

Please read this first

We want to know what you think about your treatment here and the conditions that you live in.

Please do not put your name on the form – we want your answers to be private.

The forms will be treated confidentially – they will be read only by members of the inspection team. We promise to deal with answers which cause us concern in a responsible way.

There are no right or wrong answers. WE ARE INTERESTED IN YOUR VIEWS.

We would like to know about **this** place and not about any other one that you may have been to in the past.

Please try and answer each question by ticking the appropriate box or writing in the space provided. Answers with an arrow mean you need to answer another part of the question.

For example

3. **Are you:** Sentenced → How long is your sentence?YearsMonths Life

On remand → How long have you been on remand?YearsMonths

How much longer will you be on remand?Years Months Don't know

About you...

1. **How old are you?** 12 13 14 15 16 17 18

2. **What wing and/or houseblock are you on?**

3. **Are you:** Sentenced → How long is your sentence?YearsMonths Life

On remand → How long have you been on remand?YearsMonths

How much longer will you be on remand?YearsMonths Don't know

4. **How long have you been here?**

	White	Black or Black British	Asian or Asian British	Mixed	Chinese
Are you: British <input type="checkbox"/> Irish <input type="checkbox"/> Other white background <input type="checkbox"/>	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other black background <input type="checkbox"/>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other mixed background <input type="checkbox"/>	Chinese <input type="checkbox"/> <hr/> <p style="text-align: center;">Other ethnic group</p> <p style="text-align: center;">.....</p>	

6. **Have you been in a prison or a secure training centre before for a different sentence?** Yes No

7. **Do you have any children?** Yes No

8. **Have you had a foster family or been in a children's Home?** Yes, children's home Yes, foster home Yes, both No
- IF YES: **How long did you spend in care?** Less than 1 month 1 month, less than 6 months 6 months but less than 1 year
 1 year but less than 2 years 2 years but less than 4 years More than 4 years

Your first few days here...

9. **We are interested in what happened to you before you arrived here and your first few days here. Please tick yes or no to the following statements:**

	Yes	No	
I was told about where I was going before I got here	<input type="checkbox"/>	<input type="checkbox"/>	
I was told what I needed to know by the staff when I first arrived	<input type="checkbox"/>	<input type="checkbox"/>	
The staff were friendly and made me feel OK	<input type="checkbox"/>	<input type="checkbox"/>	
I could make a telephone call to my family or friends on my first day here	<input type="checkbox"/>	<input type="checkbox"/>	
I was bullied	<input type="checkbox"/>	<input type="checkbox"/>	
The teachers were understanding about any school problems I had	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Don't know – have not been/have no problems
I knew trainees/staff from before	<input type="checkbox"/>	<input type="checkbox"/>	
I have friends in here	<input type="checkbox"/>	<input type="checkbox"/>	

10. **How long were you in reception?** Less than 1 hour 1-2 hours 2-3 hours More than 3 hours Can't remember Other:
11. **Overall, how were you treated in reception?** Well OK Badly Can't remember

12. **By the end of the first week here did you feel you had settled in?** Yes No Yes and No Can't remember

13. **Did you have any problems that needed dealing with as soon as you arrived?** Yes No Don't remember

- IF YES: **What?** **Coming off drugs**
- (Please tick all that are true for you)* **Had no tobacco**
- Letting your family know where you were**
- Money worries**
- Getting your property**
- Health problems**
- Alcohol use**
- Housing problems**
- Feeling depressed**

14. **Have you signed a compact (an agreement between you and the prison about your behaviour and what you can expect from this establishment)?** Yes No Don't know

- IF YES: **Was the compact fully explained to you before you signed it?** Yes No Don't know
- Did it explain what is expected of you?** Yes No Don't know
- Did it explain what this establishment should be doing for you?** Yes No Don't know

Life here...

15. **How easy or difficult is it for you to attend religious services?** Easy Not easy or difficult **Difficult** Don't know Do not want to attend

IF DIFFICULT: **Why?**

16. **Does the canteen/shop sell a wide enough variety of products?** Yes **No** Don't know -have not bought anything yet

IF NO: **What else would you like to see?**

17. **What is the food like?** Good Not good or bad Bad

WHY? (Please tick as many as apply)

Choice of menu Size of portion The quality Suitability of menu to diet The way food is served

PLEASE COMMENT:.....

18. **Overall, what do you think about the quality of healthcare here?** Very good Good Neither good nor bad Bad Very bad

Don't know have not been

19. **Is it easy to get to see the following if you need:**

	Yes	No	Don't know- have not tried
The Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Optician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. **Overall, what do you think about the quality of healthcare from:**

	Good	Neither	Bad	Don't know have not been
The Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Optician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. **Are you taking any medicine given to you by the Doctor (prescription medication)?** Yes No

IF YES: **Have you had any problems getting it?** Yes No

IF YES: **What problems have you had?**

22. **How much alcohol did you drink before coming here:** (please tick just one box)

I drank occasionally or never

I drank with friends and it wasn't a problem

My alcohol use was a problem when I came here → 23. **Have you received any help here?** Yes No

IF YES: **What sort of help?**

24. **Which of the following describes you:** (please tick just one box)

I have never used drugs

I have used drugs socially but it's not a problem

I had a drug problem in the past *but not* when I came here

My drug use is a problem or has been while I've been here → 25. **Have you received any help here?** Yes No

IF YES: **What sort of help?**

26. **Did you smoke cigarettes/tobacco on the out?** Never Sometimes Every day

IF SOMETIMES OR EVERY DAY: **Are you allowed to smoke here?** Yes No Don't know

IF NO: **Is this a problem for you?** Yes No

IF YES: **In what way is it a problem?**

What have you done about this problem?

27. **Have you had a 'nicking' (adjudication or minor report) since you have been here?** Yes No Don't know

28. **Has any member of staff physically restrained you (C and R)?** Yes No Don't know

IF YES: **How many times has this happened to you since being here?** 1 2 3 4 More than 4

29. **Have you spent a night in the segregation unit (the block) since you have been here?** Yes No Don't know

IF YES: **Was this for an adjudication?** Yes No

Why were you in the segregation unit?

How were you treated by the staff? Well Not well or badly Badly

Please explain why you think this

30. **Have you talked to an advocate since you have been here (an outside person to help you with the authorities)?** Yes No Don't know

31. **Is there a reward scheme for good behaviour?** Yes No Don't know

IF YES: **What level of the scheme are you on now?** Enhanced - top Standard - middle Basic - bottom Other, what? Don't know

32. **Do the different levels of the scheme make you change your behaviour?** Yes No Don't know

33. **Do you know how to move up and down the levels?** Yes No Don't know

IF YES: Please explain how you do this:

34. **Do you know how to make a complaint?** Yes No

35. **Have you made any complaints using a form?** Yes No

IF YES OR NO: Why/Why not?

Was it easy or difficult to make the complaint? Easy Neither easy nor difficult Difficult

IF DIFFICULT: Why?

36. **Do you have a personal officer or key worker?** Yes No Don't know

IF YES: When did you first meet him/her? 1st day 2nd day In first week More than one week Still have not met him/her Don't remember

How often are you asked how you are, by your personal officer or key worker? Every day Once a week Once a month Never been asked

Do you feel helped by your personal officer or key worker? Yes No If No, why not?

37. **Do you have a training/sentence plan?** Yes No Don't know If No or don't know, please go on to QUESTION 38

IF YES: **Have you had a training /sentence plan meeting?** Yes No Don't know

IF YES: **Who was at the meeting?** Caseworker/ Personal officer
Case manager
YOT worker
Family member(s)
Outside Probation/Social worker
Inside Probation
Senior Manager
Anyone else? Who?

Was this meeting shortly after you arrived i.e. within two-three weeks of getting here? Yes No Don't know

Do you know what targets you have been set? Yes No

Will you be able to meet these targets? Yes No Don't know

If you want, can you see the plan? Yes No Don't know

38. **Has your YOT worker, social worker or probation officer been in touch since you arrived here?** Yes No

Do you know how to get in touch with them if you wanted to? Yes No

Your safety...

39. **When you first arrived did OTHER YOUNG PEOPLE shout through the windows at you?** Yes No

IF YES: **Did you find the shouting threatening?** Yes No Don't know

40. **Do OTHER YOUNG PEOPLE shout through the windows at you now?** Yes No

IF YES: **Do you find the shouting threatening?** Yes No Don't know

41. **Do you shout through the window at others?** Yes No

IF YES: **Why?**

42. **When you first arrived were you put through some sort of test by OTHER YOUNG PEOPLE because you were new here?** Yes No

IF YES: **Please tell us what test(s) you were put through:**.....

43. **Have you had insulting remarks made about you, your family or friends by OTHER YOUNG PEOPLE, since you have been here?** Yes No

IF YES: **How often does it happen per month?** Once Occasionally (2-3) Regularly (Daily)

Please tell us what was said:.....

44. **Have you had insulting remarks made about you, your family or friends by ANY MEMBER OF STAFF, since you have been here?** Yes No

IF YES: **How often does it happen per month?** Once Occasionally (2-3) Regularly (daily)

Please tell us what was said:.....

45. **Have you been hit, kicked or assaulted since being here by OTHER YOUNG PEOPLE?** Yes No

IF YES: **How often does it happen per month?** Once Occasionally (2-3) Regularly (daily)

Please tell us why and what happened:.....

46. **Have you been hit, kicked or assaulted since you have been here by ANY MEMBER OF STAFF?** Yes No

IF YES: **How often does it happen per month?** Once Occasionally (2-3) Regularly (daily)

Please tell us why and what happened:.....

47. **Have you ever been made to hand something over, eg medication or canteen, by ANOTHER YOUNG PERSON since being here?** Yes No

IF YES: How often does it happen per month? Once Occasionally (2-3) Regularly (daily)

Please tell us why and what happened:.....

48. **Have you been picked on because of your race or ethnic background by ANOTHER YOUNG PERSON, since you have been here?** Yes No

IF YES: How often does it happen per month? Once Occasionally (2-3) Regularly (daily)

Please tell us why and what happened:.....

49. **Have you been picked on because of your race or ethnic background by a MEMBER OF STAFF, since you have been here?** Yes No

IF YES: How often does it happen per month? Once Occasionally (2-3) Regularly (daily)

Please tell us why and what happened:.....

50. **Have you been picked on by ANOTHER YOUNG PERSON for any other reason, since you have been here (eg because you are smaller than the others)?** Yes No

IF YES: How often does it happen per month? Once Occasionally (2-3) Regularly (daily)

Please tell us why and what happened:.....

51. **Have you been picked on by a MEMBER OF STAFF for any other reason, since you have been here (eg because you are smaller than the others)?** Yes No

IF YES: How often does it happen per month? Once Occasionally (2-3) Regularly (daily)

Please tell us why and what happened:.....

52. **Have you ever felt unsafe in this establishment?** Never Rarely Sometimes Often Most of the time

IF YOU HAVE EVER FELT UNSAFE: **Where ?**

53. **In the last week have staff checked on you personally to see how you are getting on?** Yes No
 IF YES: **How often in the last week?** Once More than once

Using your time here usefully

54. **How old were you when you were last at school?** Under 12 years 12 up to 13 years 13 up to 14 years 14 up to 15 years 15 up to 16 years 16 or older

55. **Have you ever been excluded from school?** Yes No
 IF YES: **How many times?** Once Twice More than twice

56. **Did you used to truant from school?** Yes No
 IF YES: **How often per month?** Once Occasionally Regularly (every day)

57. **Do you feel you need help with reading, writing or maths?** Yes No

58. **On average, how often can you go to the gym each week (Monday-Sunday)?** Not at all Once or twice a week Three to five times a week More than 5 times a week Don't Know
 IF NOT AT ALL: **Why not?**

59. **On average, how many times do you go on association or free time each week (Monday-Sunday)?** Not at all Once or twice a week Three to five times a week More than 5 times a week Don't Know
 IF NOT AT ALL: **Why not?**

60. **Are you doing any education here?** Yes No
 IF YES: **Is education helping you?** Yes No Don't know

61. **Are you learning a skill or a trade here?** Yes No
IF YES: **What are you doing?**

62. **Are you in a job here?** Yes No
IF YES: **What job do you do?**

63. **If you do not do any education, training or have a job, what do you do during the day?** I am doing education, training, a job

64. **Can you have a shower everyday if you want?** Yes No Don't know

65. **Can you go outside for exercise everyday if you want?** Yes No Don't know

Keeping in touch with family and friends..

66. **Are there any problems using the telephones?** Yes No Don't know
IF YES: **What?**

67. **Are there any problems sending or getting letters?** Yes No Don't know
IF YES: **Please give details:**

68. **How easy or difficult is it for your family or friends to get here to visit you?** Easy Not easy nor difficult **Difficult** Don't know
IF DIFFICULT **Why?**

69. **Have you had a visit since you have been here?** Yes No
IF YES: **How many visits do you get a month?** Less than 1 a month 1 2 3 More than 3 Don't know

Do you arrive on time for your visit? Yes No

How are you and your family/friends treated by visits staff? Well Not well or badly Badly

IF BADLY: Please explain why you feel this way

Overall impressions

70. What would you say are the best things for you here?

.....
.....

71. What would you most like to see changed here?

.....
.....
.....

Getting ready to go...

PLEASE ANSWER THIS SECTION IF YOU ARE SENTENCED.

If you are on remand please move on to question 74 ON PAGE16

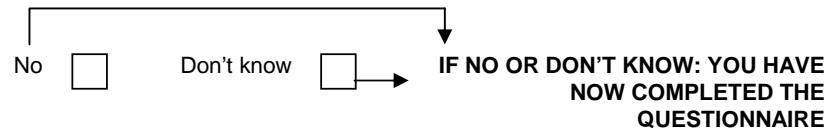
72. **Do you want to stop offending?** Yes No Don't know

73. **What is most likely to stop you offending in the future?**

(Please tick those that you think are important to you)

- | | | | |
|--|--------------------------|--|--------------------------|
| Nothing, it is up to me | <input type="checkbox"/> | Having a YOT or social worker that I get on with | <input type="checkbox"/> |
| Making new friends outside | <input type="checkbox"/> | Having children | <input type="checkbox"/> |
| Going back to live with my family | <input type="checkbox"/> | Having something else to do that isn't crime | <input type="checkbox"/> |
| Getting a place of my own | <input type="checkbox"/> | This sentence | <input type="checkbox"/> |
| Getting a job | <input type="checkbox"/> | Getting into school/college | <input type="checkbox"/> |
| Having a partner (girlfriend or boyfriend) | <input type="checkbox"/> | Staying off alcohol/drugs | <input type="checkbox"/> |
| Having a mentor- someone you can ask for advice and who guides you | <input type="checkbox"/> | Talking about my offending behaviour with staff | <input type="checkbox"/> |
| Anything else? | | | |

74. **Are you going home or back into the community in the next two months?** Yes



**IF YOU ARE GOING TO BE RELEASED IN THE NEXT TWO MONTHS
AND YOU ARE AGED 12-15 YEARS:**

75. **Where will you live?** With a family member(s) At a friend's home In a children's home With a foster family Don't know Other
76. **Are you going to school or education of some sort?** Yes No Don't know

**IF YOU ARE GOING TO BE RELEASED IN THE NEXT TWO MONTHS
AND YOU ARE 16 OR OLDER**

77. **Have you had a say in what will happen to you when you are released?** Yes No
78. **Where will you live?** With a family member(s) At a friend's home With your partner In a hostel Somewhere that you own or rent Don't know Other
79. **Have you had any help here with finding accommodation?** Yes No *Have not needed any help*
80. **Did you have a job before you came here?** Yes No *No, I was at school/college*
81. **Do you have a job to go out to on release?** Yes No *No, I will be going to college* Don't know
82. **Have you done anything during your time here that you think will help you to get a job on release?** Yes No Don't know
 IF YES: **What have you done?**
83. **Has anyone from here spoken to you about getting a job on release or about New Deal – the training given to people under 25 to help them get a job?** Yes No Don't know
 IF YES: **What advice did they give?**

84. **Has anyone from here spoken to you about going to college on release?** Yes No Don't know

IF YES: **What advice did they give?**

85. **Do you have a Connexions personal advisor?** Yes No Don't know what Connexions is about

86. **Is there anything that you would still like help with before you are released (e.g. health problems, debt , drugs, alcohol, family relationships, somewhere to stay)?** Yes No Don't know

IF YES: **What?**

THANK YOU FOR FILLING IN THIS QUESTIONNAIRE