 Regime restrictions curtailed the delivery of education, skills and work. The average time that children received in education had decreased considerably in the previous six months and was now significantly below their entitlement. Only a third of children attended education classes as scheduled. After a continuing decline since the previous inspection, attendance had reached a woefully low point. There was no recovery plan for prison leaders and managers to work together to target the improvement of attendance at education, skills and work.
- S28 Managers at all levels and staff across the prison did not give sufficient priority to the value of education and too many outreach sessions were cancelled. The education governance board was not sufficiently well informed to challenge leaders and managers to improve. Managers' self-assessment of the provision of education, skills and work was not critical or evaluative enough. None of the recommendations made at the previous inspection had been achieved.
- S29 The identification of learners' starting points with regard to behaviour, attitudes and personal development was weak. Most teachers lacked knowledge of the learning needs of children and their needs were not appropriately met. This was particularly concerning in the case of the significant number of learners who had additional learning needs. Teachers failed to consider the education and care plans when they planned learning and lacked the appropriate strategies, resilience and confidence to manage frequent poor behaviour in class. The learning environment was in poor condition and learning resources such as IT, support assistants and learning mentors fell below expectations in a children's educational establishment.
- S30 We observed staff and managers across the prison using language that was inappropriate and too informal to communicate with children. They failed to provide a consistently good role model for children, which hindered the development of respectful relationships. Children's behaviour was poor and they were not being helped to understand that their behaviour was unacceptable. Punctuality to education was poor. Too many teachers were not in the session or ready when the lesson was due to start. Children did not access vocational areas frequently enough to ensure that their learning continued. Teachers did not pay enough attention to health and safety in the workshops.
- S31 Leaders and managers did not gather and use data effectively to monitor the quality of the outcomes achieved by all children and evaluate the provision. The limited information available showed that qualification achievement rates had declined during 2019 across most subjects, including English, mathematics and ICT. Many children did not make enough progress with their learning in a range of subjects which was reflected in the standard of work in their notebooks.

Resettlement

- S32** *Children and families work had deteriorated since the previous inspection. The reducing reoffending strategy was up to date but key actions needed implementation. Despite some improvement, planning was too focused on behaviour in custody and was not supported by residential staff. The work of case workers and other professionals was undermined by difficulties in accessing children, many of whom were released or transferred from Feltham without undertaking any offending behaviour programmes. Public protection work was reasonable. Home detention curfew and early release processes were managed well. Preparation for health and substance misuse care after release was good. However, many children did not receive enough support to find accommodation or education on release. **Outcomes for children were not sufficiently good against this healthy prison test.***
- S33** *At the last inspection in January 2019, we found that outcomes for children in Feltham A were reasonably good against this healthy prison test. We made 11 recommendations about resettlement. At this follow up inspection we found that all 11 had not been achieved.*
- S34** The support available to help children keep in touch with family and friends had deteriorated and was not sufficiently good. Family days no longer took place regularly and only one child had had a family day visit in the last six months. In our survey, it was disappointing to find that only 28% of children against the comparator of 53% said they had received support in maintaining contact with their family or friends and only 27% of children said they had access to a telephone each day. The prison visits area was adequate, but visits regularly started late. Spurgeon's provided some one-to-one parenting support, but Storybook Dads was no longer available.
- S35** The reducing reoffending strategy had been updated and was based on a needs analysis from 2018. Attendance by all departments at the monthly reducing reoffending meeting remained inconsistent. The use of release on temporary licence (ROTL) was positive, but it remained underused and had only been used for resettlement purposes for one child in the previous six months. Caseworkers and staff from other agencies struggled to see children to conduct rehabilitative work because of the complex unlock arrangements on residential units. It was unacceptable that some conversations with children could only take place through cell doors. Early release processes were being managed appropriately. Despite one anomaly, most home detention curfew processes remained well managed.
- S36** The casework department was now fully staffed. Caseworkers had low caseloads, they knew the children they were supporting well and were motivated to help them progress. However, they lacked the necessary training and supervision to be fully effective in their role. Caseworkers benefited from community visits to enhance their practice. Planning meetings were timely and youth offending team (YOT) workers were present at all meetings.
- S37** Not all plans or reports were focused on resettlement and targets were not written in age-appropriate language. The custodial element of the child's sentence and behaviour management was prioritised at meetings rather than resettlement planning. Joint working between caseworkers and YOT workers lacked mutual challenge and did not ensure adequate outcomes for children leaving custody. Work to manage transitions to Feltham B was well organised, although other adult prisons were less cooperative which caused delays.
- S38** There was an adequate tracking process to manage public protection arrangements, including MAPPA (multi-agency public protection arrangements). Processes for mail monitoring and child contact restrictions were proportionate.

- S39 Support for children who were remanded or serving indeterminate sentences remained the same as the last inspection. Community organisations such as Roadlight and Kinetic Youth provided some one-to-one support, but overall support in this area was underdeveloped.
- S40 At the time of the inspection, 82% of children had involvement with children's social care. Looked-after children were supported by a team of social workers who advocated on their behalf.
- S41 The extensive keep-apart list continued to prevent the effective delivery of interventions and offending behaviour programmes. There was an excessive waiting list which meant that most children with identified needs were released, or transitioned to other establishments, without completing any offending behaviour work. There was evidence of targeted one-to-one work from psychology, including a counselling service and family therapist. The prison provided some basic guidance on money management and budgeting.
- S42 Primary care nurses continued to identify children due for release and provided medicines for discharge appropriately. The mental health and substance misuse team was proactive in engaging with community agencies to ensure continuity of support.
- S43 Children did not always have a confirmed address at their final review meeting. At the time of our inspection, two children, who were looked after by the local authority and due to be released imminently, did not have confirmed addresses. For many children, late confirmation of release addresses prevented meaningful reintegration planning, despite the existence of escalation processes. Reintegration outcomes in education, training and employment were particularly poor.

Key concerns and recommendations

- S44 Key concern: Oversight of key areas that affected the safety of children was not robust enough. Too much use of force paperwork had not been completed. Debriefs with children who had been restrained and quality assurance of use of force had not been completed quickly enough to ensure that concerns were identified and safeguards put in place promptly. Weaknesses in the collection of self-harm data affected the establishment's ability to understand and address the increase in self-harm levels. Levels of violence had risen, particularly against staff, and there was little understanding of the causes and limited plans to reduce it. Attendance at safeguarding meetings had been inconsistent which affected the development of a coordinated approach to managing the safety of children and staff. Until recently HMPPS had not provided enough support to help Feltham A manage these issues.

Recommendation: Comprehensive safeguarding arrangements should be put in place and managed robustly to ensure children are kept safe.

- S45 Key concern: The prison did not have a grip on behaviour management and did not give adequate priority at the weekly behaviour management meetings to identifying key issues and coordinating work to reduce the escalating violence. The incentives and earned privileges scheme was ineffective and poorly administered, Rule 49 was used too much and for too long and special accommodation was relied on inappropriately as a behaviour management tool.

Recommendation: The governor should implement an effective behaviour management strategy to reduce the incidence of poor behaviour and violence.

S46 Key concern: The oversight of segregation and separation was poor. Documentation did not clarify the reasons for separation and authorisation for continued separation was overdue in many cases. Children subject to separation received an inadequate regime.

Recommendation: Managers should ensure that all children subject to separation receive a decent regime, including meaningful human interaction and their education entitlement.

S47 Key concern: Some aspects of security were not proportionate and hampered children's access to a full and purposeful regime. Keep-apart protocols were informed by security information but were often unnecessarily restrictive and controlling and did not address the causes of children being unsafe. Children with restricted status were strip-searched and handcuffed routinely with no individual risk assessment. Closed visits were managed inconsistently and were sometimes applied punitively for incidents or intelligence that were not related to visits. Significant amounts of intelligence on drugs were processed, but suspicion drug tests were rarely conducted.

Recommendation: The approach to security should be reviewed to ensure that security measures and restrictions are proportionate for children and based on individual risk assessments.

S48 Key concern: The relationships between staff and children were poor across the establishment and they did not trust each other. Staff had been heard speaking inappropriately to children. The role of many prison officers was limited to administering keep-apart protocols and single unlock arrangements. Staff lacked the time and had limited opportunity to develop meaningful relationships with children in their care.

Recommendation: Leaders and managers should be visible and support frontline staff to develop respectful, caring and effective relationships with the children in their care.

S49 Key concern: Equality data were not examined thoroughly and potentially disproportionate treatment of black and minority ethnic children was not identified at the equality action team meetings. The equality action plan covered both Feltham sites which made it difficult for managers to determine the effectiveness of outcomes for children.

Recommendation: Data should be provided each month which enable managers to identify any disproportionality in treatment or access to the regime and to take action.

S50 Key concern: Regime restrictions and curtailments affected children's access to health and substance misuse services, leading to unsatisfactory practices and unnecessary risks. The continuing practice of telephoning residential units for information before calling an ambulance following an emergency code potentially extended the time of arrival of an ambulance. Children's health care appointments were missed or seriously delayed and they did not receive essential medications at the times prescribed. The administration of medicines from the medical room in reception made access easier but was unsafe. Inefficient prison practices led to underuse of the GP, dentist and other health care workers and the waste of NHS resources was unacceptable.

Recommendation: The prison partnership board should ensure that patients access health and substance misuse services at the required times and receive their medicines in a safe manner at the prescribed times. These arrangements should be monitored to ensure that the health of patients is not compromised.

S51 Key concern: Leaders and managers did not prioritise the importance of education in children's lives to maximise the learning time that they received. Attendance was low and children only had very few hours of education against their entitlement.

Recommendation: The extension of the regime should be prioritised to allow children to attend education and activities and realise their entitlement to a full education timetable. Education should receive the necessary priority from across the prison and children should be well prepared for a positive education, training and employment outcome.

S52 Key concern: The quality of teaching, learning and assessment had deteriorated and many areas were staffed by agency staff who were not appropriately qualified. Teachers were not equipped to plan for and meet the additional learning needs of children.

Recommendation: Prison leaders and managers should improve the quality of teaching, training and assessment through rigorous training and monitoring, ensuring that all teachers are equipped to support all children effectively, including those with additional learning needs.

S53 Key concern: Some managers and staff did not act as role models of appropriate behaviour and did not speak to children appropriately. Teaching staff did not help children to improve their behaviour and allowed them to abandon education at will. The standards in vocational areas did not contribute to the promotion of the development of work skills.

Recommendation: Leaders and managers should ensure that all staff behave as good role models for children, that teachers help children to improve their behaviour, and that vocational areas are developed so that they are used well and the development of essential work-related skills is promoted.

S54 Key concern: Leaders and managers were not gathering appropriate information to enable them to evaluate rigorously children's achievements to inform their decisions and effect improvement.

Recommendation: Leaders and managers should gather appropriate data on children's achievements so that they can rigorously evaluate the provision and focus on improving outcomes for children in under-performing areas.

S55 Key concern: Most children at Feltham said that they were not well supported in establishing and maintaining contact with their families. Most family day visits had been cancelled. Many staff were unaware of family days and did little to encourage children to apply. Children did not have daily access to a telephone to contact family and friends. Processes to identify children who were fathers were inadequate and there was a lack of formal support for them.

Recommendation: The regime and the staff should encourage and support children to establish and maintain contact with their family and friends.

S56 Key concern: Meetings with children in the initial stages of their sentence focused on behaviour rather than resettlement needs. Targets similarly focused on behaviour management and were not written in child-friendly language. The number of targets was sometimes excessive. Not all staff were sufficiently involved in helping children to progress against their targets.

Recommendation: Resettlement meetings and plans should prioritise resettlement needs which children understand to ensure a smooth transition into the community.

- S57 Key concern: The extensive keep-apart list prevented the effective delivery of interventions and offending behaviour programmes. Many children waited for excessive periods to complete an intervention, and some were released with no opportunity to address their offending behaviour needs. There was a random approach to assessment when selecting the most appropriate intervention to meet the child's needs.

Recommendation: Staff should ensure that children are able to access the appropriate interventions before release.

Section 1. Safety

Early days in custody

Expected outcomes:

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

- 1.1** Some children had lengthy journeys to and from court, although most travelled from courts in the London area. Vans had graffiti in the cellular accommodation but were reasonably clean. Children had access to water and toilet bags if needed. Some children had long waits in court cells after their case had concluded and some children continued to arrive after 7.30pm when other children on the induction wing were locked up. Discharges to court were prompt when vans arrived in the morning. Videolink facilities were used a few times each month for court appearances.
- 1.2** Handovers between escort and reception staff were timely and, other than restricted status children, handcuffs were not used between escort vans and reception. Reception was a reasonable environment with facilities and processes similar to the previous inspection. Holding cells had televisions and we saw children asking for the channels to be changed. Hot food was offered and children could make telephone calls. New arrivals had a private interview for risk and vulnerability to be checked before going to the induction unit. Children returning from court were returned promptly to their residential units.
- 1.3** First night accommodation on Bittern unit was adequate. However, some furniture needed replacing and cells looked shabby despite attempts to eradicate graffiti and keep the cells clean. New arrivals were given a pack of toiletries, drinks and snacks and had prompt access to prison shop items (see paragraph 2.19) which alleviated the risk of borrowing and getting into debt. Children spent time with a first night officer and had a health care screening with a nurse before being locked up for their first night. Despite opportunities to speak privately with staff on their first night, it was disappointing that fewer children than the survey comparator said they had been helped by staff to deal with problems or worries when they first arrived. All new arrivals were checked hourly through their first night as they started to come to terms with their circumstances.
- 1.4** Relationships between children and staff appeared more developed on Bittern unit than on other units and the atmosphere was more relaxed even though staff challenged inappropriate behaviour. New arrivals were encouraged to mix with their peers by eating together and afternoon association periods. Children were locked up for periods during the day between induction activities.
- 1.5** The previous inspection had identified weaknesses in the delivery of the comprehensive induction programme which managers had tried to address. However, children could still wait until the weekend to go through the induction modules with an officer, which was several days after arrival for some. Children's perceptions of being told everything they needed to know about Feltham in their first few days remained negative in our survey. Cells now contained a paper copy of the induction information that officers used and there was a clear timetable for agencies to spend time with new arrivals.

Safeguarding of children

Expected outcomes:

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

- I.6** In our survey, 40% of children said they had felt unsafe during their time at Feltham and 16% felt unsafe at the time of the inspection.
- I.7** Managers had fallen behind in areas of crucial safeguarding work, including governance of managing and minimising physical restraint (MMPR), violence reduction and suicide and self-harm prevention. Neither national nor local management had identified these problems despite their prevalence for some months. Attendance at the monthly safeguarding meetings had been inconsistent (see key concern S44). There were vacancies in the safeguarding team whose work was not integrated well enough with other key functions, such as residential and security. Additional support to manage the risks created by the backlogs of work had only recently been provided.
- I.8** Links between Feltham A and the local authority remained positive. The safeguarding strategy was reviewed regularly and signed off by the Hounslow Safeguarding Children Board. The head of safeguarding attended main board meetings and relevant staff attended the Board's Feltham A sub-group. Training was provided by the local authority and some staff had recently participated in multi-agency training covering trauma, loss and detachment.
- I.9** The handling of identified child protection concerns remained mostly good and consultation with the local authority designated officer (LADO) was prompt once a concern had been raised. The social workers seconded from the local authority had developed their role in supporting child protection investigations since the previous inspection. The number of referrals received had increased, with 73 to date in 2019, many of which concerned excessive use of force. Referrals came from a range of sources including safeguarding and other staff, Barnardo's advocates, social workers and from children themselves through the complaints process. The governor reviewed the actions taken in all child protection referrals before they were closed.
- I.10** Child protection processes were undermined by weaknesses in other safeguarding arrangements, for example some referrals to the LADO had been identified late following debriefs with children or poor quality assurance of MMPR incidents (see paragraph I.38). Leaders and managers could not be certain that all potential child protection issues were identified swiftly enough for suitable action to be taken to protect children from further harm.

Suicide and self-harm prevention

Expected outcomes:

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

- I.11** The number of self-harm incidents and children supported on ACCT⁷ documents had increased significantly since the previous inspection. Self-harm was more than three times that at the previous inspection at 242 incidents in six months, while the population had

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

decreased between the two inspections. Self-harm incidents included ligatures, cutting and fire setting, one of which had resulted in a child being hospitalised. Many of the self-harm incidents were a response to the poor and unpredictable regime children experienced. They spoke to inspectors about feeling frustrated or angry at their lack of regime or attention. Children seemed unaware of the risks they ran in threatening or carrying out self-harm. It was concerning that ambulances were not always called immediately when a member of staff used an emergency code to summon assistance.

- I.12** Self-harm data were considered at the monthly safeguarding meeting but were not always accurate or consistent with other data produced in the establishment. This inaccuracy undermined efforts to understand and address the rising levels of self-harm and there were no clear actions to try to halt the increase. Until very recently there had been no data on the use of constant observations (see key concern S44).
- I.13** Eleven ACCTs were open at the start of the inspection. The support for children on ACCTs remained variable. The quality of ACCT documentation was reasonably good, initial assessments remained good and many had consistent case management. Reviews were not always multidisciplinary but good notes were kept of reviews and shared with all staff involved in the child's care through the electronic case notes system. In the cases that we looked at, actions in care maps were followed up and completed. Regular quality assurance of ACCT documentation by the safeguarding team was helping to improve it. Weaknesses remained in ensuring that staff had consistent meaningful interactions with children on ACCTs, which they recorded, and some night observations were too predictable.
- I.14** Distraction packs were available and a small number of children appreciated the opportunity to spend time with therapy dogs. Some children engaged with the regime, attended education and association and interacted with staff and their peers. Others had limited time out of their cells and were unoccupied for lengthy periods with little interaction other than through cell doors. Defensible decision logs were completed for children who were separated on Rule 49⁸ while being managed on an ACCT. Samaritans' phones were available for children to use on request.

Recommendation

- I.15** **The regime for children being managed on ACCT documents should meet their needs for activity, support and interaction with others.**

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.16** The security department operated across both Feltham sites. There were no apparent weaknesses in physical security arrangements for the children's site.
- I.17** The security committee met regularly and had a good understanding of intelligence received and the challenges faced by the prison. However, it was not always well attended, particularly by key personnel including residential and operations managers. Broad, generic security

⁸ Young Offender Rule 49 enables managers to segregate any child who, by their behaviour, presents a risk to the maintenance of good order or discipline or who is themselves at risk of harm from other children.

objectives remained the same each month. They were still not communicated effectively to staff and no specific local objectives had been set.

- I.18** The number of intelligence reports submitted to the security department had increased significantly since the last inspection, from 960 to 3,432 during the previous six months. Intelligence continued to be processed efficiently, but actions were not always followed through. Searching as a result of intelligence took place promptly and had yielded some good finds, including drugs and mobile phones. Suspicion drug testing was almost non-existent (see paragraph I.24).
- I.19** We acknowledged the complex, challenging population at Feltham A and the need for security procedures to contribute to keeping children safe. Extensive 'keep-apart' protocols continued to be used to manage the children. We were critical of this at the previous inspection, but we saw no attempts to address our recommendations. The keep-apart protocols continued to be administered by the safeguarding team and reflected intelligence from the security department. The protocols were complicated and we did not believe that they managed or mitigated the risks satisfactorily and were, in fact, detrimental to operating a full and purposeful regime. Children subject to protocols were moved around the prison in a very controlled and time-consuming way which we did not feel made the prison any safer (see key concern S47).
- I.20** A number of children with affiliations to gangs and organised crime groups were held in Feltham. The security department monitored these children and had a reasonably good understanding of the scale of the problem. They were supported by the police but the Metropolitan Police Trident team had still not been replaced and some of the targeted, individual work was not taking place.
- I.21** Security measures were not always proportionate for the population. We were advised of two mechanisms for invoking closed visits, which were confusing and contradictory in some cases. Most decisions on closed visits were made by the head of operations and had affected at least 14 children in the previous six months, including three at the time of the inspection. The head of security reviewed cases where intelligence on visits had been received but had done so only once since April 2019. Closed visits were usually applied for incidents of violence in or on the way to or from visits. Children were also placed on report for this and the use of closed visits represented an additional unofficial punishment. Very few children were subject to closed visits as a result of their visitors conveying unauthorised articles in to visits. Children arbitrarily remained on closed visits for three months and we did not see any evidence that they were reviewed individually and regularly (see key concern S47).
- I.22** Strip-searching was not routine and had to be authorised by a governor. Barnardo's were informed if children had been strip-searched but there remained no advocacy support for children before or after this type of search despite our recommendation at our last inspection.
- I.23** Five children were classed as having restricted status at the time of the inspection and were subject to additional and intrusive measures in the secure and controlled custody environment. They were routinely strip-searched when moving in and out of the prison, for example to court appearances, and, although supervised by staff, were routinely handcuffed when moving in the prison grounds. These measures were not individually risk assessed and were disproportionate for children.
- I.24** A comprehensive drug strategy was underpinned by a needs analysis and supported by a multidisciplinary development plan which was aspirational but not yet embedded. The mandatory drug testing target was set across the prison and none of the random tests conducted in Feltham A in the previous six months had been positive. The availability of drugs appeared low, but data that we saw suggested that significant levels of intelligence on

drugs was received from the Feltham A site. Despite this, only three suspicion tests (one positive) had been conducted in January 2019 and none since then. The mandatory drug testing (MDT) suite was situated in the young adult reception which made it logistically challenging to get children there. This was a contributing factor to the very low number of suspicion tests conducted (see key concern S47).

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.25** The behaviour management strategy was similar to the previous inspection, but it was not implemented effectively. In principle staff would model good behaviour and encourage children to engage with the regime through instant rewards which would eventually lead to children being promoted to a higher level of the incentives and earned privileges (IEP) scheme.
- I.26** However, inspectors observed some staff in education and on residential units failing to model good behaviour, undermining the efforts of their colleagues. The instant rewards scheme to give children merits that they could exchange for canteen items was not used by many residential staff. Some staff whom we spoke to were unaware of its existence. In education teachers did use the scheme but inconsistently. Children therefore had little faith in the scheme, and in our survey only 24% said that the incentives scheme encouraged them to behave well and just 17% thought the scheme was fair.
- I.27** It was concerning that only 22% of children in our survey said that staff let them know when their behaviour was good and less than half (46%) said that staff explained what they had done wrong when they got in trouble. Both these figures were lower than at similar establishments.
- I.28** The IEP scheme did offer some differentials between the levels of incentives, primarily the opportunity to live on Eagle unit for children who reached the highest level of the scheme. Eagle unit was cleaner than other units and had video games consoles, but, like other areas, it had graffiti and dirty, dilapidated showers. Children living on Eagle received association four evenings a week, could eat together and spoke well of the manager and staff. It was notable that this was the only unit with no keep-apart issues.
- I.29** The regime for children on the lowest level of the regime was very poor. They showered no more than two or three times a week, although this was not recorded, received half an hour association during the week and one session at the weekend if staffing permitted. Each child on bronze level should have been reviewed within seven days, but we found children languishing beyond their review dates which caused legitimate frustration. We also found children placed on bronze level by staff who did not have the authority to do so (see key concern S45).
- I.30** Adjudications had increased by 32% since the last inspection. They were conducted reasonably well but the extremely high levels prevented detailed enquiries. Most charges were appropriately laid but some were low level and could have been managed outside the adjudication process. Managers had not been recording children separated pending an adjudication. This practice had ceased in the weeks before the inspection, which was positive.

- I.31** Two units were designed to offer children additional support to manage their behaviour. The newly refurbished Falcon unit was initially designed to deliver interventions, including education, offending behaviour work and psychological support to children separated from their peers on normal location. The unit had now started to use the facility to house children overnight. While in principle this was acceptable, we were concerned that none of the interventions in the unit timetable had been delivered and, at the time of the inspection, the unit was primarily used to place children in unfurnished accommodation (see paragraph I.48).
- I.32** The enhanced support unit (ESU) designed to give care and support to the most complex children had lost its way. Three children were living on the unit at the time of the inspection, all of whom were on Rule 49 and could not mix with each other. It operated like a segregation unit and staff were struggling to deliver basic entitlements such as showers and breakfast, with little managerial oversight (see key concern S45).
- I.33** Staff and managers struggled to explain the difference between these two units and, crucially, it was unclear why a particular child would be placed on the ESU rather than Falcon and vice versa.

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** In our survey, almost 49% of children said they had experienced victimisation by other children. Concerningly, 64% said they had been victimised by staff, which was higher than at similar establishments.
- I.35** The number of violent incidents involving both children and staff had risen by 45% since the previous inspection just six months ago and was high. Assaults on staff had risen by nearly 150% since January 2019 and were at an extremely high level. Some of these incidents were serious. The rate of violence among children had also risen and was high (see key concern S44).
- I.36** The weekly behaviour management meeting had only started to take place in the weeks before the inspection. Attendance was poor and key members such as managers from residence, security and learning and skills did not attend which prevented the allocation of action points to specific people. Many of these actions rolled over to following weeks with no indication as to when they would be dealt with or by whom (see key concern S45).
- I.37** As at the previous inspection, there was a team of officers trained in conflict resolution. However, despite their best efforts they could not keep pace with the level of incidents and there was an over-reliance on keeping children apart which reduced the regime for all children.
- I.38** The high levels of violence and lack of understanding of its causes made it very difficult for victims to be identified and supported appropriately. We spoke to children who had been assaulted by other children who told us that they were put in keep-apart groups to keep them safe or were placed on Rule 49 awaiting debriefs. Wing staff distanced themselves from responsibility for resolution and were over-reliant on the overstretched conflict resolution team or understaffed MMPP coordinators to resolve the issues.

The use of force

Expected outcomes:

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

- I.39** In our survey, 74% of children said force had been used against them and levels of force had almost doubled since our last inspection.
- I.40** There were serious failings in the oversight of use of force and the high number of incidents had overwhelmed the systems designed to safeguard children and staff. The safety team had a backlog of more than 900 use of force reports which staff had not completed. The high levels of force used each day exacerbated the situation.
- I.41** Children should be debriefed within 48 hours of being involved in use of force to ensure that the causes of the incident are identified and safeguarding referrals made promptly. This task was conducted by specialist staff (MMPR coordinator) but records showed that debriefs took place very late. We found delays of up to two months between the incident and the debrief which reduced the opportunity to identify the causes of incidents and left safeguarding concerns unidentified for too long. This was concerning. The prison had tried to address this just before the inspection by using MMPR coordinators from HMYOI Cookham Wood to help clear the debrief backlog. This was a short-term measure and the additional support was no longer in place (see key concern S44).
- I.42** Each use of force incident should be filmed and footage viewed by an MMPR coordinator. However, at the time of the inspection, the safety team had a backlog of 282 incidents to be scrutinised, which was unacceptable. The weekly meeting governing use of force was poorly attended and opportunities to report safeguarding concerns were missed despite being chaired by the new deputy governor of Feltham A. Actions from these meetings were vague and many had rolled over since May 2019 with no clear indication of who was responsible for dealing with them.
- I.43** A further two MMPR coordinators were being recruited but would not be in place until later in 2019. A triage system had been implemented as an interim measure where the use of force coordinator looked at each use of force to determine if full quality assurance was required. This did not provide assurance that all concerns were identified or addressed.
- I.44** Staff continued to use pain-inducing techniques on children in situations where there was no immediate threat of serious harm to the child or staff. In addition, we had significant concerns about an incident where seven staff drew extendable batons which are prohibited from being carried or used in children's establishments. The governor had not conducted an investigation into the incident nor had child protection referrals been made.

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.45** Use of Rule 49 to separate children from their peers was high. It had been used 82 times in the last six months for an average of 14 days a child with the longest period of 89 days which was too long. Documentation was poor and serious failures in safeguarding meant that

children were not seen by a governor or a nurse every day. Reviews were not detailed and did not always explain why separation should legitimately continue (see key concern S46).

- I.46** After 21 days a prison group director (PGD) is required to authorise continued separation of a child under rule 49. We found that these authorisations were regularly happening late and sometimes not at all. This was a significant failing of a high-level safeguard.
- I.47** The regime for many children separated from their peers was very poor amounting to less than two hours out their cell each day. Some children received no meaningful interaction with staff or peers during their period of separation (see key concern S46).
- I.48** Unfurnished accommodation (cells which have some or all of their furniture or fittings removed) should only be used if there is a well-identified risk preventing a child from being placed in a furnished cell. We found these cells had been used 69 times in the previous six months, which was exceptionally high. In many cases it was not fully justified. (See Appendix IV: Photographs.)

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 Relationships between staff and children had deteriorated since our last inspection, with only 19% of children in our survey saying they felt cared for by staff. This perception was consistent across the survey with fewer than half feeling that staff treated them with respect and only 45% that they had someone they could turn to if they had a problem. All these results were significantly worse than at comparable prisons (see key concern S48).
- 2.2 The regime had become so cumbersome that staff had little time to engage with children in a meaningful way. Most interactions lacked depth and had become focused on daily tasks as staff struggled to manage the complex keep-apart protocols that applied to significant numbers of children. The outcome of this regime for the children was more time in their cells, and delays going to and coming from any other area in the prison (see key concern S48).
- 2.3 Violence between children and towards staff was very high and this had affected all relationships adversely. Staff expected the worst from children in each interaction which removed trust and made every contact difficult.
- 2.4 The staff group was inexperienced and we observed examples of the few experienced staff who had withdrawn to the margins when they should have been leading by example. The number of managers on the units had been increased to offer support, but this was a relatively recent initiative which had yet to achieve discernible results.
- 2.5 We noted at our previous inspection that staff in areas such as education fostered good relationships with children, but this had begun to lapse. We saw teachers unable to control classes appropriately, with reduced levels of patience and in one instance inappropriate language used towards a child (see paragraph 3.34).
- 2.6 A personal officer scheme was in place, but staff said they did not have time to participate. Children were not aware who their personal officer was.
- 2.7 There were some good new developments such as Eagle unit where there were no keep-apart protocols and staff engaged positively in a more relaxed regime (see paragraph 1.28). Staff had started to regain trust and children were responding well to the new regime.

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

- 2.8** Attempts had been made to stop the deterioration in living conditions noted at the previous inspection. New seating had been provided for communal areas, there was some new cell furniture and painting was ongoing in an attempt to keep cells free of graffiti. However, many cells still looked shabby. Notices next to cell doors indicated that the cells did not contain graffiti, but this was not the case and some cell furniture still needed repair or replacing. Children raised the issue of ventilation: window vents were broken and did not allow air into cells which was a particular concern during warm weather. This was exacerbated by limited access to showers.
- 2.9** Few cells were personalised and many were austere, although there was evidence of children improvising to improve their environment, for example using plastic bowls to keep curtains in place. Some children kept their cells clean and tidy, but others needed more encouragement to maintain an adequate standard. Some cells contained large amounts of packaged food (for example one had a rubbish bag full of uneaten breakfast cereal packs) and it was not clear if staff were monitoring this for potential bullying. Noise levels on the units were often high, with some children banging on their doors for staff attention or conducting shouted conversations through windows, pipework in their cells or gaps in their doors.
- 2.10** Survey results for daily access to showers were poor with less than a quarter saying they could shower every day. Staff were doing their best, but it was clear during the inspection that children could not all shower every day within the constraints of the regime and keep-apart protocols. Showers remained in a poor state of repair (see Appendix IV, picture two) but managers had secured funding to start refurbishment work, which was positive. Children were not encouraged to make the best of the shower facilities they had, for example staff did not challenge children who stood on their dirty clothes and left the clothes on the floor for subsequent users to add to. Children had ready access to clean prison-issue clothing and laundry provision for those who wore their own clothes was adequate.
- 2.11** Communal areas were cleaned frequently, but this was often limited to the floors. Servery areas were not clean enough (see paragraph 2.17). Association facilities were largely unchanged since the previous inspection with the exception of the enhanced unit (Eagle) which had upgraded association equipment. Children appreciated and made good use of this. Exercise areas were equipped with static fitness equipment but there were no other opportunities for children to expend excess energy.

Recommendations

- 2.12 Accommodation should be suitable for children. it should be clean, free of graffiti and well furnished.**
- 2.13 Children should be able to use showers and telephones every day.**

Residential services

- 2.14** Only a quarter of children in our survey said that the food was good and about a third said that they had enough to eat.
- 2.15** Meal choices and healthy options were good and reasonably varied over a four-week cycle. Five choices were available for lunch and dinner. Lunch generally consisted of a sandwich and a snack and a hot meal was provided in the evening. Religious and cultural options and medical diets were catered for. Children had continued the practice of ordering the more filling options and it was common to see rice, potatoes and bread served together. Breakfast packs were distributed on the day but were inadequate.
- 2.16** The main kitchen was clean and tidy and repairs to the floor were continuing. All staff and the prisoners from Feltham B who worked there had completed their mandatory training. It was disappointing to see poor practice in basic food hygiene in one of the food storage freezers.
- 2.17** Wing serveries were in poor condition and dirty. We found examples of old food left inside serveries for days, broken equipment and floor areas with a significant build-up of grime. Not all children and staff serving food were wearing protective clothing or had been trained in basic food handling, which was poor.
- 2.18** There were too few opportunities for children to eat their meals together. With the exception of Eagle and Bittern units, children ate all their meals alone in their cell.
- 2.19** In our survey, 48% of respondents said that they could buy the things they needed from the prison shop. Children could buy items each week from a diverse range of products, which had been selected following consultation meetings. A new shop for children who had just arrived enabled purchases to be made within 24 hours of arrival instead of waiting for up to 10 days. Children could also buy goods from an age-appropriate range of catalogues with no administration charge, and property could be handed in at visits.

Recommendation

- 2.20 Children should be able to eat their meals together.**

Consultation, application and redress

- 2.21** During the previous six months, there had been 317 complaints, higher than at the previous inspection.
- 2.22** In our survey, only 8% of children against the comparator of 34% said that their complaints were dealt with within seven days and a fifth felt that their complaints were dealt with fairly.
- 2.23** Notwithstanding these negative perceptions, we found a well-managed system. Most children received a response within seven days and management had responded to previous recommendations by ensuring that complaints were collected each day by a member of the complaints team. Responses were child focused and respectful. An effective quality assurance process was in place with clear improvement actions for the few poor replies.
- 2.24** The complaints boxes were clearly marked with directions on how to make a complaint and each box was refilled with fresh complaint forms each day.

- 2.25** The applications system worked well when applications were dealt with by wing staff who recorded the applications they dealt with on the day. However, there was no tracking system for applications leaving the wing and it was not possible for either the inspection team or managers to see if any outcomes were forthcoming.
- 2.26** Most units held monthly community meetings, but they varied in quality. Some produced action plans which were tracked at the following meeting, but others only generated an email with a precis of the discussion and no outcomes.
- 2.27** Kinetic Youth and Road Light held community groups on different subjects with good levels of engagement (see paragraph 2.43). Minutes demonstrated outcomes for the points that children had raised.

Equality and diversity

Expected outcomes:

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

Strategic management

- 2.28** A good equality and diversity policy was in place for the whole Feltham site. This reflected the diversity of the population in Feltham A and gave clear guidelines to staff on implementation of the policy.
- 2.29** Equality action team (EAT) meetings took place each month which were well attended and chaired by the governor. The team was multidisciplinary and it was positive that several outside agencies, including Kinetic Youth, were invited to attend, as were the Independent Monitoring Board (IMB).
- 2.30** The EAT had become more analytical, but this improvement had been impaired by the failure of the national equality monitoring tool to provide a report for split-site establishments, including Feltham. This had led to the EAT missing potentially disproportionate treatment of black and minority ethnic children in the application of the IEP system. The equality team were seeking to fill this information gap so that they could carry out effective monitoring each month (see key concern S49).
- 2.31** The EAT generated good child-focused actions through an action plan which was updated monthly with follow-up information to track progress. These measures were appropriate, but the action plan covered the whole Feltham site and progress against the plan was measured across both sites with the potential for outcomes for children to be less effective.
- 2.32** Only one new equality representative was in place at the time of inspection and the prison was finding it difficult to recruit children to fill this role.
- 2.33** Twenty-six discrimination incident report forms (DIRFs) had been submitted in the previous six months which was low in comparison with similar prisons. DIRFs were held on each unit but the system for submitting them was confusing. On one wing children were directed to use the IMB box and there was little guidance anywhere else. It was pleasing to note that management rectified this quickly while we were still on site.

- 2.34** The quality of responses to DIRFs was good and they were directed to an appropriate member of staff within a suitable timescale.
- 2.35** The quality assurance system for DIRFs was very good. Each form was viewed by the governor and a subsequent check was carried out by the Zahid Mubarek Trust which produced actions and an annual report on findings and trends.

Protected characteristics

- 2.36** Children with protected characteristics responded similarly in our survey to their peers with a few significant differences: 41% of children with a disability said they had suffered bullying or victimisation from staff against the comparator of 8%; and no black and minority ethnic children said they had received help in training for a job against 19% of white children. Conversely, 35% of black and minority ethnic children said it was easy to see a mental health worker compared with 0% of white children.
- 2.37** A senior manager was responsible for each protected characteristic and reported progress to the EAT on a rota basis. Only one recent meeting had had a child in attendance and there was no feedback from consultation groups which were held sporadically.
- 2.38** At the time of the inspection, 72% of children were from black and minority ethnic backgrounds. Following a request from children, a shop selling specific cultural items had been introduced, which was good (see paragraph 2.19).
- 2.39** A well populated special educational needs and disabilities list consisted of 74 children who continued to be cared for by health care and education providers. No children with physical disabilities were held at the time of the inspection and no personal emergency evacuation plans (PEEPs) were in place. Staff whom we questioned were familiar with the concept of PEEPs.
- 2.40** No children had identified themselves to the prison as coming from a Gypsy, Roma or Traveller background and there was nothing specific in place for them. However, our survey found that 6% of children identified as Gypsy, Roma or Traveller.
- 2.41** No children had identified as GBT, but every child took part in groupwork to address the stigma that this group suffered in the children's estate. Children undertook a refresher group in education in cases of homophobic abuse. Staff had identified children displaying sexualised behaviour towards each other, and appropriate safeguards and support for these children had been identified by the EAT.
- 2.42** At the time of the inspection, 8% of children identified as foreign nationals and support for this group was good. Several agencies were involved including Barnardo's, Coram Legal Trust, The Howard League and the local authority with whom Feltham A maintained good links. Information and support for foreign national children were provided by caseworkers who quickly identified needs and made appropriate referrals.
- 2.43** Consultation with children had deteriorated across all protected characteristics and Kinetic Youth was their only formal point of contact. They only had capacity for two consultation groups a month, but these meetings were effective. The views of children were taken seriously and Kinetic Youth sought outcomes from the prison in each case.
- 2.44** In our survey, 83% of children said they had a religion and two-thirds said their beliefs were respected and they could see a chaplain in private if they wished.

- 2.45** An experienced managing chaplain led a cohesive multi-faith team and all faiths and denominations were catered for. It was very positive to see one of the Muslim chaplains delivering a theological intervention for a child who was felt to be vulnerable to religious extremism.
- 2.46** The facilities were impressive with a dedicated mosque, Church of England chapel, Roman Catholic chapel and multi-faith room which were all well appointed. It was disappointing that crucial maintenance was not carried out, for example the lighting.
- 2.47** The constraints of the regime prevented the chaplaincy from engaging with children to the degree that they wished and consultation and support groups, such as mediation, had ceased. It was hoped that the Sycamore Tree course (victim awareness) for children would start in the near future.

Recommendation

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

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.

- 2.49** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁹ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A CQC-focused inspection was also carried out at the same time as the joint inspection. One area has been identified that requires improvement, with a subsequent notice issued by the CQC. This is included in the CQC report, available at <https://www.cqc.org.uk/location/1-659374318>.

Strategy, clinical governance and partnerships

- 2.50** Care UK was the lead provider of primary care services, subcontracting some services to specialist providers. Inter-agency working was good with an established partnership board and new local delivery board. However, the dentist was not included in the arrangements. A contemporary health needs analysis had been published recently in advance of the re-tendering of services in 2020.
- 2.51** A stable management team had embedded improved governance systems since our last inspection. Clinical governance meetings had been introduced which provided a forum for lessons learned from audits and incidents, and for complaints to be reviewed.
- 2.52** Patient engagement was in the initial stages of development. Plans were in place to enable children to express their views about health care through a new community forum and

⁹ 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>.

patient feedback questionnaires were handed out after each health care intervention. It was too early to see evidence of feedback contributing to service development. Incident reporting mechanisms were good for the two main providers and staff were clear about the mechanism, albeit few incidents had been reported.

- 2.53** Staffing levels and the skills mix were adequate to meet children's needs and several new staff were due to take up post following a recent recruitment drive.
- 2.54** Training and professional development opportunities were good and clinical records that we reviewed conveyed care needs appropriately. Staff supervision was good but not monitored. We observed patients being treated with dignity and respect, which was reflected in our conversations with children.
- 2.55** There were sufficient clinical rooms in health care, which were fit for purpose. An infection prevention and control audit had been completed and a subsequent action plan put in place to improve standards in some areas. There was now a cleaning schedule and outstanding maintenance issues were highlighted to senior prison staff.
- 2.56** Arrangements for responding to medical emergencies were appropriate, although control room staff continued to contact units about the emergency before calling an ambulance, which potentially placed children at risk (see key concern paragraph S50).
- 2.57** An independent health complaints process had recently been introduced. Some children still used prison forms, but confidential Care UK forms were available. Most responses to the few complaints raised were dealt with face to face. Written responses were brief and focused.

Promoting health and well-being

- 2.58** The local delivery board had started to discuss the establishment of a whole-prison approach to the health and wellbeing of children, which we welcomed. Relevant bespoke health promotional activities took place throughout the year.
- 2.59** The health team adopted a child-centred focus and screened for chlamydia, tuberculosis and other diseases. They offered a wide range of age-appropriate vaccinations such as meningitis and MMR, in addition to hepatitis B. The patient information pack provided on arrival at the prison was good, and some of it was now available in other languages. Smoking cessation support was available for new arrivals and there were appropriate policies on communicable diseases.

Primary care and inpatient services

- 2.60** Children's health was screened on the day of arrival and immediate needs were identified using the comprehensive health assessment tool (CHAT). Appropriate onward referrals were made and thorough secondary assessments were undertaken in a timely manner. Thorough attention was paid to identifying learning and neuro-disabilities.
- 2.61** Children could access health services using a clear pictorial application form. Health staff collected the applications each day, delivered appointment slips and followed up non-attendance with children.

- 2.62** The GP was available each day for urgent appointments. Advice from a GP was also available out of hours, domiciliary visits were made to children on the wings if they were unable to attend health care, and nurses were available 24 hours a day.
- 2.63** Clinics and services were appropriate to need, including the management of asthma and other long-term conditions. 'Did not attend' rates were too high because of access constraints, for example in June 2019 they stood at 58% for the GP and 80% for the optician which was a grossly inefficient use of NHS resources. There were several reasons for non-attendance, but the most frequent was the inability of prison managers to move children to appointments (see key concern paragraph S50).
- 2.64** The inpatient unit on Wren supported patients with significant health needs from both Feltham A and B. We observed the delivery of a largely therapeutic regime, which included some activities on the ward and access to the external gym, education and library. The exercise yard was overgrown but well used. The average occupancy on Wren of 50% was low, but it allowed officers and health staff to deliver individual care. Innovative reflective practice groups were attended by nurses and officers to learn lessons from good practice. Admissions for non-clinical reasons continued (10 since April 2019) which introduced unnecessary risks to the care of sick and vulnerable patients.

Recommendation

- 2.65** **The inpatient unit should only be used for health and therapeutic purposes. Children should not be located on the inpatient unit to address operational issues.** (Repeated recommendation 2.70)

Mental health

- 2.66** Barnet, Enfield & Haringey Mental Health NHS Trust (BEH) provided the well-being team who delivered integrated mental health and psychosocial substance misuse services.
- 2.67** The large, child-centred team had a rich skills mix comprising mental health nurses, occupational therapists, psychiatrists, psychologists and a speech and language therapist. A child and adolescent mental health nurse was now part of the team. The team was available seven days a week with shorter hours at the weekend. The BEH team benefited from comprehensive training and professional development opportunities. A forensic child and adolescent (CAMHS) consultant psychiatrist was available one day a week to provide care to patients with more complex needs.
- 2.68** A BEH practitioner acted as daily duty worker and attended most ACCT¹⁰ reviews, supported safer custody events and meetings, and ensured good integration with the prison.
- 2.69** The duty worker also ensured that CHAT assessments for new arrivals occurred promptly. At the time of the inspection, seven children were screened for mental health problems each month, and thereafter assessed using CHAT, with 71% requiring interventions. There was an open referral system and children could self-refer. Referrals were reviewed each day and 56 children were on the treatment caseload at the time of the inspection. Formulations and clinical records on SystmOne (electronic case notes) were very good. The range of treatments included psychological interventions, one-to-one work and guided self-help.

¹⁰ Assessment, care in custody and teamwork case management of children at risk of suicide or self-harm.

- 2.70** A harmful sexual behaviour service delivered structured assessment and interventions for children deemed to be high risk and contributed to education programmes about harmful sexual behaviour.
- 2.71** The enhanced support unit (ESU) was intended to provide a positive therapeutic environment for children with additional mental health support needs through a range of activities and interventions. However, the regime was often curtailed, which was not therapeutic, and the lack of prison-enabled purposeful activity in the unit placed additional pressure on the clinical team and reduced their capacity for outreach to children not placed on the unit. Preparation for the introduction of Secure Stairs¹¹ had started, which we welcomed.
- 2.72** About 80% of prison officers had been trained in aspects of mental health since 2018 which was an improved situation.
- 2.73** There had been no transfers under the Mental Health Act in the previous six months.

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.

- 2.74** The new substance misuse strategy reflected the most recent health needs assessment and included treatment, supply and harm reduction.
- 2.75** Psychosocial treatment was provided by the integrated BEH team. The team was now fully staffed, an improvement since our last inspection, and included a family worker and a behavioural change worker who assisted former gang members with recovery. The team continued to contribute to ACCT reviews, safer custody and drug strategy meetings.
- 2.76** Most new referrals for assessment were generated from CHAT and the mental health team. All CHAT assessments had been completed within target in the past three months, though 25% fewer patients were receiving interventions than previously because of the recent reduction in the population. Few of the treatment interventions were accredited, although most were evidence based and included one-to-one, group and family work, and harm reduction. The efficiency of the team was hampered by lack of access to patients and the failure to attend rate had been as high as 67% in some of the previous six months (see key concern paragraph S50).
- 2.77** Care UK delivered clinical management of addiction by a specialist consultant, competent doctors and others, although no child was receiving clinical treatment at the time of the inspection. Patients withdrawing from alcohol were managed on the inpatient unit, which was clinically appropriate but rarely used.
- 2.78** The psychosocial team continued to monitor some children after release, which encouraged through care.

¹¹ Secure Stairs (the Framework for Integrated Care) addresses the needs of children in secure children's homes, secure training centres and young offender institutions. This framework allows for a joined-up approach to assessment, sentence / intervention planning and care, including input from mental health staff regardless of previous diagnosis, as well as from social care professionals, education professionals and the operational staff working on a day-to-day basis at the setting. <https://www.england.nhs.uk/commissioning/health-just/children-and-young-people/>

Medicines optimisation and pharmacy services

- 2.79** Pharmacy services were delivered on site by Care UK Pharmacy, and the pharmacist was an independent prescriber. Medicines were supplied, transported and stored safely and appropriately. Medicines requiring refrigeration were stored in fridges, and the fridge temperatures monitored daily to ensure medicinal integrity.
- 2.80** Patients could contact the pharmacist through an application form. A range of clinics and services, including medicines use reviews, were available. Medicines administration for immediate health treatment without an appointment was recorded on SystemOne and there were plans to introduce a minor ailments scheme. There were patient group directions (PGDs)¹² for vaccinations and salbutamol for nurses to administer. The range of medicines available through PGDs was being expanded appropriately. Out-of-hours medicines could be accessed and the supply of medicines for discharge and court appearances was efficient.
- 2.81** The pharmacist chaired regular medicines management meetings which were well attended by stakeholders. New additions to formulary, new procedures, concerns and incidents were discussed, including those at other prisons. There were regular clinical audits to monitor prescribing trends and medicines use.
- 2.82** Few patients were taking medication and only occasionally had medicines in possession. In-possession risk assessments were completed conscientiously.
- 2.83** Medicines, including controlled drugs and other not-in-possession medication, were administered from a newly designated room in reception at Feltham A. There was no fridge to store medicines that needed to be kept cold. Staff said that the room could become very warm, but the air temperature was not being monitored to ensure it was cool enough.
- 2.84** At the time of the inspection, a security grill had not been fitted at the entrance to the reception room and the door had to remain open. The only means of securing the entrance from unauthorised access by a patient was to push the medicines cabinet/trolley across the open door. However, there had been incidents of patients attempting to enter the room or thrust their arms inside. This arrangement demonstrably introduced risks to safety, which had not been adequately assessed and were unsatisfactory (see key concern paragraph S50).
- 2.85** Since April 2019, an average of 56% of patients had failed to receive their administered medicines. We were told that a patient had had a legal visit and was unable to attend for his medicines, and it was unclear when the patient had received that dose of medication. Another patient was prescribed medicine to treat epilepsy, with one tablet to be taken twice a day. The administration times were 7.45am and 4.30pm which were not 12 hours apart and were clinically inappropriate. The four administration times for an antibiotic for one patient started at 7.45am and finished at 8pm leaving 12 hours with no dose, which did not optimise the therapeutic benefit of the antibiotic.
- 2.86** Medicines were also administered on the enhanced support unit where the light had been fixed and SystemOne had been installed since our last inspection. There were many dead flies on surfaces which introduced contamination risks.

¹² PGDs authorise appropriate health care professionals to supply and administer prescription-only medicine.

Dental services and oral health

- 2.87** A local dentist and team continued to deliver a full range of treatments and were adept at using age-appropriate digital media to allay patients' anxiety about dental procedures. The waiting list was now good with an average waiting time of two to three weeks, although the failure to attend rate was unacceptably high at around 35% (see key concern S50).
- 2.88** The dental suite was well equipped and complied with infection control standards. Equipment was maintained according to manufacturers' advice, but the required certification to ensure the safety of the X-ray equipment could not be produced. Clinical records were good.

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.¹³

- 3.1** The establishment's own regime monitoring data showed that children spent an average of 4.2 hours out of their cells each day in June 2019, which was too low. This reflected wide-ranging experiences from less than one hour to nearly 10 hours. Generally, children spent more time locked up at weekends. This was reflected in our survey in which two-thirds of children said they spent more than two hours unlocked on weekdays and only a quarter at weekends. The regime was inadequate to meet the needs of the young population.
- 3.2** A revised regime had been introduced since the last inspection. This allowed each residential unit a day when children could opt not to attend education and instead stay on their unit to shower, use the telephones and associate together. While the intent was positive, it reflected an inability to deliver these basics on other days and sent a message to children that education was not an overarching priority (see paragraph 3.14). Attendance at education had fallen to 37% in June 2019, leaving nearly two-thirds of the provision unused (see key concern and recommendation S51).
- 3.3** Time outside in the fresh air was offered each day. The keep-apart issues on many units meant that children were allocated to different groups for out-of-cell activities. This made the daily regime more difficult for staff to implement and access to time in the fresh air had to be managed carefully. There was also very slow movement to and from education with children moving in small groups or individually which reduced the time they spent in lessons.
- 3.4** Evening association had only recently been available consistently and there were games and table tennis tables for children to use. Many preferred to use the phones and showers and talk to their peers. The Duke of Edinburgh award scheme and Parkrun¹⁴ were positive new initiatives to engage children in productive activities and several said they hoped to be able to take part.
- 3.5** The library remained on Feltham B and was virtually inaccessible to children. They had an allocated slot on Mondays and Tuesdays, but this had only been in place since May 2019. Nearly half these sessions had been cancelled and an average of only 12 children a week had been using the library.
- 3.6** Only 14% of children in our survey said they went to the gym or played sport once a week or more against the comparator of 54%.
- 3.7** The gym was well appointed and consisted of two large sports halls, a cardio room, weights room and two outdoor pitches. Gym induction included the physical activity readiness questionnaire and input from health care. Gym staff tried to vary the activities and each three-hour session was divided into two parts, with contrasting activities taking place.

¹³ 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.

¹⁴ 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.

Contributions to gym activities were made by Chelsea Football Club, and both Richmond Park and Saracens Rugby Union Football Clubs.

- 3.8** Gym staff liaised with health care and delivered specialist sessions for children with lower limb injuries or problems.
- 3.9** The total time allocated in the gym was 4.75 hours a week for each child in two sessions, but this was rarely achieved. Each morning or afternoon group should have contained 20 children, but the regime restrictions had rendered this figure aspirational. On our first visit to the gym, 20 children had been listed for the session but only five attended. There was no realistic plan to rectify this problem.

Recommendations

- 3.10 Children should spend at least 10 hours out of their cells each day.**
- 3.11 Access to the gym should be improved to ensure that all children have access to two sessions of gym a week.**

Education, learning and skills

Expected outcomes:

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

- 3.12** *Ofsted¹⁵ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work:	Inadequate
<i>Outcomes for children and young people engaged in learning and skills and work activities:</i>	<i>Inadequate</i>
<i>Quality of learning and skills and work activities, including the quality of teaching, training, learning and assessment:</i>	<i>Inadequate</i>
<i>Personal development and behaviour:</i>	<i>Inadequate</i>
<i>Effectiveness of leadership and management of learning and skills and work activities: Inadequate</i>	

¹⁵ Inspection of the provision of education and educational standards, as well as vocational training in YOIs for young people, is undertaken by the Office for Standards in Education Children's Services and Skills (Ofsted) working under the general direction of HM Inspectorate of Prisons. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Management of education and learning and skills

- 3.13** Leaders and managers operated a limited prison regime which curtailed the delivery of education, skills and work. Children were not always unlocked from their cells or taken to education by officers and activity spaces were underused.
- 3.14** Children were not receiving their statutory entitlement to education. The hours of education that they received had fallen sharply since the previous inspection and were now woefully low at just over eight hours a week. Leaders and managers had cancelled two-thirds of outreach education hours in the previous four weeks for operational reasons (see key concern S51).
- 3.15** Leaders and managers across the prison did not give enough priority to the value of education as a tool to improve children's future life chances. Our survey showed that only 37% of children felt encouraged by staff to attend education and work activities against the comparator of 69%. Leaders did not enforce the need for children to attend education and allowed them to choose whether they wished to attend education on certain days of the week. Decisions on regime changes had not always been reached in consultation with the head of education. Staff from other parts of the prison were allowed to interrupt and distract lessons.
- 3.16** Attendance at education, skills and work-related activities had significantly declined since the previous inspection and had now reached an unacceptably low level of just over a third of children attending activities (see key concern S51). Communications between prison and education staff did not always clarify the reasons for children not being in education or arriving late. Punctuality was frequently poor which shortened the learning day even further.
- 3.17** Leaders and managers did not have a plan to work together to improve attendance at education, skills and work and to maximise the little learning time that the children were permitted to have. The education governance board, although supportive of the leadership of the prison, did not have prompt and timely access to information on the performance of the provision to challenge leaders and managers constructively.
- 3.18** Leaders and managers had failed to improve the quality of teaching and learning since the previous inspection. They had not conducted enough teaching observations in the past eight months, but their regional managers accurately concluded that much of the teaching was still inadequate.
- 3.19** The allocation to activities board was not attended by all necessary representatives of the prison to offer a full and holistic overview of the progress that children were making. Managers did not monitor the time it took them to allocate children to activities. They estimated that children waited for at least four weeks before being allocated to vocational training, which was too long.
- 3.20** Children did not benefit from appropriate support with regard to education, training and employment (ETE) to improve their chances of positive resettlement on release. There was no pre-release course, the virtual campus¹⁶ was not operating and release on temporary licence (RoTL) had not been used in the last year for ETE purposes. Almost all children left without an ETE plan and the positive ETE outcomes for children were particularly low.

¹⁶ Giving prisoners access to community education, training and employment opportunities via the internet.

- 3.21** Leaders' and managers' evaluation of the provision was not sufficiently critical, and they had failed to identify its strengths and weaknesses clearly. They had not addressed any of the recommendations made at the previous inspection six months previously.
- 3.22** The curriculum remained varied and designed to offer children a stimulating education experience. However, there was not enough provision at level 2 to meet the progression needs of children and, in particular, of the more able ones. Too many of the vocational training workshops did not offer a qualification and only a very few children accessed learning in these areas.
- 3.23** Leaders and managers had provided an opportunity to celebrate that a significant proportion of children had studied and sat GCSE qualifications in 2019. Parents and children had enjoyed attending the event and felt proud of this accomplishment.

Recommendation

- 3.24** **Managers should monitor the time that children wait to be allocated to education and activities, ensuring that this is minimised and that they join education as soon as possible after arriving at the establishment.**

Quality of provision

- 3.25** The identification by tutors of children's starting points with regard to behaviour, attitudes and personal development was weak. Tutors set targets that were not specific enough and did not highlight what each child should achieve, nor did they review children's progress frequently enough. Teachers offered feedback on children's work, but it did not tell them how to improve.
- 3.26** Teachers and managers did not review education, health and care plans frequently enough. Most teachers did not have enough knowledge of the learning barriers that children had and how to support them. As a result, children's needs were not being appropriately met. A high number of children had specific educational needs, but teachers did not use this information adequately to inform their planning of learning (see key concern S52).
- 3.27** Tutors did not make effective use of resources such as learning support assistants, learning materials and computers to help children learn and complete their tasks to a good standard. The learning environment for both education and vocational training was poor. Classrooms were dirty and had graffiti on the walls.
- 3.28** Managers relied too much on agency staff in areas such as barbering, multi-skills and mechanics which meant that there was a lack of appropriately qualified and experienced staff to ensure that children gained a good experience in education and vocational training (see key concern S52).
- 3.29** Teachers did not demonstrate good enough communication skills with children and failed to explain why they were prevented from doing certain tasks. A few teachers, such as in catering, used technical language well to support children to learn.
- 3.30** In the very few classes where teachers managed behaviour well, children engaged with learning tasks well. Outreach, when it was permitted to take place, supported children well to return to main education lessons.

Recommendation

- 3.31** Leaders and managers should ensure that children access and benefit from adequate learning resources in learning environments that are clean, free of graffiti and fit for purpose.

Personal development and behaviour

- 3.32** Children displayed poor behaviour in lessons. They were not challenged appropriately by staff and were not made aware that their poor behaviour was unacceptable. The majority of teachers did not have the necessary skills or confidence to manage classroom behaviour, including the frequent instances when children swore (see key concern S53).
- 3.33** Individual children had learning sessions when their behaviour was unacceptable to reflect on their poor behaviour. However, this was a counterproductive strategy as most children said that they preferred learning this way.
- 3.34** Staff and managers at all levels did not act as good enough role models for children. We observed several incidents of staff and managers communicating with children inappropriately and too informally (see key concern S53).
- 3.35** Attendance at education and activity sessions was low. Lesson times were unpredictable and punctuality was poor because of the time it took to get children to sessions. Too many children were returned to their residential units early, limiting their learning time. In a few cases, teachers did not display a work-ready approach as they themselves failed to be in sessions at the expected start time. Staff allowed children to return to their residential unit when they felt they did not want to remain in the lesson. This did not help children to develop the appropriate attitude to engaging in activity and remaining productive.
- 3.36** Vocational workshops were untidy and did not reflect industry standards, for example the barbering classroom was being used as a furniture storage facility. Vocational areas such as the motor vehicle garage lacked clearly defined safe working parameters. Managers and staff did not promote good hygiene practices and children had to share safety boots with other children (see key concern S53).
- 3.37** Children in catering courses wore appropriate personal protective equipment and clearly enjoyed learning about preparing and cooking food. Children engaged positively with the teacher and answered questions willingly.
- 3.38** Feedback from children on the quality of education and activities that they undertook was facilitated well by Kinetic Youth, the prison's youth work partner, although managers had yet to respond to this to develop the provision. A few children had been set personal development and behaviour targets, but they were not always aware of these or actively working to improve them.

Education and vocational achievements

- 3.39** Leaders and managers did not gather or use data sufficiently well to evaluate children's achievements, for example they did not measure the number of children who had completed specific courses. They also did not know if different groups of children, according to age and ethnicity, achieved as well as they could. This lack of information impeded managers from correlating children's achievements to the quality of teaching and identifying areas for improvement (see key concern S54).

- 3.40** The limited data showed that children's achievement rates for the previous six months were low across the vast majority of subjects, including English and mathematics. They were particularly low in information and communication technology as the classroom computers rarely worked.
- 3.41** In our survey, only 28% of children against the comparator of 53% felt that they had learnt anything during their time in the prison which would help them when released.

Section 4. Resettlement

Children, families and contact with the outside world

Expected outcomes:

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

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

- 4.1 A strategy for children and families had been developed since the last inspection and an action plan had been drafted to monitor delivery. However, it was disappointing to find that this work had not yet started. Since our last inspection, the support available to help children keep in touch with family and friends had deteriorated and was not sufficiently good.
- 4.2 In our survey, it was concerning to find that only 28% of children said they had received support in maintaining contact with their family or friends and 27% that they had access to a telephone each day against respective comparators of 66% and 69%. We spoke to several children who expressed frustration at not being able to contact their family or friends each day (see key concern S55).
- 4.3 Family days no longer took place regularly: five out of six planned family days had been cancelled in the previous six months for operational or security reasons. Many staff were unaware of family day visits and did little to encourage children to apply. Only one child had had a family day visit in the last six months.
- 4.4 The visitors' centre outside the prison was run by Spurgeon's children's charity. It was run down and in need of refurbishment. However, staff created a welcoming atmosphere for visitors. The centre contained lockers, children's toys, a tea bar and property storage facility. Spurgeon's also informed visitors of community services. The Spurgeon's family worker provided some one-to-one support, but Storybook Dads¹⁷ was no longer available for young fathers (see key concern S55).
- 4.5 The prison visits area was adequate, but many visits started late. We spoke to visitors who had travelled long distances and the delayed start to visits had affected their return travel. Closed visits facilities were in the same area and were used by three children at the time of the inspection. We were not confident that the rationale for placing and keeping children on closed visits was appropriate (see paragraph 1.21).

¹⁷ Storybook Dads is an independent, registered charity that helps prisoners to record a story for their children to listen to at home.

Pre-release and resettlement

Expected outcomes:

Planning for a child's release or transfer starts on their arrival at the establishment. Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of a child's risk and need. Ongoing planning ensures a seamless transition into the community.

- 4.6** The reducing reoffending strategy had been updated since the previous inspection and was based on a 2018 needs analysis. A reducing reoffending action plan based on the needs analysis had been drawn up which addressed the relevant pathways. However, work to implement the action plan had yet to start.
- 4.7** Reducing reoffending meetings were held monthly and were well attended by community organisations. However, some departments working with children did not attend consistently and there was no whole establishment approach to effective resettlement.
- 4.8** The well-motivated casework team was now fully staffed. They came from a range of backgrounds and experience. They managed caseloads of about 10 children, fewer than at the previous inspection. Caseworkers knew the children well, but they lacked the necessary training and supervision from managers to be fully effective. Caseworkers had received feedback from the last inspection and some had undertaken community youth offending team (YOT) visits. They had incorporated this learning into their work and improved their practice in some areas, which was promising.
- 4.9** New receptions were allocated to caseworkers based on capacity and experience and each had a mix of remanded and sentenced children. Most contact between caseworkers and children was good, although the caseworkers' ability to ensure meaningful interactions focused on rehabilitation and resettlement was often affected by the complex unlock arrangements on residential units. Some conversations with children could only take place through cell doors (see paragraph 1.14).
- 4.10** There had been some encouraging initiatives for children eligible for release on temporary licence (ROTL). A group of children had taken part in a residential course with the Airborne Initiative, and children were able to participate in the Duke of Edinburgh Awards. Parkrun had recently been set up as an incentive for children's progression. Overall, however, ROTL remained underused for resettlement purposes. During the previous six months, it had been used by five children for a total of 61 episodes and only one child had used ROTL for an interview for employment on release. Risk assessments that we reviewed were proportionate.
- 4.11** Most early release processes were managed appropriately. Over the previous six months, 53% of eligible children had been granted early release, a similar proportion to the previous inspection. Over the same period, 11 children had been deemed eligible for home detention curfew (HDC), and five had been approved, four of whom were released within three days of their eligibility date, which was good. Two children were presumed unsuitable because of the nature of their offence. One child had waited about three months after his eligibility date before release because of a lack of accommodation on release and confusion about the completion of the HDC documents.
- 4.12** During the previous six months, 54 children had transitioned to the adult estate after their 18th birthday. Caseworkers started the process approximately six months in advance. The support afforded by adult prisons was inconsistent: good examples involved staff from adult sites meeting children or taking part in a telephone conference call before transfer. Some adult prisons were less co-operative which caused delays in the transition process, with

escalation processes not always proving effective. Those on remand did not move to adult prisons after court appearances, even if they had turned 18, which was good.

- 4.13** Follow-up data on the progress of children after release were limited. This prevented assessment of the long-term effectiveness of the work.

Recommendations

- 4.14** **More use should be made of release on temporary licence for resettlement purposes.** (Repeated recommendation 4.15)
- 4.15** **Caseworkers should be appropriately trained and supervised to assess needs and risk of harm, and to formulate plans which reflect both the custodial and community elements of the sentence.**

Training planning and remand management

Expected outcomes:

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

- 4.16** In our survey, just over half the children knew that they had a training or remand plan, three-quarters of whom understood what they had to do to achieve their targets. It was very concerning that only 18% of children against the comparator of 54% said that staff were supporting them to achieve their targets. This was confirmed by our finding that not all staff were sufficiently involved in helping children progress with their targets (see key concern S56).
- 4.17** Most planning meetings were timely and YOT staff were present at all meetings. However, meetings were often unstructured and focused on behaviour in custody rather than resettlement and the risk the child may pose in the community. This was confusing for the children. There was poor attendance by other departments at sentence planning meetings, and case workers spent time chasing for information to include in sentence planning reports. The reports did not focus on resettlement planning.
- 4.18** The plans that we looked at varied. Some focused on resettlement and were specific to the child, which was good. Others had excessive targets, some of which were again linked to behaviour in custody with an unfocused approach to interventions. Licence conditions were discussed far too late for children to process and understand the requirements. Targets were not written in age-appropriate language and it was not always obvious that the children had been consulted about their plans (see key concern S56).
- 4.19** There were some notable exceptions to this. We saw good examples of caseworkers having thoughtful, resettlement-focused discussions with children at the earliest opportunity and there was evidence of consistent, comprehensive and reasonably timely records on the Youth Justice Application Framework. However, caseworkers at Feltham and community YOT workers generally did not challenge each other sufficiently to deliver adequate outcomes for children leaving custody. Escalation processes were sometimes ineffective in ensuring adequate planning before release.

- 4.20** In the cases that we reviewed, there was limited input from health care in the plans and on only two occasions had information been provided by the personal officer. The child, case worker and YOT worker attended all meetings, but parents or carers were only present at 40% of meetings.

Public protection

- 4.21** Initial screening took place on arrival and mail and telephone monitoring was put in place where necessary. Three children were subject to monitoring at the time of the inspection. The need for monitoring to continue was routinely reviewed at the monthly interdepartmental risk management meeting (IDRMT). Mail monitoring and child contact restriction processes were proportionate. The team also reviewed children with indeterminate sentences and those requiring transition to adult prisons.
- 4.22** The IDRMT also reviewed children who were MAPPA eligible (multi-agency public protection arrangements) of whom there were 55 at the time of the inspection. An adequate tracking and escalation process was in place to ensure that MAPPA management levels were set before release.

Indeterminate and long-sentenced children

- 4.23** At the time of our inspection, four children were serving life sentences for murder and 15 children were on remand for murder or attempted murder. Support for children who were remanded or serving indeterminate sentences remained the same as the last inspection. Caseworkers gave some individual support to these children to help them understand the prospect of long sentences in custody. Some community organisations such as Road Light and Kinetic Youth had recently started to organise forums and one-to-one support. Children whom we spoke to were frustrated at the lack of peer support to help them understand their future in custody. Overall, formal staff and peer support was underdeveloped in this area.
- 4.24** Children with long or indeterminate sentences had the same routine sentence plan reviews and access to education and interventions as other children. Additional processes such as multi-agency lifer risk assessment panels and annual life sentence reviews took place as required. The psychology team carried out in-depth assessments to inform long-term sentence planning.

Recommendation

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

Looked-after children

- 4.26** At the time of our inspection, 82% of remanded or sentenced children had involvement with children's social care. Eight children were on a full care order. Processes to identify them on arrival remained well established. The social work team had expanded since the previous inspection, and there were now three full-time social workers. Each child received a social care assessment on arrival to identify their risks and needs in custody and to ensure appropriate sharing of information with local authorities. Social workers advocated for

children to ensure they received their entitlements. Looked-after reviews were held in conjunction with training or remand planning reviews where possible. The timely provision of release accommodation for children who were looked after remained a significant issue.

Reintegration planning

Expected outcomes:

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

- 4.27** In our survey, only 18% of children said they were getting help to prepare for their release against the comparator of 42%.
- 4.28** Children did not always have a confirmed address at their final review meeting. This inhibited meaningful planning and reintegration into the community on release. Escalation processes were in place and staff had been trained by the Howard League for Penal Reform to help them address the problem for each child. Despite this, it was concerning that in seven out of the 10 cases that we reviewed, accommodation had been identified as a concern at the start of the sentence, but this had not been addressed or resolved at the time of the inspection when children were preparing for release.
- 4.29** At the time of our inspection, two children who were looked after by the local authority and due for imminent release did not have confirmed addresses. Education and health planning in the community was consequently not in place for these children.
- 4.30** It was equally concerning that none of the 10 children whom we reviewed had any firm education plans in place for their release.

Interventions

Expected outcomes:

Children can access interventions designed to promote successful rehabilitation.

- 4.31** Children had access to the accredited interventions approved by HMPPS for use in the youth custody estate. In the previous six months, only 20 children had successfully completed an intervention.
- 4.32** The extensive keep-apart list prevented the effective delivery of interventions and offending behaviour programmes. Combined with vacancies in the programmes team, this limited the number of programmes that could be run. We found one case of a child waiting 20 months to complete an intervention by which time he had transitioned to the adult estate. During the previous six months, 167 children who had been assessed as requiring an intervention had been released and, at the time of our inspection, there was an excessive waiting list of about 90 children. Cumulatively, most children with identified needs were either released or transitioned to other establishments without completing the required offending behaviour work (see key concern S57).
- 4.33** At the time of our inspection, four children were on remand or sentenced for offences involving sexually harmful behaviour. A harmful sexual behaviour service, provided by health care, delivered assessment and interventions. Children held for these offences and deemed to be high risk could also access one-to-one therapy.

- 4.34** There was evidence of targeted one-to-one work by the psychology department for children with more complex needs. This included a counselling service, intervention from forensic psychologists and the recent addition of a family therapist. At the time of our inspection, eight family therapy sessions had been delivered and there were plans to extend this.
- 4.35** Staff awareness sessions on the content of interventions were available, but most staff on residential units did little to reinforce children's learning and progress which was a missed opportunity. However, we saw evidence of caseworkers discussing interventions with children.

Recommendation

- 4.36 All children assessed as requiring a programme relating to sexually harmful behaviour should undertake the most suitable interventions to meet their needs.**

Health, social care and substance misuse

- 4.37** Primary care nurses identified children due for release (18 a month since April 2019) and saw each individually to prepare through care. This included take-home medication as necessary and a letter for the GP. Mental health and substance misuse teams engaged with community agencies to ensure continuity of support and followed children up after release to encourage them to make use of community services, which was good.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Key concerns and recommendations		Directed to:
S44	<p>Concern: Oversight of key areas that affected the safety of children was not robust enough. Too much use of force paperwork had not been completed. Debriefs with children who had been restrained and quality assurance of use of force had not been completed quickly enough to ensure that concerns were identified and safeguards put in place promptly. Weaknesses in the collection of self-harm data affected the establishment's ability to understand and address the increase in self-harm levels. Levels of violence had risen, particularly against staff, and there was little understanding of the causes and limited plans to reduce it. Attendance at safeguarding meetings had been inconsistent which affected the development of a coordinated approach to managing the safety of children and staff. Until recently HMPPS had not provided enough support to help Feltham A manage these issues.</p> <p>Recommendation: Comprehensive safeguarding arrangements should be put in place and managed robustly to ensure children are kept safe.</p>	The governor
S45	<p>Concern: The prison did not have a grip on behaviour management and did not give adequate priority at the weekly behaviour management meetings to identifying key issues and coordinating work to reduce the escalating violence. The incentives and earned privileges scheme was ineffective and poorly administered, Rule 49 was used too much and for too long and special accommodation was relied on inappropriately as a behaviour management tool.</p> <p>Recommendation: The governor should implement an effective behaviour management strategy to reduce the incidence of poor behaviour and violence.</p>	The governor
S46	<p>Concern: The oversight of segregation and separation was poor. Documentation did not clarify the reasons for separation and authorisation for continued separation was overdue in many cases. Children subject to separation received an inadequate regime.</p> <p>Recommendation: Managers should ensure that all children subject to separation receive a decent regime including meaningful human interaction and their education entitlement.</p>	The governor

S47	<p>Concern: Some aspects of security were not proportionate and hampered children’s access to a full and purposeful regime. Keep-apart protocols were informed by security information but were often unnecessarily restrictive and controlling and did not address the causes of children being unsafe. Children with restricted status were strip-searched and handcuffed routinely with no individual risk assessment. Closed visits were managed inconsistently and were sometimes applied punitively for incidents or intelligence that were not related to visits. Significant amounts of intelligence on drugs were processed, but suspicion drug tests were rarely conducted.</p> <p>Recommendation: The approach to security should be reviewed to ensure that security measures and restrictions are proportionate for children and based on individual risk assessments.</p>	The governor
S48	<p>Concern: The relationships between staff and children were poor across the establishment and they did not trust each other. Staff had been heard speaking inappropriately to children. The role of many prison officers was limited to administering keep-apart protocols and single unlock arrangements. Staff lacked the time and had limited opportunity to develop meaningful relationships with children in their care.</p> <p>Recommendation: Leaders and managers should be visible and support frontline staff to develop respectful, caring and effective relationships with the children in their care.</p>	The governor
S49	<p>Concern: Equality data were not examined thoroughly and potentially disproportionate treatment of black and minority ethnic children was not identified at the equality action team meetings. The equality action plan covered both Feltham sites which made it difficult for managers to determine the effectiveness of outcomes for children.</p> <p>Recommendation: Data should be provided each month which enable managers to identify any disproportionality in treatment or access to the regime and to take action.</p>	The governor
S50	<p>Concern: Regime restrictions and curtailments affected children’s access to health and substance misuse services, leading to unsatisfactory practices and unnecessary risks. The continuing practice of telephoning residential units for information before calling an ambulance following an emergency code potentially extended the time of arrival of an ambulance. Children’s health care appointments were missed or seriously delayed and they did not receive essential medications at the times prescribed. The administration of medicines from the medical room in reception made access easier but was unsafe. Inefficient prison practices led to underuse of the GP, dentist and other health care workers and the waste of NHS resources was unacceptable.</p> <p>Recommendation: The prison partnership board should ensure that patients access health and substance misuse services at the required times and receive their medicines in a safe manner at</p>	The governor

	the prescribed times. These arrangements should be monitored to ensure that the health of patients is not compromised.	
S51	<p>Concern: Leaders and managers did not prioritise the importance of education in children's lives to maximise the learning time that they received. Attendance was low and children only had very few hours of education against their entitlement.</p> <p>Recommendation: The extension of the regime should be prioritised to allow children to attend education and activities and realise their entitlement to a full education timetable. Education should receive the necessary priority from across the prison and children should be well prepared for a positive education, training and employment outcome.</p>	The governor
S52	<p>Concern: The quality of teaching, learning and assessment had deteriorated and many areas were staffed by agency staff who were not appropriately qualified. Teachers were not equipped to plan for and meet the additional learning needs of children.</p> <p>Recommendation: Prison leaders and managers should improve the quality of teaching, training and assessment through rigorous training and monitoring, ensuring that all teachers are equipped to support all children effectively, including those with additional learning needs.</p>	The governor
S53	<p>Concern: Some managers and staff did not act as role models of appropriate behaviour and did not speak to children appropriately. Teaching staff did not help children to improve their behaviour and allowed them to abandon education at will. The standards in vocational areas did not contribute to the promotion of the development of work skills.</p> <p>Recommendation: Leaders and managers should ensure that all staff behave as good role models for children, that teachers help children to improve their behaviour, and that vocational areas are developed so that they are used well and the development of essential work-related skills is promoted.</p>	The governor
S54	<p>Concern: Leaders and managers were not gathering appropriate information to enable them to evaluate rigorously children's achievements to inform their decisions and effect improvement.</p> <p>Recommendation: Leaders and managers should gather appropriate data on children's achievements so that they can rigorously evaluate the provision and focus on improving outcomes for children in under-performing areas.</p>	The governor

S55	<p>Concern: Most children at Feltham said that they were not well supported in establishing and maintaining contact with their families. Most family day visits had been cancelled. Many staff were unaware of family days and did little to encourage children to apply. Children did not have daily access to a telephone to contact family and friends. Processes to identify children who were fathers were inadequate and there was a lack of formal support for them.</p> <p>Recommendation: The regime and the staff should encourage and support children to establish and maintain contact with their family and friends.</p>	The governor
S56	<p>Concern: Meetings with children in the initial stages of their sentence focused on behaviour rather than resettlement needs. Targets similarly focused on behaviour management and were not written in child-friendly language. The number of targets was sometimes excessive. Not all staff were sufficiently involved in helping children to progress against their targets.</p> <p>Recommendation: Resettlement meetings and plans should prioritise resettlement needs which children understand to ensure a smooth transition into the community.</p>	The governor
S57	<p>Concern: The extensive keep-apart list prevented the effective delivery of interventions and offending behaviour programmes. Many children waited for excessive periods to complete an intervention, and some were released with no opportunity to address their offending behaviour needs. There was a random approach to assessment when selecting the most appropriate intervention to meet the child's needs.</p> <p>Recommendation: Staff should ensure that children are able to access the appropriate interventions before release.</p>	The governor
General recommendations		Directed to:
1.15	The regime for children being managed on ACCT documents should meet their needs for activity, support and interaction with others.	The governor
2.12	Accommodation should be suitable for children. It should be clean, free of graffiti and well furnished.	The governor
2.13	Children should be able to use showers and telephones every day.	The governor
2.20	Children should be able to eat their meals together.	The governor
2.48	Consultation arrangements for children with protected characteristics should be formalised and consistent so that children can express their distinctive views and their specific concerns can be addressed.	The governor
2.65	The inpatient unit should only be used for health and therapeutic purposes. Children should not be located on the inpatient unit to address operational issues.	The governor
3.10	Children should spend at least 10 hours out of their cells each day.	The governor
3.11	Access to the gym should be improved to ensure that all children have access to two sessions of gym a week.	The governor

3.24	Managers should monitor the time that children wait to be allocated to education and activities, ensuring that this is minimised and that they join education as soon as possible after arriving at the establishment.	The governor
3.31	Leaders and managers should ensure that children access and benefit from adequate learning resources in learning environments that are clean, free of graffiti and fit for purpose.	The governor
4.14	More use should be made of release on temporary licence for resettlement purposes.	The governor
4.15	Caseworkers should be appropriately trained and supervised to assess needs and risk of harm, and to formulate plans which reflect both the custodial and community elements of the sentence.	The governor
4.25	Children who are remanded or sentenced and facing a long period in custody should have access to formal staff and peer support to help them progress through their sentence.	The governor
4.36	All children assessed as requiring a programme relating to sexually harmful behaviour should undertake the most suitable interventions to meet their needs.	The governor

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Angus Mulready-Jones	Team leader
David Foot	Inspector
Angela Johnson	Inspector
Esra Sari	Inspector
Rebecca Stanbury	Inspector
Rachel Duncan	Researcher
Becky Duffield	Researcher
Amilcar Johnson	Researcher
Claudia Vince	Researcher
Paul Tarbuck	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Nicola Carlisle	Pharmacist
Mark Freeman	HMI Probation inspector
Tracy Green	HMI Probation inspector
Phil Sutcliffe	HMI Probation inspector
Dayni Johnson	Care Quality Commission inspector
Maria Navarro	Ofsted inspector
Tracy Zimmerman	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

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

At the last inspection in January 2019, support for children during their first days in custody was adequate. Child protection procedures were robust. Self-harm had increased significantly and care for children in crisis was inconsistent. The incentives scheme had lost focus on motivating positive behaviour. Levels of violence had increased since the last inspection and were high. Measures to reduce violence were not yet effective and anti-bullying measures were inadequate. Security procedures to keep children apart affected the delivery of key work. Use of force had risen significantly and not all serious cases were subject to scrutiny. Children were no longer segregated in an inappropriate unit with young adults. Outcomes for children and young people were not sufficiently good against this healthy prison test.

Main recommendations

All aspects of the behaviour management strategy should be reviewed regularly and managed more robustly to ensure that the strategy is delivered and effective in ensuring measurable improvements in good behaviour amongst children. (S41)

Not achieved

A robust action plan setting out clear objectives to reduce violence should be delivered. Support for the victims of bullying should be strengthened and perpetrators should be challenged and helped to address their violent behaviour. (S42)

Not achieved

Recommendations

Children should be transported from court to the establishment as soon as possible after their hearing ends to enable them to settle on their first night. (I.6)

Not achieved

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

Not achieved

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

Not achieved

Keep-apart protocols should be overseen by a senior manager to ensure there is a focus on mediation to increase time out of cell and participation in purposeful activity. Reviews should be timely. (1.25)

Not achieved

A child should have access to advocacy support following authorisation of a strip-search. (1.26)

Not achieved

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

Not achieved

Pain-inducing techniques should not be used on children. (1.53)

Not achieved

Governance of use of force should be improved to ensure that all incidents are recorded, written statements are completed by staff and all incidents are reviewed by MMPR coordinators. (1.54)

Not achieved

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

Not achieved

Care

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

At the last inspection in January 2019, relationships between staff and children were not as strong as at the previous inspection. Living conditions had deteriorated. Communal showers were in poor condition and access was inadequate. Consultation arrangements were reasonably good. The quality and quantity of food was adequate. Applications and complaints systems were administered reasonably well but more analysis and monitoring were needed to increase confidence in the systems. There was a structure in place with the potential to support delivery of effective equality management. Meetings were regular, with active involvement from children and several independent organisations. Health services met most of the needs of the young population. Outcomes for children and young people were not sufficiently good against this healthy prison test.

Main recommendations

The role of the prison officer should be developed to ensure that staff understand their responsibility to form respectful, caring and effective relationships with the children in their care. (S43)

Not achieved

Accommodation should be decent, clean and adequately equipped. It should be suitable for children. (S44)

Not achieved

Recommendations

All cells, showers and communal areas on residential units should be clean and well maintained. (2.13)

Not achieved

Children should be able and encouraged to take a shower every day. (2.14)

Not achieved

Children should be able to make a telephone call every day. (2.15)

Not achieved

The food portions available to children at breakfast should be increased. (2.21)

Not achieved

Advice to children on nutritionally balanced diets should be available, and regularly repeated. (2.22)

Not achieved

Serveries should be supervised and contemporary standards of health and safety should be enforced. (2.23)

Not achieved

Feedback from consultation groups should be addressed by a senior member of staff at a suitable forum, separate to the equality action team. (2.29)

Not achieved

Tracking processes should be introduced to determine the progress of applications. (2.30)

Not achieved

A procedure for systematic analysis of complaints should be introduced so that patterns and trends can be identified and, where necessary, lessons learned. (2.31)

Achieved

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

Not achieved

Clinical governance processes should involve the routine collection and analysis of relevant clinical performance data to hold practitioners to account and to drive service improvement. This should include environmental checks such as cleanliness and lighting arrangements. (2.60)

Achieved

Control room staff should phone an ambulance as soon as an emergency code is activated and then stand it down if the nurse confirms it is safe to do so. (2.61)

Not achieved

Patients should be able to complain about health services through a well-advertised, quality assured, independent health complaints system. (2.62)

Achieved

Reasons for failing to attend medical appointments should be analysed and addressed by senior managers to reduce the costs of wasted public resource. (2.69)

Achieved

The inpatient unit should only be used for health and therapeutic purposes. Children should not be located on the inpatient unit to address operational issues. (2.70)

Not achieved (Recommendation repeated, 2.65)

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

Achieved

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

Achieved

All children should receive their prescribed medicines consistently and at clinically appropriate times. (2.91)

Not achieved

Medicines administration should be well co-ordinated with therapeutic and safe outcomes for patients, including appropriate administration of all controlled drugs. (2.92)

Not achieved

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

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 January 2019, one in four children were locked up and not involved in purposeful activity which was worse than at the previous inspection. The library and gym facilities were good, but access was too limited. There had been improvements to the learning and skills curriculum and better performance management of teachers. Attendance and punctuality were poor. Most children valued education and behaved well in class. Children developed their English and mathematics skills well. Regime restrictions severely affected the delivery of outreach work on units. Qualification outcomes for children were not consistently good. Outcomes for children and young people were not sufficiently good against this healthy prison test.

Main recommendation

Prison managers should do more to understand children's propensity to fight and actively seek alternatives to the extensive use of keep-apart protocols. (S45)

Not achieved

Recommendations

All children should have enough time to make a telephone call and have a shower. (3.14, repeated recommendation, 3.4)

Not achieved

All children should spend at least an hour outside every day. (3.15, repeated recommendation, 3.4)

Not achieved

Prison managers should ensure that risk assessments are conducted promptly to facilitate allocation to activity in a timely manner. (3.28)

Not achieved

Leaders and managers should ensure that children's attendance at education is consistently high. (3.29)

Not achieved

Leaders and managers should ensure that children move quickly from accommodation units to education to improve punctuality at sessions and increase the time children spend in learning. (3.30)

Not achieved

Leaders and managers should ensure that unit staff fully understand and prioritise scheduled outreach education sessions. (3.31)

Not achieved

Leaders and managers should ensure that the virtual campus is fully functional and routinely available to children for job search and to support their learning. (3.32)

Not achieved

Teachers should set learning targets jointly with children and record their progress consistently so that all children, including those with special educational needs, know how much progress they have made. (3.42)

Not achieved

Leaders and managers should provide further training and development to teaching staff so that lessons and tutorials are consistently effective and better managed. (3.43)

Not achieved

Leaders and managers should ensure that children have access to good quality computer resources so that they can develop their skills in independent research and the use of digital technologies. (3.48)

Not achieved

Leaders and managers should ensure that teachers receive support and training to help them manage the few incidents of poor behaviour during classroom sessions. (3.49)

Not achieved

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

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 January 2019, children and families work was well developed. A recent needs analysis gave more focus to resettlement work and some provision had developed since the last inspection. Children had regular contact with their caseworker, but regime restrictions often prevented the delivery of quality casework. Sentence plan objectives were not focused on reducing risk in the community on release. Public protection processes were sound. Looked-after children were provided with good support. There was some proactive work to ensure continuity of support in the community, but late confirmation of release addresses hampered meaningful reintegration planning for many children. Outcomes for children and young people were reasonably good against this healthy prison test.

Main recommendation

Comprehensive assessments of risk of harm should be used to inform sentence plan targets that address risk and reduce the likelihood of future offending. (S46)

Not achieved

Recommendations

There should be a multidisciplinary approach to the delivery of an action plan focused on reducing reoffending. (4.13)

Not achieved

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

Not achieved

More use should be made of release on temporary licence for resettlement purposes. (4.15)

Not achieved (Recommendation repeated, 4.14)

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

Not achieved

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

Not achieved

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

Not achieved

Support for children with finance, benefit and debt needs, including gambling, should be reintroduced. (4.35)

Not achieved

Sufficient interventions should be delivered to ensure that all children who need them are able to complete interventions as a component of reducing their risk and likelihood of reoffending. (4.36)

Not achieved

All children with offences related to sexually harmful behaviour should have access to suitable interventions. (4.37)

Not achieved

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

Not achieved

Appendix III: Urgent Notification letter



HM INSPECTORATE OF PRISONS
 3rd Floor
 10 South Colonnade
 Canary Wharf
 London E14 4PU

Tel: 020 3334 0353

E-mail: barbara.buchanan@hmiprisons.gov.uk

HM Chief Inspector of Prisons
PETER CLARKE CVO OBE QPM

Date: 22 July 2019

The Rt Hon David Gauke MP
 Justice Secretary
 Ministry of Justice
 9th floor
 102 Petty France
 London SW1H 9AJ

Dear Secretary of State

Urgent Notification: HMYOI Feltham A

Summary

In accordance with the Protocol between HM Chief Inspector of Prisons and the Ministry of Justice (MoJ), I am writing to you to invoke the Urgent Notification (UN) process in respect of HMYOI Feltham A.

An announced inspection of HMP/YOI Feltham took place between 4 July and 19 July 2019. I decided to return to Feltham so soon after the last inspection of the young offender institution, in January 2019, in response to deeply concerning information received by HM Inspectorate of Prisons from a number of sources. Our inspection last week identified a dramatic decline across many aspects of the YOI's performance, and numerous significant concerns about the treatment and conditions of children being held in the establishment. My decision to invoke the UN process relates solely to the young offender institution (Feltham A) and not to the prison holding young adults (Feltham B).

As required by the Protocol, in this letter I set out the key evidence underpinning my decision to invoke the UN process and the rationale for why I believe it is necessary. In addition, I attach a summary note which details all the main judgements from the inspection. The summary note is drawn from a similar document provided to the Governor at the end of the inspection last week. The Governor, the Executive Director of the Youth Custody Service and officials of the MoJ have been informed of my intention to invoke the UN process. I shall, as usual, publish a full inspection report in due course.

What the UN process requires of HM Chief Inspector of Prisons

A decision to invoke the UN process is determined by my judgement, informed by relevant factors during the inspection that, as set out in the Protocol between HM Chief Inspector and the MoJ, may include:

- poor healthy prison test assessments (HMI Prisons' inspection methodology is outlined in the HMI Prisons Inspection Framework);
- the pattern of the healthy prison test judgements;
- repeated poor assessments;
- the type of prison and the risks presented;
- the vulnerability of those detained;
- the failure to achieve recommendations;
- the Inspectorate's confidence in the prison's capacity for change and improvement.

The Protocol sets out that this letter will be placed in the public domain, and that the Secretary of State commits to respond publicly to the concerns raised within 28 calendar days. The response will explain how outcomes for prisoners in the institution will be improved in both the immediate and longer term.

Inspections of HMYOI Feltham A since 2014

Young offender institutions are inspected more frequently than adult prisons because of the risks and vulnerabilities associated with the detention of children. We have inspected HMYOI Feltham A six times since August 2014.

Healthy prison assessments since 2014 ¹⁸				
	Safety	Care	Purposeful activity	Resettlement
August 2014	2	3	2	3
July 2015	2	4	2	3
January 2017	1	3	1	3
January 2018	3	3	2	3
January 2019	2	2	2	3
July 2019	1	1	1	2

Feltham A has for many years been recognised as a challenging and complicated establishment. The variety of scores awarded by HMI Prisons over the years is perhaps a reflection of this. However, in the context of this Urgent Notification, I would like to draw your attention in particular to inspection findings since January 2017.

In January 2017, we found that Safety and Purposeful Activity had declined to our lowest grading of poor – a clearly unacceptable finding in an institution holding children. In the introduction to the report of that inspection, I wrote:

¹⁸ Under each healthy prison test, we make an assessment of outcomes for children and therefore of the establishment's overall performance against the test. There are four possible judgements: outcomes for children are good against this healthy prison test (4), outcomes for children are reasonably good against this healthy prison test (3), outcomes for children are not sufficiently good against this healthy prison test (2) and outcomes for children are poor against this healthy prison test (1). For further information on our healthy prison tests and judgements, please see our Inspection Framework at <https://www.justiceinspectorates.gov.uk/hmiprison/aboutour-inspections/>.

“I understand very well that staff should be able to work in a safe environment, and not be in constant fear of being assaulted. The current approach is failing to deliver that reasonable expectation and, from the evidence available to us, is actually making it worse. The focus on keeping people apart rather than trying to change their behaviour has not worked. Feltham A is, quite simply, not safe for either staff or boys.”

When we next inspected in January 2018 there had been a marked improvement. For the first time since 2011, we were able to report that safety was of an acceptable standard, and had improved by two grades in our scores. However, I also warned that:

“... the progress could easily prove to be fragile if investment falls away or leadership loses its focus.”

Sadly, when we next inspected in January 2019, we found there had been a marked decline in standards:

“In light of the clear warning in our last report, it was disappointing to be told that since our last visit, there had been an interregnum when Feltham had been left without a governor for a period of five months. A new governor was now in post and beginning to stabilise the establishment, but it was evident to us that there had been a degree of drift resulting in deteriorating outcomes, notably in safety and care.”

By the time of that inspection, a new governor had been in post for some three months, and we hoped that the prison could now stabilise and improve after the decision to leave it without a governor for so long in 2018. However, in the months since our January 2019 inspection, I received information from a number of sources which suggested that Feltham A was struggling to deliver safe or decent conditions for the children being held there. I therefore decided that we should not wait until the next scheduled inspection in December 2019, but should make an announced full inspection as soon as practicable.

The findings of this announced inspection were such that I believe it essential to bring them directly to your attention through the UN process. We found that in the six months since the last inspection there had been what can only be described as a collapse in performance and outcomes for the children being held in Feltham A. There had been a decline in each of our tests, and in three of them our grades were now at the lowest possible level. The speed of this decline has been extraordinary, and is particularly disturbing when one takes into account the overall scale of deterioration in the 18 months since the January 2018 inspection. I believe that such a severe fall in standards is especially concerning given the young age of those being held at Feltham A.

What this decline means for the treatment and conditions of children detained

My concerns are set out in broad terms in the attached debrief summary document, but the key findings are as follows:

Safety

- The scale of the problems in safety had overwhelmed the systems designed to safeguard children. In our survey, 40% of children said they had felt unsafe at some point during their stay at Feltham A. Nearly half of the children reported victimisation by their peers. Around two-thirds of children said they had been victimised by staff, with more children reporting verbal abuse or physical assault by staff than at similar establishments. The number of violent incidents had risen by 45% since our previous inspection just six months ago.

During this period, the number of children held at Feltham A had also reduced – meaning the increase in the rate of violence was actually even higher.

- Violence against staff had continued to rise dramatically. The number of assaults against staff, some of which were very serious, had risen by around 150% since January.
- The levels of violence between children was higher than at similar establishments.
- The YOI's systems and policies to manage behaviour were implemented neither on residential units nor in education. We saw members of staff failing to manage persistent poor behaviour, and as a result the number of adjudications dealt with by managers had risen sharply.
- Levels of self-harm had tripled since the previous inspection. Levels of self-harm were now 14 times higher than they were in January 2017.

Inspection date	Number of self-harm incidents in the previous six months	Rate of increase since the previous inspection
January 2017	17	N/A
January 2018	34	100%
January 2019	76	124%
July 2019	242	218%

- We assessed that a key cause of this increase was frustration with the poor and unpredictable regime. Many children spent long periods of time locked in their cells with little to occupy them. Our health care inspectors judged that this had a negative impact on their well-being. Efforts by managers to understand and address the increase in self-harm were undermined by inaccurate data.
- Despite the increase in self-harm, only 25% of children told us that their emergency cell bell was normally answered within five minutes. Inspectors also found a member of night staff working during the inspection without keys and, contrary to national HMPPS policy, the establishment did not immediately call an ambulance in response to emergency codes.
- Use of force had risen to very high levels. Seventy-four per cent of children reported they had been physically restrained at Feltham A. There had been over 700 incidents in the last six months. Governance of this area was overwhelmed: nearly 300 incidents had not been reviewed by specialist staff and over 900 use of force reports were outstanding at the time of the inspection. These failings had led to significant delays in the initiation of child protection investigations, and it was not possible for managers to be sure that force was always used legitimately.
- Managers had separated more than 80 children to maintain good order and discipline over the previous six months. For much of this period the separation of children pending adjudication was not recorded, meaning the total number of separated children was actually higher. The longest period of separation was 89 days. In most cases these children spent more than 22 hours in their cell without any meaningful interaction with staff or peers. Key management safeguards, including daily welfare checks by nurses and managers, were often late or did not happen.

Care

- Relationships between staff and children had deteriorated and were poor. In our survey, fewer than one in five children felt cared for by staff, less than half felt most staff treated them with respect, and only 45% reported there was a member of staff they could turn to for help.
- The environment was such that it was difficult to build the effective relationships needed to manage poor behaviour, violence and self-harm. Frontline staff were working in an extremely challenging environment and were frequently victims of antisocial behaviour and violence. Children were also often the victims of violence. The regime was so poor that it could not guarantee them access to basic entitlements such as showers and phone calls. We saw some staff acting inappropriately, including swearing at or in front of children.
- Records showed that, on average, children were out of their cells for just 4.2 hours on weekdays in June. This was an average, so some were out for longer, and some, therefore, for less time. In our survey, a third of children said they were out of their cells for fewer than two hours during the week. At the weekend this figure rose to nearly three-quarters.
- The poor regime and delays in moving children around the establishment disrupted life at Feltham A. Resources were being wasted as health care staff, education facilities and resettlement intervention services stood idle waiting for children to arrive. These had all been contracted and paid for.
- For instance, health care services were undermined by the fact that children did not attend or were late for more than half of GP and dentist appointments. Several children did not receive medication at the right time. We found examples of antibiotics or medication for epilepsy administered up to six hours late. Inspectors saw two health care professionals waiting to administer medicines, but only two out of the scheduled 15 patients attended in a period of an hour-and-a-half.

Purposeful activity

- Children are entitled to receive 27 hours of education and three hours of physical education (PE) each week. At Feltham A the amount actually received by children had gone down each month since January 2019, and by June had slumped to just eight hours and 18 minutes. During the same period, attendance had fallen from 64% to 37% – an unacceptably low level. There was no plan in place to improve this.
- Outreach education delivered to small groups of children on the wings was also wasted. In the last four weeks, education managers had planned 796.5 hours of outreach education but only 250 hours were actually delivered. The remaining 546.5 hours were cancelled by prison managers for ‘operational reasons’.
- Language used by some managers, teachers and officers was inappropriate, disrespectful or too informal. Children also demonstrated poor behaviour and they were not being helped to understand that their behaviour was unacceptable. In the vast majority of sessions, inappropriate behaviour such as swearing and derogatory language was not challenged by teachers. Behaviour was poorly managed to such an extent that a teacher left the site halfway through a lesson without telling either the children or colleagues what he was doing.
- As a result of the multiple failings, outcomes had declined in most subjects and Ofsted judged the education provision to be ‘inadequate’ in all areas.

Resettlement

- The poor regime impeded work to resettle children back into the community. Caseworkers and other professionals were often unable to gain access to children and had to communicate through a locked door.
- Many children were being released from Feltham A without stable accommodation, without education, training or employment being in place, and without support from family or friends. The establishment's own data showed that in the past six months only one child had been released to and subsequently attended an education, training or employment placement on release.
- Family visits were regularly cancelled. Only one of the monthly family days had actually gone ahead since January, and this was attended by only one child. Fewer children than at other YOIs told us they had been helped to maintain contact with family or friends, and only just over a quarter reported being able to make a phone call each day.

Conclusion

I do not for one moment underestimate the challenges facing the leaders and staff at HMYOI Feltham A. During recent months they have often faced violence, some of it very serious. The atmosphere feels tense, and I could sense that many staff were anxious. Some were clearly frustrated about the situation in which they found themselves. They wanted to do their best for the children in their care, but were prevented from doing so because of the reasons I set out in this letter. Meanwhile, the fabric of the buildings is deteriorating, and significant investment will be required to bring them back to an acceptable condition.

As HM Inspectorate of Prisons has reported in the past, the overriding issue behind the extraordinary decline in performance over the past 18 months is the approach to dealing with violence and managing the behaviour of children. Of course, there is a need to keep children safe from each other, and for staff themselves to be safe in their workplace. However, the response at Feltham A, for many years, has been to focus too heavily on containing the problems rather than addressing them. As a result, 'keep apart' policies – developed so that children from rival gangs, or who for other reasons are likely to be violent to each other, are kept separate – have come to dominate. This has led to a collapse of any reasonable regime, prevented many children from getting to education or training, delayed their access to health care, isolated them from meaningful human interaction and frustrated them to the point where violence and self-harm have become the means to express themselves or gain attention. There clearly needs to be a new approach which looks fundamentally to change behaviour and goes beyond merely trying to contain violence through ever more restrictive security and separation. This has been needed at Feltham A for many years, has been encouraged by HM Inspectorate of Prisons and others, but has never been successfully implemented.

I have decided to invoke the UN process because the treatment and conditions currently experienced by the children held in Feltham A are, I believe, totally unacceptable. There has been an accelerating decline in the past 18 months, the speed and scale of which has overwhelmed the processes and procedures intended to allow children to serve their sentences constructively, safely and in such a way as to re-join their communities less likely to reoffend.

I believe that the leadership and staff at Feltham A do want to change and to improve conditions for the children in their care. I was invited to moderate my response to what

inspectors found at Feltham A on the basis of some very recent improvements, which had apparently taken place since this latest inspection was announced a few weeks ago. I could not do so: the pattern and level of our healthy prison test judgements, together with the vulnerability of those detained, demand decisive action. The Urgent Notification process was developed precisely for this kind of situation, where the personal authority of the Secretary of State can be brought to bear and strategic intervention can be provided to support a failing establishment. The problems at Feltham A are deep-seated, and to recover from the current appalling situation I believe that significant and enduring support from HMPPS and the Youth Custody Service will be needed.

Yours sincerely

A handwritten signature in black ink that reads "Peter Clarke". The signature is written in a cursive style with a horizontal line underneath the name.

PETER CLARKE

Appendix IV: Photographs



Special accommodation cell



Showers on J unit



The front of HMYOI Feltham A

Appendix V: Establishment population profile

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

Population breakdown by:

Status	Number of young people	%
Sentenced	67	62
Recall	2	1.9
Convicted unsentenced	0	0
Remand	24	22.2
Detainees	0	0
Total	108	100

Age	Number of young people	%
15 years	4	3.7
16 years	28	25.9
17 years	66	61.1
18 years	10	9.3
Other	0	0
Total	108	100

Nationality	Number of young people	%
British	99	91.7
Foreign nationals	9	8.3
Total	108	100

Ethnicity	Number of young people	%
White		
British	25	83.33
Irish	2	6.67
Gypsy/Irish Traveller	0	0
Other white	3	10
Mixed		
White and black Caribbean	5	35.71
White and black African	4	28.57
White and Asian	1	7.14
Other mixed	4	28.57
Asian or Asian British		
Indian	1	9.09
Pakistani	4	36.36
Bangladeshi	0	0
Chinese	0	0
Other Asian	6	54.55
Black or black British		
Caribbean	24	47.06
African	12	23.53
Other black	15	29.41
Other ethnic group		
Other ethnic group	1	100
Total	108	100

Religion	Number of young people	%
Baptist	0	0
Church of England	6	5.6
Roman Catholic	8	7.4
Other Christian denominations	39	36.1
Muslim	36	33.3
Sikh	0	0
Hindu	1	0.9
Buddhist	0	0
Jewish	0	0
Other	0	0
No religion	18	16.7
Total	108	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 +	4 yrs +	Total
Age								
15 years	0	1	1	0	0	0	0	2
16 years	0	4	6	6	0	0	0	16
17 years	2	8	8	17	10	1	0	46
18 years	0	2	3	3	1	0	0	9
Total	2	15	18	26	11	1	0	73

Unsentenced only – length of stay by age

Length of stay	<1 mth	1–3 mths	3–6 mths	6–12 mths	1–2 yrs	2 yrs+	4 yrs +	Total
Age								
15 years	0	1	0	1	0	0	0	2
16 years	1	5	3	3	0	0	0	12
17 years	6	6	4	3	1	0	0	20
18 years	0	0	1	0	0	0	0	1
Total	7	12	8	7	1	0	0	35

Main offence	Number of young people	%
Violence against the person	51	47.2
Sexual offences	4	3.7
Burglary	6	5.6
Robbery	19	17.5
Theft and handling	0	0
Fraud and forgery	0	0
Drugs offences	6	5.6
Other offences	22	20.4
Offence not recorded / holding warrant	0	0
Total	108	100

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

Sentence	4 mths	6 mths	8 mths	10 mths	12 mths	18 mths	24 mths	Recall	Total
Age									
15 years	0	0	1	0	0	0	0	0	1
16 years	3	1	1	0	1	1	1	0	8
17 years	0	2	2	0	2	3	2	0	11
18 years	0	0	1	0	2	4	2	0	9
Total	3	3	5	0	5	8	5	0	29

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

Sentence	Under 2 yrs	2–3 yrs	3–4 yrs	4–5 yrs	5 yrs +	Recall	Total
Age							
15 years	0	0	1	0	0	1	2
16 years	0	2	1	1	0	0	4
17 years	0	6	2	4	13	1	26
18 years	0	0	0	0	0	0	0
Total	0	8	4	5	13	2	32

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

Sentence	Under 2 yrs	2–5 yrs	5–10 yrs	10–15 yrs	15–20 yrs	Recall	Total
Age							
15 years	0	0	0	0	0	0	0
16 years	0	0	1	0	0	0	1
17 years	0	0	7	0	0	0	7
18 years	0	0	0	0	0	0	0
Total	0	0	8	0	0	0	8

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

Sentence	Under 2 yrs	2–5 yrs	5–10 yrs	10–15 yrs	15–20 yrs	20 yrs +	Total
Age							
15 years	0	0	0	0	0	0	0
16 years	0	0	0	2	0	2	4
17 years	0	0	0	0	0	0	0
18 years	0	0	0	0	0	0	0
Total	0	0	0	0	0	2	4

Appendix VI: Summary of questionnaires and interviews

Children’s survey methodology

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

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

The current questionnaire has been in use since October 2018 and is being used to support inspections of both STCs and YOIs holding children. The questionnaire was developed in consultation with HMI Prisons 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

HMI Prisons researchers distribute and collect the questionnaires in person. So that children can give their informed consent¹⁹ 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.

¹⁹ For further information about the ethical principles which underpin our survey methodology, please see ‘Ethical principles for research activities’ which can be downloaded from HMIP’s website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Survey response

At the time of the survey on 8 July 2019 the population at HMYOI Feltham A was 116. Using the approach described above, questionnaires were distributed to 107 children²⁰.

We received a total of 84 completed questionnaires, a response rate of 79%. Ten young people declined to participate in the survey and 13 questionnaires were not returned.

Survey results and analyses

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

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

We also present the following comparative analyses:

- The current survey responses from HMYOI Feltham A July 2019 compared with responses from other YOIs holding children. The comparator surveys were carried out in five YOIs since October 2018.
- The current survey responses from HMYOI Feltham A July 2019 compared with the responses of children surveyed at HMYOI Feltham A January 2019.
- A comparison within the 2019 survey between the responses of children from black and minority ethnic groups and white children.
- 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 said they had not.

In all the comparative analyses above, statistically significant²¹ 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.

²⁰ Questionnaires were not distributed to nine children. Seven children were at court, one was released on temporary licence and one was unavailable to researchers on the day of the survey.

²¹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Background information

Q1.1	What wing or houseblock are you currently living on?						
	Bittern unit.....					11	(13%)
	Curlew unit.....					11	(13%)
	Dunlin unit.....					21	(25%)
	Eagle unit.....					17	(20%)
	Jay unit.....					21	(25%)
	Z unit (ESU).....					2	(2%)
	Health care unit.....					1	(1%)
Q1.2	How old are you?						
	12	13	14	15	16	17	18 or over
	0 (0%)	0 (0%)	0 (0%)	4 (5%)	24 (29%)	47 (57%)	8 (10%)
Q1.3	What is your gender?						
	Male.....					77	(100%)
	Female.....					0	(0%)
Q1.4	What is your ethnic group?						
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....					12	(14%)
	White - Irish.....					0	(0%)
	White - Gypsy or Irish Traveller.....					2	(2%)
	White - any other White background.....					3	(4%)
	Mixed - White and Black Caribbean.....					14	(17%)
	Mixed - White and Black African.....					5	(6%)
	Mixed - White and Asian.....					0	(0%)
	Mixed - any other Mixed ethnic background.....					1	(1%)
	Asian/ Asian British - Indian.....					0	(0%)
	Asian/ Asian British - Pakistani.....					4	(5%)
	Asian/ Asian British - Bangladeshi.....					2	(2%)
	Asian/ Asian British - Chinese.....					0	(0%)
	Asian - any other Asian background.....					1	(1%)
	Black/ Black British - Caribbean.....					20	(24%)
	Black/ Black British - African.....					12	(14%)
	Black - any other Black/ African/ Caribbean background.....					3	(4%)
	Arab.....					1	(1%)
	Any other ethnic group.....					3	(4%)
Q1.5	Do you have any children?						
	Yes.....					10	(13%)
	No.....					69	(87%)
Q1.6	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?						
	Yes.....					5	(6%)
	No.....					77	(94%)
Q1.7	Have you ever been in local authority care (e.g. lived with foster parents or in a children's home, or had a social worker)?						
	Yes.....					45	(56%)
	No.....					36	(44%)

Arrival and induction

Q2.1	When you were searched in reception/admissions, was this done in a respectful way?	
	Yes	52 (63%)
	No.....	10 (12%)
	Don't remember	19 (23%)
	I wasn't searched.....	2 (2%)
Q2.2	Overall, how were you treated in reception/admissions?	
	Well.....	53 (64%)
	Badly.....	11 (13%)
	Don't remember	19 (23%)
Q2.3	When you first arrived here did staff help you with any problems or worries you had?	
	Yes	12 (15%)
	No.....	31 (38%)
	Don't remember	9 (11%)
	I didn't have any problems or worries.....	30 (37%)
Q2.4	Did you feel safe on your first night here?	
	Yes	55 (66%)
	No.....	18 (22%)
	Don't remember	10 (12%)
Q2.5	In your first few days were you told everything you needed to know about life here?	
	Yes	29 (36%)
	No.....	51 (64%)

Living conditions

Q3.1	How comfortable is the temperature of your cell?	
	Too cold.....	20 (27%)
	About right	18 (24%)
	Too hot	36 (49%)
Q3.2	Can you shower every day?	
	Yes	18 (22%)
	No.....	62 (75%)
	Don't know.....	3 (4%)
Q3.3	Do you normally have enough clean, suitable clothes for the week?	
	Yes	47 (57%)
	No.....	33 (40%)
	Don't know.....	3 (4%)
Q3.4	Do you have clean sheets every week?	
	Yes	38 (45%)
	No.....	43 (51%)
	Don't know.....	3 (4%)
Q3.5	Can you get your stored property if you need it?	
	Yes	32 (39%)
	No.....	35 (42%)
	Don't know.....	16 (19%)

Q3.6	Is it normally quiet enough for you to relax or sleep at night?	
	Yes	30 (36%)
	No.....	53 (63%)
	Don't know.....	1 (1%)
Q3.7	Do you usually spend more than 2 hours out of your cell on weekdays?	
	Yes	54 (65%)
	No.....	27 (33%)
	Don't know.....	2 (2%)
Q3.8	Do you usually spend more than 2 hours out of your cell on Saturdays and Sundays?	
	Yes	22 (26%)
	No.....	61 (73%)
	Don't know.....	1 (1%)

Food and canteen

Q4.1	What is the food like here?	
	Very good	0 (0%)
	Quite good	19 (23%)
	Quite bad	40 (49%)
	Very bad	22 (27%)
Q4.2	Do you get enough to eat at mealtimes?	
	Always.....	2 (2%)
	Most of the time.....	24 (29%)
	Some of the time.....	37 (44%)
	Never	21 (25%)
Q4.3	Does the canteen sell the things that you need?	
	Yes	38 (48%)
	No.....	36 (46%)
	Don't know.....	5 (6%)

Health and well-being

Q5.1	How easy or difficult is it to see the following health staff?			
		Easy	Difficult	Don't know
	Doctor	17 (20%)	56 (67%)	10 (12%)
	Nurse	33 (39%)	44 (52%)	7 (8%)
	Dentist	8 (10%)	64 (76%)	12 (14%)
	Mental health workers	23 (27%)	31 (37%)	30 (36%)
Q5.2	Do you have any health problems (including mental health problems)?			
	Yes			28 (35%)
	No.....			51 (65%)
Q5.3	Have you been helped with your health problems since you've been here?			
	Yes			13 (16%)
	No.....			17 (21%)
	Don't have any health problems.....			51 (63%)
Q5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.			
	Yes			18 (22%)
	No.....			64 (78%)

Q5.5	If you have a disability, are you getting the support you need?		
	Yes	6 (7%)	
	No.....	12 (15%)	
	Don't have a disability	64 (78%)	
Q5.6	Did you have an alcohol problem when you came here?		
	Yes	4 (5%)	
	No.....	80 (95%)	
Q5.7	Did you have a drug problem when you came here?		
	Yes	18 (21%)	
	No.....	66 (79%)	
Q5.8	Have you been helped with your drug or alcohol problem since you've been here?		
	Yes	4 (5%)	
	No.....	13 (16%)	
	Did not have a drug or alcohol problem.....	66 (80%)	
Q5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?		
	Yes	45 (54%)	
	No.....	35 (42%)	
	Don't know.....	4 (5%)	
Q5.10	How often do you go to the gym or play sports?		
	More than once a week.....	11 (14%)	
	About once a week.....	48 (59%)	
	Less than once a week.....	15 (19%)	
	Never	7 (9%)	

Complaints

Q6.1	Do you know how to make a complaint?			
	Yes	75 (89%)		
	No.....	9 (11%)		
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?	10 (12%)	40 (49%)	32 (39%)
	Were your complaints usually dealt with within 7 days?	4 (5%)	45 (56%)	32 (40%)
Q6.3	Have you ever felt too scared to make a complaint?			
	Yes	14 (17%)		
	No.....	47 (58%)		
	Never wanted to make a complaint	20 (25%)		

Safety and security

Q7.1	Have you ever felt unsafe here?	
	Yes	33 (40%)
	No.....	50 (60%)

Q7.2	Do you feel unsafe now?	
	Yes	13 (16%)
	No.....	69 (84%)
Q7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	
	Yes	21 (25%)
	No.....	60 (71%)
	Don't know.....	3 (4%)
Q7.5	Have other young people here ever done any of the following to you?	
	Verbal abuse	38 (48%)
	Threats or intimidation.....	25 (31%)
	Physical assault.....	19 (24%)
	Sexual assault.....	0 (0%)
	Being forced to assault another young person	3 (4%)
	Theft of canteen or property.....	3 (4%)
	Other bullying or victimisation	3 (4%)
	Young people here have not done any of these things to me	41 (51%)
Q7.6	If you were being bullied/victimised by other young people here, would you report it?	
	Yes	25 (32%)
	No.....	52 (68%)
Q7.7	Have staff here ever done any of the following to you?	
	Verbal abuse	46 (57%)
	Threats or intimidation.....	29 (36%)
	Physical assault.....	22 (27%)
	Sexual assault.....	0 (0%)
	Theft of canteen or property.....	11 (14%)
	Other bullying or victimisation	12 (15%)
	Staff here have not done any of these things to me	29 (36%)
Q7.8	If you were being bullied/victimised by staff here, would you report it?	
	Yes	40 (51%)
	No.....	38 (49%)

Behaviour management

Q8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	
	Yes	19 (23%)
	No.....	59 (73%)
	Don't know	3 (4%)
Q8.2	Do you think the system of rewards or incentives is fair?	
	Yes	14 (17%)
	No.....	63 (78%)
	Don't know.....	4 (5%)
Q8.3	Do staff usually let you know when your behaviour is good?	
	Yes	17 (22%)
	No.....	62 (78%)
Q8.4	If you get in trouble, do staff usually explain what you have done wrong?	
	Yes	32 (41%)
	No.....	38 (49%)
	Not applicable (never been in trouble here).....	8 (10%)

Q8.5	Have you been physically restrained (e.g. MMR) since you have been here?	
	Yes	61 (73%)
	No.....	22 (27%)
Q8.6	If you have been restrained, did a member of staff come and talk to you about it afterwards?	
	Yes	26 (32%)
	No.....	28 (35%)
	Don't remember	5 (6%)
	Not been restrained here	22 (27%)
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	63 (75%)
	No.....	21 (25%)

Staff

Q9.1	Do you feel cared for by most staff here?	
	Yes	15 (19%)
	No.....	65 (81%)
Q9.2	Do most staff here treat you with respect?	
	Yes	37 (47%)
	No.....	42 (53%)
Q9.3	If you had a problem, are there any staff here you could turn to for help?	
	Yes	37 (45%)
	No.....	45 (55%)
Q9.4	Can you speak to a Barnardo's advocate when you need to?	
	Yes	42 (52%)
	No.....	21 (26%)
	Don't know.....	18 (22%)

Faith

Q10.1	What is your religion?	
	No religion.....	14 (17%)
	Christian (including Church of England, Catholic, and other branches of Christianity)	42 (52%)
	Buddhist.....	0 (0%)
	Hindu.....	1 (1%)
	Jewish	0 (0%)
	Muslim.....	24 (30%)
	Sikh	0 (0%)
	Other	0 (0%)
Q10.2	Are your religious beliefs respected here?	
	Yes	45 (56%)
	No.....	15 (19%)
	Don't know.....	7 (9%)
	Not applicable (no religion).....	14 (17%)

Q10.3	Are you able to speak to a chaplain of your faith in private, if you want to?	
	Yes.....	44 (54%)
	No.....	8 (10%)
	Don't know.....	15 (19%)
	Not applicable (no religion).....	14 (17%)

Keeping in touch with family and friends

Q11.1	Has anyone here helped you to keep in touch with your family and friends?	
	Yes.....	23 (28%)
	No.....	59 (72%)
Q11.2	Are you able to use a phone every day (if you have credit)?	
	Yes.....	21 (27%)
	No.....	58 (73%)
Q11.3	How easy or difficult is it for your family and friends to get here?	
	Very easy.....	4 (5%)
	Quite easy.....	22 (28%)
	Quite difficult.....	27 (34%)
	Very difficult.....	19 (24%)
	Don't know.....	8 (10%)
Q11.4	How often do you have visits from family or friends?	
	More than once a week.....	2 (3%)
	About once a week.....	21 (27%)
	Less than once a week.....	46 (58%)
	Not applicable (haven't had any visits).....	10 (13%)

Education and training

Q12.1	Are you doing any of the following activities at the moment?	
	Education.....	67 (83%)
	Training for a job (vocational training).....	3 (4%)
	Paid work.....	1 (1%)
	Interventions (e.g. offending behaviour programmes).....	14 (17%)
	None of these.....	10 (12%)
Q12.2	Do staff encourage you to attend education, training or work?	
	Yes.....	29 (37%)
	No.....	49 (63%)
Q12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	
	Yes.....	22 (28%)
	No.....	57 (72%)

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.....	41 (51%)
	No.....	32 (40%)
	Don't know.....	7 (9%)

Q13.2	Do you understand what you need to do to achieve your objectives or targets?	
	Yes	30 (39%)
	No.....	8 (10%)
	Don't know what my objectives or targets are.....	39 (51%)
Q13.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes	7 (9%)
	No.....	32 (41%)
	Don't know what my objectives or targets are.....	39 (50%)
Q13.4	Is anybody here helping you to prepare for when you leave?	
	Yes	14 (18%)
	No.....	64 (82%)
Q13.5	Have you had a say in what will happen to you when you leave here?	
	Yes	24 (30%)
	No.....	55 (70%)

Final questions about this YOI

Q14.1	Do you think your experiences here have made you more or less likely to offend in the future?	
	More likely to offend.....	17 (22%)
	Less likely to offend.....	31 (40%)
	Made no difference	29 (38%)

HMYOI Feltham A 2019
Survey responses compared with those from other HMIP surveys of YOIs
and with those from the previous survey

In this table summary statistics from HMYOI Feltham A 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 HMYOI Feltham A in July 2019 are compared with those from HMYOI Feltham A in January 2019.

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 Feltham A 2019	All other YOIs	HMYOI Feltham A July 2019	HMYOI Feltham A January 2019
84	478	84	125

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

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 15 years of age?	<i>n</i> =83	0%	1%	0%	0%
	Are you aged 18 or over?	<i>n</i> =83	10%	11%	10%	15%
1.4	Are you from a minority ethnic group?	<i>n</i> =83	80%	48%	80%	70%
1.5	Do you have any children?	<i>n</i> =79	13%	10%	13%	11%
1.6	Are you from a traveller community?	<i>n</i> =82	6%	9%	6%	5%
1.7	Have you ever been in local authority care?	<i>n</i> =81	56%	53%	56%	46%
5.2	Do you have any health problems (including mental health problems)?	<i>n</i> =79	35%	35%	35%	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> =82	22%	25%	22%	25%
10.1	Are you Muslim?	<i>n</i> =81	30%	18%	30%	25%
ARRIVAL AND INDUCTION						
2.1	Were you searched in reception/admissions?	<i>n</i> =83	98%	96%	98%	97%
<i>For those who had been searched:</i>						
2.1	Was this search done in a respectful way?	<i>n</i> =81	64%	70%	64%	64%
2.2	Overall, were you treated well in reception/admission?	<i>n</i> =83	64%	71%	64%	66%
2.3	When you first arrived, did you have any problems or worries?	<i>n</i> =82	63%	72%	63%	67%
<i>For those who had any problems when they first arrived:</i>						
2.3	Did staff help you to deal with these problems or worries?	<i>n</i> =52	23%	52%	23%	28%
2.4	Did you feel safe on your first night here?	<i>n</i> =83	66%	73%	66%	65%
2.5	In your first few days, were you told everything you needed to know about life here?	<i>n</i> =80	36%	60%	36%	53%
LIVING CONDITIONS						
3.1	Is the temperature of your room or cell about right?	<i>n</i> =74	24%	44%	24%	41%
3.2	Can you shower everyday?	<i>n</i> =83	22%	65%	22%	28%
3.3	Do you normally have enough clean, suitable clothes for the week?	<i>n</i> =83	57%	69%	57%	60%
3.4	Do you have clean sheets every week?	<i>n</i> =84	45%	84%	45%	40%
3.5	Can you get to your stored property if you need it?	<i>n</i> =83	39%	51%	39%	48%
3.6	Is it normally quiet enough for you to relax or sleep at night?	<i>n</i> =84	36%	48%	36%	41%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	<i>n</i> =83	65%	75%	65%	57%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	<i>n</i> =84	26%	29%	26%	20%

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 Feltham A 2019	All other YOIs	HMYOI Feltham A July 2019	HMYOI Feltham A January 2019
Number of completed questionnaires returned	84	478	84	125

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

FOOD AND CANTEEN						
4.1	Is the food here very / quite good?	n=81	24%	35%	24%	23%
4.2	Do you get enough to eat at mealtimes always / most of the time?	n=84	31%	39%	31%	31%
4.3	Does the shop / canteen sell the things that you need?	n=79	48%	62%	48%	53%
HEALTH AND WELL-BEING						
5.1	Is it easy to see:					
	- Doctor?	n=83	21%	44%	21%	20%
	- Nurse?	n=84	39%	64%	39%	43%
	- Dentist?	n=84	10%	27%	10%	12%
	- Mental health worker?	n=84	27%	49%	27%	30%
5.2	Do you have any health problems (including mental health problems)?	n=79	35%	35%	35%	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=30	43%	66%	43%	56%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=82	22%	25%	22%	25%
<i>For those who have a disability</i>						
5.5	Are you getting the support you need?	n=18	33%	53%	33%	35%
5.6	Did you have an alcohol problem when you came here?	n=84	5%	8%	5%	3%
5.7	Did you have a drug problem when you came here?	n=84	21%	26%	21%	18%
<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=17	24%	60%	24%	25%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	n=84	54%	50%	54%	61%
5.10	Do you go to the gym or play sports once a week or more?	n=81	14%	54%	14%	14%
COMPLAINTS						
6.1	Do you know how to make a complaint?	n=84	89%	87%	89%	82%
<i>For those who have made a complaint:</i>						
6.2	Were your complaints usually dealt with fairly?	n=50	20%	36%	20%	26%
	Were your complaints usually dealt with within 7 days?	n=49	8%	34%	8%	15%
6.3	Have you ever felt too scared to make a complaint?	n=61	23%	15%	23%	16%

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

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

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

Number of completed questionnaires returned

	HMYOI Feltham A 2019	All other YOIs	HMYOI Feltham A July 2019	HMYOI Feltham A January 2019
Number of completed questionnaires returned	84	478	84	125

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

SAFETY AND SECURITY						
7.1	Have you ever felt unsafe here?	n=83	40%	37%	40%	38%
7.2	Do you feel unsafe now?	n=82	16%	14%	16%	13%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	n=84	25%	25%	25%	27%
7.5	Have other young people here ever done any of the following to you?					
	- Verbal abuse?	n=80	48%	44%	48%	36%
	- Threats or intimidation?	n=80	31%	32%	31%	22%
	- Physical assault?	n=80	24%	27%	24%	19%
	- Sexual assault?	n=80	0%	2%	0%	2%
	- Being forced to assault another young person?	n=80	4%	7%	4%	4%
	- Theft of canteen or property?	n=80	4%	5%	4%	5%
	- Other bullying or victimisation?	n=80	4%	7%	4%	7%
	- Young people here have not done any of these things to me	n=80	51%	51%	51%	60%
7.6	If you were being bullied / victimised by other young people here, would you report it?	n=77	33%	31%	33%	33%
7.7	Have staff here ever done any of the following to you?					
	- Verbal abuse?	n=81	57%	33%	57%	41%
	- Threats or intimidation?	n=81	36%	22%	36%	23%
	- Physical assault?	n=81	27%	14%	27%	9%
	- Sexual assault?	n=81	0%	2%	0%	3%
	- Theft of canteen or property?	n=81	14%	9%	14%	17%
	- Other bullying / victimisation?	n=81	15%	8%	15%	8%
	- Staff here have not done any of these things to me	n=81	36%	58%	36%	47%
7.8	If you were being bullied / victimised by staff here, would you report it?	n=78	51%	56%	51%	55%
BEHAVIOUR MANAGEMENT						
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	n=81	24%	43%	24%	29%
8.2	Do you think the system of rewards or incentives is fair?	n=81	17%	37%	17%	25%
8.3	Do staff usually let you know when your behaviour is good?	n=79	22%	43%	22%	26%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	n=70	46%	63%	46%	49%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	n=83	74%	64%	74%	64%
<i>For those who have been restrained:</i>						
8.6	Did a member of staff come and talk to you about it afterwards?	n=59	44%	70%	44%	71%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	n=84	75%	60%	75%	54%
STAFF						
9.1	Do you feel cared for by most staff here?	n=80	19%	45%	19%	34%
9.2	Do most staff here treat you with respect?	n=79	47%	69%	47%	51%
9.3	If you had a problem, are there any staff here you could turn to for help?	n=82	45%	70%	45%	55%
9.4	Can you speak to a Barnardo's advocate when you need to?	n=81	52%	72%	52%	58%

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

	HMYOI Feltham A 2019	All other YOIs	HMYOI Feltham A July 2019	HMYOI Feltham A January 2019
Number of completed questionnaires returned	84	478	84	125

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

FAITH						
10.1	Do you have a religion?	n=81	83%	65%	83%	82%
<i>For those who have a religion:</i>						
10.2	Are your religious beliefs respected here?	n=67	67%	81%	67%	75%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=67	66%	74%	66%	66%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS						
11.1	Has anyone here helped you to keep in touch with your family / friends?	n=82	28%	66%	28%	44%
11.2	Are you able to use a phone every day (if you have credit)?	n=79	27%	69%	27%	33%
11.3	Is it quite / very easy for your family and friends to get here?	n=80	33%	38%	33%	35%
11.4	Do you get visits from family or friends?	n=79	87%	77%	87%	86%
<i>For those who do get visits:</i>						
11.4	Do you get visits from family or friends once a week or more?	n=69	33%	48%	33%	31%
EDUCATION AND TRAINING						
12.1	Are you doing any of the following activities at the moment:					
	- Education?	n=81	83%	85%	83%	71%
	- Training for a job (vocational training)?	n=81	4%	5%	4%	2%
	- Paid work?	n=81	1%	7%	1%	3%
	- Interventions (e.g. offending behaviour programmes)?	n=81	17%	16%	17%	11%
	- Not doing any of these activities	n=81	12%	13%	12%	26%
12.2	Do staff encourage you to attend education, training or work?	n=78	37%	69%	37%	42%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	n=79	28%	53%	28%	27%
PREPARING TO MOVE ON						
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	n=80	51%	66%	51%	60%
<i>For those who do have a plan:</i>						
13.2	Do you understand what you need to do to achieve your objectives or targets?	n=38	79%	95%	79%	95%
13.3	Are staff here supporting you to achieve your objectives or targets?	n=39	18%	54%	18%	33%
13.4	Is anybody here helping you to prepare for when you leave?	n=78	18%	42%	18%	29%
13.5	Have you had a say in what will happen to you when you leave here?	n=79	30%	46%	30%	33%
FINAL QUESTIONS ABOUT THIS STC/YOI						
14.1	Do you think your experiences here have made you less likely to offend in the future?	n=77	40%	56%	40%	49%

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

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

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
66	17	24	57

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 15 years of age?	0%	0%	0%	0%
	Are you aged 18 or over?	9%	12%	17%	7%
1.4	Are you from a minority ethnic group?			96%	75%
1.5	Do you have any children?	11%	19%	13%	13%
1.6	Are you from a traveller community?	2%	25%	4%	5%
1.7	Have you ever been in local authority care?	50%	75%	48%	56%
5.2	Do you have any health problems (including mental health problems)?	38%	29%	55%	27%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	22%	24%	27%	16%
10.1	Are you Muslim?	35%	7%		
ARRIVAL AND INDUCTION					
2.1	Were you searched in reception/admissions?	97%	100%	100%	96%
<i>For those who had been searched:</i>					
2.1	Was this search done in a respectful way?	61%	75%	63%	67%
2.2	Overall, were you treated well in reception/admission?	62%	69%	58%	66%
2.3	When you first arrived, did you have any problems or worries?	66%	50%	63%	64%
<i>For those who had any problems when they first arrived:</i>					
2.3	Did staff help you to deal with these problems or worries?	16%	63%	13%	26%
2.4	Did you feel safe on your first night here?	66%	65%	46%	75%
2.5	In your first few days, were you told everything you needed to know about life here?	41%	19%	35%	39%
LIVING CONDITIONS					
3.1	Is the temperature of your room or cell about right?	25%	23%	16%	29%
3.2	Can you shower everyday?	20%	29%	25%	21%
3.3	Do you normally have enough clean, suitable clothes for the week?	56%	56%	50%	61%
3.4	Do you have clean sheets every week?	41%	59%	33%	49%
3.5	Can you get to your stored property if you need it?	35%	47%	26%	44%
3.6	Is it normally quiet enough for you to relax or sleep at night?	38%	24%	33%	39%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	62%	75%	63%	65%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	24%	35%	29%	25%

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

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

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

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
66	17	24	57

FOOD AND CANTEEN					
4.1	Is the food here very / quite good?	27%	13%	18%	27%
4.2	Do you get enough to eat at mealtimes always / most of the time?	36%	12%	33%	32%
4.3	Does the shop / canteen sell the things that you need?	44%	64%	32%	57%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	22%	18%	17%	21%
	- Nurse?	41%	35%	42%	39%
	- Dentist?	12%	0%	8%	11%
	- Mental health worker?	35%	0%	38%	25%
5.2	Do you have any health problems (including mental health problems)?	38%	29%	55%	27%
	<i>For those who have health problems:</i>				
5.3	Have you been helped with your health problems since you have been here?	48%	20%	42%	50%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	22%	24%	27%	16%
	<i>For those who have a disability</i>				
5.5	Are you getting the support you need?	43%	0%	50%	33%
5.6	Did you have an alcohol problem when you came here?	6%	0%	4%	5%
5.7	Did you have a drug problem when you came here?	21%	24%	21%	19%
	<i>For those who did have a drug or alcohol problem</i>				
5.8	Have you been helped with your drug or alcohol problem since you've been here?	23%	25%	0%	30%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	53%	53%	54%	51%
5.10	Do you go to the gym or play sports once a week or more?	17%	0%	17%	13%
COMPLAINTS					
6.1	Do you know how to make a complaint?	88%	94%	88%	90%
	<i>For those who have made a complaint:</i>				
6.2	Were your complaints usually dealt with fairly?	15%	30%	14%	21%
	Were your complaints usually dealt with within 7 days?	8%	10%	7%	6%
6.3	Have you ever felt too scared to make a complaint?	26%	14%	35%	17%

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

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

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

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
66	17	24	57

SAFETY AND SECURITY		Black and minority ethnic	White	Muslim	Non-Muslim
7.1	Have you ever felt unsafe here?	39%	44%	42%	39%
7.2	Do you feel unsafe now?	16%	18%	21%	15%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	27%	18%	33%	23%
7.5	Have other young people here ever done any of the following to you?				
	- Verbal abuse?	46%	50%	58%	43%
	- Threats or intimidation?	30%	38%	29%	32%
	- Physical assault?	19%	38%	21%	25%
	- Sexual assault?	0%	0%	0%	0%
	- Being forced to assault another young person?	2%	13%	4%	2%
	- Theft of canteen or property?	0%	19%	0%	4%
	- Other bullying or victimisation?	3%	6%	4%	2%
	- Young people here have not done any of these things to me	54%	44%	42%	55%
7.6	If you were being bullied / victimised by other young people here, would you report it?	34%	20%	33%	34%
7.7	Have staff here ever done any of the following to you?				
	- Verbal abuse?	56%	56%	52%	56%
	- Threats or intimidation?	34%	44%	26%	36%
	- Physical assault?	25%	31%	13%	29%
	- Sexual assault?	0%	0%	0%	0%
	- Theft of canteen or property?	9%	25%	9%	16%
	- Other bullying / victimisation?	16%	13%	17%	15%
	- Staff here have not done any of these things to me	38%	31%	39%	36%
7.8	If you were being bullied / victimised by staff here, would you report it?	48%	60%	55%	51%
BEHAVIOUR MANAGEMENT					
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	23%	27%	26%	24%
8.2	Do you think the system of rewards or incentives is fair?	16%	25%	22%	16%
8.3	Do staff usually let you know when your behaviour is good?	23%	19%	22%	23%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	47%	43%	55%	45%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	75%	65%	78%	70%
	<i>For those who have been restrained:</i>				
8.6	Did a member of staff come and talk to you about it afterwards?	46%	30%	47%	44%
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)	76%	71%	88%	68%

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

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

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

Number of completed questionnaires returned

Black and minority ethnic		Muslim	
White		Non-Muslim	
66	17	24	57

STAFF					
9.1	Do you feel cared for by most staff here?	23%	6%	23%	16%
9.2	Do most staff here treat you with respect?	51%	35%	41%	50%
9.3	If you had a problem, are there any staff here you could turn to for help?	42%	53%	39%	50%
9.4	Can you speak to a Barnardo's advocate when you need to?	52%	47%	52%	53%
FAITH					
10.1	Do you have a religion?	89%	53%	100%	75%
<i>For those who have a religion:</i>					
10.2	Are your religious beliefs respected here?	68%	56%	73%	67%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	63%	89%	68%	67%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Has anyone here helped you to keep in touch with your family / friends?	34%	6%	39%	25%
11.2	Are you able to use a phone every day (if you have credit)?	28%	21%	39%	22%
11.3	Is it quite / very easy for your family and friends to get here?	32%	31%	39%	31%
11.4	Do you get visits from family or friends?	86%	93%	86%	88%
<i>For those who do get visits:</i>					
11.4	Do you get visits from family or friends once a week or more?	33%	29%	28%	37%
EDUCATION AND TRAINING					
12.1	Are you doing any of the following activities at the moment:				
	- Education?	84%	75%	87%	81%
	- Training for a job (vocational training)?	0%	19%	0%	5%
	- Paid work?	0%	6%	0%	2%
	- Interventions (e.g. offending behaviour programmes)?	16%	25%	13%	19%
	- Not doing any of these activities	13%	13%	9%	14%
12.2	Do staff encourage you to attend education, training or work?	39%	33%	50%	33%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	29%	27%	27%	27%
PREPARING TO MOVE ON					
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	53%	41%	46%	54%
<i>For those who do have a plan:</i>					
13.2	Do you understand what you need to do to achieve your objectives or targets?	77%	83%	64%	88%
13.3	Are staff here supporting you to achieve your objectives or targets?	19%	17%	27%	15%
13.4	Is anybody here helping you to prepare for when you leave?	21%	6%	30%	14%
13.5	Have you had a say in what will happen to you when you leave here?	31%	29%	22%	35%
FINAL QUESTIONS ABOUT THIS STC/YOI					
14.1	Do you think your experiences here have made you less likely to offend in the future?	41%	33%	48%	39%

HMYOI Feltham A 2019

Comparison of survey responses between different sub-populations of children

In this table the following analyses are presented:

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

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

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

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

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
18	64

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	6%	11%
1.4	Are you from a minority ethnic group?	78%	79%
1.5	Do you have any children?	24%	10%
1.6	Are you from a traveller community?	11%	5%
1.7	Have you ever been in local authority care?	77%	48%
5.2	Do you have any health problems (including mental health problems)?	88%	20%
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?	40%	25%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	100%	97%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	56%	67%
2.2	Overall, were you treated well in reception/admission?	61%	64%
2.3	When you first arrived, did you have any problems or worries?	61%	63%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	9%	28%
2.4	Did you feel safe on your first night here?	61%	70%
2.5	In your first few days, were you told everything you needed to know about life here?	13%	40%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	6%	30%
3.2	Can you shower everyday?	11%	25%
3.3	Do you normally have enough clean, suitable clothes for the week?	44%	60%
3.4	Do you have clean sheets every week?	44%	47%
3.5	Can you get to your stored property if you need it?	44%	38%
3.6	Is it normally quiet enough for you to relax or sleep at night?	22%	39%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	65%	66%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	17%	30%

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

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

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

Have a disability	Do not have a disability
18	64

Number of completed questionnaires returned

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	11%	28%
4.2	Do you get enough to eat at mealtimes always / most of the time?	22%	33%
4.3	Does the shop / canteen sell the things that you need?	33%	53%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	28%	19%
	- Nurse?	33%	41%
	- Dentist?	0%	13%
	- Mental health worker?	39%	23%
5.2	Do you have any health problems (including mental health problems)?	88%	20%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	47%	46%
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?	35%	
5.6	Did you have an alcohol problem when you came here?	17%	2%
5.7	Did you have a drug problem when you came here?	56%	11%
<i>For those who did have a drug or alcohol problem</i>			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	22%	29%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	56%	53%
5.10	Do you go to the gym or play sports once a week or more?	6%	16%
COMPLAINTS			
6.1	Do you know how to make a complaint?	94%	88%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	27%	18%
	Were your complaints usually dealt with within 7 days?	7%	9%
6.3	Have you ever felt too scared to make a complaint?	38%	19%

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

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

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

Have a disability	Do not have a disability
18	64

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	50%	37%
7.2	Do you feel unsafe now?	33%	10%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	6%	30%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	41%	48%
	- Threats or intimidation?	35%	28%
	- Physical assault?	24%	21%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	18%	0%
	- Theft of canteen or property?	12%	2%
	- Other bullying or victimisation?	6%	2%
	- Young people here have not done any of these things to me	59%	51%
7.6	If you were being bullied / victimised by other young people here, would you report it?	17%	36%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	77%	52%
	- Threats or intimidation?	59%	31%
	- Physical assault?	47%	21%
	- Sexual assault?	0%	0%
	- Theft of canteen or property?	18%	11%
	- Other bullying / victimisation?	41%	8%
	- Staff here have not done any of these things to me	12%	44%
7.8	If you were being bullied / victimised by staff here, would you report it?	56%	51%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	11%	27%
8.2	Do you think the system of rewards or incentives is fair?	11%	19%
8.3	Do staff usually let you know when your behaviour is good?	28%	20%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	24%	52%
8.5	Have you been physically restrained (e.g. MPR) since you have been here?	78%	72%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	50%	41%
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)	94%	69%

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

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

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

Have a disability	Do not have a disability
18	64

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	33%	15%
9.2	Do most staff here treat you with respect?	41%	49%
9.3	If you had a problem, are there any staff here you could turn to for help?	44%	44%
9.4	Can you speak to a Barnardo's advocate when you need to?	47%	52%
FAITH			
10.1	Do you have a religion?	93%	80%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	60%	71%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	63%	66%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	35%	25%
11.2	Are you able to use a phone every day (if you have credit)?	25%	27%
11.3	Is it quite / very easy for your family and friends to get here?	25%	33%
11.4	Do you get visits from family or friends?	88%	87%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	20%	37%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	88%	81%
	- Training for a job (vocational training)?	0%	5%
	- Paid work?	0%	2%
	- Interventions (e.g. offending behaviour programmes)?	31%	13%
	- Not doing any of these activities	6%	14%
12.2	Do staff encourage you to attend education, training or work?	50%	33%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	24%	30%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	59%	51%
<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?	56%	86%
13.3	Are staff here supporting you to achieve your objectives or targets?	20%	17%
13.4	Is anybody here helping you to prepare for when you leave?	11%	19%
13.5	Have you had a say in what will happen to you when you leave here?	29%	31%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	28%	45%

HMYOI Feltham A 2019

Comparison of survey responses between different sub-populations of children

In this table the following analyses are presented:

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

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

Have been in local authority care	Have not been in local authority care
45	36

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	0%	0%
	Are you aged 18 or over?	9%	11%
1.4	Are you from a minority ethnic group?	73%	89%
1.5	Do you have any children?	17%	3%
1.6	Are you from a traveller community?	7%	3%
1.7	Have you ever been in local authority care?	-	-
5.2	Do you have any health problems (including mental health problems)?	45%	24%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	30%	11%
10.1	Are you Muslim?	26%	33%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	98%	97%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	64%	66%
2.2	Overall, were you treated well in reception/admission?	67%	63%
2.3	When you first arrived, did you have any problems or worries?	64%	63%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	28%	18%
2.4	Did you feel safe on your first night here?	76%	57%
2.5	In your first few days, were you told everything you needed to know about life here?	39%	33%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	26%	24%
3.2	Can you shower everyday?	25%	17%
3.3	Do you normally have enough clean, suitable clothes for the week?	55%	61%
3.4	Do you have clean sheets every week?	53%	33%
3.5	Can you get to your stored property if you need it?	46%	28%
3.6	Is it normally quiet enough for you to relax or sleep at night?	36%	36%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	71%	61%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	29%	25%

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

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

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

	Have been in local authority care	Have not been in local authority care
Number of completed questionnaires returned	45	36

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	23%	23%
4.2	Do you get enough to eat at mealtimes always / most of the time?	29%	33%
4.3	Does the shop / canteen sell the things that you need?	49%	46%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	20%	20%
	- Nurse?	44%	33%
	- Dentist?	9%	8%
	- Mental health worker?	27%	25%
5.2	Do you have any health problems (including mental health problems)?	45%	24%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	40%	44%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	30%	11%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	23%	50%
5.6	Did you have an alcohol problem when you came here?	4%	3%
5.7	Did you have a drug problem when you came here?	33%	6%
<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?	29%	0%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	56%	50%
5.10	Do you go to the gym or play sports once a week or more?	9%	17%
COMPLAINTS			
6.1	Do you know how to make a complaint?	96%	81%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	27%	11%
	Were your complaints usually dealt with within 7 days?	7%	11%
6.3	Have you ever felt too scared to make a complaint?	27%	16%

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

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

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

Have been in local authority care	Have not been in local authority care
45	36

Number of completed questionnaires returned

SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	32%	47%
7.2	Do you feel unsafe now?	11%	17%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	18%	33%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	44%	53%
	- Threats or intimidation?	23%	41%
	- Physical assault?	26%	21%
	- Sexual assault?	0%	0%
	- Being forced to assault another young person?	5%	0%
	- Theft of canteen or property?	5%	3%
	- Other bullying or victimisation?	5%	3%
	- Young people here have not done any of these things to me	56%	47%
7.6	If you were being bullied / victimised by other young people here, would you report it?	39%	24%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	57%	56%
	- Threats or intimidation?	41%	29%
	- Physical assault?	32%	21%
	- Sexual assault?	0%	0%
	- Theft of canteen or property?	14%	12%
	- Other bullying / victimisation?	14%	12%
	- Staff here have not done any of these things to me	32%	41%
7.8	If you were being bullied / victimised by staff here, would you report it?	49%	53%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	21%	25%
8.2	Do you think the system of rewards or incentives is fair?	17%	17%
8.3	Do staff usually let you know when your behaviour is good?	19%	21%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	44%	48%
8.5	Have you been physically restrained (e.g. MPR) since you have been here?	73%	75%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	43%	44%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	78%	72%

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

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

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

Have been in local authority care	Have not been in local authority care
45	36

Number of completed questionnaires returned

STAFF			
9.1	Do you feel cared for by most staff here?	19%	17%
9.2	Do most staff here treat you with respect?	48%	47%
9.3	If you had a problem, are there any staff here you could turn to for help?	48%	43%
9.4	Can you speak to a Barnardo's advocate when you need to?	51%	51%
FAITH			
10.1	Do you have a religion?	83%	81%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	69%	64%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	67%	64%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	21%	33%
11.2	Are you able to use a phone every day (if you have credit)?	22%	29%
11.3	Is it quite / very easy for your family and friends to get here?	24%	40%
11.4	Do you get visits from family or friends?	93%	83%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	26%	41%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	83%	86%
	- Training for a job (vocational training)?	2%	6%
	- Paid work?	2%	0%
	- Interventions (e.g. offending behaviour programmes)?	24%	11%
	- Not doing any of these activities	10%	11%
12.2	Do staff encourage you to attend education, training or work?	38%	34%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	20%	37%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	56%	47%
<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?	68%	93%
13.3	Are staff here supporting you to achieve your objectives or targets?	13%	20%
13.4	Is anybody here helping you to prepare for when you leave?	10%	27%
13.5	Have you had a say in what will happen to you when you leave here?	31%	27%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	40%	41%