

**INSPECTION OF
RAINSBROOK
SECURE TRAINING
CENTRE**

January 2005

COMMISSION FOR SOCIAL CARE INSPECTION

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 - Publish the ‘star ratings’ for council social services
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 - Host the Children’s Rights Director role.
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INSPECTION OF RAINSBROOK SECURE TRAINING CENTRE

January 2005

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Summary

1

- 1.1 This is the fifth annual inspection of Rainsbrook Secure Training Centre (STC). It took place between 10 and 13 January 2005 (11 months after the previous annual inspection) and was conducted in accordance with the provision of a service level agreement between the Home Office and the Commission for Social Care Inspection (CSCI). It was undertaken by four inspectors from the CSCI and three from the Office for Standards in Education (Ofsted).
- 1.2 The purpose of this inspection was to evaluate the continuing effectiveness of custody with regard to those young people subject to DTO's, serving Section 91 sentences or on remand. The community-based element of the DTO is subject to separate evaluation. Specific attention was paid to
 - the young people's education,
 - diversion from offending programmes,
 - their day-to-day care and
 - the work being undertaken with remanded young people.

We also reviewed safety and security practices and procedures.
- 1.3 The inspection used the standards and criteria devised by the Home Office in consultation with CSCI. These are reproduced at Appendix A to this report. They draw upon the standards and criteria for children's secure accommodation, lessons from research and understanding of good practice and relevant legislation and guidance.
- 1.4 In April 2004 a child tragically died whilst in custody at Rainsbrook. An unannounced inspection was carried out in May 2004 by two inspectors from the CSCI. A report was written and several recommendations made. The recommendations broadly supported those set out in the last annual inspection report, with some additional suggestions for the improvement of child protection procedures and links with the local child referral team and local Area Child Protection Committee (ACPC).
- 1.5 Managers had made every effort to implement the recommendations from both reports and had addressed all of those which were directed at them.

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- 1.6** The centre had been subject to a number of investigations and reviews of policies, procedures and practices during this time, including a detailed police enquiry.
- 1.7** Managers and staff had supported each other through a very difficult nine month period prior to this inspection. The centre continued to provide a high quality service to the young people placed there, many of whom were also supportive of the staff caring for them.
- 1.8** The centre continued to provide a highly regarded service for young people in custody. A number of other organisations and similar establishments regularly contact the centre for advice on policies, procedures and practices. They had thoroughly reviewed and revised, as appropriate, a range of policies and procedures in recent months. The Youth Justice Board (YJB) had directed the withdrawal of a physical restraint hold which had previously been considered one of the safest and most effective in the Physical Control in Care (PCC) method. The withdrawal of this hold had been associated with a number of operational problems at the centre, which had inevitably impacted on both staff and young people.
- 1.9** After a period of reflection and consolidation the centre had continued on its journey of development. The main objective was to ensure the retention of staff, particularly those in specialist and management positions, where a considerable amount of investment had gone in to providing training for them. A forthcoming restructure of the management team shortly to take place was intended to provide additional internal career development opportunities for staff.
- 1.10** During this inspection the centre presented once again as an impressive establishment. We once again saw:
- an establishment that continued to put children at the centre of its thinking and planning;
 - a committed and effective management team;
 - an organisation that was actively planning for succession;
 - a planned management restructure and reorganisation that aimed for consistency across the organisation;
 - embedded robust quality assurance and management auditing systems and procedures;
 - a learning organisation open to challenge and change;
 - a continuing culture of investment in staff through training, development and support;

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- a more accessible process for trainees to raise concerns or make complaints with a more impartial element to the process;
 - child protection procedures which had been further developed and rationalised;
 - a thoughtful and responsive approach to the recruitment and selection of care staff;
 - good order and control managed by a skilled and confident staff group;
 - regular review and development of alternative packages for offence related work;
 - a significantly improved psychological service;
 - a centre that valued and affirmed the contributions of all staff across the site;
 - an education department that received high acclaim from the Office for Standards in Education (Ofsted); and
 - robust security systems and practice.

1.11 This detailed inspection highlighted relatively few areas of development for the centre, this is clearly a learning organisation with managers and staff who regularly find creative approaches to problem solving and service development. The suggestions made will further enhance what continued to be a high performing centre by addressing further developmental needs. These include:

- a revision of the delivery of crime avoidance programme to ensure individual criminogenic factors are addressed;
- continued efforts to raise awareness of diversity that ensure this is fully integrated into practice across the centre;
- continued progress made in the provision of activities at the centre, particularly for young women;
- further efforts to ensure training assistants completed the secure foundation training programme;
- ongoing evaluation of the effectiveness of training;
- a CCTV system in urgent need of upgrading; and
- the instillation of an electronic system for the night-time checking of young people.

Reading the remainder of this report

1.12 This report is set out in a way to enable the reader to have an understanding about every aspect of the inspection:

- Chapter 1 is a summary of the key themes which have emerged from the inspection;
- Chapter 2 provides a list of the recommendations we have made;
- Chapter 3 sets out the context in which the secure training centre is operating; and
- Chapter 4 and each subsequent chapter detail the evidence which led us to our conclusions and recommendations.
- Chapter 8 recommendations relating to education and vocational training have been provided by Ofsted.

Recommendations

2

Management and Staffing

- 2.1 Managers should ensure staff complete the ‘Secure Foundation Training Programme’ and achieve the relevant accreditation. (5.20)

Assessment, Planning and Review

- 2.2 Senior managers and specialist staff should ensure that the threads of assessment are pulled together into one integrated document. (6.3 – 6.5)
- 2.3 Rebound and the Youth Justice Board should introduce the use of video links from the secure training centre to courts. (6.19)

Care of Young People

- 2.4 Managers from Rainsbrook should meet regularly with managers from the local child protection referral team. (7.39 – 7.46)
- 2.5 Catering staff should seek advice and guidance from a nutritional advisor. (7.6 – 7.9)
- 2.6 Managers should review the practice in relation to the recording of incidents of physical control and ensure practice reflects the expectations of the procedural guidance. (7.22 – 7.23)
- 2.7 Managers should review the use of single separation as a means of control and ensure the records reflect the practice in this area. (7.24 – 7.25)
- 2.8 Managers and staff should continue in their efforts to meet the cultural and identity needs of young people and ensure these are fully integrated in all aspects of service delivery at the establishment. (7.60)

Education and Vocational Training (Ofsted)

- 2.9 The Head of Education should ensure teachers make more effective use of student information gathered at the time of initial assessment.
- 2.10 Managers should take steps to improve links with the local Connexions partnership/service.

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- 2.11 Managers should make more effective use of training assistants working in classroom settings.
 - 2.12 Steps should be taken to improve the quality of staff accommodation in the education department.

Tackling Offending

- 2.13 Rebound should review the relevance of the current approach to tackling offending at the centre with the Youth Justice Board. (9.1 – 9.11)
- 2.14 Further efforts should be made to support young people in withdrawing from their addiction to smoking, particularly during the early stages of their admission to the centre. (10-19 – 10.20)

Premises, Safety and Security

- 2.15 Rebound should in consultation with the Youth Justice Board ensure that an effective and efficient CCTV system is available to support other safety and security procedures at the centre. (11.13)
- 2.16 Consideration should also be given to installing an electronic recording system for the checking of young people while in their bedrooms, particularly during over-night periods. (11.14)
- 2.17 Senior staff should consider how best to provide appropriate accommodation for staff involved in therapeutic direct work with young people. (11.18)

Profile of Establishment

3

- 3.1 Rainsbrook STC ('the centre') is managed by Rebound ECD which is part of the larger Global Solutions Limited (GSL) Group.
- 3.2 Young people detained at the centre are either subject to a Detention and Training Order (DTO), remanded pending bail, or serving Section 91 sentences. DTO's are made by the Youth Court or Crown Court and relate to offenders aged from 12 to 17 years who meet the criteria for a custodial sentence.
- 3.3 The centre is one of four purpose built secure establishments. It is located near to the town of Rugby, the others being in Kent, Durham and Milton Keynes respectively. The centre was originally designed to house 40 young offenders but this maximum number was increased to 76 following completion of a major extension in June 2002.
- 3.4 During the period from 1 February 2004 to 30 November 2004, 288 young people had been admitted to the STC. Of these 176 were male and 112 female. They ranged in age from 12 to 17 years on admission. Thirty per cent of male admissions and 23 per cent of female admissions were from black and minority ethnic communities. During the same period 291 young people were discharged.
- 3.5 During the inspection the maximum number residing at the centre was 70. There were two new admissions during the inspection, both female and one young man was discharged. They ranged in age from 13 to 17 years.
- 3.6 For further information on the population statistics see Appendix B.

Statement of Purpose

4

STANDARD 1: STATEMENT OF PURPOSE

The STC has a clear and well understood sense of purpose which fully reflects the vision, goals and values determined for STCs by the Home Office.

This standard looks at:-

- the quality and accessibility of the statement of purpose;
- the quality of the STC's equal opportunities policy; and
- the involvement of trainees, their parents and carers with the STC in the processes which affect them.

STANDARD 1: STATEMENT OF PURPOSE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The statement of purpose was prominently displayed. • It was available in several different languages. • Plans were in place to produce a detailed statement of purpose, providing more information about the centre for professionals, parents and young people. • A wide range of useful and user friendly information was available for the young people and this formed a 'welcome pack' which was discussed during the induction phase. • A series of audio tapes and compact discs were in the first draft stage of production. These would be available for young people and their parents. • A range of hair and skin care products were easily available for young people from minority ethnic backgrounds. 	None.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • None 	

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- 4.1 The statement of purpose gave an accurate and concise account of the overall aim of the centre. The statement of purpose was presented in just one page and was, as required, prominently displayed throughout the centre. It was available in seven different languages.
 - 4.2 The statement of purpose broadly reflected the expectations of the contract, but did not provide a detailed description of the excellent and developing services at the centre. Managers were reviewing the information available and intended to produce a much more detailed and informative document that would be useful to professionals and parents who might be interested in learning more about the work of the centre. They had made contact with other children's resources to review a range of other models for presenting information that reflected the range of services provided at the establishment.
 - 4.3 This would be an excellent addition to the range of documents already available informing people about the centre. A pack of information was sent to parents of young people serving sentences at the STC and a separate set for the parents of those remanded.
 - 4.4 A wide range of accessible information was available for trainees and this was given to them as part of a 'welcome pack' during the induction phase shortly after admission. A video was also available and shown to trainees when first admitted to the centre.
 - 4.5 Several audio tapes and CD's were in the initial stages of production that explained all the information contained in the written documents and these were to be made available to those parents or carers and young people who would find them helpful.

Equal Opportunities

- 4.6 A clear equal opportunities policy was in place which was widely communicated through staff handbooks, during training and displayed prominently on notice boards throughout all areas of the centre. The implementation of the policy was part of the ongoing quality assurances process.
- 4.7 We spoke to a number of young people who confirmed that skin and hair products were available to them and efforts were made to ensure their dietary needs and preferences were met. Young people from black and minority ethnic communities were generally positive about the support provided, and confirmed their spiritual or religious needs would be addressed by the Chaplaincy Department. There was scope for further development in relation to identifying and addressing the cultural and identity needs of young people (see paragraphs 7.57-7.58).

Involvement of Young People and their Families

- 4.8** We saw considerable evidence of continued consultation with young people. This began at the point of admission when staff made every effort to ascertain their views on a range of matters, including dietary preferences. Key staff were allocated to work with young people and they met with them regularly throughout their stay. These included key workers in the residential unit, case managers, key teachers and other specialist staff, as appropriate. They all made efforts to listen to young people, encourage them to share their views and engage them in programmes and individual work to help them address the issues that had led to them being admitted to the centre.
- 4.9** Young people were encouraged to attend all their initial planning and review meetings. We saw evidence of consultation forms being completed by young people with the support of their key worker and presented to the relevant meetings. Staff contacted parents and encouraged them to visit their child or make contact in other ways. They were invited to meetings and provided with relevant written reports, as appropriate.
- 4.10** The young people had several opportunities to meet as a group and to raise any concerns. They met each day in the mornings and those on the higher levels attended the 'trainee council' meetings on Saturdays. They were encouraged to make a positive contribution to the development of the centre and encouraged to raise concerns on behalf of other trainees in their units.

Management and Staffing

5

STANDARD 2: MANAGEMENT AND STAFFING

The STC has sufficient trained staff to achieve the goals set by the Home Office.

Staff are properly managed to enable them to work effectively as a multi-disciplinary team and operate the STC to the standards required.

This standard looks at:-

- the suitability, competence and deployment of managers and staff;
- the availability of staff training and staff development opportunities; and
- the availability and suitability of staff supervision, team briefing and de-briefing meetings.

STANDARD 2: MANAGEMENT AND STAFFING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Management structures across the two STC's had been reviewed and revised. This had provided more opportunities for career development. • The centre was actively planning for succession. • The centre continued to exceed the expectations of the contract in relation to custody officer levels on duty. • We saw examples of commendable management styles from managers at all levels across the centre. • The investment by Rebound to support staff across the site after the tragic death of a child in custody was commendable. • The centre had successfully managed the change in the role and availability of the performance monitor. • The training and development opportunities for staff were commendable and unsurpassed within the secure estate. • The commitment to ensuring staff achieved professional qualifications had continued. • The recruitment and selection procedures had once again been reviewed and revised in an attempt to attract staff. • Staff were receiving regular formal supervision and their progress and development was reviewed through regular appraisal. • A range of effective meetings and groups was established to ensure good communication and planning. The trainee monitoring meetings were particularly impressive. • The quality assurance and monitoring procedures continued to be of a high standard. 	<ul style="list-style-type: none"> • Roles and responsibilities for managers in the new structure had not yet been made sufficiently clear for the lines of accountability to be fully understood. • The implementation of the new management structure had not yet been communicated to the whole centre. • The centre should continue its efforts to attract staff from black and minority ethnic backgrounds. • The recruitment of care staff had been particularly difficult. The building of an additional STC in the region had obviously had an impact on this. • The quality of supervision for training assistants was variable. At the time of the inspection a number of training supervisors had not yet received supervision training. • Further efforts were needed to ensure training assistants were supported in the completion of the Secure Foundation Training Programme. This would even further enhance their development. • Although some evaluation of training was being undertaken this could be further improved.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Managers should ensure staff complete the 'Secure Foundation Training Programme' and achieve the relevant accreditation. (5.23) 	

Management and Organisation

- 5.1 The senior management team had remained unchanged since the last inspection. However a management restructure was due to take place shortly after the inspection.
- 5.2 The aim of the restructuring was to ensure that Rebound was in a position to respond to new business opportunities and to refocus the work of the secure training centres. Also, senior managers were keen to provide development opportunities to staff across the centre, as recommended in the report of the last inspection.
- 5.3 The director at Rainsbrook was due to take on the role of Director of Operations across the two centres. He was to continue in his role of director at Rainsbrook, but was expected to ensure consistency of practice across the centres and other aspects of Rebound's business interests, including escorts. He was to be supported in his role as 'operations director' by two 'operations managers', working across the two sites and any other projects managed by Rebound. A new post of Deputy Director had been created in each centre. Each centre would also have a Head of Care and Head of Residential Services. The post of Unit Manager was to be removed from the management structure and an increase of residential managers from three to six was planned.
- 5.4 These changes had provided additional career development opportunities for senior staff at the two centres and had increased the number of senior management positions. The organisation was clearly planning for 'succession' and continued with the practice of 'growing your own' managers and specialist staff.
- 5.5 The allocation of staff to the new and re-designated posts had been concluded just before the inspection. Some managers interviewed were unclear which units they were due to be responsible for. This was of concern, particularly as the new management structure was due to take effect the week following the inspection.
- 5.6 A number of staff interviewed were not aware of when the management restructure was to take effect. The impact of the management changes and their specific responsibilities had not been communicated across the site as efficiently as would normally have been the case at Rainsbrook. This was due in part to the timing of the inspection and the additional demands placed upon management time.

Quality Assurance

- 5.7 Quality assurance processes were regarded by managers as critically important to the proper and effective functioning of the centre. In

monitoring its performance the centre systematically produced a good range of information and quality assurance data both for its own and Youth Justice Board (YJB) purposes. The strength of the centre's capacity in this respect was demonstrated when a great deal of essential information was quickly and readily supplied to the police in the intense and lengthy investigation into the death of the child in custody.

- 5.8** A range of data was presented to the senior management team each week. This included a summary of the use of Physical Care and Control (PCC) and single separation. More detailed information was collated for the PCC monitoring meetings held each month, at which the Quality Assurance and Information Officer presented an analysis of the data on the use of physical restraint, single separations and sanctions applied to young people. All the senior managers involved with this meeting considered in detail the information, including trends over time, about young people, the staff involved and the locations of incidents. A young person was invited to the final part of the meeting to provide feedback on their experience of being subject to control.
- 5.9** Managers acknowledged that there was scope for even further interrogation of the information collated to further inform practice and development.
- 5.10** A range of other meetings were regularly held which ensured effective communication and consistency of practice across the site.

Staffing, Recruitment and Support

- 5.11** Managers were supported in the recruitment and support of staff by the Human Resources Team. This team comprised four staff based between the two centres. Their role was to ensure consistency and to develop human resources policy, procedures and practices across the two centres. The human resources manager was actively involved in the management restructure within the organisation.
- 5.12** Staffing levels had been maintained above what was expected of the contract. However resignations were slightly up on last year, particularly during the summer months. The centre is situated in an area of low unemployment and the close proximity of other custodial establishments in the immediate vicinity made recruitment difficult. The recent opening of another secure training centre approximately thirty miles from Rainsbrook had created an even more competitive context in which to recruit staff.
- 5.13** The recruitment and selection procedures had once again been reviewed and revised to ensure every effort was made to attract staff from black and ethnic minority communities, but efforts had not been particularly fruitful largely because of demographic factors. The imbalance of staff in relation to gender had lessened since the last inspection and the percentage of

female staff was 56 per cent as against 58 per cent in 2003. However it was evident that the recruitment of male staff remained problematic.

- 5.14** In order to secure the recruitment of sufficient numbers of staff, recruitment days had been increased from four to five in the past year and the format had been changed. Attention had been given to the wording of adverts for staff which now stressed the social care nature of the work in order to promote a more positive image of the work of the centre.
- 5.15** In August 50 staff at the centre were involved in a celebration of their five years service at Rainsbrook.
- 5.16** All staff were receiving supervision each month. This was linked to a review of progress for individual staff every six months. Although targets were set in individual appraisals we concluded that they could be more focused on outcomes. The quality of supervision was variable. Some supervisors, mainly those recently promoted, had not yet attended the supervision training course.
- 5.17** Unit managers provided training supervisors with regular supervision and the quality of the recordings in the files examined were of an excellent standard.
- 5.18** One of the objectives of the management re-structure for the two centres was to provide greater opportunities for development for all staff, including basic grade Training Assistants. This was all part of the strategy to ensure staff retention.
- 5.19** The last inspection reported that Rebound was piloting an 'employee development review' EDR's that would provide a more detailed performance management approach to staff appraisal. The introduction of this review had been considerably delayed because of other business pressures within Global Solutions Limited (GSL) but senior managers were shortly to receive training in its use. The aim of the review was to concentrate on staff development and would also align with the skills and competencies of other roles within Rebound and the parent company GSL. The EDR's would provide the basis for staff training and a close collaboration between the HR manager and the Head of Training.
- 5.20** Immediately after the death of the young person at Rainsbrook, Rebound provided an on site independent counselling service for all staff and, subsequently, an occupational health service. The cost of the support package was said to have exceeded the entire human resources budget. Staff at all levels made use of the counselling service and spoke very positively of the quality of the help made available. A confidential counselling service remained available to all staff. Human resources staff and managers were continuing to maintain close links with those staff most closely involved with the tragedy.

Training and Development

Good Practice

Training and Development

The commitment of managers at Rainsbrook to the training and development of all staff at the centre was commendable. There was a training strategy in place for all staff to ensure they were clear about the expectations of service delivery, effective practice and individual responsibilities. The training strategy also reflected a clear intention to encourage the continued development of staff and a desire to ensure the retention of staff at the centre. The support for training, particularly financial, was unsurpassed in the secure estate.

- 5.21** All new residential (custody) staff were expected to participate in a seven-week Initial Training Course prior to working with young people. This prepared them for their role, providing them with a clear outline of the roles and responsibilities of the job and established the culture of expectations relating to practice and approaches with young people. The initial training programme included a variety of topics essential for staff to develop their role, including:
- awareness of safety;
 - security;
 - suicide and self-harm;
 - managing challenging behaviour;
 - dealing with bullying;
 - understanding child protection;
 - diversity; and
 - the nature of offending behaviours.
- 5.22** Staff interviewed felt the initial training programme was extremely useful. They now also received an additional two days on the site with the duty operations manager, to familiarise themselves with the buildings and practice before commencing on shift.
- 5.23** A second stage training had been established for care staff which was the Secure Foundation Training Programme. This was issued to staff in the form of a manual which included a range of exercises for staff to complete

either alone, with colleagues, young people or others as appropriate. Once completed, staff were encouraged to discuss each exercise with their supervisor, in the Learning Circles, during team training days or with managers, as appropriate. The Secure Foundation Training Programme was accredited through the Open College Network. Unfortunately, although one hundred and twenty five staff were working their way through the manual only three staff, all of whom had left the centre, had completed it. It was anticipated that another eleven staff would commence the programme in March 2005.

5.24 This was an excellent aspect of the training available for care staff and we suggested that managers ensure that every effort was made to ensure they were completed, with staff obtaining the accreditation available to them upon completion. Managers confirmed this was on their agenda to address.

5.25 Eighty five staff had also recently signed up to participate in the distance learning courses accredited through asset and the National Consortium of Colleges. The courses staff had signed up to included:

- conflict and stress management;
- drug awareness;
- supervisory development;
- business management; and
- personal development.

5.26 The commitment by Rebound to ensure that relevant staff obtained appropriate qualifications was commendable. Since the the centre became operational nine staff had been supported in obtaining qualifications in social work. Two staff were in their final year and another person was in their first year of the new four year social work degree course. One staff member had completed the Professional Qualification 1 course in social work and another three were currently working towards this qualification. There was an expectation from the Youth Justice Board that staff attend the Professional Certificate in Effective Practice training. Ten staff were currently undertaking this training with another two due to commence in January.

5.27 A range of in-house and external training courses had been made available to staff during the past year. These included effective management training and mandatory training for all custody staff. The range of compulsory training included:

- physical restraint;
- health and safety;

- security;
- first aid; and
- fire awareness.

- 5.28** Other training available to care staff included, effective practice, training for trainers, drug and alcohol awareness, mental health awareness, and sexually harmful behaviours.
- 5.29** Training had been specifically arranged for staff to improve their direct work skills and offence related work with trainees. These included: the Jigsaw package geared to crime avoidance, Pro-social Actions and Thinking Way (Pathways) a comprehensive, modular programme to address the criminogenic influences on young people and 'Working it Out', which was a building block approach to problem solving and consequential thinking. These were just a few of the packages taught to staff and used with young people to help them address the problems that had brought them in contact with the judicial system.
- 5.30** Team training days were scheduled every three weeks, although we were told that some of these had not taken place. Every six weeks specific training was planned for each team, including some mandatory training, as outlined above. We were told that when arranged the specific training days were not cancelled, but other 'team meeting' days had occasionally been cancelled due to staffing pressures during the summer period. Team building days were also arranged for each team twice a year. Staff interviewed felt these had been very useful opportunities for them to develop a team identity.
- 5.31** The centre had obtained Investors in People (IIP) status in March 2002. This was due to be reviewed in February 2005. The centre had doubled in size since the initial award was given. Managers were confident IIP would once again be awarded.
- 5.32** We were informed of changes to the management of training across the two STC's. The Head of Programmes and Training at Rainsbrook was due to take on the role of Training Manager for both centres. This was a senior management role and it was planned that she would be supported by two Training Officers who would take on the day-to-day organisation and responsibility for delivery of training, one in each centre. The aim was to ensure consistency of approach to the training needs of staff across both sites.
- 5.33** Efforts had been made to audit and evaluate the training provided at the centre. For example a report was provided for senior managers on staff training and team days. This was an area that would benefit from further development and the appointment of Training Officers in each centre would enable this to be done more systematically.

External Line Manager and Performance Monitor

- 5.34 The external line manager to the centre was Rebound's Director of Children's Services who had for eighteen months been operationally responsible for Medway Secure Training Centre. He had continued to have regular contact with Rainsbrook and visited frequently. He had been actively involved with a range of developments at Rainsbrook and had supported them during the period after the death of the child in custody.
- 5.35 The arrangements for the monitoring of the performance of the centre had changed since the last inspection. The performance monitor was now only available for two days a week at the centre when previously he had been full-time. An assistant monitor continued to be based on a part-time basis on site. The centre had successfully managed the change in these arrangements.
- 5.36 The performance monitor was also now responsible for other secure juvenile establishments, the escort service and several Youth Offending Teams. A new performance monitor had commenced work with Rainsbrook in June 2004 and it was clear that a positive professional relationship was being developed between him and managers at the centre.

Assessment, Planning and Review

6

STANDARD 3: ASSESSMENT, PLANNING AND REVIEW

There is a full assessment of each trainee's individual needs and problems and flexible, individual training plan for meeting as many of those problems as possible and for the directing of remedial attention to offending behaviour.

This standard looks at:

- the establishment's planning and review policies and procedures and establishes the quality of the work which is carried out.

STANDARD 3: ASSESSMENT, PLANNING AND REVIEW

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Detailed risk assessments were undertaken at the point of admission, including one for mobility. • As recommended the use of mobility for trainees outside of the centre had improved, with some interesting and relevant trips being arranged. • A range of excellent assessments were undertaken with trainees, including substance use, health and psychological. • Training had been provided for relevant staff on the ‘assessment framework’ and its relevance for young people in custody. • Planning reviews and meetings were taking place as required and only cancelled by outside agencies. • Review meetings were well chaired and managed by staff at the centre. They provided a clear child focused forum for discussion. • Trainee monitoring meetings were an excellent forum for pulling together issues for individual young people. • The centre had continued to make efforts to engage with local authority social workers to ensure the needs of ‘looked after’ children were met. • Training and sentence plans were central to the work with young people and they were clearly individualised and reflective of their needs. • Case files were well structured, in good order and regularly monitored by managers. 	<ul style="list-style-type: none"> • The time delay on securing early release dates hampered appropriate planning for some trainees, particularly in relation to mobility planning. • There was a need to consider how best to pull together the threads of assessment into one document, ensuring an integrated assessment format. • The young people would benefit from access to video links to courts to reduce the number of appearances in person.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Senior managers and specialist staff should ensure that the threads of assessment into one integrated document. (6.3 – 6.5) • Rebound and the Youth Justice Board should introduce the use of video links between the secure training centre and courts. (6.19) 	

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- 6.1 The centre was meeting its contractual and service standards for assessment, planning and review at the time of this inspection. All practices in this respect were routinely and thoroughly quality checked by managers.
 - 6.2 Each young person had a case manager allocated to manage their care and sentence planning. The case manager was a member of the Youth Offending Service (YOS) team. They were responsible for co-ordinating all aspects of the planning for the young person and monitoring progress. The case manager also routinely liaised with the families, Youth Offending Teams (YOTs) and other agencies involved with young people. There were also routine contact between staff on the living units.
 - 6.3 An initial assessment was carried out on all young people at the point of admission. Staff from each of the relevant departments carried out an assessment of need specific to their specialist areas; for example, education, health, substance misuse workers, care staff, the psychologist and the YOS team. These were shared at a planning meeting attended by all relevant parties within the centre prior to presentation to a formal initial planning meeting.
 - 6.4 YOS staff had received training in the ‘framework for assessment of children in need’ and how best to ‘overlay’ this framework with the Youth Justice Board’s assessment tool, the ‘Asset’ form. This had been a useful process and had improved the initial core assessment carried out by them. Asset assessment forms were available on all young people’s care files. Case managers thoroughly reviewed these forms to ensure all relevant information was highlighted and formed part of the assessment of each young person. The Asset forms examined during the inspection varied in quality and case managers felt they were limited in their usefulness.
 - 6.5 Examination of the full range of assessments during the inspection reflected a very thorough and professional process. After discussions with a number of specialist staff it was clear that the assessment process would benefit from a more integrated approach. We suggested managers consider how best to pull the range of assessments into one assessment document. This would provide a comprehensive single and integrated assessment package for all working with the young people and would be useful for staff continuing to work with young people in the community or in other establishments, when they moved on from the centre.
 - 6.6 Detailed risk assessments were carried out at the point of admission to the STC. All relevant staff, including nurses were involved in this process. They were reviewed weekly during the ‘trainee monitoring meetings’ and more frequently if necessary. In cases where the level of concern for the young person was significantly raised, the Suicide and Self-harm (SASH) procedure was implemented. This meant that any further assessment or treatment was provided by specialists and the young person was kept under close observation. In extreme cases this could be continual

observation. Weekly meetings were held to discuss those young people subject to the SASH procedure. Young people were taken off the high level of monitoring only when a full reassessment demonstrated that it was safe to do so and by mutual agreement from all participants in the meeting.

- 6.7** The ‘trainee monitoring’ and complex cases meetings were excellent forums for managers and staff to review progress with young people. The meetings provided opportunity to develop supportive strategies and generally ensure everyone was informed of changes or issues arising, such as any potential risk of self-harm or distress.
- 6.8** A full-time forensic psychologist had commenced employment in October 2004 at the centre. She was employed by Primecare the health care provider contracted to the centre. Three psychology assistants also formed part of the Psychology Department. These increased resources had considerably improved the psychological services available for the young people. All young people received a mental health screening shortly after admission to the centre. The stated aim for the psychology department was to undertake an assessment on each young person within five days of admission to the centre. After the initial psychological assessment was carried out a summary of the findings was made available to staff directly caring for young people. This was compatible with the YJB health screening Asset document.
- 6.9** If considered necessary a more detailed and in depth psychological assessment was undertaken and a decision made about the level of intervention. A scoring assessment tool was used which identified the level of need, ranging from tiers one to four. The forensic psychologist held a weekly clinic with the consultant psychiatrist and met with young people identified and provided guidance to care staff working directly with a young person who might be presenting with particular difficulties. The forensic psychologist and three assistants planned to provide three clinics a week working directly with up to nine young people each week.
- 6.10** The psychologist hoped to develop links with community child and adolescent mental health services for young people in their local area. The aim was that any interventions which commenced at the centre could continue when the young person was discharged from the centre.
- 6.11** Staff and young people interviewed were very positive about the impact of the psychology department on the work of the centre. Staff confirmed they received guidance and support in their work with particularly complex young people.
- 6.12** Managers told us that since the last inspection a significant number of trainees had been diagnosed with attachment disorder, post-traumatic stress disorder and attention deficit disorder. Three young people had been diagnosed with ‘oppositional defiance disorder’. The wide ranging and

often complex needs of the young people placed in custody at the centre presented a significant challenge to staff.

- 6.13** Training plans for young people had continued to improve and were very useful documents. They identified individual targets for young people, based on their behaviour, offending patterns and identified needs and were regularly reviewed and updated. The excellent individualised training plans reflected a thorough assessment process.
- 6.14** Each young person had a case file held centrally in the administration block and the house blocks. They were both in good order and exceptionally well maintained and included all the relevant documentation. Case files were also regularly monitored by managers and efforts made to obtain any information that was missing.
- 6.15** Initial planning meetings and reviews appeared to take place at the required frequency and were normally only cancelled by other agencies. The centre had an effective system and set of procedures for the setting up of meetings and considering the limited meetings space, this was managed very well.
- 6.16** Those meetings attended during the inspection reflected a practice that placed the trainee at the centre of the process. The meetings were well chaired by staff from the centre and they ensured that the young person was encouraged to share their views and make comments.
- 6.17** Staff attempted to engage with local authority to ensure needs of looked after children were addressed for those remanded and those who although sentenced were previously looked after and likely to be so after custody. The team of staff focusing specifically on those young people remanded to the centre felt that there had been some measure of success in encouraging a greater degree of collaboration with some social service departments.
- 6.18** The greatest concern expressed by staff in relation to the planning for young people was the difficulty in obtaining post release plans from youth offending teams and social service departments. This was an ongoing concern. However, the new extended role of the YJB performance monitor at least provided them with an opportunity to raise the issue so that representations could be made to relevant youth offending (YOT) teams.
- 6.19** The centre did not have access to video equipment to provide links with courts. Such a system would be particularly useful for young people placed in the centre on secure remand orders, who often have numerous trips to court, which could result in early starts and very long days when travelling long distances. A number of courts had video equipment; when used effectively this could considerably reduce costs for travel and particularly the use of escorts.
- 6.20** Considerable efforts had been made to increase the opportunities for young people to have trips outside of the centre to help prepare them for

discharge as recommended during the last inspection. The aim was to achieve four planned mobility trips each month for young people across the centre, with a clear objective for each visit to assist in preparation for discharge. Plans for mobility were considered as a matter of routine at each review or planning meeting. However, the time delay on early release dates hampered appropriate planning for some young people, particularly related to mobility planning

Care of Young People

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STANDARD 4: CARE OF YOUNG PEOPLE

Day-to-day care is of a good standard, provided by staff who can relate effectively to trainees in a way which takes into account their individual needs and safeguards and actively promotes their welfare. Trainees whose conduct is unacceptable are dealt with using positive and fair sanctions.

Trainees are given every opportunity and encouragement to re-establish, maintain and strengthen contacts with family, friends and significant others outside the STC.

The STC's admission procedure is positive and welcoming, not overbearing and intimidating.

The induction programme is designed to establish positive relationships and co-operation with trainees, to help them to adjust to life in the STC, and to set clear expectations about their behaviour in custody and on release.

This standard looks at:

- the quality of day-to-day care, the means of dealing with challenging behaviour and relationships with the trainee's family, friends and significant others.

STANDARD 4: CARE OF YOUNG PEOPLE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Young people again told us they had positive and trusting relationships with staff. • Consultation with young people formed a fundamental part of the culture of the centre. • Good order and control was achieved as a result of clearly thought through procedures and efforts made by staff to develop positive relationships with trainees. • Robust anti-bullying guidance and procedures were in place. • Contacts with external groups had improved. • The Chaplaincy service continued to provide an invaluable service to everyone at the centre. This service was clearly a strong integral feature of the centre and was unsurpassed in the secure estate. • The pastoral care provided to staff and young people after the recent tragic death of a child was exemplary. • The quality of food provided for young people had significantly improved. • The practice of providing the evening meal in the dining room was a positive development. • Changes to the procedure for dealing with complaints had been positive. • The child protection procedures had been revised in consultation with local partners. • The centre was now represented at a senior level on the Area Child Protection Committee. 	<ul style="list-style-type: none"> • The removal of the double embrace seated hold was associated with an increase in the number of relocations and single separation. There had also been an increase in the use of distraction techniques. • The description of the PCC hold in records needed further improvement. • The use of single separation as a means of control required further clarification. • The timing of the evening meal created operational difficulties. • The opportunities for the trainees to have physical exercise in the evenings were limited. • The young women would appreciate a wider choice of clothes from catalogues available to them. • Activities for young women, although improved, were still limited. • The centre would benefit from advice from a nutritionist. • Managers from the centre and those from the local child protection referral team would benefit from regular meetings. • Clarity was needed for practice managers regarding their role within the recently revised child protection procedures. • Practice managers would also benefit from occasional visits to the local child protection referral team. • Efforts needed to continue to ensure an awareness of cultural identity is fully integrated across all aspects of service delivery at the centre.

RECOMMENDATIONS

- **Managers from Rainsbrook should meet regularly with managers from the local child protection referral team. (7.39 – 7.46)**
- **Catering staff should seek advice and guidance from a nutritional advisor. (7.6 – 7.9)**
- **Managers should review the practice in relation to the recording of incidents of physical control and ensure practice reflects the expectations of the procedural guidance. (7.22 – 7.23)**
- **Manager should review the use of single separation as a means of control and ensure the records reflect the practice in this area. (7.24 – 7.25)**
- **Managers and staff should continue in their efforts to meet the cultural and identity needs of young people and ensure these are fully integrated in all aspects of service delivery at the establishment. (7.60)**

Day to Day Care

- 7.1 Underpinning the centre was an ethos of providing a positive balance of care and control and a recognition that young people needed routine and order in their lives. Once again we saw evidence of mutually trusting and respectful relationships with young people. We observed good interactions between staff and young people.
- 7.2 Young people once again told us they felt safe at the centre and knew how to raise any concerns. We observed staff consistently challenging unacceptable behaviour and attitudes and affirming positive behaviour and consideration for others. Any issues highlighted by young people during the inspection were raised with managers and we were confident that these would be appropriately addressed.
- 7.3 The importance of consultation with young people and their families was clearly embedded in the culture of the centre. Parents and carers were actively encouraged to contribute to and participate in reviews and planning meetings as far as was appropriate. They were offered assistance, both financially and practically, in order for them to attend relevant meetings and to visit with their child.
- 7.4 Young people met twice a day with staff and other trainees. They could raise any concerns and make suggestions in those meetings. A representative from each unit was involved in the 'trainee council' meeting that took place every Saturday.
- 7.5 The centre had clear policy guidance for staff related to respect for privacy and confidentiality. Procedures were in place to ensure that young people could make and receive phone calls privately, and other than a discreet security check, mail was passed to trainees without interference or being read by staff.
- 7.6 As recommended during the last inspection every effort had been made to ensure the young people enjoyed each of the meals provided at the centre. The arrangements for the evening meal had created particular difficulties and in recent months steps had been taken to provide the evening meal in the dining room. The catering manager and his staff had made every effort to ascertain the wishes of the young people regarding their likes and dislikes and had catered for these as much as possible.
- 7.7 Staff and young people all told us that the meals available had improved considerably and they were generally satisfied with the food provided. The only concern expressed was the timing of the evening meal, which commenced the first sitting at 4.00pm. Everyone we spoke with felt this was too early, but this was due to complications with visits from families and other events taking place during the evening periods which made a later sitting difficult to achieve.

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- 7.8 We raised this matter with managers and we accepted that they had tried every other alternative and felt it was impossible to change the meals times, as the time spent moving young people to and from the dining room already placed additional pressures on staff and the evening programmes.
- 7.9 Although meals had improved we were concerned that catering staff did not have access to a nutritional advisor. We suggested consideration be given to seeking such advice, particularly considering the potential impact of different additives on the behaviour of children and young people.
- 7.10 A number of young women told us they would like to have a wider choice of catalogues when choosing clothing. We raised this matter with managers who assured us they would address this matter.

Maintenance of Good Order

- 7.11 Good order and control was achieved as a result of clearly thought through systems and an appropriately relaxed environment. A clear underpinning philosophy of the work of the centre was to reinforce positive attitudes and behaviours.
- 7.12 The child centred approach and the clearly defined structures and routines contributed to the smooth running of the establishment and the sense of calm and good order. Staff received training in ‘pro-social modelling’ and this was an approach taken with the young people who received clear boundaries for their behaviour and a set of establishment routines.
- 7.13 An incentive scheme was in place which was understood by young people. The aim was for young people to achieve different levels within the scheme through acquiring points on a daily basis. The levels extended from ‘basic level’ to ‘level 4’, and comprised five incentive bands. Special arrangements were made for those young people who could not cope with the usual arrangements for the incentive system. They would be placed on a management plan which was devised to allow the young person to gain certain privileges linked to personal targets for achievement during periods throughout the day.
- 7.14 Young people moved up and down the incentive levels depending upon their behaviour. They could lose points if their behaviour was unacceptable. Other sanctions were also applied, on a fairly regular basis, as an additional means of correcting inappropriate behaviour. In one unit we saw a record indicating that a group sanction had been issued because none of the young people would own up to a misdemeanour. Although this would appear to be a rare occurrence we concluded that this approach could potentially lead to bullying. We suggest that managers review this practice to ensure that does not occur.

Physical Intervention

- 7.15** All staff were trained in safe physical restraint techniques during the initial training programme and received refresher training twice a year. The method of restraint was 'Physical Control in Care' (PCC). This model had been created by national instructors at the Prison Service College and had been designed to specifically meet the needs of young people in care. All of the physical control techniques had been approved by the Youth Justice Board (YJB) for use in all secure training centres. The PCC method in the main did not rely on pain compliance as a means of regaining control, but some distraction techniques were used, if necessary.
- 7.16** Since the death of a child in custody the seated double embrace hold was no longer approved for use by the YJB and after receiving expert medical advice, they decided to remove this hold from use in June 2004. All managers and staff interviewed said this had created problems for both staff and young people. There had been an increase in the number of relocations of young people from one room to another and an increase in use of distraction techniques.
- 7.17** Everyone interviewed believed that there had been an increase in injuries to both staff and young people since the prohibition of the 'double seated embrace' hold. This had previously been considered by managers and staff as a safe hold and one which provided staff with an opportunity to safely hold young people while they calmed down and reduced the number of occasions when they were taken to and left in their bedrooms with the door locked.
- 7.18** Notwithstanding the perceived view of an increase in 'impact injuries' there had not been an increase in reportable injuries. A recent analysis of the statistics held on accidents or injuries carried out by the performance monitor and the health and safety officer confirmed there had not been an increase in reported injuries since the prohibition on this specific hold. However, a number of staff, particularly those small in stature, felt more vulnerable as they could be easily thrown around by a struggling young person and knocked into furniture and walls when using alternative holds.
- 7.19** The general trend in incidents of physical restraints was continuing to decline. Statistical information provided by managers showed a decrease of 73 in 2004 compared with the 2003 figures. While this represented a drop of 9.6 per cent over the year there was a sharp but short lived increase between April and May 2004 from 37 to 80.
- 7.20** Staff received clear policy and procedural guidance from managers about the expectations for managing challenging behaviour and in the use of physical control. The guidance explained the expectations of the contract, the legislation governing secure training centres and child care regulations in relation to the use of physical control. The justification provided in the

guidance for when a child could legitimately be physically restrained included to prevent residents from:

- escaping;
- harming themselves or others;
- damage to property; or
- inciting another trainee to do any of the above.

7.21 The guidance clearly states that; *“physical control will not be used at the secure training centre on any trainee for any other purpose, nor will it be used on any trainee simply to secure compliance with staff instructions”*.

7.22 Managers expect staff to complete the relevant reports and consider, as a use of physical control, the placing of an arm around a young person and ‘leading’ them away from a situation or, for example, moving them towards the door if they are refusing to return to the unit from activities. If the young person moves without resistance with the staff member this would be recorded as a ‘single embrace’ PCC hold. When a young person moved with the staff member in this way it would not in other establishments be considered a ‘physical restraint’. However, managers at Rainsbrook felt it was important to record every situation where a staff member ‘placed hands’ on a young person, even in this ‘directive’ way.

7.23 Although all incidents of physical restraint were recorded in detail and managers monitored all incidents reports, we were concerned that some of the records indicated that physical control was used to ‘ensure compliance’. Managers felt this description was used to reflect the ‘leading away’ tactic used to defuse or prevent an escalation. However, some of the records stated the reason for the restraint was to ‘ensure compliance’ had involved two staff in a ‘double embrace’. We strongly suggested managers provide further clarification to staff on the expectations of practice and recording of events. We also suggested they even more closely monitor incident reports and ensure practice complies with procedures and the record appropriately reflects practice.

7.24 Instances of single separation as a means of control were recorded and discussed at a monthly meeting to discuss the use of PCC, single separation and sanctions. This was an excellent process for detailed monitoring of control measures used at the centre. However, examination of the records and observations during the inspection reflected a wider use of single separation than had previously been apparent. In most of the units during the inspection we found periods when young people were in their bedrooms, sometimes with the door locked, which was not recorded. Most of these occasions appeared to be when young people had received a ‘dining room’ or ‘activity’ ban as this sanction automatically separated them from the group.

7.25 Managers encouraged staff to record all occasions when young people were separated from the group, including when they elected to withdraw themselves, and further clarification was in the process of being agreed with the YJB. We strongly suggested that managers ensured the policy and recording procedures were as simple and efficient as possible in an attempt to minimise time taken to record periods of single separation, whilst also ensuring the records accurately reflect the practice in this respect.

Activities

7.26 A substantial amount of money had been invested in developing and expanding the range of activities and clubs available to young people at the centre. A youth worker had been appointed to take the lead in this area.

7.27 Work had been done to improve contacts with local groups and organisations who visited the centre and provided some excellent sessions for young people, such as the falconry display. A number of visits and sessions had been arranged by the chaplains.

7.28 Activities available for young women had improved but were still limited. Several young women said they would like access to more interesting and relevant activities. Plans were in place to extend the vocational workshops at the centre, particularly for young women. These resources could also provide opportunities outside of school periods for young women to participate in a range of activities.

7.29 A number of young people, particularly those on the lower incentive levels, complained about the lack of opportunities for them to have physical exercise. This was due to limited external space for the number of trainees placed at the centre. Every effort was made to ensure young people had an opportunity to spend time outside of the units on the grassed or 'green' areas in the site. However, with 76 young people and only two 'green' areas it was impossible for them to spend as long as they would have wished outside and taking exercise. A gym was also available, but groups using this facility needed to be of a manageable size. Some young people and staff told us the capacity to provide a range of activities was influenced by the availability of staff.

7.30 Managers told us they had made arrangements for a number of staff, including teachers, to provide clubs and workshops outside of their normal working periods and they were paid for their services. The types of sessions offered included basketball coaching.

Complaints

- 7.31** The report of the last inspection recommended that the procedures and processes for dealing with complaints should be reviewed. Recommendations stated that a dedicated form should be available just for complaints, that young people should have easier access to the form, and that an independent element should be introduced in the investigation of complaints.
- 7.32** A revised procedure was subsequently introduced in August 2004. Young people no longer had to ask for complaints forms as they were now held in an easily accessible box in each unit. A post box had also been installed in each unit for young people to send off any complaint forms without having to hand them to a staff member. This had removed any possibility of a young person being inhibited in making a complaint by having to approach staff with the form. The post box was opened every day by the duty operations manager, who gave the young person an acknowledgement slip.
- 7.33** Any allegations of abuse were passed on immediately to the duty director. All other complaints were passed to the Head of Care, or in her absence the Head of the Youth Offending Service service, within 24 hours. The Head of Care was responsible for allocating the role of investigator for an initial investigation, sometimes carrying out a preliminary investigation herself with the objective where appropriate, of rescheduling a complaint as speedily as possible. She kept the young person informed of the process, both in writing and sometimes in person. The young person was informed in writing of the outcome and asked to confirm their satisfaction with the process. One of the practice managers within the YOS team followed up each complaint with the young person concerned and confirmed they were satisfied with the outcome and the process.
- 7.34** This was a more transparent process than existed at the time of the previous inspection and young people were generally satisfied with the outcome. Since the introduction of the new procedures there had been a dramatic increase in the number of complaints, whilst the number of forms which contained allegations of abuse and child protection issues had shown a slight decline.
- 7.35** The number of complaints received each month had increased three-fold. Managers felt that instead of young people having to talk to a staff member about an issue when initially requesting a complaints form and thereby allowing for the possibility of an instant resolution of the complaint, they now could simply pick one up, complete it and place it in the post box without any reference to staff members. The workload for the head of care had increased considerably, but everyone agreed that the new arrangements had improved with young people feeling more able to make a complaint without first having to ask for a form from staff. Generally the

opinion of staff was that the greater number of complaints was a reasonable price to pay for a more transparent and accessible procedure.

- 7.36** Detailed records were kept of all complaints and a register was kept by the Quality Assurance and Information Officer, who presented a report to the weekly senior management team meeting. The records showed that complaints were dealt with fairly and speedily, with young people being kept informed of progress throughout the process.
- 7.37** The complaints procedure was closely monitored and information on every complaint was immediately available to senior managers and to the Performance Monitor. Work was also under way to produce data on the different issues raised to consider trends and comparisons.
- 7.38** Voice for the Child in Care (VCC) continued to provide an advocacy service to young people. The Independent Persons (IP's) visiting the centre were all known by the young people. The IPs continued to assist young people in completing their complaints forms but their role in this respect had significantly reduced as a consequence of the new procedures. However, they continued to have an important role to play in the process and in assisting in the informal resolution of complaints. VCC also fulfilled an advocacy role in relation to young people's reviews.

Child Protection

- 7.39** Managers had accepted recommendations made in the last annual inspection report and the report of the unannounced inspection relating to child protection procedures and practices. The child protection procedures had recently been reviewed and revised in consultation with the local child protection team. Efforts had been made to improve links with the local team and relevant managers within the local council.
- 7.40** The new procedure placed the responsibility for dealing with and reporting potential child protection allegations with a senior manager within the centre, not the YJB monitor as had previously been the case. The monitor and director were informed and kept up to date on progress, but the head of the YOS service, who had previously worked as a manager responsible for child protection services, considered each allegation, did an initial fact gathering and referred to the local child protection specialists. The decision about the most appropriate way to proceed with an allegation was made by the local referral team. If it was decided that an allegation would be considered as part of a 'stage one' investigation one of the practice managers, all of whom were qualified social workers, were asked to carry out an initial investigation into the matter.
- 7.41** The on-site social workers had received training to prepare them for their role as initial 'investigators' during the first stage of the child protection procedure. The term 'initial investigation' was used to describe the procedure, which was in fact a more detailed information gathering

process by the practice managers, who then presented their findings to the child protection professionals in the council.

- 7.42** All the information gathered, including witness statements were passed on to the local referral team for their recommendations about the best way to proceed. They may, at this stage, decide to initiate a Section 47 enquiry. The local police child protection unit were also kept informed and involved, as appropriate.
- 7.43** The new procedure commenced in August 2004. It had been agreed by the centre and the local child protection team that the process would be reviewed after five referrals had been made. At the point of the inspection four allegations had been made and dealt with. Managers felt the process had worked reasonably well. A decision had also been made to make any changes to the policy guidance and procedure prior to forwarding this on to the local Area Child Protection Committee (ACPC) for inclusion in their local child protection procedures. We made some suggestions to managers for changes to the written procedures that would further clarify the process.
- 7.44** Managers were pleased to report that positive links had been developed with the local child protection referral team and although they were obviously extremely busy, they responded appropriately to matters raised by the centre.
- 7.45** Several staff from the centre had been fortunate to have had student placements at the local children's team and worked closely with staff responsible for dealing with child protection referrals. This had been an invaluable experience for them. As recommended in the last report, managers had suggested that staff from the local team visit the centre. This had been more difficult to arrange, due to the demands and pressures upon the local team. We met with two social services managers from the local council who confirmed that they saw the benefit of cross working and regular contact. They suggested a quarterly meeting be arranged with appropriate managers and staff from Rainsbrook. Managers at the centre said they would welcome the opportunity to meet every three months, but felt that other pressures may obstruct the local team and managers from meeting regularly.
- 7.46** The head of the YOS team had become a member of the local ACPC, in part due to the fact that a place had become available when the local Youth Offender Institute (YOI) no longer took juveniles and it was not appropriate or necessary for them to continue their involvement with the committee.
- 7.47** A recommendation had been made in the report of the unannounced inspection that a single child protection procedure should be produced for all the centres to ensure consistency of approach. The YJB had attempted to resolve this matter but felt it was unlikely that local child protection

teams would welcome having a procedure imposed upon them. Each local authority, whilst working in the spirit of ‘Working together to Safeguard Children’ all had very different approaches to dealing with allegations and working with local providers.

- 7.48** All staff received basic training in understanding and raising awareness of child protection matters during their initial training programme. More detailed and advanced training in child protection was being provided for supervisors and senior staff.
- 7.49** Bullying and aggressive behaviour was not tolerated in the centre and the young people were constantly reminded of that fact. The records of any incidents of bullying or harassment were closely monitored by managers. A number of strategies were used to deal with any incidents, including undertaking individual sessions with one or other of the young people involved; group sessions and counselling sessions were also arranged as necessary.
- 7.50** A new procedure for the recording and tracking of incidents of bullying or harassment had recently been introduced, which was similar in detail to the procedure for dealing with suicide and self harm (SASH). This even further improved an already robust procedure and practice in relation to bullying.

Faith, Racial and Cultural Identity

- 7.51** The centre recognised and gave a high profile to the religious and cultural needs of the young people.
- 7.52** The chaplaincy service at the centre consisted of one full-time and one part-time Anglican minister. The chaplains had a strong commitment to ensuring a multi-faith and multi-cultural approach in the work of the centre. To this end they actively promoted access to young people of other denominations and faiths to the appropriate ministers. Young Muslims wishing to observe the requirements of Ramadan were entitled to do so and written information was provided to promote understanding and tolerance to others at the centre with differing beliefs. A strong relationship continued to exist between the centre and a local Imam.
- 7.53** The chaplains were routinely involved with a number of important meetings at the centre, including Suicide and Self Harm and early release meetings. Their role was seen as crucial by staff and young people, and was fully integrated in to all aspects of the routines of the centre.
- 7.54** The chaplains confirmed that up to 50 per cent of the trainees attended services and there had been fifteen baptisms in the previous year.
- 7.55** The chaplains offered bereavement counselling and advice on dealing with separation and loss. This support was available to staff and young people

alike. The 'pastoral care' provided by the chaplaincy service was excellent and support provided to all at the centre after the recent tragic death of a child, was exemplary.

- 7.56** The chaplains were actively involved within the 'community forum', seeking to forge positive links between the centre and the wider community. They were also seeking to forge links with local schools with a view to arranging visits for trainees, as appropriate. A range of cultural visits had been arranged to local theatres and Coventry Cathedral. The chaplaincy was involved in organising a 'celebration of skills' that brought jugglers, musicians and clowns into the centre for the benefit of the trainees. They also recently co-ordinated fund raising with trainees and staff and the centre towards relief for those affected by the tsunami tragedy in the Indian Ocean.
- 7.57** The chaplains were also actively involved in promoting the 'Community of the Cross of Nails', an international group dedicated to reconciliation. Rainsbrook STC was a member of the community of the Cross of Nails and had links with groups in Ireland, South Africa, Germany and nearby Coventry.
- 7.58** A number of young people were observed wearing plastic 'rosary beads' provided by the chaplains. The young people we spoke with were very positive about the support they received from both chaplains and the range of cultural and religious activities that they arranged.
- 7.59** As mentioned, the chaplaincy department was actively involved in promoting diversity in all aspects of their work and with the trainees. A group met within the centre every three months to explore specific issues that directly and indirectly affected the staff and young people in relation to diversity. A diversity 'planning day' was planned for February 2005 facilitated by an external trainer.
- 7.60** We spoke with a number of young people from black and minority ethnic backgrounds and they all said they felt their diverse needs were being met. They were particularly positive about the fact that a range of skin and hair care products were available to them at the point of their admission to the centre. However, it was difficult to ascertain from the case files and planning documents for young people from diverse backgrounds exactly what action was taken to address their individual needs. We also noted that during 'trainee monitoring meetings' it was impossible to tell from the discussions which young people were from black or minority ethnic backgrounds. This was an area that would benefit from further development. Managers needed to ensure that staff actively asked questions about all aspects of individual young people's diverse needs and reflected the discussions, planning and interventions in case records.

Education and Vocational Training (OFSTED)

8

STANDARD 5: EDUCATIONAL AND VOCATIONAL TRAINING

The STC conveys an ethos where learning is valued and trainees are encouraged to improve their standards of education or achievement.

Trainees of school age will experience a broad and balanced curriculum appropriate to their age, ability and level of attainment with a view to a return to school on release.

Trainees who will be above school age on release will receive a programme of educational and vocational training designed to prepare them for entrance to further education, training or work experience.

This standard looks at:

- all aspects of the education and vocational training available to the trainee.

STANDARD 5: EDUCATION AND VOCATIONAL TRAINING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The centre provides: <ul style="list-style-type: none"> ➤ an effective learning environment ➤ good teaching and learning ➤ detailed initial assessment ➤ effective leadership and management ➤ a broad and developing curriculum offered to young people ➤ good opportunity for accreditation across a broad range of subjects. • Education was considered an important aspect of the care and service provided at the establishment. • Staff and trainees were positive about the successes achieved in the education facility. • The relationship between care and teaching staff at the centre were positive and all sought to promote the importance of educational achievements. 	<ul style="list-style-type: none"> • The use of assessment information by teachers. • The relationship with, and service provided by, the local Connexions partnership. • Staff accommodation. • Clarification of the role of training assistants working in classroom settings • The range of fiction titles in the library for students in the 15+ age group.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The head of education should ensure teachers make more effective use of student information gathered at the time of initial assessment. • Managers should take steps to improve links with the local Connexions partnership/service. • Managers should make more effective use of training assistants working in classroom settings. • Steps should be taken to improve the quality of staff accommodation in the education department. 	

ACHIEVEMENT AND STANDARDS

How well do learners achieve?

- 8.1** Achievement and progress were good or very good in 56 per cent of the lessons and satisfactory in the rest. Since the previous inspection, the level of accreditation had improved considerably. On average, over a twelve month period, students had gained 8.4 units of accreditation each per month across a wide range of subjects. The percentage of students leaving without any accreditation had fallen significantly. The centre had tracked systematically students' progress in literacy and numeracy, many have made creditable progress.
- 8.2** In lessons, students acquired good communication and social skills by taking part in class discussions, being encouraged to answer questions in some detail and by listening to and respecting the views of others. The students were engaged in interesting and worthwhile tasks; they gained many new skills and improved their knowledge and understanding of important concepts essential to the units being studied. For example, they learned bar charts in mathematics; practised new strokes in badminton; grasped the nature of royal succession in history; used accurately new vocabulary in French; understood the plot in literacy text and demonstrated the use of stage directions in drama. In just a few lessons, while students worked quietly, they were not fully engaged in the activity. For example, they copied out diagrams or questions, without seeing their significance.
- 8.3** Student behaviour was very good in lessons and movement around the site was calm and orderly. Attendance and punctuality were good, the latter ensuring that lessons started promptly. Students' achievements and behaviour were scored in each lesson and the points were announced at the end of each week. This system and its associated rewards helped to motivate students. New arrivals were quickly integrated into the units and were soon engaged in lessons and the units of work.

THE QUALITY OF EDUCATION AND TRAINING

How effective are teaching, training and learning?

- 8.4** In all of the 18 lessons inspected, the teaching was at least satisfactory and in 67 per cent it was good or better. Teachers successfully conveyed the message that education matters and that learning can be rewarding and enjoyable. Teachers demonstrated good subject knowledge in their planning and practice, and in the best lessons, conveyed an enthusiasm for the subject which helped to engage and sustain students' interest. Lessons

had clear and realistic objectives and most were structures well. Prompt starts meant that students quickly got down to their work. The pace of lessons was often demanding and teachers had high expectations regarding students' behaviour, participation and achievement.

- 8.5** Teachers knew their students well and established good working relationships with their classes. There was a good mixture of whole group and individual teaching. Teachers regularly checked students' understanding by skilful questioning or setting suitable written exercises. There were good opportunities for one-to-one teaching through effective support in the classroom or when students were withdrawn for specialist help with their reading. The latter was booked on an appropriate phonically-based programme.
- 8.6** The 45 minute lessons were planned well around the units of accreditation. Resources, including textbooks, worksheets and booklets produced by teachers, were of a high quality and were used well. For example, dictionaries were available in most classrooms and students consulted them regularly to check spellings and meanings. Other resources, including tape recordings in French and fossils in science, contributed well to students' learning. There was little use of ICT in the lessons observed.
- 8.7** Students' learning was good or better in 67 per cent of the lessons and satisfactory in the rest, an improvement on last year. Most students had a positive attitude to their work and they maintained their interest throughout the school day.
- 8.8** In lessons that were satisfactory, as opposed to good, the work was often too easy for many of the students. In a small number of lessons, some students found the work too difficult. In contrast to the very effective openings of lessons, some sessions ended weakly and teachers missed opportunities to review the learning that had taken place. Although teachers were aware of students' learning targets and reviewed students' progress regularly, there was no reference to them in lessons.

How are achievement and learning affected by resources?

- 8.9** Accommodation and resources were good. The well maintained classrooms, the high quality of display and the commitment of the staff all contributed to provide a bright and welcoming learning environment for the students.
- 8.10** Effective steps had been taken to improve recruitment and the retention of staff. Teachers were well qualified and subject knowledge was very good. Senior managers provided appropriate support and guidance for the small number of staff who are working towards qualified teacher status. There was a good system of using non-contact time flexibly. Staff who were not teaching, were allocated as extra classroom support session on a daily

basis, this meant that groups or individual students could receive additional help when it was needed.

- 8.11** There had been improvements in the range of professional development opportunities available to staff and the centre had bought in to the Warwickshire Education Development Service. All staff now had a portfolio of courses which they had attended and these were relevant both to their individual needs and to the priorities in the centre's development plan. This was helping staff to keep up to date with national initiatives such as the key stage 3 strategy.
- 8.12** The relationships between the staff and the trainees were very good and were characterised by a focus on learning which was underpinned by mutual respect and a valuing of all contributions. Teachers set clear boundaries and had high expectations of both work and behaviour.
- 8.13** Good use was made of specialist rooms and the library was effectively managed. Resources were well organised and catalogued but there were insufficient fiction books for the older students. The centre had recognised this and were in the process of ordering some additions. Students were timetabled to have reading sessions in the library and were able to borrow books. However, it was underused in developing their research skills across the curriculum.
- 8.14** The education buildings were excellently maintained and the work of the students was prominently displayed. This conveyed the important message that their work was valued and important. The accommodation for staff was inadequate although this did not affect the quality of their work.

How effective are induction, assessment and the monitoring of learners' progress?

- 8.15** Arrangements for induction were good. A detailed information gathering interview was conducted, by one of a small team of teachers, shortly after a young persons' arrival at the centre. The purpose of the interview was to determine the prior educational experience and attainment of the young person and to explain the range of programmes of study on offer. Detailed individual learning targets, relating to education, were agreed at these meetings and the information forwarded to all teachers and the staff responsible for planning and conducting DTO meetings. A literacy and numeracy assessment was conducted at the time of induction and steps were being taken to introduce more appropriate assessment methods to determine a young persons' level in respect of basic skills.
- 8.16** An education welfare officer had recently been appointed and was making good progress in gathering relevant information relating to a young persons prior educational experience and attainment. Contacts were being made, where appropriate, with schools, local education authorities and

other secure establishments to gather information regarding the individual young people.

- 8.17** Education staff attendance at DTO review and planning meetings had improved, since the previous inspection. The meetings were well managed and included a detailed discussion of the young persons' progress and achievements in education. Targets set at the time of induction, relating to education, were reviewed and used as a basis for discussion.
- 8.18** Student progress in education was carefully monitored. A well planned programme of weekly meetings, involving all teaching staff, considered the work and progress of individual students, along with the targets set at induction and through the DTO planning meetings. Individual teachers, however, made few references to individual targets during their teaching sessions.

How well does the curriculum meet the national targets and needs and interests of learners?

- 8.19** The curriculum was well designed and was in line with the national specifications of the Youth Justice Board and the national curriculum. There was equality of access for all students. New arrivals were quickly assimilated into lessons by the teachers.
- 8.20** The curriculum at key stage 3 was good and there had been positive steps to improve the key stage 4 curriculum since the previous inspection. A vocational curriculum was being developed and across both key stages the curriculum was generally well matched to the needs and interests of the students. On occasions the work given to the students was not sufficiently in line with their ability and tasks were not differentiated. Good progress had been made in the use of a phonetically based literacy scheme which was delivered in individual sessions. Several students spoke of how they had been taught to read and write during their time in education. Homework was not set by teachers.
- 8.21** The daily Reducing Crime course was delivered by care staff based in the residential units and complimented the work being covered in education as part of the personal, social and careers education provision. Movement to and from lessons was very good. Trainees were escorted to the classroom which meant that teachers could stay in their teaching base and have their curriculum resources to hand. The curriculum was enhanced by enrichment days which included a multi-faith day delivered by the Chaplaincy and one spent on substance misuse. Good quality work came from these sessions.

How well are learners guided and supported?

- 8.22** Overall, the quality of guidance and support available to students was good. Staff had a very good understanding of the needs and the circumstances of individual students. Staff – student relationships were very good. One-to-one support was provided through a comprehensive programme of work offered by teachers, volunteers and the learning support assistant.
- 8.23** Links with the local Connexions partnership were poor and had deteriorated, since the last inspection. As a consequence, young people were being offered a very limited range of services and support by the partnership. A personal adviser (PA) visited the centre 0.5 days each week to conduct interviews for a small number of students. The range and quality of careers information available to students was very limited. There were few books and careers materials in the library.
- 8.24** Attendance rates were carefully monitored. Detailed, individual programmes of work were planned and offered to those young people who were taught on the residential wings. This work was closely monitored at the weekly staff meetings.
- 8.25** Students had a very good understanding of the behaviour management scheme which operated in the education department and on the residential units. Great emphasis was placed on keeping students in class and a ‘time-out’ system worked well, with detailed records kept of the frequency and reasons for students leaving class.

LEADERSHIP AND MANAGEMENT

How effective are leadership and management in raising achievement and supporting all learners?

- 8.26** Leadership and management were very good. The head of education was a key member of the senior management team at the centre and acted as a duty manager for one day each week and at weekends on a rotational basis. Steps had been taken, since the previous inspection, to improve the timetabling arrangements and to develop the range of courses on offer to students. New courses were being introduced in design and technology and hairdressing. Senior managers had a good understanding of national requirements and had considerable experience of working in secondary education and of work with students with special educational needs.
- 8.27** Senior managers had a detailed understanding of the strengths and weaknesses of the department which was reflected in a comprehensive

self-assessment report. There was a detailed development plan with five key areas for development.

- 8.28** Significant improvements had been made, since the previous inspection, in developing quality assurance arrangements within the education department. An effective system of lesson observations had been introduced. Student behaviour in classrooms was being closely monitored. The frequency and reasons why young people were sent back to the residential units was being analysed on a regular basis. Trends and patterns were identified. The information gathered was linked to referrals by individual teachers and additional classroom support was provided where appropriate.
- 8.29** Links between the education department and residential units were good. There was a constant exchange of information and dialogue related to and young people to a programme of daily, weekly meetings involving care and education staff. Work set over the Christmas period by teachers had been supervised by unit staff and had been completed as an accredited unit in English. Points awarded to young people by teaching staff, as part of the behaviour management scheme, were analysed on a weekly basis and the information forwarded to residential staff. This information was then used to determine individual and unit awards, which were celebrated through a series of events and attractive poster displays in the education department.

Tackling Offending

9

STANDARD 6: TACKLING OFFENDING

Each trainee is subject to an individual offending behaviour programme which is consistent with his/her assessment and other elements of the training plan.

The director has mechanisms in place to develop, monitor and evaluate the STCs offending behaviour programmes, drawing on advice from external consultants.

This standard looks at:

- the nature and effectiveness of the individual trainee's offending behaviour programme.

STANDARD 6: TACKLING OFFENDING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Considerable efforts had been made to improve delivery of crime avoidance sessions to trainees and ensure they were meaningful and effective. • The centre had a clear plan to improve this even further which would require contract revision. • An equally detailed citizenship programme was available for staff to use with young people placed on remand. Trainees were positive about the work done with them. • A range of new programmes and packages had been obtained with training provided for staff to improve their skills in direct work with young people. • Community supervisors continued to attend all initial post release reviews of trainees leaving the centre and tracked their progress. 	<ul style="list-style-type: none"> • A number of young people were critical about the specific approach to crime avoidance at the centre, particularly its relevance to them personally. • The contractual obligations related to the implementation of the ‘tackling offending’ programme were in need of review.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Rebound should review the relevance of the current approach to tackling offending at the centre with the Youth Justice Board. (9.1 – 9.11) 	

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- 9.1 The contract stated that young people must have seven hours a week formal crime avoidance interventions. The centre had developed an approach that could easily be evidenced and prove contract compliance. These sessions were provided for one hour each day and were delivered in the main by care staff. Unfortunately this led to a 'one size fits all' approach which, while providing the evidence required, did not meet the needs of the trainees.
 - 9.2 Considerable efforts had been made to train and support care staff in the delivery of offending packages. A wide range of useful offence related packages had been purchased and training had been provided for staff. Each of the packs included leaders notes for the planning of sessions and stated clear objectives.
 - 9.3 A 'contentious issues pack' had been introduced and this provided a number of simple sessions for staff to undertake with young people. A number of staff told us they found this package very useful. However, several staff also told us they would like to have more time to prepare for the daily crime avoidance sessions.
 - 9.4 A programme called Jigsaw had also been purchased, with independent trainers adapting the package for the centre and carrying out the training with staff. All staff in one of the house blocks had been trained in this model and told us they found this extremely useful. They confirmed the training and package had improved their skills in groupwork and direct work with young people. The external trainers and producers of the programme were evaluating the effectiveness of the delivery of their training and the impact of the programme on young people. After this evaluation process, revisions would be made if necessary and the training would be delivered to the other two house blocks in March and April 2005.
 - 9.5 A significant number of young people told us they did not see the relevance of the daily crime avoidance sessions for them personally. Many told us they felt the whole experience of being at Rainsbrook did have an impact on their behaviour and even their offending patterns, but they felt that the daily crime avoidance sessions had the least impact as many of the topics were not relevant to them.
 - 9.6 Comprehensive records were kept of the crime avoidance sessions and it was clear that the centre was delivering the required number of sessions each week. However even with a whole range of effective resources available for staff to tackle the issue of offending with trainees and the fact that considerable resources had been invested in training, preparing and supporting care staff in the process it was not as effective as everyone would wish.
 - 9.7 Managers were aware that some staff were more effective at delivering the crime avoidance sessions than others. They varied in their group work

skills. Generally the sessions attended during the inspection were managed well and young people co-operated. The young people placed on remand seemed to enjoy the 'citizenship' sessions.

- 9.8** All of the young people had individual sessions with a range of people to address issues set out as targets in their training plan. The staff involved with the trainees providing individual sessions included; case managers, key workers, substance misuse staff, an assistant psychologist, the Forensic Psychologist and the Clinical Psychiatrist. The issues addressed in all individual sessions were often related to offence patterns.
- 9.9** Managers and specialist staff at the centre were clear about what needed to be done to improve this area of their work with young people and to achieve maximum impact. They wanted to address the issues of offending behaviours with young people in a more 'offence specific' way. They had plans for a range of 'crime specific groups' for higher risk offenders, covering areas such as; sexual harmful behaviours, violent offending, the impact of substance misuse and working specifically with young women. They would also wish to build on the individual work currently undertaken with young people and ensure that the level of input with each young person was 'proportionate' to their offending patterns.
- 9.10** This proposal was in line with current thinking from eminent practitioners in the field of work with offenders. The view was that crime offence related programmes needed to be sufficient in intensity and duration to achieve their aims and the intensity linked to the level of assessed risk posed by the offending patterns. The belief was that those of lower risk should receive lower or minimal intervention and high-risk tariff individuals should receive more intensive programmes. Managers were concerned about the range of offence patterns presented by young people residing at the centre. They ranged from very minor offences to highly serious offences, such as murder or violent crime.
- 9.11** We were told that for the desired approach to be implemented there would need to be some flexibility in the expectations of the contract with the Youth Justice Board. We had raised the issue of consistency of the standard of the crime avoidance sessions during previous inspections and managers had clearly made very effort to improve practice in this area. However, during this inspection the most significant comments came from the young people, who felt they were gaining from their stay at the STC, but were very critical of the 'one size fits all' approach to tackling offending behaviours.
- 9.12** The two community reviewing officers who were part of the Youth Offending Service team (YOS) attended all initial review meetings for young people when they moved on from the centre. They also contacted the Youth Offending Team (YOT) workers at the end of the licence period to ascertain if the young person had completed the community element of their order, or if there had been a breach and readmission to custody.

Health Care

10

STANDARD 7: HEALTH CARE

All trainees will be provided with health care to National Health Service, and with health education.

This standard looks at:

- the extent and quality of health care, including health promotion and education.

STANDARD 7: HEALTH CARE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • A new protocol had recently been devised between the centre and Primecare, which clarified the expectations for sharing information and confidentiality. • A revised and more detailed policy guidance and procedure related to Suicide and Self-Harm (SASH) was shortly to be launched after appropriate training for staff. • The current practice at the centre for dealing with self-harm was robust and commendable. • A considerably improved psychological and psychiatric service was in place to support staff and young people. This was clearly valued by all at the centre. • The developments in the assessment and treatment of trainees with substance misuse problems was commendable. • A positive range of primary medical health care services were available and the arrangements worked very well. • The health care team made a valuable contribution to the admission process for young people. • Young people now had written health care plans. 	<ul style="list-style-type: none"> • Absences in the health care team were placing unhelpful pressures on health care services. • Efforts had been made to support young people with their addiction to smoking, but this continued to be a significant issue for young people.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Further efforts should be made to support young people in withdrawing from their addiction to smoking, particularly during the early stages of their admission to the centre. (10.18 – 10.19) 	

Health Care Service

- 10.1** The health care services were sub-contracted to a private agency, Primecare, which was responsible for providing professional supervision and management to the health care team.
- 10.2** The health care team comprised a health care manager, a senior nurse and five full-time equivalent nurses. Psychiatric and psychological services were also provided through Primecare. The psychiatrist was available to the centre for up to five hours a week and a recently appointed forensic psychologist was working full-time at the centre. This was a positive development, appreciated by staff and young people.
- 10.3** Rebound and Primecare had recently produced a protocol to clarify expectations related to the sharing of medical information and confidentiality. This was translated into policy guidance and a clear procedure for recording, reporting and holding medical information about young people. One of the aims of the protocol was to ensure trainees were encouraged to provide informed consent to health care and treatment. Another aim was to ensure a clear procedure for the disclosing of personal medical information, also involving consent from the young person concerned.
- 10.4** A form had been developed on which health care staff recorded relevant medical information and an outline health care plan. These were placed on case files held in the administration block. Staff in the units said they would like easier access to the health care plans, but managers felt that the offices on the units were not as secure as those in the admin areas. Staff had access to the health information available on case files.
- 10.5** The centre had a well established health care service. A comprehensive range of primary medical health care services were available and the arrangements worked well. The health care team routinely liaised with the local GP who visited the centre several times a week, and saw all the newly admitted trainees.
- 10.6** The health care team presented as a committed team of staff who were an integral part of the centre and who made a positive contribution to the day-to-day care of the young people, providing a range of sessions on health and life-style matters, while also addressing identified health needs. However, nursing staff reported that unexpected absences in the team had at times placed them under considerable pressure to continue to meet the requirements of the contract with Rebound. They were concerned that during the period of the inspection two of the eight staff were absent, one due to unexpected and serious health problems. The team were clearly considerably overstretched during this time. We were assured by managers that steps were being taken to provide appropriate cover for the absences.

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- 10.7** The health care team continued to make a valuable contribution to the admission process for young people. A member of the team was always present when a trainee was admitted to the centre, to ensure that appropriate medical checks and risk assessments were carried out as required.
- 10.8** After approximately 7.00pm social work staff were no longer available to lead the admission process. It was recommended in previous inspection reports that the late evening admission procedures be reviewed, as it was an expensive resource to have case managers and social work staff working late in to the evenings. Social work staff would remain at the centre if a specific time of arrival was confirmed, or if there was more than one admission expected. Otherwise they picked up all issues related to a new admission first thing the following morning.
- 10.9** Although nursing staff had been provided with some training in the assessment of young people during the admission process, they felt they required further training and advice in relation to interpreting social history information provided at the point of admission.
- 10.10** We shared this concern with senior managers and suggested they review the process with nursing staff and ensure they were comfortable with the procedure. The duty operational manager was also involved with the admission of a young person after 7.00pm. The duty operational manager and this team also confirmed they had received appropriate training. They were clear that if there were any concerns about a young person being admitted they would contact the out of hours duty director, who as necessary, would attend the centre and deal with any concerns, as appropriate. We were satisfied that the procedures in place were adequate to safeguard young people.
- 10.11** Every trainee was seen by a nurse twice a day, morning and evening. A medicine round was undertaken each morning, at lunchtime and evenings, as necessary. Medicines were securely stored in the medical room and were securely transported around the centre. A recently purchased separate and approved cupboard for controlled drugs further improved storage. Nurses were on duty in the centre until 10.00pm and then one of the team was available on-call during the night.
- 10.12** The duty nurses responded expediently to all incidents of restraint by offering health assessments to trainees where there was a physical injury. Visits to the young people were usually made within 15 minutes of the incident. A body map was completed if any bruising or other injury was apparent.
- 10.13** Nursing staff also met with young people leaving the building to attend court appearances or those going on community visits, to confirm that they

were fit to travel. The GP was expected to see all young people before they were discharged from the establishment.

- 10.14** There had been commendable developments in the assessment and treatment of trainees with substance misuse problems. A staff member from the centre had taken on the role of ‘substance misuse co-ordinator’, which was a post funded by the YJB. The aim was for the co-ordinator to be involved with the development of national specifications for substance misuse. Two substance misuse workers were also available as part of this service (although one post remained vacant).
- 10.15** All young people were screened and assessed to identify any problems or issues with substance use. The specialist workers would work directly with young people, or they supported key workers in their work to raise awareness of the impact of substance use. They also worked closely with the psychology department and health care colleagues. Any work with young people in this respect was routinely included in training plans.
- 10.16** The service of several local external specialist groups had also been commissioned to provide support and training to staff. These included the ‘Discovery and Caddy project’ and staff from a local prison also provided informative sessions on the long-term consequences of substance misuse. We saw evidence of some excellent assessments being carried out and the development in relation to this provision for young people was to be commended.
- 10.17** The nursing staff continued to play a key role in the review and oversight of practice and procedures relating to suicide and self-harm (SASH). The centre had a highly focused and sensitive system for monitoring and planning to address the needs of young people considered to be at risk of self-harm. A revised and more detailed policy guidance and recording procedure for young people subject to SASH monitoring was shortly to be established. The guidance document provided clear advice for staff on the expectations related to assessing risk, developing management plans, minimising the potential for self-injury through the awareness of risks and signs of distress and appropriate monitoring and recording. One of the recording tools was a detailed self-harm assessment checklist, which provided a scoring matrix that highlighted the potential for self-injury and if necessary triggered a detailed level of observation and tracking.
- 10.18** The centre did not permit smoking by staff or young people anywhere on the campus. Young people were not permitted to smoke from the moment of admission. Many young people told us they found it very difficult to quit by means of ‘cold turkey’ and sought to seek permission from inspectors to be able to smoke. We raised their concerns and difficulties with managers who told us that enquires had been made in the past as to the feasibility of ‘patches’ for young people to ease their distress. However, the local medical practice were clear they would not prescribe patches for young people of 16 or under as the product was not licensed

for their use. We were also told that other methods had been used to help young people with relaxation and stress control.

10.19 We suggested that further efforts were made to support young people during a difficult period of withdrawal and ensure this is available on an ongoing basis.

10.20 During the inspection it was discovered that one of the young people had mumps. Managers, nursing and care staff all responded appropriately after full consultation with the local GP. Steps were taken to ensure a delay in admissions, particularly of young men as the most vulnerable group for this contagious disease, and to ensure visitors were made aware of any potential risks.

Premises, Security and Safety

11

STANDARD 8: PREMISES, SECURITY AND SAFETY

The design of the premises and the security measures in operation at the STC prevent unauthorised entry or exit and the passage of unauthorised items and substances, and ensures the safety at all times of trainees, staff and visitors.

The STC is properly maintained and furnished and has appropriate facilities.

This standard looks at:

- the security arrangements for the STC, the condition, adequacy and fitness for purpose of each of the buildings in the establishment.

STANDARD 8: PREMISES, SECURITY AND SAFETY

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The buildings were well maintained and every effort made to create a comfortable environment for the young people. • The appointment of the health and safety officer was a positive development and practice in this area had considerably improved. • Security systems and practice remained robust in this centre. • There were clear and effective procedures for the searching of trainees. • The centre and YJB Performance Monitor had done a piece of research on the issuing of warrants by the courts. A useful report had been written. 	<ul style="list-style-type: none"> • The CCTV system was in need of upgrading. A more efficient and effective system would further improve the safety and security procedure within the centre. • Safety and security would also be further enhanced by the installation of an electronic recording system for the checking of young people in their bedrooms. • Cold air being pumped into the bedrooms at times made the trainees uncomfortable. • Staff providing a therapeutic intervention with young people would benefit from more appropriate facilities.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Rebound should in consultation with the Youth Justice Board ensure that an effective and efficient CCTV system is available to support other safety and security procedures at the centre. (11.13) • Consideration should also be given to installing an electronic recording system for the checking of young people while in their bedrooms, particularly during over-night periods. (11.14) • Senior staff should consider how best to provide appropriate accommodation for staff involved in therapeutic direct work with young people. (11.18) 	

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- 11.1 The building continued to be well maintained by a committed group of facilities staff. The young people inflicted little or no damage to the buildings and every effort was made to make the living accommodation as comfortable as possible within the limitations of the buildings.
 - 11.2 A number of young people had been encouraged to display their art work around the living units and we once again saw some excellent drawings.
 - 11.3 There continued to be a systematic approach to the decoration and maintenance of the buildings and a structured approach taken to dealing with repairs.
 - 11.4 Procedures were in place for the regular checking of all areas of the centre. The maintenance team conducted weekly building inspections and the residential managers also carried out regular checks.
 - 11.5 The recent appointment of a health and safety advisor had improved the status of health and safety on the agenda at the centre and Rebound in general. An action plan had been drawn up to address outstanding health and safety requirements. Its implementation was to be carried out locally but overseen by the advisor. We found health and safety to be taken seriously by all staff at all levels and to be embedded into the culture of the centre. Guidance on safe-working practice had been drawn up and accidents were recorded and monitored. Managers and staff all confirmed that the health and safety advisor had made a positive contribution to the centre.
 - 11.6 The health and safety steering group continued to meet, which included representatives from each unit. The security manager, the trade union and fire officer all attended this meeting.
 - 11.7 There had once again been two breaches of security since the last inspection. In both cases staff had accidentally taken keys off site. A new electronic key tracking system had recently been installed, which made it much more difficult for such an incident to occur in the future.
 - 11.8 All aspects of the day-to-day security of the centre remained robust. All staff were trained in security and safety matters. The security manager attended all initial training courses for new staff and arranged for regular desktop exercises throughout the year.
 - 11.9 The security manager prepared a report for the senior management team each month, which contained any 'security intelligence' gathered during the previous month. This report contained an analysis of the incident and a strategy to ensure the management of and prevention of similar situations in the future.
 - 11.10 The security manager also completed an initial risk assessment on each trainee at the point of admission. This included the possibility of

absconding, risk of violence and the potential to place others at risk. This assessment formed the basis for the mobility planning for each young person, including staffing levels and if needed the use of handcuffs.

- 11.11** Clear procedural guidance was available on the use of handcuffs. These were used only if a young person was considered to be a high risk of escaping whilst on a mobility outside of the centre. The level of risk would normally be based on the level of violence exhibited by the young person during previous visits outside of the centre, or attempts to escape. Approval was needed from the director, in his absence the duty director and the Youth Justice Board (YJB) Monitor.
- 11.12** There were clear and effective procedures for the searching of trainees and visitors to the centre.
- 11.13** We were told that it was becoming increasingly difficult to find parts to repair the CCTV cameras around the site. The system was appropriate at the time the centre was built, but technology had moved on considerably since then. A number of significantly more effective digital monitoring and recording systems were now available. Managers and YJB Monitor told us they were at times frustrated by the quality of the current cameras, and although they met the expectations of the contract, more effective digital cameras would make a considerable difference in safety and security management of the site.
- 11.14** Trainees were regularly observed by night staff during the night. An unobtrusive light was switched on at night to enable staff to observe trainees without disturbing them or having to enter their rooms. A written record was kept of these observations. Since the STC was built technology has become more sophisticated and more appropriate electronic systems were available to ensure night-time checks were being made as required. We suggested that managers, in consultation with the YJB consider installing an electronic recording system. The cameras in the corridor provided some additional evidence of staff checking young people during the night, but the quality of the recordings and the time delay was not entirely satisfactory. Safety and security in this respect would be improved by an electronic recording system.
- 11.15** A protocol was in place with the Prison service for assistance at the centre should a major incident or a threat to the overall control of the site present itself. This would include an evacuation of part of the site if necessary.
- 11.16** Some young people and night staff complained that the bedrooms were at times too cold during overnight periods. We raised this matter with managers who assured us they would address this.
- 11.17** We raised other matters relating to the building with the Director. These included the situation of the telephone in Foxton unit and the size of the

beds for young people who were particularly tall. The Director confirmed he would address these matters.

- 11.18** Staff involved in direct therapeutic work with young people told us they did not have an appropriate room in which to undertake their work. We discussed this with managers and suggested they consider allocating a more appropriate place for such therapeutic work to be done with young people. Finding additional space was always difficult in the centre; all areas were used to maximum capacity. However for therapeutic interventions to be effective then the environment they are carried out in must be safe and comfortable.
- 11.19** In the last inspection report we raised the issue of the quality and legality of a number of warrants which confirmed the order for young people to be detained at the centre. We recommended that managers should liaise with the YJB regarding this matter. The comment was noted by a local Member of Parliament (MP) who raised a ‘parliamentary question’ which resulted in a review being undertaken of the warrants issued by the courts to young people placed at the centre.
- 11.20** The YJB performance monitor and quality assurance officer from the centre looked at 92 warrants during the period of September and October 2004 and many of those were inaccurate. A report was presented to the Home Office and the issues raised in that report were at the point of this inspection still being considered. The report reflected that there had been a number of warrants issued that did not have detailed correct legislation, nor did they state the type of custodial resource to which the young person was to be sent.
- 11.21** This was clearly a national problem and it would appear that Crown Courts were the most likely to record incorrect information on the warrants. A procedure was in place at the centre for staff to check the warrants and ensure the information was correct. If mistakes were identified contact was made with the courts. This was of course impossible when young people arrived late in the evenings.

Standards and Criteria

A

STANDARD 1: PURPOSE AND FUNCTION

The STC has a clear and well understood sense of purpose which fully reflects the vision, goals and values determined for STCs by the Home Office.

Criteria

- 1.1** The STC has a written Statement of Purpose which describes accurately and simply its principal goals as laid down by the Home Office.
- 1.2** The statement is displayed prominently throughout the STC and is made available to the family/carer of each trainee and other relevant parties. (P.1)
- 1.3** Managers and staff understand and are committed to the vision, goals and values of the STC.
- 1.4** The STCs Equal Opportunities policy is fully in accord with Home Office policy, is published and drawn to the attention of all trainees, staff and visitors, and is routinely monitored. (A.17)
- 1.5** Trainees are assessed and treated as individuals. Each trainee and his/her family/carer is fully and actively involved throughout his/her assessment, planning and review processes as far as possible. (A.10)
- 1.6** The regime offers equal standards of care, education, training, safety and security to all trainees, irrespective of race, religion, gender or disability.
- 1.7** Trainees and their families are fully consulted about decisions, which affect their lives.
- 1.8** Explanations are given to all trainees and their families/carers about how particular decisions affecting them are reached.
- 1.9** Trainees are made aware of their responsibilities and the standards required of them and are informed of their rights and privileges. (A.11)

STANDARD 2: MANAGEMENT AND STAFFING

The STC has sufficient trained staff to achieve the goals set by the Home Office.

Staff are properly managed to enable them to work effectively as a multi-disciplinary team and operate the STC to the standards required.

Criteria

- 2.1 The number of staff on duty at the STC at any time is sufficient to ensure that all aspects of the regime is delivered to the specified standards.
- 2.2 The composition of the staff teams should take account of the gender and ethnicity of trainees. (A.4, 0.6, 0.9)
- 2.3 All posts at the STC have written job descriptions, setting out the lines of accountability, responsibilities and authority of the jobholder, and a summary of the personal qualities, competencies and skills required. (SAS 2.5, 0.11)
- 2.4 All applicants for jobs at the STC are vetted and all offers of employment are made subject to satisfying the relevant vetting requirements. No employee is allowed to work with a trainee until full employment vetting has been completed. (0.16)
- 2.5 Certified custody officers are the only staff at the STC who perform custodial duties in relation to trainees. (0.7, Section 9 CJPO 1994)
- 2.6 The staff team corporately possess the skills and knowledge required to meet the goals of the STC and each individual member of staff possesses the necessary qualifications, skills and experience for the work (SAS 2.13)
- 2.7 There is a continuing training and development programme for all staff consistent with the objectives of the STC and the individual members of staff personal development needs. (SAS 2.14, 0.24, 0.25)
- 2.8 Custody officers will receive annual refresher training by accredited instructors in physical restraint and initial and regular refresher training in the use of short duration breathing apparatus. (N5 and L3)
- 2.9 All work groups and individual members of staff have clear objectives and performance measures.

A

- 2.10** All members of staff receive regular supervision from their managers and records and decisions are closely monitored. (SAS 2.9, SAS 2.17, 0.42 and 0.44)
- 2.11** There are regular and programmed staff meetings, shift hand-over meetings and specialist team meetings to ensure that all staff are informed about contemporary issues and have the opportunity to feedback their views to appropriate managers. (SAS 2.11, SAS 2.25, 0.49 and 0.51)
- 2.12** Each STC has an external line manager who will monitor the performance of the STC. (SAS 2.20 and SAS 2.22)
- 2.13** All contracted out STCs have a Home Office monitor to monitor the performance of the STC against the requirements of the contract.

STANDARD 3: ASSESSMENT, PLANNING AND REVIEW

There is a full assessment of each trainee's individual needs and problems and a flexible, individual training plan for meeting as many of those needs and for tackling as many of those problems as possible and for the directing of remedial attention to offending behaviour.

The progress of each trainee is closely monitored, recorded and regularly reviewed.

Criteria

- 3.1** Each trainee will be the subject of an initial written assessment within 2 weeks of admission. (B.1)
- 3.2** Each newly admitted trainee will also be subject to a systematic risk assessment which is reviewed and updated throughout the period in custody. (SAS 5.35)
- 3.3** On the basis of these assessments, an initial training plan is produced within 2 weeks of admission to respond to identified need and tackle offending behaviour. The plan will define the work to be carried out, by which staff, and the timescales which will apply. (B.3)
- 3.4** The trainee's family and, if appointed, the post release supervising officer will have opportunity to actively participate in the assessment and planning process.
- 3.5** The training plan is monitored, regularly reviewed and updated in light of the trainee's progress. (B.5)
- 3.6** Management have mechanisms in place for supervising those involved in delivering the training plan and monitoring and evaluating its effectiveness. (B.5)

STANDARD 4: CARE OF YOUNG PEOPLE

Day-to-day care is of a good, provided by staff who can relate effectively to trainees in a way which takes into account their individual needs and safeguards and actively promotes their welfare. Trainees whose conduct is unacceptable are dealt with using positive and fair sanctions.

Trainees are given every opportunity and encouragement to re-establish, maintain and strengthen contacts with family, friends and significant others outside the STC.

The STC's admission procedure is positive and welcoming, not overbearing and intimidating.

The induction programme is designed to establish positive relationships and co-operation with trainees, to help them to adjust to life in the STC, and to set clear expectations about their behaviour in custody and on release.

Criteria

- 4.1** Trainees are helped by staff who can relate effectively to them. (SAS4.2, SAS 4.11)
- 4.2** Staff to ensure that trainees meet regularly as a group to share their views about daily life in the unit and that they and their families are fully consulted about decisions which affect their lives. (SAS 4.29, SAS 4.30)
- 4.3** Staff respect trainee's privacy and confidentiality so far as it is consistent with the provisions of security, protection of other residents and staff, and safety of the individual trainee. (SAS 4.31)
- 4.4** Trainees have available to them the choice of structured and unstructured activities enabling each day to be occupied purposefully in a way relevant to their needs and consistent with their individual training plans. (F2, F3, F4, F7 and F8)

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- 4.5** Trainees are only locked in their bedrooms at night between the hours of 9.30pm and 7.30am or, exceptionally, when necessary for their own safety, the safety of other trainees or the security of the centre. Trainees are encouraged to maintain outside contacts by writing and receiving letters, telephone calls and visits from family and friends subject to the need to assure the security of the centre and the safety of the trainee. (H2, H3, H5 and H6)
- 4.6** The trainee should be encouraged to establish positive links with the local community through education, training and offending behaviour programmes.
- 4.7** Trainees will receive assistance and facilities to enable them to have access to their legal advisor, post release supervisor, the monitor, independent persons and, where necessary, other external agencies.
- 4.8** Each trainee is made aware about expectations of conduct and control in the STC. (SAS 4.14)
- 4.9** Good order and discipline is maintained and promoted by staff through appropriate supervision of trainees and understanding of instructions on the maintenance of good order and the application of sanctions. (M.1 and SAS 4.15)
- 4.10** Systems of roles, incentives and sanctions are published and explained and understood by all staff and trainees and there should be evidence that they are consistently and appropriately applied. There is a policy and written guidance on the use of restraint and there is evidence that this policy is implemented appropriately and is used only when necessary. (SAS 4.19, M.3)
- 4.11** Each episode of physical restraint, single separation or the application of sanctions should be separately recorded in permanent form. (SAS 4.19, M.4)
- 4.12** Trainees placed under single separation are checked in accordance with statutory rules and regulations. (M.6)
- 4.13** There is a representation procedure which provides trainees with the opportunity to make complaints about their custody and treatment in the secure training centre. (C.21)
- 4.14** All representations are treated confidentially and are investigated thoroughly and speedily. (C.21)
- 4.15** Trainees are aware that they can discuss their concerns in private with an independent person, a representative of an approved telephone help line, or with the Youth Justice Board Monitor. (C.21)
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- 4.16** Systems are in place to monitor the incidence and outcomes of complaints. (SAS 4.39)
- 4.17** The STC has specific policies and practices for keeping trainees safe from self harm and abuse from family, staff, visitors and other residents. These policies and practices are consistent with the ACPC procedures in the area in which the STC is located and conform to guidance in ‘Working Together under the Children Act’. (SAS 4.24)
- 4.18** Trainees are encouraged and allowed to practice their faith, observe their religious, racial and cultural identity as is their custom at home in the community. This extends to diet and physical appearance which should be appropriate to their religious, cultural and/or ethnic background. The admissions procedure should ensure that the legality of the secure training order is confirmed, the trainee’s initial physical needs (including health needs) are met, and the trainee is immediately subject to the induction programme designed to provide guidance and information about the secure training centre.

STANDARD 5: EDUCATIONAL AND VOCATIONAL TRAINING

The STC conveys an ethos where learning is valued and trainees are encouraged to improve their standards of education or achievement.

Trainees of school age will experience a broad and balanced curriculum appropriate to their age, ability and level of attainment with a view to a return to school on release.

Trainees who will be above school age on release will receive a programme of educational and vocational training designed to prepare them for entrance to further education, training or work experience.

Criteria

- 5.1** The training plan of each trainee will set out his/her educational goals which will be based upon the trainee's education records and level of attainment. The educational and vocational training goals will be regularly revised by teachers in the light of his/her progress. There will be close links between custody and care staff, with colleagues involved in education and this will be extended to maintaining close contact with schools in cases where trainees are of school age on release.
- 5.2** In conjunction with supervising services, links are developed with colleagues, employers and other community agencies to provide further education, vocational training, work experience and employment for trainees on release.
- 5.3** As far as possible, the national curriculum programme of study will form the basis of the curriculum for trainees of school age. Trainees above school age on release will receive an appropriate programme which prepares them for the next stage of education, training or employment.
- 5.4** The curriculum should be extended to include a range of cultural, sporting and leisure activities.
- 5.5** Trainees progress is monitored and evaluated and recorded so that records for parents, next educational placements and employers can be provided.

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- 5.6** Each trainee is presented with an up-to-date record of achievement on release.
 - 5.7** Trainees will receive spiritual, moral, social and cultural guidance designed to enhance their personal development, behaviour and attitudes.
 - 5.8** Full time and sessional teaching staff should be suitably qualified and experienced and sufficient in number to deliver the planned programme of education and vocational training.
 - 5.9** Teachers, instructors and care staff engaged on educational activities have sufficient knowledge and understanding of the subject or areas they teach/support.
 - 5.10** Teachers have effective arrangements for induction, appraisal and professional and career development.
 - 5.11** There is appropriate and varied accommodation and sufficient learning resources for the range of educational and vocational activities.

STANDARD 6: TACKLING OFFENDING

Each trainee is subject to an individual offending behaviour programme which is consistent with his/her assessment and other elements of the training plan.

The director has mechanisms in place to develop, monitor and evaluate the STCs offending behaviour programmes, drawing on advice from external consultants.

Criteria

- 6.1** Each trainee be the subject of an offending behaviour programme which is based upon his/her profile of criminal tendencies.
- 6.2** The programme is regularly reviewed by the trainee's keyworker in consultation with other staff and the post release supervisor. (E1, E6 + E7)
- 6.3** The post release supervisor monitors and keeps the keyworker informed of progress of the offending behaviour programme during the supervision period. (E7)
- 6.4** The Director has mechanisms in place to evaluate the effectiveness of the offending behaviour programme. (E3)

STANDARD 7: HEALTH CARE

All trainees will be provided with health care to National Health Service Standards, and with health education.

Criteria

- 7.1** All trainees will have as a right, access to NHS primary and secondary health care and this will include access to suitably trained and qualified medical and nursing staff, including on-call facilities for 24 hours a day. (G5 + G7)
- 7.2** Each trainee will be examined within 24 hours of admission and within the 24 hours preceding their release.
- 7.3** Each trainee will receive health education appropriate to his/her age, gender and lifestyles.
- 7.4** Adequate arrangements are made for the storage, recording and administration of medication.
- 7.5** All staff in regular contact with trainees are aware of those who have been identified as being at risk of suicide or self harm and strategies are in place to monitor, supervise and offer appropriate support. (G10)
- 7.6** Trainees admitted as in-patients in the STCs medical centre have access to normal education and daily training programme and regime activities subject to clinical restrictions. (G12)
- 7.7** Out-patients support and treatment will be available to all trainees discharged from health care centre. (G11)

STANDARD 8: SECURITY AND SAFETY

The design of the premises and the security measures in operation at the STC prevent unauthorised entry or exit and the passage of unauthorised items and substances, and ensures the safety at all times of trainees, staff and visitors.

The STC is properly maintained and furnished and has appropriate facilities.

Criteria

- 8.1** Within the constraints of safety and security, the STC provides an attractive, relaxed and homely living environment. (SAS 5.3)
- 8.2** Security management and audit procedures covering all aspects of security and safety are in place and all staff are fully aware of their responsibilities.
- 8.3** There is detailed policy and guidance on the searching of all communal areas, bedrooms, trainees and their belongings and of visitors, staff, goods and mail entering and leaving the STC. (J6, SAS 5.29)
- 8.4** Young people are aware of the rules covering searches. (SAS 5.29)
- 8.5** There is a policy and procedure for the maintenance of all security systems such as keys, magnetic cards, beepers, and alert systems. All staff are aware of how to use these and the circumstances for doing so. (J12, J13, SAS 5.32 + SAS 5.33)
- 8.6** There are adequate arrangements for safeguarding personal property from theft or damage by others and all goods which are stored on behalf of trainees are kept secure and are properly receipted.
- 8.7** Trainees should have their own room which is fit for purpose and they are permitted to personalise their own rooms to the extent approved. (K1, K2, SAS 5.8 + 5.9)
- 8.8** Subject to the need for security, trainees privacy and dignity is preserved. (K6 + SAS 5.11)

- 8.9** There is a health and safety policy statement which fully meets all statutory requirements and staff are aware of their responsibilities for health and safety. (L1, L2, SAS 5.13, 5.14 + 5.15)
- 8.10** Clear emergency procedures and contingency plans are in place for managing fire, emergency incidents and disruptions. These procedures and plans are regularly tested and updated and all staff are aware of their responsibilities and the action to be taken. (P2, P2, P3, SAS 5.16, 5.17, 5.19, 5.20, 5.21, 5.22 + 5.25)
- 8.11** Local authorities and emergency services are regularly consulted and involved in drawing up, testing and revising emergency and contingency plans. (P4 + P5)

A

Population Statistics

B

RAINSBROOK SECURE TRAINING CENTRE

STATISTICAL INFORMATION FROM 01.02.04 TO 30.11.04

Table 1:
PROFILE
OF
YOUNG
PEOPLE

	Admitted	Discharged
Male	176	176
Female	112	115
Total	288	291

ADMITTED/DISCHARGED (ALL STATUS CATEGORIES)

AGE ON ADMISSION

Table 2: Section 90/91

Age	Male	Female
13	0	0
14	2	0
15	3	2
16	2	1
17	0	1
Total	7	4

Table 3: DTO

Age	Male	Female
12	1	1
13	9	3
14	51	10
15	22	29
16	5	29
Total	88	72

Table 4: Remand

Age	Male	Female
12	1	0
13	10	3
14	39	6
15	21	8
16	10	18
17	0	1
Total	81	36

B

ETHNICITY OF RESIDENTS (BASED ON ADMISSIONS TO CENTRE)

Key To Ethnicity

White/W1	= White British
White/W2	= White Irish
White/W3	= White Other
Mixed/M1	= White and Black Caribbean
Mixed/M2	= White and Black African
Mixed/M3	= White and Asian
Mixed/M4	= White and Other
Asian/A1	= Asian Indian
Asian/A2	= Asian Pakistani
Black/B1	= Black Caribbean
Black/B2	= Black African
Black/B3	= Black Other

Table 5: Section 91

Ethnic Origin	Male	Female
White/W1	5	3
Black/B1	1	0
Mixed/M3	1	0
Mixed/M4	0	1
Total	7	4

Table 6: DTO

Ethnic Origin	Male	Female
White/W1	66	46
White/W2	1	2
White/W3	0	1
Black/B1	4	6
Black/B2	1	3
Black/B3	2	2
Asian/A2	2	0
Asian/A4	0	1
Mixed/M1	8	7
Mixed/M3	4	3
Other	0	1
Total	88	72

B

Table 7: Remand

Ethnic Origin	Male	Female
White/W1	55	28
White/W2	1	1
White/W3	1	1
Black/B1	4	2
Black/B2	5	0
Black/B3	4	1
Asian/A2	2	0
Mixed/M1	5	2
Mixed/M2	1	0
Mixed/M3	1	1
Other	2	0
Total	81	36

SENTENCE LENGTH

Table 8: Sentence length – Section 91

Length of Sentence	Male	Female
0-12 months	0	0
13-24 Months	1	0
25-36 Months	0	1
36-48 Months	4	3
Recall	1	0
Other	1	0
Total	7	4

Table 9: Sentence length – DTO

Length of Sentence	Male	Female
4 Months	21	28
6 Months	12	14
8 Months	12	8
10 Months	4	4
12 Months	11	10
16 Months	2	0
18 Months	9	4
24 Months	5	2
Recall and Recall plus	12	2
Total	88	72

B

Table 10: Initial Remand Length

Remand Length	Male	Female
Less than 1 week	37	12
1 week	25	12
2 weeks	6	8
3 weeks	7	1
4 weeks	5	1
9 weeks	0	1
Date to be fixed	1	1
Total	81	36

Table 10: DETAILS OF DISCHARGES (DTO AND SECTION 91)

	Male	Female
Release Date Reached	67	49
Transferred to YOI	6	2
Transferred to STC	1	2
Transferred to LASCH	6	7
Early Release	11	12
On Appeal/Bailed pending appeal	2	3
Other	2	1
Total	95	76

LENGTH OF TIME IN CUSTODY (IN DAYS) – BASED ON RELEASES DURING RELEVANT MONTHS

Table 11: Section 91

Month	Male		Female		Average for month	
	Days	No. Trainees	Days	No. Trainees	Male	Female
Feb 04	0	0	289	1	0	0
Mar 04	498	1	0	0	498	0
Apr 04	3	1	330	1	3	330
May 04	126	1	0	0	126	0
Jun 04	0	0	0	0	0	0
Jul 04	0	0	0	0	0	0
Aug 04	16	1	0	0	16	0
Sep 04	358	1	252	1	358	0
Oct 04	355	2	0	0	177.5	0
Nov 04	0	0	0	0	0	0
Average over 10 Months	193.7		290.3			

N.B. AVERAGE LENGTH OF RESIDENCE FOR ALL S.91 TRAINEES = 222.7 DAYS

B

Table 12: DTO

Month	Male		Female		Average for month	
	Days	No. Trainees	Days	No. Trainees	Male	Female
Feb 04	975	7	1216	8	139.3	152.0
Mar 04	648	9	529	5	72.0	105.8
Apr 04	933	11	334	6	84.8	55.7
May 04	997	9	549	5	110.8	109.8
Jun 04	451	8	432	7	56.4	61.7
Jul 04	1255	10	836	8	125.5	104.5
Aug 04	925	9	793	8	102.8	99.1
Sep 04	958	8	841	9	119.8	93.4
Oct 04	1060	8	359	7	132.5	51.3
Nov 04	676	9	773	10	75.1	77.3
Average over 10 Months	100.9		91.3			

N.B. AVERAGE LENGTH OF RESIDENCE FOR ALL DTO TRAINEES = 96.5 DAYS

Table 13: REMANDED YOUNG PERSONS

Month	Male		Female		Average for month	
	Days	No. Trainees	Days	No. Trainees	Male	Female
Feb 04	400	11	155	7	36.4	22.1
Mar 04	89	5	81	2	17.8	40.5
Apr 04	227	8	204	6	28.4	34.0
May 04	305	6	36	3	50.8	12.0
Jun 04	363	7	251	3	51.9	83.7
Jul 04	563	6	72	5	93.8	14.4
Aug 04	449	10	45	3	44.9	15.0
Sep 04	345	10	216	5	34.5	43.2
Oct 04	416	12	22	1	34.7	22.0
Nov 04	136	6	64	4	22.7	16.0
Average over 15 Months	40.7		29.4			

N.B. AVERAGE LENGTH OF RESIDENCE FOR ALL REMANDED YPs = 37.0 DAYS