

Inspection of secure training centres

The inspection of Hassockfield Secure Training Centre: February/March 2013

Inspection dates: 25 February-1 March 2013
Lead inspector: Sean Tarpey HMI

Age group: All

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Inspection of secure training centres

The inspection judgements and what they mean

1. All inspection judgements are made using the following four point scale.

Outstanding	There is substantial evidence that the cumulative requirements set out in the good and adequate grade descriptors are met or exceeded and also of highly effective or innovative practice that make a significant contribution to achieving the highest standards of care and outcomes for young people
Good	There is evidence that the cumulative requirements set out in both the good and adequate grade descriptors are met or exceeded and as a result outcomes for young people are good
Adequate	There is evidence that the cumulative requirements set out in the adequate grade descriptors are met and as a result outcomes for young people are adequate.
Inadequate	There is evidence of a failure to meet the requirements of an adequate judgement and as a result outcomes for young people are inadequate.

Overall effectiveness

2. The overall effectiveness of Hassockfield secure training centre (STC) to meet the needs of young people is judged to be good.

Areas for improvement

3. In order to improve the quality of practice at Hassockfield secure training centre, the Director and the Youth Justice Board (YJB) should take the following action.

Immediately:

- ensure that no staff involved in a restraint take part in the initial formal debriefing with the young people concerned
- ensure that all staff involved in a restraint record a comprehensive account of the incident and that nursing staff record a full account of the physical and emotional condition of the young person during and after the restraint

- ensure that staff adhere to the security requirements at all times, including being fully cognisant of the up-to-date prohibitions on young people mixing in order to stop preventable incidents

Within three months:

- ensure that data outlining reasons for the use of single separation is collected and analysed to robustly monitor this practice
- revise the enhanced visits policy so that all young people are presumed suitable for an enhanced visit subject to risk assessment, and that such visits are routinely considered as part of their sentence plan
- the centre should record the length of journey and reasons for any late admissions in order to reduce this in conjunction with the YJB
- ensure that the young people's observation books contribute to improved support plans for them and informs analysis of their behaviour
- ensure that initial risk assessments completed by centre staff note the source(s) of information that inform these, to enable quality assurance of decision making
- ensure that the vehicle security checks are fully recorded including the number of persons arriving and departing
- provide robust written responses to concerns raised by young people in the grumble's books, that show their issues have been examined and resolved
- provide written responses to young people's complaints that summarise the investigation, what was found and where applicable the action taken to remedy any shortfall in service provision

Within six months:

- broaden the collection of data relating to diversity, to ensure this includes all aspects of behaviour management, restraint minimisation and all other protected characteristics
- improve education accreditations at level two and the use of information learning technology to enhance the learning experience

- improve the accommodation for hairdressing and catering while building links with employers to provide work experience through mobility linked to vocational training

About this inspection

1. This is a report following the unannounced inspection of Hassockfield STC to the standards within the revised inspection framework published in October 2012. The report will be made public. The findings and recommendations should be used by the secure training centre to improve practice and outcomes for young people. Progress will be considered during the next inspection.
2. The inspection considered key aspects of young people's experiences of living in this secure training centre and the effectiveness of the support available to them. Inspectors scrutinised randomly selected case files, observed practice and met with young people. In addition, the inspection was informed by a survey of young people's views undertaken by researchers from Her Majesty's Inspectorate of Prisons. Sixty-six per cent of young people in the centre responded to the survey. Inspectors also spoke with former residents, their parents and carers, frontline staff, managers, the Youth Justice Board monitor, the Local Authority Designated Officer (LADO) and other key stakeholders including the advocacy service provided by Barnardos. In addition, inspectors analysed performance data, reports and other management information, held by the secure training centre to inform its work with young people.
3. This inspection judged how well young people are supported to be safe during their time in the secure training centre. Inspectors also evaluated how well staff promote appropriate behaviour and manage challenging behaviour in a safe and child-centered manner. Progress in education and skills development, improvements in health and well-being, and the effectiveness of case planning for young people to move on from the centre, either to other establishments, or for resettlement into the community, were also scrutinised.
4. The inspection team consisted of three Ofsted social care inspectors, two inspectors from Her Majesty's Inspectorate of Prisons (HMIP), one specialist Ofsted HMI for learning and skills and one inspector from the Care Quality Commission (CQC).
5. This inspection was carried out in accordance with Rule 43 of the Secure Training Centres Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspection Act 2006.

6. Joint inspections involving Ofsted, HMIP and CQC are permitted under paragraph 7 of Schedule 13 to the Education and Inspection Act 2006. This enables Her Majesty's Chief Inspector Ofsted to act jointly with other public authorities for the efficient and effective exercise of this function.
7. All inspections carried out by Ofsted and Her Majesty's Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture (OPCAT) and other Cruel, Inhuman or Degrading Treatment or Punishment. 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. Her Majesty's Inspectorate of Prisons and Ofsted are contributory bodies to the NPM in the UK.

Service information

8. Hassockfield is one of four purpose built secure training centres (STC) and is situated near the town of Consett in County Durham. The centre is managed by Serco and is designed to accommodate up to 58 young people aged 12 to 17 years who meet the criteria for a custodial sentence or who are remanded to a secure setting. At the time of inspection, 26 young men and seven young women were in residence. Education is provided on site by Serco. Health services are also provided by Serco under a service level agreement with the centre. There is also appropriate access to community based provision.

Overall effectiveness is good

9. The overall effectiveness of the centre is good. The senior management team know their service strengths and areas for development; and have a clear vision moving forward. Recent restructuring has enhanced responsibilities and accountabilities for unit managers and service development is underpinned by a developing quality assurance framework. Within this, performance monitoring arrangements are increasingly being developed to provide a wide range of data for managers to inform and improve service development. Aligned to this a morning meeting ensures contemporaneous information sharing across all departments, including the review of all recent incidents, enabling the centre to identify any issues. This has resulted in detailed considerations of individual staff performance, be it praiseworthy or requiring development, in order to improve practice overall.

10. Staff have good relationships with young people and know them well. Young people confirmed to inspectors that they feel they get on well with staff who understand their needs and treat them with respect. The effective application of procedures to safeguard young people in relation to self-harm, searching, bullying and making complaints is securely embedded in practice. In many respects, for example within healthcare and education, young people achieve good outcomes. The inspection survey showed young people to be well engaged with life at the centre.
11. Incidents of bullying are addressed robustly and taken seriously by staff. The innovative rewards and sanctions scheme encourages young people to modify their behaviour and there are effective tailored programmes to address offending behaviours. The number of physical care and control (PCC) incidents and single separations has reduced over the past year. Recently introduced procedures for searching have improved the risk assessment process, ensuring alternatives are considered and governance in this area is robust. Records indicate that there has been only one full search in the last six months.
12. Young people know how to complain and are generally satisfied with the outcomes. The grumbles books are also effective in responding to low-level concerns. However, the recorded response in both areas are inconsistent, with evidence of some delay. Associated recording that does not fully demonstrate that issues have been resolved.
13. The physical and mental health needs of young people are addressed well, with support from a range of specialist staff. There is timely and thorough assessment of health and well-being, which identifies the diverse and holistic needs of each young person. As a result, young people receive good health care.
14. The quality of teaching and learning is good overall. Young people are effectively engaged through educational, leisure and enrichment activities during the day and in the evenings that they enjoy. This enables young people to very effectively develop their personal and social development skills in a variety of activities.
15. Resettlement arrangements are outstanding and highly effective in planning for young people for discharge or transfer to a further secure facility. Resettlement planning is timely, thorough and appropriately child centered. All resettlement pathways are considered within individual sentence plans and subject to ongoing review. Sentence plans examined contained specific and measurable targets consistent with assessed need.

16. Equality impact assessments have been carried out to assess the likely or actual effects of policies, procedures or services on young people in respect of their diverse needs. There are a range of appropriate assessments that are kept up to date, covering the centre's functions.

The safety of young people is good

Arrival in custody

17. The safety of young people is good. Young people are transported to and from the centre in indistinguishable secure vehicles fitted with CCTV as a standard safeguarding measure. Inspector's examination of paperwork which accompanies new admissions indicates that attention is given to their welfare needs during the journey, including comfort breaks, meals and snacks. In the survey undertaken for this inspection 87% of young people reported feeling that escort staff looked after them well. Due to the originating location of many young people, approximately half of all new admissions arrive after 6pm and approximately 10 percent after 9pm. Some case files reviewed indicated that those young people had spent many hours between being sentenced to custody and arrival at the centre. The centre does not analyse journey details, so is not aware if the process can be adjusted to reduce the overall delays experienced by young people. As a result the centre is not in a position to influence the service provider or other criminal justice agencies to improve practice in this area.
18. Young people who require transportation out of the centre, for example to another secure facility or to hospital, are subject to an individual risk assessment with appropriate authorisation by senior managers. Risk assessments undertaken by duty managers are based on contemporaneous intelligence, collated by the security manager that is easily accessed on an electronic record. This ensures appropriate guidance and advice is provided to escort officers to ensure a proportionate approach is taken to the risk of absconding. Such arrangements are subject to quality assurance processes ensuring there is oversight and review of all escort packages with regular reporting to the security committee and the monthly senior management team meeting. The centre uses video link facilities to facilitate meetings and court appearances. The intention is to extend such usage to reduce the need for arduous journeys.
19. The vast majority (91%) of young people who responded to our survey said they felt safe on their first night in the centre. This was further endorsed by discussions held between inspectors and young people while on site. Young people are received into the centre via the healthcare unit with part of the

admission being undertaken by a duty nurse and a care officer, overseen by the duty manager. All accompanying information is reviewed and used to inform immediate arrangements to promote the welfare, safety and security of young people. Further detailed arrangements are put in place swiftly, with all new admissions seen at length by a member of staff from the resettlement team the next day. This helps the settling in process, gives young people the opportunity to go through induction material in more detail and to discuss any concerns.

20. Health needs are identified and addressed well and all young people are seen by a health professional upon arrival. However, the healthcare staff and the care officer have to complete a considerable number of admission and assessment forms. Such assessments may make the admission process unduly long for young people whose ability to retain information is likely to be compromised by tiredness, trepidation and/or cognitive ability. It was reported to inspectors, by staff, that some admissions could take up to two hours, although one directly observed was nearer to 20 minutes and was appropriate within this timescale. There is potential to streamline form filling at the point of admission and ensure the professional skills of both the nurse and the care staff are deployed appropriately regarding completing initial risk assessments. Managers within the centre, including those from healthcare, are aware that improvements should be made with admission processes and plans are well developed to revamp the process with a greater 'care' emphasis.
21. Young people are given a good range of information and belongings for their first night including a child-friendly information pack, writing paper and envelopes. The majority are able to have a television, subject to risk assessment. Healthcare staff ensure young people have sufficient underwear, nightwear and a hygiene pack if they have arrived without these items. All this contributes to an induction process designed to reduce young people's anxieties and help them understand the functioning of the centre quickly. Young people are able to contact parents or carers by telephone unless deemed inappropriate due to specific safety concerns.

Safeguarding Children

22. The majority (87%) of young people reported in our survey that they feel safe in the centre with relatively small numbers reporting intimidation or bullying. There is good engagement from the outset between staff and young people, and they are fully and actively involved throughout all assessment, planning and review processes.

23. Inspectors examined a number of risk assessments and found their quality to be consistently good. The completion of a body map by healthcare staff has contributed additional information about some young people to inform risk assessments, such as evidence of previous self-harm or drug misuse by injection. The centre deploys a range of plans to manage behaviour, including where there are heightened issues of risk including 'Individual Crisis Management Plans (ICMPs); Behaviour Support Plans (BSPs); High Risk of Attempted Harm Plans (HRATs) and Young People's Observation Plans (YPOPs). The centre's senior staff are aware of the potential difficulties that multiple plans for a single young person may generate including overlap or miscommunication. For this reason, the ICMPs and BSPs will shortly be rationalised within the AssettPlus assessment documentation being developed by the YJB.
24. Young people's concerns and allegations of harm from others within the centre are taken seriously and responded to promptly. There is good external oversight of incidents which have a safeguarding concern and all are referred to the local authority's children's social care services for consideration and, where necessary, further enquiries. The centre reported seven referrals directly to the LADO and made 31 external referrals to children's social care since the last inspection. This figure spiked in November 2012 as consequence of a particular set of circumstances, including the admission of two young people with mental health problems who were subsequently sectioned under the mental health act and moved to more appropriate facilities. All incidents were nevertheless followed through appropriately. The centre is proactive in pursuing a timely response from children's social care and the police in terms of securing agreement for further internal or external enquiries.
25. Safeguarding decisions are informed by consideration of CCTV footage in combination with interviews with relevant parties (staff and young people) that are generally undertaken jointly by police officers within the child abuse investigative team (CAIT) and social workers. Strategy meetings are generally timely. Progress of all allegations and investigations is tracked and recorded manually on an electronic database to ensure that all are followed through to completion. The database has been amended in recent months to enable it to track incidents and actions agreed requiring internal follow up, as well as those requiring external actions. All relevant parties are kept informed of incidents and the progress of investigative procedures.
26. Where it is agreed that only internal action is required, inspectors saw evidence that the centre robustly follows this up, ensuring alleged perpetrators and victims have appropriate adjustments to their plans, and that relevant staff have enhanced supervision which is recorded and signed. The LADO is

always informed about incidents involving staff, and agreed actions are systematically recorded and followed. Safeguarding procedures have recently been revised with the intention of enhancing the LADO's role in contributing to staff related issues via attendance at monthly meetings. It is too early to assess the impact of this measure. The centre reports to the Local Safeguarding Children Board (LSCB) and there is good liaison with local safeguarding services.

Searching

27. All decisions about searching, including searching upon admission, are risk-led and based on known information. As a result searching has become significantly less intrusive. Search appropriately requires authorisation by the duty manager and duty director. Records examined by inspectors confirm this level of oversight occurs systematically. No searches are undertaken under restraint. In the nine months to September 2012 there were 30 full and 39 dignified searches compared with the following five-month period showing one full search, and 12 dignified searches, with 10 of these being a planned response to a found illicit item and deemed necessary to ensure the safety of all young people on that unit. In January 2013 out of a total of 25 searches, 24 were 'pat down', the least intrusive level of searching, and only one was a full search, indicating continuing improvement with no increase in prohibited items found. Recording of searching is adequate although it is not always clear from the records which sources of information have been used to inform risk assessments. The criteria used to initiate full or dignified searches are also unclear with examples seen which indicate similar levels of risk, but resulting in different levels of searches. Greater scrutiny of this by centre managers is warranted to ensure consistency of practice.

Security

28. The physical environment is safe and secure and improvements have been made recently with the addition of earpieces for staff so young people are no longer able to hear radio communications. Key security is regularly checked and fingerprint swiping ensures only authorised staff access keys. No significant breaches of security have been reported. A recently commissioned independent security audit carried out by trained officers from HMP Doncaster graded the centre as 'green' but identified some areas for improvement including better recording of vehicle movements and the checking of keys. The vehicle log does not always fully record all relevant information, such as the number of people in vehicles at entrance and exit.

29. While the physical environment is secure, a small number of young people have become embroiled in scuffles or fights which were predictable, preventable or both. This was due to staff not adhering to security arrangements and heeding the most up to date 'do not mix' information.
30. Improved arrangements have been put in place for deciding upon the need for the use of handcuffs for visits such as to hospitals and attendance at funerals. This is underpinned by revised guidance which identifies clear procedural steps. Decision-making is at an appropriately senior level, and all risk assessments are informed by an up to date security database. All escort plans are counter signed by the duty director, proving an additional level of scrutiny. Since the introduction of the monitoring of handcuff use in November 2012, 12 out of 16 trips have been made utilising handcuffs. Each was appropriately supported by detailed risk assessments and a number of the appointments were for the same young person. The centre intends to continue monitoring practice in this area, basing use on clear risk assessment.

Bullying

31. In our inspection survey the majority of young people reported feeling safe (91%) and felt that staff would take seriously reports that individuals were being bullied or victimised (81%). Young people are informed of expected levels of behaviour upon admission to the centre and this is reinforced by being required to attend a 'supporting positive behaviour' meeting shortly after arrival, in addition to signing a behaviour contract. Young people told inspectors that anti-social behaviour including bullying was not tolerated by staff. Weekly key work sessions and welfare contacts with residential care staff and case supervisors provide young people with a good opportunity to discuss any concerns they might have about their safety.
32. Victims of bullying are well supported by staff and interventions are provided when assessed as necessary. Additional safety is provided where there are serious concerns about young people's vulnerability by the opening of a 'high risk of attempted harm' (HRAT) plan, increasing supervision and support by staff. Perpetrators of bullying are required to undertake suitable interventions to challenge their behaviour and sanctions are imposed. Incidents of bullying are discussed and monitored at the daily supporting positive behaviour meetings. The centre has worked with young people to identify 'hotspots' where incidents of concern most commonly occur, and as a consequence, additional security measures have been put in place including the installation of six additional security cameras. Shouting from windows and banging on them was identified as a concern for some young people which led to the

engagement of young people tackling this via the 'window warriors' project. This project has led to a sharp drop in young people banging on windows.

Suicide and self-harm prevention

33. Self-harming behaviour is managed well and performance is improving with the number of incidents having reduced in recent months. The routine completion of body maps by healthcare staff contributes additional information, such as physical evidence of previous self-harming, syringe injection, and this is sensitively used to inform risk assessments and planning. The centre deploys a range of plans to manage behaviour, including where there are heightened issues of risk including HRATs. Plans seen by inspectors were detailed, based on analysis of information, enabling staff to manage high levels of risk and complex behaviours. HRAT oversight arrangements are robust, underpinned by clear policy and procedural arrangements that links frequency of reviews to intensity of support required. This ensures that young people's vulnerability is identified at the earliest stage and subject to on-going assessment and review.
34. All new admissions with insufficient information are automatically subject to a HRAT plan that ensures more frequent levels of observation. HRATs move with the young person between sectors of the centre, ensuring continuity of observations and good communication, ensuring adherence to the support plan. There is prompt and very good communication with all relevant parties throughout the period a young person is subject to a HRAT including their YOT worker, parent/carer, and others. HRATs are always stepped down progressively with the behaviours of young people closely monitored. This responsive approach contributes to young people's ongoing safety.
35. All self-harming incidents are closely analysed and scrutinised by the centre's senior managers and the most recent data highlights that six young people were involved in 47 of 80 incidents. This scrutiny has led to further amendments to both individual plans and wider institutional changes such as changes to shower curtains, a greater range of belongings that relevant young people can keep in their rooms, a single HRAT review book, and post-closure HRAT interviews with all young people. Additional assurance is provided with HRATs only closed by agreement with the duty director. Good arrangements are in place to enable young people to be actively involved in developing HRAT arrangements, and to attend and contribute to the HRAT working group.
36. Sensitivity to self-harming issues is supported by high quality mandatory training for all staff, and is annually refreshed. Training is followed up with an examination, observations of staff practice and well-recorded reflective

supervision. This increases the capacity of staff to understand, manage and reduce self-harming behaviour. No anti-ligature clothing is used although anti-ligature blankets are provided where this is risk-assessed as necessary. Young people subject to HRAT continue to wear their nightwear, are able to choose their clothing each day and are able to keep most items in their room.

The behaviour of young people is good

Behaviour management

37. The behaviour of young people is good. There are a number of comprehensive strategies designed to address poor behaviour which demonstrate and emphasise the development of a child-centered culture, a focus on positive trusting relationships and a safe and healthy living environment. This ensures the centre was calm and relaxed during the period of inspection with young people purposefully engaged in education and other activities. Staff are familiar with the strategies and their implementation is monitored through effective line management. There is a code of conduct setting out how young people are expected to behave, which is clearly linked to the incentives scheme. The rules and routines of the establishment are clearly displayed around the centre. Such work is currently less effective in the unit for young women where as a result of mixing issues the seven young people are segregated in three small sub units comprising grouping of two or three young women. Although risk is well managed, these young women are less able to form and maintain positive relationships with their peers or engage in a wide range of activities. Centre managers are aware of this deficit and are developing plans to promote mixing while seeking to reduce incidents of verbal and physical aggression.
38. The new daily multi-disciplinary meeting chaired by the director is a positive development. It is attended by managers from all departments, which enables the centre to effectively scrutinise all notable incidents, including physical restraints, within a short time of them occurring. As a consequence of the 'morning meeting', other regular meetings and individual multi-disciplinary case discussions, there is increased evidence of a coherent whole establishment approach to managing young people's behaviour.
39. The centre's approach to managing young people is highly individualised. All young people have a behaviour support plan, based on an assessment of formal documentation and interviews with the young person and their parent or carer. The initial behaviour support plan produced the day after the young person's arrival effectively alerts staff to the types of behaviour the young person is likely to exhibit and how these might be addressed. There is an up to

date record of all incidents involving the young person, which enables staff to note patterns of behaviour and introduce interventions to try to prevent any escalation of the problem. Behaviour support plans are reviewed monthly with any immediate concerns raised at the daily multi-disciplinary meeting.

40. Young people who are frequently involved in critical incidents receive additional support and more frequent reviews through an individual crisis management plan. Crisis management plans are developed by a multi-disciplinary group and cover a wide range of areas designed to challenge and support the young person. Inspectors observed an excellent case discussion, which agreed comprehensive plans. Young people with less problematic behaviour are directed into interventions to address their behaviour as appropriate. There are effective systems in place to ensure there is good communication between staff who are contributing to the support of the young person. Staff appropriately complete security information reports on a range of behavioral issues and these are analysed by the security manager. Relevant intelligence is quickly disseminated to all staff.
41. Staff demonstrated their support of the principle that respectful relationships are at the heart of the positive management of young people's behavior. All staff wear name badges and the use of first names is consistent. Inspectors observed an appropriate level of informality and positive engagement between staff and young people. This finding is echoed in our inspection survey in which 88% of young people said that staff treated them with respect.
42. The centre regularly reviews young people's behaviour in the monthly critical incident review panel meeting, which are well attended. Multi-disciplinary attendance levels are appropriate and involve representatives from external agencies, such as the police, the LSCB and the YJB monitor. The meeting is provided with detailed data, which commendably includes the numbers of young people with mental health problems or learning disabilities, who are involved in incidents. The notes of the meeting indicate a comprehensive discussion regarding all aspects of behaviour management.
43. Staff are willing to challenge poor behaviour, but spontaneous fights and assaults between young people still occur frequently. Between July and December 2012 there has been no obvious trend in number of fights or assaults between young people with incidents fluctuating in number from month to month. For example, there were 48 in July and 17 in December, when there were fewer young people in the centre. Analysis of the data indicated that a rise in the number of incidents was frequently due a small number of individuals being involved repeatedly. Unit staff are aware of this increase in assaults and described typical incidents where a young person

would approach another from behind, strike them and then quickly move away, knowing that staff would intervene to prevent a fight. Inspectors observed this behaviour in CCTV footage. Young people are sometimes injured during fights and assaults. Records indicate that injuries were mostly minor and required no treatment. However, three young people had been taken to hospital as a consequence of fights and assaults with and by other young people. Young people who fight are given the opportunity to take part in a formal mediation session and there was some evidence that the increased use of mediation was having a positive impact.

44. Assaults on staff were generally low, though in November 2012 there were 10 assaults on staff and in December 2012, three. One member of staff received a serious injury. Despite continued fights and assaults there had been a reduction compared with previous years. There is also some evidence that the behaviour of some disruptive individuals has improved, with a reduction in the number of incidents that they had been involved with. For a small minority of young people the task of staff is to manage their ongoing disruptive behaviour and inspectors found good examples of this working well with challenging behaviour being significantly reduced and well managed.

Incentives and sanctions

45. A new incentive scheme was introduced in July 2012, after good ongoing consultation with young people. In our pre-inspection survey 81% of young people said that the incentives scheme was administered fairly. The scheme is central to the management of young people's behaviour and is clearly set out in a comprehensive policy. In our survey, 91% of young people said they knew what the rewards and sanctions scheme was and young people with whom inspectors spoke said they fully understood how they were able to earn credits under the new scheme. They felt there is sufficient differentiation between the levels of the scheme to motivate them to make progress, although some young people said that it would be a challenge for them personally to attain the highest levels.
46. New admissions to the centre are placed on a daily point's regime and if they behave well in their early days, they can move straight to a higher level. A fundamental principle of the reward and sanctions scheme is that young people are more likely to behave if they understand that poor behavior will result in them losing something they wish to keep. Therefore, the basic benefits given on the first night are set at a suitable level and allow young people to personalise their room and have a television. Young people are able to gain a number of credits each day for their performance and behaviour in education, the units and around the centre. There is an opportunity to discuss

the awards in the evening with the unit manager and for the young person to challenge any perceived unfairness. This is a good opportunity for staff to talk to young people about their progress or otherwise. There is good support for young people who struggle to progress on the incentives scheme and they are given straightforward daily targets, to help them to make short-term progress that they can build on.

47. There is an effective system in place to award immediate sanctions for very poor behaviour. All accounts of poor behaviour are reported to the duty manager to consider a recommended sanction. Young people are able to discuss with the duty manager the fairness of the allegation and any mitigating factors that need to be taken into account. Young people can appeal to the director, if they disagree with a sanction imposed upon them. Sanctions examined during the inspection were applied fairly and proportionately, and efforts were made to make the punishment directly relevant to the behaviour. It was evident that the individual circumstances, the young person's attitude to the incident and their willingness to try and make amends for their actions were taken into account. Young people said that staff clarified the reasons for sanctions. This was reflected in our survey with 77% of the young people said that staff had explained to why they had been in trouble. Details of the numbers of sanctions, reasons for the sanction and punishments are presented to the monthly critical incident review panel, where there is a good analysis of the data.

Restraint

48. The current comprehensive restraint minimisation policy is presently under review. There is good governance of restraint, initially at the daily meeting where all incidents of restraint are reviewed through the analysis of written documentation and CCTV footage. Any concerns are then further scrutinised by the director and senior managers. Inspectors found incidences where staff, who had erred from procedures were effectively challenged, given intensive supervision and were not allowed contact with young people until senior managers were assured that their practice had improved. Comprehensive restraint data is also analysed at the monthly critical incidents review panel, who also view CCTV footage of a minimum of three randomly selected incidents involving restraint.
49. Documentation relating to restraint is completed in a timely way and checked by managers for accuracy and quality. However, despite small recent improvements restraint documentation is not completed adequately and specifically does not include detailed reports from all staff involved in an

incident. Consequently, those reviewing incidents of restraint do not have all the potential evidence available to them, which is an omission.

50. Since August 2011 there has been a significant and steady reduction in the number of physical restraints although the figures remain high. In our survey 59% of young people said that they had been physically restrained, which is significantly higher than the mean 25% in the sector. In the six months from July 2012 there was an average of 44 physical restraints per month, with the highest number being 59 in November 2012, involving 17 young people. A small minority needed to be restrained on a number of occasions.
51. The main reason for the use of restraint is in response to a fight or assault. Detailed figures examined by inspectors from July to December 2012 provided assurance that pain-inducing holds had not been used. Handcuffs had been used on three occasions and twice on the same young person, with whom inspectors spoke. There was evidence that use of handcuffs brought incidents quickly and safely to a conclusion. Nurses see all young people who have been subject to restraint for the purpose of medical assessment, although their reports require more detail to record the physical and emotional condition of the young person. From July to December 2012, 36 young people, seven of whom were female were reported to have a minor injury following restraint although none required medical treatment. One member of staff required hospital treatment following a restraint incident in August 2012.
52. There is evidence that staff are intervening in fights and assaults by greater use of ushering young people apart, without using formal restraint techniques. The CCTV footage of a number of randomly selected incidents viewed by inspectors showed restraint being used appropriately to separate young people. Following concern that restraint had been used to prevent damage to property, further investigation showed that in all the cases inspectors sampled, including watching CCTV that the reason for the intervention, was to prevent the young person hurting themselves or others. Records did not always fully reflect the reasons for the actions being taken.
53. In a sample of restraint documents examined by inspectors, the longest time a young person was restrained was six minutes 40 seconds. An audit by the YJB covering a longer period time showed that on average restraints were less than three minutes. This indicates that staff are dealing with incidents as they arise in a professional and proportionate way. All young people are spoken to by a staff member and senior manager after they had been involved in an incident of restraint. The documentation of the discussion inspectors examined was not detailed. However, there was evidence that the discussions were used to identify what had led to the restraint and that they were linked into the

young person's ongoing behaviour support plans. Some young people had been spoken to as part of this initial debriefing process by a member of staff involved in the restraint. This is not appropriate. A member of staff not involved in the incident should first ensure that the young person does not want to complain about how staff treated them. If there are no concerns inspectors support the practice of staff involved in a restraint incident, formally engaging with the young person.

54. Sensitive analysis of the educational functioning of the population of the centre, has indicated that 65% of young people have some level of learning difficulty. This has led to a positive work, with staff exploring ways of improving communication with young people, particularly about how well issues regarding restraint are communicated. The education department is also undertaking a review of current literature and modes of communication with young people to develop a bespoke training programme for staff; however it is too early to measure any impact.

Single separation or 'time away'

55. Time away in which young people are placed in rooms separated from other young people is used well. In most cases it helps young people to become calm in situations where they are in an agitated and potentially threatening or vulnerable state or following restraint. There has been a significant decline in its use with an average of 26 incidences a month from July to December 2012 inclusive, whereas in a six-month period during 2011 and 2012 there had been a total of 44 incidents, equating to an average of seven per month. In the time away documentation examined by inspectors all incidents followed the use of restraint, where it was used to place the young person in a safe environment to help them calm down. In the documentation examined by inspectors, separation was seen to be appropriate, all young people were regularly monitored by unit staff and duty managers checked this regularly.
56. The vast majority of separation periods ranged from 15 minutes to an hour, though there were three occasions where young people were separated from between two to three hours. The use of time away is monitored by the critical incidents review panel, but the data is not sufficiently detailed as it does not include the reasons for the separation.

The well-being of young people is good

57. The well-being of young people is good overall. The health of young people is well assessed, promoted and improved during their placement at the centre. Health staff are aware of, and address the diverse needs of young people in

their care. Consent and confidentiality issues are clearly understood and young people reported a responsive, accessible, and positive relationship with health staff.

58. Young people's health needs are assessed well on admission by the duty nurse. Assessments are informed by information disclosed by the young person, their parents or carers, ASSET documents, court reports and escort records. Such holistic assessments consider the physical, emotional and mental health of young people utilising tools such as the screening questionnaire interview for adolescents (SQIFA). Identified needs are supported by personalised care plans and supported by timely referrals and interventions, including genitourinary medicine clinics, opticians, and dentistry.
59. There is good initial screening of young people's substance misuse needs within their first hour of admission to the centre enabling the prioritisation of clinical needs. This is complemented by a further comprehensive assessment informing the development of an appropriately tiered intervention care plan specific to the young people's needs in agreement with them and their families, where appropriate. This considers the individual learning, communication and specialist health needs of the young people identified in statements of educational need and specialist health reports. Young people's views are valued and captured informing service delivery. Outcomes are well documented individually and corporately with the imminent introduction of the data entry tool to capture National Drug Treatment Monitoring Service data.
60. Health staff are an integral partner in risk assessments contributing to care and behaviour management plans. There is improved representation and attendance of health practitioners at multidisciplinary meetings including those of a safeguarding nature. These including violence reduction and critical incident forums. Health is not a mandatory partner at all meetings presenting a lost opportunity to routinely contribute to plans. Health staff are currently required to complete the holistic risk assessment and management documentation on EASSET, independent of another professional, which is inappropriate practice. The assessment tool explores areas outside the health specialism such as attitudes, behaviour and lifestyle in relation to potential offending behaviour. The role and contribution of health staff at the point of admission is currently subject to review.
61. Health staff conduct regular visits to the residential units in the morning, afternoon as well as evenings. Young people can also request medical services outside of designated times that are met. Young people have good access to a broad range of services including acupuncture, stimulation therapy and smoking cessation, assisted by the use of nicotine replacement patches. The

health and wellbeing of young people is improved by receiving immunisations and health screening services, such as chlamydia testing. The introduction of the primary health monthly meeting is a positive development as it considers and promotes aspects of best practice while also considering barriers to access or delays in receiving services. There is enhanced scrutiny of the department corporately via audits and quality assurance reviews with recommendations requiring response within specific time periods. However, there is an absence of performance data collated on physical health outcome measures. This is a lost opportunity to inform needs forecasts and evolve services to meet the needs of the service users.

62. Young people have good access to age appropriate health literature and themed health information is displayed within the health and admission building and mobile workshop provision. These are supplemented with drop in health clinics building on social awareness interventions. There is careful consideration given to the appropriateness of interventions in relation to young people's sentence plans with early consideration of post release needs including those of sexual health and harm minimisation.
63. Young people have good access to healthy and varied foods and are educated in making healthy choices. There is good engagement with young people in the development and refinement of menus to reflect their diverse needs. Healthy options are available each day but these are not flagged for easy identification to support care plans. The menus are complemented by the weekly rotation of a meal nominated by each house unit, a halal menu, and themed meals on the last Wednesday of every month and the posting of information on making healthy choices on the canteen notice board. The catering department is also proactively addressing the lack of fruit within their diet of young people. The increased availability of fruit at mealtimes and fruit packs for each child to have in their room is being proposed to the executive management team. However, there is an absence of co-ordination between catering, education, health and residential units to ensure a consistent message promoting healthy choices. This inhibits the development of individualised care plans, for example, in relation to weight reduction.
64. There is improved strategic management of the health department with established link nurses for substance misuse and sexual health. Health staff receive good regular direct and clinical supervision and peer support within the department and the wider organisation. All health professionals employed within the service and contracted to deliver health provision have received safeguarding training. Young people also benefit from being part of a larger SERCO service enabling them to seek advice, guidance and assistance from other health staff within their organisation. Young people are provided with a

comprehensive discharge letter on leaving the centre detailing the health interventions to be provided to their General Practitioner to assist continuity of care within the community.

65. Young people are provided with a good range of information on arrival at the centre and throughout their stay at the centre. This information is in a suitable format and the centre can have it quickly converted into different languages for young people whose first language is not English. As well as a pack on admission, there is a range of useful and relevant information on display in house blocks and other communal areas. For example, there is information about how to contact the advocacy service provided by Barnardo's, how to make a complaint and information about the incentive scheme. Staff ensure that young people understand the centre regime and are available at all times to answer any questions or queries that young people may have. This ensures young people know what to expect at the centre and assists them to settle in quickly.
66. All areas of the centre are well decorated and furnished and provide an environment that is conducive to the positive care of young people. Young people are able to personalise their rooms and are expected to keep their rooms and house units clean and tidy. Young people are able to prepare and cook snacks, and some meals on house units, supported by staff where required. This supports young people to develop responsibility and skills for adulthood and independent living.
67. Since the last inspection the centre has introduced an independent counselling service. Young people are able to meet with a counsellor if they wish and set their own agenda for discussion. The assistance young people receive through this service supports them to discuss and deal with any problems they may have and to develop coping strategies.
68. Young people's cultural and religious needs are identified on admission and staff ensure these needs are met. Young people are provided with religious artifacts on request to support them to follow their chosen religion. The centre staff and chaplain can access support and guidance for young people where requested or required, from a range of faith leaders in the community with whom they have forged good links, for example, the local Imam. The centre chaplain visits the centre weekly providing young people with an opportunity to speak to someone independent of the centre as well as providing good pastoral care. Religious festivals are recognised and celebrated through a dedicated festivals committee, who plan celebrations and events that recognise and reflect diversity.

69. Incidents of discrimination are challenged quickly and managed well ensuring support for the victim and appropriate redress, guidance and education for the perpetrator. The numbers of incidents of such behaviour are low. The centre monitors such matters and ensures that incidents are fully and appropriately dealt with.
70. Most relevant data held by the centre is rigorously scrutinised on a regular basis to ensure that individuals or groups are not over or under represented and young people are not subject to discrimination. Areas considered include restraint, single separation and incentive scheme levels. However, scrutiny does not include all relevant matters. For example, it does not assess or scrutinise sanctions or complaints. Equality impact assessments are carried out where there has been a change to practice or policy, or a risk-led approach determines the need to undertake assessments to improve outcomes for young people.
71. There are good systems and processes in place for sharing information across the centre that ensures positive and safe care is provided to young people. Information sharing systems and forums inform care planning and risk assessments that are regularly reviewed and implemented.
72. Keyworkers spend regular time with young people offering advice, guidance and support. Key work sessions focus well on incidents of anti-social behaviour and issues are discussed, leading to the modification of behaviour plans. Positive feedback is provided to all young people who are identified as not having engaged in any anti-social behaviour. This is good practice and is appreciated by the young people. Keyworkers undertake structured, individual work with young people on issues such as anger management and relationships, so young people develop knowledge and coping skills. However, while some key worker records reviewed were of a reasonable quality, too often these plans were not sufficiently detailed and specific about the changes the young person needed to make and how they were going to be supported to achieve these. Young people say that keyworkers support them well and they have good relationships with them. The survey indicated that 82% of young people thought their keyworker tried to help them.
73. Consultation with young people about their care and life at the centre is good. Young people are provided with opportunities to attend forums where they are encouraged to express their views on anything that they feel is important. For example, there are weekly house unit meetings and fortnightly centre consultation meetings. Records and action points are kept from these meetings, demonstrating consideration of young people's views and wishes. Changes made as a result of young people's views include modifications to the

incentive scheme points bandings, as young people felt some were too difficult to achieve. Similarly, following consultation there has been an increase of cooking on house units during the evenings. Young people are also involved in other matters that influence service delivery interviews for potential employees and training events for staff.

74. Young people have confidence in the complaints system. In the survey, 95% of young people said they know how to make a complaint with no-one stating they were too scared or intimidated to make a complaint. The centre's system has two processes. The grumbles books, where young people can record low-level concerns on their house units and a manager will respond in a timely manner. There is also the formal complaints system. The grumbles books are used by young people and discussions with young people show that they are happy with the system. However, records lack detail to show that the issues young people raise have been responded to and resolved. Any formal complaint raised results in a quick written response to young people to confirm receipt, with matters being investigated and addressed in a timely manner.
75. Young people stated that their complaints are taken seriously and addressed. When a complaint investigation has concluded, a senior staff member meets with each young person to discuss their concern, how it has been handled and the outcome, as well as young people receiving confirmation in writing. Young people are asked at this stage if they are happy with the outcome and if not, they are supported to take their concern to appeal. Although young people receive written responses to their concerns, the letters do not contain sufficient detail and do not always follow the centre's written guidance. For example, they do not summarise the concern, how it was investigated, what went wrong, if anything, and what action has been taken to rectify the matter.

The achievement of young people is good

76. The achievement of young people is good. The progress young people make from their starting point is effectively monitored. Significant improvements are made particularly in reading. Young people with identified low levels of ability receive individual support and make rapid progress and improvement. Young people who have a statement of special educational need are also supported well with good input from an external educational psychologist and the special education needs co-ordinator to develop specialist support plans to help the young people achieve. No significant variations in achievement were found between different groups of young people.
77. Initial education assessments take place promptly after a young person's arrival. Assessments are thorough and include learning styles, reading age and

where required, assessments for dyslexia. This information combined with information on any prior attainments is used well to inform action planning for learning objectives. Achievement of planned learning goals is outstanding with the majority of young people achieving their learning objective. It is recognised by the centre that the amount of accreditations at level 2 needs to improve further particularly in catering and construction skills. Links with schools where required are effective and good support is in place to enable young people to complete their GCSE exams.

78. Tutorials support young people works well in identifying what they need to do to improve. Targets are negotiated on a weekly basis with young people, setting clear objectives particularly around personal and social development. Young people at risk of falling behind are identified on a traffic light system. During tutorials young people are consulted on the quality of experience in education or training and considering any additional support they may need to progress. Attendance is outstanding. The number of young people who refuse to attend education or training is very low and is rare. The policy for ensuring that young people re-engage is well understood by staff and works well at helping young people maintain their learning.
79. Overall the range of programmes in education and vocational training is good offering full qualifications or unit accreditation from entry to level 2. This effectively meets the range of abilities and length of stay of young people. In the pre-inspection survey, young people identified education and activities as a positive aspect of life at the centre. Young people had good opportunities to engage in exercise programmes that promoted health and healthy living. The physical exercise (PE) provision was outstanding with a range of courses that are well run. Young people through the enterprise programme gain valuable experience in running coaching sessions for staff. Accommodation for PE was generally good.
80. Classroom accommodation is generally adequate but un-inspiring with limited access to information learning technology to support learning. The accommodation for vocational subjects' in hairdressing and catering is not of an industry standard and does not help raise the aspiration of young people.
81. Teaching and learning overall is good. The best sessions are well planned and engage young people well. Care officers are utilised particularly well to support individual learning needs. Staff are well qualified and benefit from good opportunities to improve their skills. However, the amount of outstanding teaching needs to continue to increase. In the best classes behaviour management in lessons is good, in a minority of weaker sessions poor behaviour has an adverse effect on learning. The work of young people is

displayed appropriately on classroom walls and supports a good learning environment. Teaching staff have specific specialist subject areas, but many are also able to teach a secondary topic which allows additional material to be covered when required.

82. A new innovative initiative entitled the 'world of work' has a good focus on developing the employability of young people. The programme which is linked to centre vocational training invites employers and specialists to talk to young people about working within these industries providing valuable insight. The programme is also aligned to the teaching of English in considering how best to prepare and present a curriculum vitae (CV).
83. Behaviour overall was very good. The use of a points system based on the personal development targets of young people in learning sessions has had a positive impact in improving behaviour with better engagement in learning. A very effective strategy to reduce young people being intimidated from window warring in the education department has proved highly successful. Staff form very effective productive relationships with young people with good levels of mutual respect. Links between education and other areas of the centre are very good which helps inform the most appropriate interventions for young people. The education department in its self-assessment evaluates its impact on other areas within the centre, and how this could better benefit young people.
84. Mobility is used increasingly well for young people who are required to attend interviews to continue with education, training or employment post custody. However, it is still not effectively used for young people to gain valuable work experience, particularly linked to the vocational work taking place at the centre. Careers information is good and provides a clear direction for young people. Support for CV and job search are in place. Good links are in place with local colleges. The number of young people who continue with education or training after release is high. The centre monitors the numbers of young people who remain in education or training after release which indicate an impressive 67% after 12 months.
85. Equality and diversity are promoted well during learning sessions. The teaching makes good use of opportunities to extend young people's understanding of difference.
86. Enrichment activities are good. Young people have good opportunities to engage in a variety of activities. Activities such as the cadet programme is very effective at helping young people develop their personal skills and behaviour. Participation in The Prince's Trust scheme enables young people to further

gain additional accreditation. External enrichment activities are good with a variety of community links in place.

87. The performance management of staff is good. Teachers have clear targets to achieve based on the number of young people who gain accreditations and more qualitative targets such as improving the quality of teaching and learning. Teaching practice is observed regularly to enhance standards.

The resettlement of young people is outstanding

88. The resettlement of young people is outstanding. Comprehensive assessments are undertaken by the young person's allocated caseworker within 24 hours of their arrival at the centre. Assessments include meaningful contributions from the young person and their parents or carers as well as consideration of the full range of pre and post sentence or remand information available.
89. Reviews for sentenced and remanded young people are timely and all relevant departments within the centre are represented. The reviews inspectors observed were skillfully managed and informed by detailed departmental reports. Youth offending workers and parents inspectors spoke to were very complimentary about the review process. They were also complimentary about the frequent and ongoing communication to ensure that they are kept up to date with the care of the young person and properly consulted. Young people also confirmed that they felt fully involved with the review process. All are invited to complete a consultation form to offer their views prior to their review. The majority did so and some very assertively. Records examined by inspectors confirmed an excellent level of information sharing internally and externally. Centre staff attend some post-release reviews held in the community and this is generally based on locality and priority of need.
90. At the time of the inspection there were four young people being considered for multi-agency public protection arrangements (MAPPA) on their release. Comprehensive risk assessments ensured that the potential risk that the young people posed to staff and other young people is well managed in the centre. Any restrictions relating to contact while in custody are decided by the youth offending services and efficient systems in the centre ensure that restrictions are strictly adhered to. The resettlement team has overall responsibility for ensuring that reports from all departments within the centre provide a balanced, collective view about the young person's behaviour, general progress and any specific risks identified to inform MAPPA meetings. Commendably the centre is represented at all MAPPA meetings held in the community. This is regardless of MAPPA level or the distance to be travelled to attend the meeting.

91. Arrangements to consider young people's early release are thorough. Detailed reports are prepared using contributions from all departments. Views are then shared with youth offending services, the young person and his or her parents or carers at a release recommendation meeting.
92. Good attention is paid to equipping young people with general lifeskills and contributions are made by a cross section of centre staff. For example, keyworkers help young people with personal care and independent living skills. The interventions workers conduct lifeskills groupwork sessions as well as one-to-one work and the education department offer specific modules through personal, health and social education (PHSE) relating to budgeting and avoiding debt. The incentive scheme is used creatively to help young people to practice good money management skills during their time in the centre.
93. There is a wide range of offending behaviour programmes based on a comprehensive needs analysis. There is an appropriate emphasis on motivational work. Young people are suitably assessed so that they undertake programmes to address their individual needs in accordance with their sentence plans. Young people assessed as requiring intervention for sexual offending have access to a programme to address sexually harmful behaviour. Ten centre staff are trained to deliver the programme. Good efforts are made to involve community organisations in the delivery of resettlement programmes. Centrepoint deliver a groupwork programme covering a range of independent living and citizenship issues. Inspectors observed a session covering equality and diversity which was well received by the young people. All units of the programme are accredited. There is a detailed annual evaluation and review process in place to measure the effectiveness of the programmes and inform continuous improvement.
94. At the time of the inspection 13 young people, approximately one third of the total population at Hassockfield had looked after children (LAC) status. The centre's efficient arrangements ensured that LAC reviews were timely and usually followed on from the sentence or remand planning review. Strenuous efforts are made to ensure that young people without family support are assessed for section 17 services from their local authority, including accommodation when needed.
95. All young people eligible for mobility or release on temporary license are discussed at the appropriate time by a multi-disciplinary panel. In the previous six months 50 young people had been considered by the panel and 32 had been approved. Records examined indicated suitable decisions had been made, governed by risk assessment. Mobility has been used well for

reintegration purposes, for example to further secure accommodation, for a home visit or for an education or training placement appointment. In addition some young people had been involved in community projects through mobility. Great efforts are continually being made to establish links with the local community to provide opportunities for young people, with varying degrees of success. Although only a small number of young people benefitted from the initiatives it was not for the lack of effort and enthusiasm of centre staff.

96. Caseworkers work through a comprehensive resettlement pack with young people before their release. They are then given their own pack, which is backed up on a DVD, at the point of their release. The pack covers a wide range of safety and health issues and includes practical advice with a number of useful helpline telephone numbers. Young people are also encouraged to contact the centre post release if they wish to through a freephone number. Although not often used, inspectors were provided with examples of some young people who had clearly benefitted from ongoing contact.
97. Release reports are prepared for the majority of young people. In the sample examined by inspectors the quality of the release reports was very good and contained extremely valuable information for youth offending services or other secure establishments to which the young people were being transferred. The reports concluded with clear recommendations for further work to be completed with the young person. However, not all young people who were transferred to other secure establishments left with a suitable report. In the main this concerned a small number of young people who were transferred to a young offender institution (YOI) because they had reached the age of 18 rather than because it was in their best interests or in keeping with a long-term sentence plan. Conversely, young people serving long sentences who have a planned transfer to a specialist unit in a YOI are well catered for with good joint planning between the centre and the YOI.
98. Inspectors spoke to eight young people who were about to be released within the following month. All but one were clear about where they were going to live and the arrangements that had been made for them with regard to education or further training. Inspectors also spoke to parents and youth offending services workers of some young people who had recently been released. All spoke very highly of the support that had been given to ensure that the young person was prepared as fully as possible for successful reintegration into the community.
99. The strategic management of resettlement is very good. There are bi-monthly resettlement group strategy meetings, with clear terms of reference, which are generally well attended and multi-disciplinary. The meetings are informed by a

good range of data analysis. The minutes of the meetings examined demonstrated a good level of discussion about outcomes for young people measured against all resettlement pathways. Action points agreed were appropriate and followed up at subsequent meetings. Quality assurance is robust through detailed monthly audits of individual case files described as 'The Young Person's Journey Analysis'. Any deficits are highlighted by managers and follow up checks are made to ensure progress.

100. Centre staff are tenacious in requesting post release outcome data from youth offending services and parents/carers, setting out their expectations of cooperation at the point of the young person's release. Consequently, responses have improved and post release follow up work at three monthly intervals up to one year post release is well established. This is providing useful data demonstrating that the majority of young people are discharged to accommodation that is sustained and have not reoffended within the period of follow up.
101. A number of staff have been trained in family group conferencing. Although few young people and their families have been assessed as suitable for this type of intervention, trained staff work with complex and challenging family problems. Some parents spoken to by inspectors described having received a good deal of support from centre staff to help them resolve difficulties in preparation for their young person's release.
102. At the time of the inspection over half of the young people at Hassockfield were over 100 miles from their home and less than a third were within a 50 mile radius. Considerable efforts are made by centre staff to monitor and encourage family contact, including by telephone or video link between young people and family members in other secure establishments. Financial help with travel costs is available through the assisted visits scheme. This is well promoted and access to accommodation within the external grounds of the centre is free of charge to visitors and well used. This is a valuable resource for families who travel long distances. Arrangements to book a visit are efficient and security requirements on arrival and during visits are proportionate to risk. There were no banned visitors or restricted visits at the time of the inspection and restrictions had been placed on only one visitor in the previous three months.
103. Inspectors observed centre staff who were friendly and helpful to visitors who were experiencing their first visit. The visits room is comfortable and visitors and young people are provided with a hot drink on arrival. Visitors may also purchase snacks and drinks for themselves and the young person they are visiting. Inspectors observed families enjoying their visit in a relaxed

atmosphere. Visits entitlements are good and visiting arrangements are sufficiently flexible to encourage families to visit. For example, visitors who travel long distances may accumulate their weekly visits allowance to increase the standard visiting time of two hours. On average the centre hosts approximately 12 visits each week.

104. Young people may apply for an enhanced visit. This allows young people and their families to spend time together in a less formal setting than the visitor's room and engage in normal family activities such as eating a meal together, playing games or watching TV together. Feedback from visitors following an enhanced visit was very positive. However, the enhanced visits policy states 'Every young person will be presumed unsuitable for enhanced visits unless evidence can be presented to demonstrate their suitability.' Although staff assured us that practice was not consistent with the policy of presumed unsuitability, the number of young people who had experienced an enhanced visit was low. Only eight young people had benefitted from an enhanced visit in the previous three months.
105. All young people have good access to a telephone, which they are able to use in their rooms in private. They are also permitted to receive incoming calls from their family. Young people may send as many letters as they wish by second-class post at the expense of the centre. Despite considerable travel difficulties, in our survey, 97% of young people said that it was easy to keep in touch with their family and friends outside the centre.

Record of main judgements

Secure training centre	
Overall effectiveness	Good
The safety of young people	Good
The behaviour of young people	Good
The well-being of young people	Good
The achievement of young people	Good
The resettlement of young people	Outstanding

Secure Training Centre Survey

Section 1: Questions about you

		Male				Female		
Q1.1	What is your gender?	19 (86%)				3 (14%)		
		12	13	14	15	16	17	18
Q1.2	How old are you?	0 (0%)	0 (0%)	0 (0%)	5 (23%)	9 (41%)	8 (36%)	0 (0%)
Q1.3	What is your ethnic origin?							
	White - British (English/Welsh/Scottish/Northern Irish).....	19 (83%)						
	White - Irish.....	0 (0%)						
	White - Other.....	0 (0%)						
	Black or Black British - Caribbean.....	0 (0%)						
	Black or Black British - African.....	0 (0%)						
	Black or Black British - other.....	0 (0%)						
	Asian or Asian British - Indian.....	0 (0%)						
	Asian or Asian British - Pakistani	0 (0%)						
	Asian or Asian British - Bangladeshi	0 (0%)						
	Asian or Asian British - Chinese.....	0 (0%)						
	Asian or Asian British - other	0 (0%)						
	Mixed heritage - White and Black Caribbean	2 (9%)						
	Mixed heritage - White and Black African	1 (4%)						
	Mixed heritage - White and Asian	1 (4%)						
	Mixed heritage - other	0 (0%)						
	Arab	0 (0%)						
	Other ethnic group.....	0 (0%)						
Q1.4	What is your religion?							
	None	9 (41%)						
	Church of England.....	2 (9%)						
	Catholic	7 (32%)						
	Protestant	1 (5%)						
	Other Christian denomination	1 (5%)						
	Buddhist	0 (0%)						
	Hindu.....	0 (0%)						
	Jewish	0 (0%)						
	Muslim.....	1 (5%)						
	Sikh.....	1 (5%)						
		Yes				No		
Q1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	1 (5%)				21 (95%)		
		Yes				No		
Q1.6	Are you a British citizen?	22 (100%)				0 (0%)		
		Yes				No		

Q1.7	Do you think that you have a disability? (<i>i.e. do you need help with any long-term physical, mental or learning needs</i>)	4 (18%)	18 (82%)
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Section 2: Questions about your trip here and first 24 hours in this centre

Q2.1	On your most recent journey here, did you feel that staff were looking after you?	Yes 20 (87%)	No 3 (13%)	
Q2.2	When you were searched, was this carried out in a respectful way?	Yes 20 (87%)	No 2 (9%)	Don't remember/ Not Applicable 1 (4%)
Q2.3	Were you seen by a health services worker (for example a doctor or nurse) before you went to bed on your first night here?	Yes 22 (96%)	No 1 (4%)	
Q2.4	On your first night here, were you able to talk to someone about how you were feeling?	Yes 17 (74%)	No 3 (13%)	I didn't want to talk to anyone 3 (13%)
Q2.5	Did you feel safe on your first night here?	Yes 20 (91%)	No 2 (9%)	

Section 3: Daily life

Q3.1	What is the food like here?		
	<i>Very good</i>	1 (4%)	
	<i>Good</i>	12 (52%)	
	<i>Neither</i>	2 (9%)	
	<i>Bad</i>	3 (13%)	
	<i>Very bad</i>	5 (22%)	
Q3.2	If you had a problem, who would you turn to? (Please tick all that apply)		
	<i>No-one</i>	2 (10%)	

<i>Teacher/ Education staff</i>	1 (5%)
<i>Key worker.....</i>	3 (14%)
<i>Case worker.....</i>	8 (38%)
<i>Staff on your unit</i>	12 (57%)
<i>Another young person here</i>	3 (14%)
<i>Family.....</i>	9 (43%)
<i>Other</i>	0 (0%)

		I don't have a key worker	Yes	No
Q3.3	Are you able to see your key worker when you want to?	3 (14%)	17 (77%)	2 (9%)
		I don't have a key worker	Yes	No
Q3.4	Does your key worker try to help you?	3 (14%)	18 (82%)	1 (5%)
		Yes		No
Q3.5	Do most staff treat you with respect?	20 (87%)		3 (13%)
		Yes		No
Q3.6	Are your religious and cultural views respected?	16 (76%)		5 (24%)
		Yes	No	I don't want to
Q3.7	Can you attend religious services?	7 (35%)	4 (20%)	9 (45%)
		Yes		No
Q3.8	Is it easy to keep in touch with family outside the centre?	21 (95%)		1 (5%)

Section 4: Behaviour

Q4.1	Do you know what the rewards and sanctions scheme is?	Yes 21 (91%)	No 2 (9%)	
		Yes	No	I don't know what the rewards and sanctions scheme is
Q4.2	Do you think the rewards and sanctions scheme is fair?	18 (82%)	2 (9%)	2 (9%)
		Yes		No

Q4.3	If you get in trouble, do staff explain what you have done wrong?	17 (77%)	5 (23%)
Q4.4	Have you been placed in close supervision or single separation here?	Yes 9 (41%)	No 13 (59%)
Q4.5	Have you been physically restrained (PCC) since you have been here?	Yes 13 (59%)	No 9 (41%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a health service worker (for example, a doctor or nurse)?	Yes 21 (91%)	No 1 (4%)	I don't know 1 (4%)
Q5.2	What are the health services like here?	Good 19 (83%)	Bad 2 (9%)	I don't know 2 (9%)

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 21 (95%)	No 1 (5%)
Q6.2	Are complaints dealt with fairly?	I have not made one 11 (48%)	Yes 7 (30%) No 5 (22%)
Q6.3	Have you ever felt too scared or intimidated to make a complaint?	Yes 0 (0%)	No 23 (100%)

Section 7: Questions about education, training and activities

Yes	No	I don't know
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Q7.1	Do you have a training plan, sentence plan or a remand plan? (i.e. a plan that is discussed in your DTO meetings or reviews that sets out your targets)	16 (70%)	1 (4%)	6 (26%)
Q7.2	Are you encouraged to take part in activities outside education/ training hours?	Yes 19 (83%)		No 4 (17%)
Q7.3	Have you been given career advice here?	Yes 16 (76%)		No 5 (24%)
Q7.4	Have you been able to learn work related skills here (i.e.bricklaying/ hairdressing)?	Yes 15 (65%)	No 6 (26%)	I don't know 2 (9%)
Q7.5	Do you think your education/ training here will help you once you leave the centre?	Yes 14 (64%)		No 8 (36%)

Section 8: Questions about safety

Q8.1	Have you ever felt unsafe here?	Yes 3 (13%)	No 20 (87%)
Q8.2	Do you feel unsafe at the moment?	Yes 2 (9%)	No 21 (91%)
Q8.3	In which areas or at what times have you ever felt unsafe? (Please tick all that apply)		
	<i>Never felt unsafe</i>		20 (87%)
	<i>Everywhere</i>		2 (9%)
	<i>Reception area</i>		1 (4%)
	<i>Close supervision/ single separation</i>		1 (4%)
	<i>At the gym</i>		3 (13%)
	<i>Outside areas/ grounds</i>		2 (9%)
	<i>At education/ training</i>		3 (13%)
	<i>At religious services</i>		1 (4%)
	<i>At health services</i>		1 (4%)
	<i>In visits area</i>		2 (9%)
	<i>On your unit</i>		1 (4%)
	<i>In your room</i>		1 (4%)
	<i>Other</i>		1 (4%)

Q8.4	Have you ever been bullied or victimised by another young person or group of young people here?	Yes 4 (17%)	No 19 (83%)
Q8.5	If yes, what was it about? (Please tick all that apply)		
	<i>Insulting remarks (about you or your family or friends)</i>	1 (4%)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (9%)	
	<i>Sexual abuse</i>	1 (4%)	
	<i>Feeling threatened or intimidated</i>	2 (9%)	
	<i>Having your canteen/property taken</i>	1 (4%)	
	<i>Medication</i>	1 (4%)	
	<i>Drugs</i>	1 (4%)	
	<i>Your race or ethnic origin</i>	2 (9%)	
	<i>Your religion/religious beliefs</i>	2 (9%)	
	<i>Your nationality</i>	2 (9%)	
	<i>Your being from a different part of the country than others</i>	2 (9%)	
	<i>Your being from a traveller community</i>	1 (4%)	
	<i>Your sexual orientation</i>	1 (4%)	
	<i>Your age</i>	1 (4%)	
	<i>You having a disability</i>	1 (4%)	
	<i>You being new here</i>	1 (4%)	
	<i>Your offence/ crime</i>	1 (4%)	
	<i>Gang related issues</i>	1 (4%)	
	<i>Other</i>	1 (4%)	
Q8.7	Have you ever been bullied or victimised by a member of staff or group of staff members here?	Yes 3 (14%)	No 19 (86%)
Q8.8	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)		
	<i>Insulting remarks (about you or your family or friends)</i>	1 (5%)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	0 (0%)	
	<i>Sexual abuse</i>	0 (0%)	
	<i>Feeling threatened or intimidated</i>	0 (0%)	
	<i>Having your canteen/property taken</i>	0 (0%)	
	<i>Medication</i>	0 (0%)	
	<i>Drugs</i>	0 (0%)	
	<i>Your race or ethnic origin</i>	1 (5%)	
	<i>Your religion/religious beliefs</i>	1 (5%)	
	<i>Your nationality</i>	1 (5%)	

<i>Your being from a different part of the country than others.....</i>	1 (5%)
<i>Your being from a traveller community</i>	1 (5%)
<i>Your sexual orientation</i>	0 (0%)
<i>Your age.....</i>	0 (0%)
<i>You having a disability</i>	0 (0%)
<i>You being new here.....</i>	0 (0%)
<i>Your offence/ crime.....</i>	0 (0%)
<i>Gang related issues.....</i>	0 (0%)
<i>Because you made a complaint.....</i>	0 (0%)
<i>Other</i>	0 (0%)

Q8.10	If you were being bullied or victimised, would you tell a member of staff?	Yes	No
		14 (64%)	8 (36%)
Q8.11	Do you think staff would take it seriously if you told them you were being bullied or victimised?	Yes	No
		18 (82%)	4 (18%)
Q8.12	Is shouting through the windows a problem here?	Yes	No
		8 (36%)	14 (64%)



Hassockfield STC

Summary of questionnaires and interviews

19th February 2013

Introduction

The objective of the STC survey is to give young people the chance to comment on their treatment and conditions in custody, as part of the evidence base during HM Inspectorate of Prisons and Ofsted inspections.

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

Survey Methodology

A voluntary, confidential and anonymous survey of a representative proportion of the population of children and young people (12–18 years) was carried out by HM Inspectorate of Prisons.

Selecting the sample

At the time of the survey on 19th February 2013, the population of young people at Hassockfield STC was 33. All young people at the time of the survey were aged between 14 and 18 years. All young people were included in the sample.

Completion of the questionnaire was voluntary and refusals were noted.

Interviews were carried out with any young people with literacy difficulties. Interviews were also routinely offered to all young people aged 14 years. No young person required an interview.

Methodology

Every attempt was made to distribute the questionnaires to each young person on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, young people were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable, or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Young people were not asked to put their names on their questionnaire, although their responses could be identified back to them in line with child protection requirements.

Response rates

In total, 23 young people completed and returned their questionnaires. This represented 70% of children and young people in the establishment at the time. The response rate from the sample was 70%.

Three young people refused to complete a questionnaire, two questionnaires were not returned and five were returned blank.

Comparisons

The following document details the results from the survey. Presented alongside the results from this survey are the comparator figures for all children and young people surveyed in STCs. This comparator is based on all responses from surveys carried out in the three other STCs surveyed since October 2012. All data has been weighted in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which young people are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

Statistical significance indicates whether there is a real difference between the figures i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading, and where there is no significant difference there is no shading. Orange shading has been used to show a significant difference in demographic background details.

Summary

In addition, a summary of the survey results has been included, which shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'I don't have a key worker' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from that shown in the comparison data as the comparator data has been weighted for comparison purposes.



Survey responses from children and young people: Hassockfield STC 2013

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance. NB: This document shows a comparison between the responses from all young people surveyed in this establishment with all young people surveyed for the comparator.

Key to tables

	Any percentage highlighted in green is significantly better	Hassockfield 2013	STC comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	86
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	23%	43%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	18%	42%
1.4	Are you Muslim?	3%	15%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	15%
1.6	Are you a foreign national?	0%	7%
1.7	Do you think that you have a disability?	19%	18%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS			
2.1	On your most recent journey here, did you feel that staff were looking after you?	88%	90%
2.2	When you were searched, was this carried out in a respectful way?	88%	86%
On your first night here:			

2.3	Were you seen by a health services worker before you went to bed?	97%	90%
2.4	Were you able to talk to someone about how you were feeling?	73%	53%
2.5	Did you feel safe?	91%	84%
SECTION 3: DAILY LIFE			
3.1	Is the food here good/ very good?	58%	23%
If you had a problem, who you would turn to?			
3.2a	No-one	10%	14%
3.2b	Teacher/Education staff	3%	6%
3.2c	Key worker	13%	29%
3.2d	Case worker	37%	30%
3.2e	Staff on the unit	57%	49%
3.2f	Another young person here	13%	14%
3.2g	Family	43%	57%
3.3	Are you able to see your key worker when you want to?	77%	75%
3.4	Does your key worker try to help you?	81%	84%
3.5	Do most staff treat you with respect?	88%	83%
3.6	Are your religious and cultural views respected?	77%	79%
3.7	Can you attend religious services?	35%	73%
3.8	Is it easy to keep in touch with family and friends?	97%	83%
SECTION 4: BEHAVIOUR			
4.1	Do you know what the rewards and sanctions scheme is?	91%	96%
4.2	Do you think the rewards and sanctions scheme is fair?	81%	56%
4.3	If you get in trouble, do staff explain why?	77%	83%
4.4	Have you been placed in the close supervision or single separation here?	41%	40%
4.5	Have you been physically restrained (PCC) since you have been here?	59%	25%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a health service worker?	91%	90%

5.2	Do you think that the health services are good here?	82%	50%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	97%	94%
For those who have made a complaint:			
6.2	Are complaints dealt with fairly?	30%	32%
6.3	Have you ever felt too scared or intimidated to make a complaint?	0%	12%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a training plan, sentence plan or remand plan?	70%	61%
7.2	Are you encouraged to take part in activities outside education hours?	82%	78%
7.3	Have you been given career advice here?	77%	54%
7.4	Have you been able to learn work related skills here?	66%	59%
7.5	Do you think your education here will help you once you leave?	65%	64%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	12%	28%
8.2	Do you feel unsafe at the moment?	9%	10%
8.3	Have you ever been bullied or victimised by another young person or group of young people here?	18%	23%
If you have felt bullied or victimised by another young person/group of young people, did the incident involve:			
8.5a	Insulting remarks?	3%	14%
8.5b	Physical abuse?	9%	10%
8.5c	Sexual abuse?	3%	2%
8.5d	Feeling threatened or intimidated?	9%	10%
8.5e	Having your canteen/property taken?	3%	2%
8.5f	Medication?	3%	0%
8.5g	Drugs?	3%	2%
8.5h	Your race or ethnic origin?	9%	2%

8.5i	You religion or religious beliefs?	9%	0%
8.5j	Your nationality?	9%	2%
8.5k	Being from a different part of the country than others?	9%	2%
8.5l	Your being from a traveller community?	3%	2%
8.5m	Your sexual orientation?	3%	2%
8.5n	Your age?	3%	0%
8.5o	You having a disability?	3%	2%
8.5p	You being new here?	3%	11%
8.5q	Your offence/crime?	3%	4%
8.5r	Gang related issues?	3%	2%
8.7	Have you ever been bullied or victimised by a member of staff or group of staff members here?	13%	17%
If you have felt bullied or victimised by a member of staff/group of staff members, did the incident involve:			
8.8a	Insulting remarks?	3%	9%
8.8b	Physical abuse?	0%	5%
8.8c	Sexual abuse?	0%	0%
8.8d	Feeling threatened or intimidated?	0%	5%
8.8e	Having your canteen/property taken?	0%	2%
8.8f	Medication?	0%	0%
8.8g	Drugs?	0%	0%
8.8h	Your race or ethnic origin?	3%	2%
8.8i	You religion or religious beliefs?	3%	2%
8.8j	Your nationality?	3%	2%
8.8k	Being from a different part of the country than others?	3%	0%
8.8l	Your being from a traveller community?	3%	0%
8.8m	Your sexual orientation?	0%	0%
8.8n	Your age?	0%	0%
8.8o	You having a disability?	0%	2%
8.8p	You being new here?	0%	4%

8.8q	Your offence/crime?	0%	2%
8.8r	Gang related issues?	0%	2%
8.8s	Because you made a complaint?	0%	2%
8.10	If you were being bullied or victimised, would you tell a member of staff?	65%	60%
8.11	Do you think staff would take it seriously if you told them you were being bullied or victimised?	81%	74%
8.12	Is shouting through the windows a problem here?	36%	37%

