



Champions for
Social Care
Improvement

inspection report

INSPECTION OF RAINSBROOK SECURE TRAINING CENTRE

31 October to 2 November 2006

COMMISSION FOR SOCIAL CARE INSPECTION

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31 October to 2 November 2006

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Contents

Chapter	Page
1 Summary	1
2 Recommendations	7
3 Profile of Establishment	9
4 Statement of Purpose	10
5 Management and Staffing	13
6 Assessment, Planning and Review	26
7 Care of Young People	34
8 Education and Vocational Training (Ofsted)	55
9 Tackling Offending	63
10 Health Care	67
11 Premises, Security and Safety	76
 Appendices	
A Standards and Criteria	83
B Population Statistics	96
C Secretary of State letter	105

Summary

1

- 1.1 This was a very positive inspection of Rainsbrook secure training centre. It was the sixth announced inspection of Rainsbrook, and took place 22 months after the last announced inspection in January 2005. The inspection was conducted in accordance with the provision of a service level agreement between the Youth Justice Board (YJB) and the Commission for Social Care Inspection (CSCI). It was undertaken by four inspectors representing CSCI, and two from the Office for Standards in Education (Ofsted).
- 1.2 Two inspectors from CSCI had also undertaken an unannounced themed inspection in August 2006, using “Staying Safe”, one of the five “Every Child Matters” (ECM) outcomes as the theme for the inspection. The findings of that inspection are appended to this inspection report.
- 1.3 The centre’s response to the unannounced inspection was once again to review its approach to quality assurance, and the managers reviewed the entire operations of the centre using ECM outcomes as benchmarks.
- 1.4 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. 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.
- 1.5 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.
- 1.6 The inspectors also referred to the five “Every Child Matters” (ECM) outcomes as further guidance during this inspection.

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- 1.7 Although more work needs to be done to promote ECM outcomes within the centre, this rapid adaptation reflected two of the key strengths that the inspectors found during this inspection – reflective practice and a child centred approach.
 - 1.8 These strengths formed a foundation for the philosophy of Rainsbrook STC, which was to provide a secure environment in which young offenders were assisted to address their offending behaviour and the issues that brought them into custody, but which, both in their case and that of remanded young people, recognised that they were also young people who needed to feel that they were cared for, and who were encouraged to enjoy themselves.
 - 1.9 There is an ongoing monitoring and review of behaviour management as the centre strives to minimise the use of PCC and sanction, and to promote and improve the use of positive relationships and interactions with staff to effect change and persuade young people to change behaviour patterns.
 - 1.10 Inspectors noted that relationships between young people and staff across the centre were predominantly positive and friendly, and staff were seen to use persuasion and negotiation to gain compliance from young people where possible rather than the threat of sanction.
 - 1.11 The decoration of the residential units as part of Halloween at the time of this inspection was deliberately used as an opportunity to encourage young people to work alongside each other and staff on a positive activity. This provided a pleasant diversion, good fun, and opportunity to be creative and cement positive relationships. These relationships formed a basis that enabled good individual key working.
 - 1.12 The inspection team agreed that Rainsbrook STC was a learning organisation, that routinely monitored its procedures and all aspects of its practice, reflected on the results, and used them to adapt and improve the service. This expectation of constant improvement was evident throughout all departments of the centre, and had become routine practice.
 - 1.13 Procedures and practice within the centre were transparent, and inspectors found that positive outcomes for young people, although not as sharply focused as ECM required, were an accepted and integral objective of the centre’s work. ECM explicitly identifies the required outcomes, and procedures and practice are then focused on delivery of that outcome
 - 1.14 A range of multi disciplinary meetings of managers and staff across the centre are used to share information, make necessary decisions and monitor information. Every department of the centre contributes to such meetings, and minutes were widely circulated to staff.

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- 1.15** These multi disciplinary meetings allows members of the team to feel part of the decision-making process, and enables effective routine sharing of information, and was a commendable initiative
- 1.16** Inspectors found that significant developments had been made to help young people to prepare for moving on from the establishment. The “enhanced unit” for young women offered opportunity for them to experience greater independence within the centre, and to gain life skills. The involvement in community schemes most notably the Duke of Edinburgh’s Award allowed young people to improve practical skills and the associated improvement in self-esteem that goes with them.
- 1.17** However, this was an area requiring further development, and there is considerable scope for improved vocational training and possibly an enhanced unit for young men. The Director supported this as an area for development, but felt that it would need to be agreed as a matter of policy with the Youth Justice Board.
- 1.18** Inspectors were impressed at the commitment of the staff team to resettle and reintegrate young people back into their own communities following discharge. However, we shared their concerns that other agencies, including local authority children’s services, were not always affording the resettlement of young people adequate priority.
- 1.19** The inspectors found a significantly high number of commendable initiatives in place. Rainsbrook STC:
- is a learning organisation that consistently demonstrates its capacity to be reflect on, and modify, its practice;
 - clearly seeks to incorporate the principles of “Every Child Matters” throughout the work of the centre;
 - demonstrates a capacity to routinely reproduce and share information in a range of languages and media for children and their families/carers;
 - demonstrates through its policies, procedures and practices that it is a child centred establishment;
 - has a competent, skilled and committed management team;
 - has established management systems that ensure and promote accountability;
 - has a systematic approach to practice;

- routine practices at Rainsbrook STC demonstrates strong multi-disciplinary approach that ensures information is shared, all disciplines are consulted and enabled to participate, and there is cohesion in the delivery of services to young people;
- Rainsbrook STC has well developed quality assurance systems that permeate throughout the all departments within the establishment;
- an ongoing commitment to training staff at all levels was found during this inspection;
- the physical environment at Rainsbrook STC was managed to a high standard, and adequate resources were routinely made available to ensure it remained so;
- Rainsbrook STC routinely adopted a multi disciplinary approach to the assessment, individual planning and review of progress for young people. These practices were well managed and carefully monitored.
- Inspectors saw evidence of continuing improvement of the service as part of a routine agenda for the management at the centre.
- Since the last inspection, the catering staff had developed a wider range of menus and choices of meals, including a “healthy option” Young people were much more positive about the meals provided than at the time of the last visit.
- Inspectors found an ongoing initiative to promote awareness and to educate staff and young people about diversity issues through training, and inclusion in the centre’s policies, procedures and practices.
- There was clear evidence of young people being consistently listened to and appropriately consulted.
- There was also evidence of continued improvement in the provision of activities available to young people.

1.20 HMI Ofsted also identified a number of strengths.

- The achievements and standards of students were outstanding: levels of accreditation were high.
- The atmosphere in education was conducive to learning: student behaviour was very good.

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- Young people had access to a broad and developing range of courses and activities during the school day and through the enrichment programme.
 - Very careful attention was given to the monitoring and tracking of student progress both within the Centre and in the transition to the community.
 - The local Connexions service was offering a good and much improved guidance and support service for young people.
 - Senior managers were providing strong and effective leadership: the education department was very well-managed.
 - The quality of resources and equipment to support learning were very good.

1.21 This inspection enabled the centre to demonstrate its positive improvement initiatives, good practice and ongoing contribution to the development of the secure training centres. However, there were a number of areas that could be further developed. For example:

- The statement of purpose could be further developed to include more detail, and be more widely accessible to all staff at the centre;
- The centre could adopt a clearer focus on the reintegration of young people into the community upon discharge through improved vocational and trade training.
- In the light of “Every Child Matters” more emphasis could be given to identifying and measuring outcomes for young people, e.g. as noted above, in “Achieving Economic Wellbeing”.
- Inspection of records on the units identified a need for more improvement in the recording of outcomes relating to complaints.
- Although a great deal of attention and thought has been given to the improvement of recording and management of single separation, there remained “grey” areas where further clarification would be beneficial, e.g. the inclusion of a general permission to singly separate young people during school hours as part of Individual Education Plans, “elective” and “directive” single separations.
- A need for further guidance on the use of PCC to maintain good order and discipline within the centre was identified in the unannounced inspection in August. The director of Rainsbrook has agreed to produce a contingency plan for the centre relating to this important issue.

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- The centre should consider the impact of open radio traffic on the quality of life for young people, e.g. a protocol for the use of radios during reviews and meetings involving young people and their parents and carers might be a useful initiative.
 - The standard set for the security of the internal perimeter should be applied to the immediate external areas.

HMI Ofsted also identified some areas where practice could be further developed.

- The education contractor should develop further vocational options.
- The education contractor and STC management should improve overall planning and co-ordination of the education and offending behaviour programmes

Reading the remainder of this report

1.22 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

Statement of Purpose

- 2.1 The Director should ensure that the detailed statement of purpose is accessible to all staff at the centre. (4.1)

Management and Staffing

- 2.2 The Director and the Youth Justice Board should review the use of the titles of training assistants and training supervisors to reflect more adequately their roles, with a view to influencing the recruitment of staff. (5.28) The Director felt that this was a matter for discussion between himself and the Youth Justice Board as training assistants and training supervisors titles were contractual terms. This would require a contract change to the existing contract and changes to staff employment contracts.

Assessment, Planning and Review

- 2.3 The Director and the Youth Justice Board should review the centre's vocational and trade training provision, and its preparation of young people to cope successfully in the community when they are discharged. (6.29) The Director stated that the Youth Justice Board determined vocational and training provision. The Youth Justice Board had previously funded capital expenditure to expand the provision of vocational and trade training. Further expansion of this provision would be determined by the age range of young people to be placed at the STC in the future.
- 2.4 The Director and the Youth Justice Board should review the way the centre assesses and approves care programmes for young mothers with babies placed at the centre. (6.28) The Director said that he supported this as area for development.

Care of Young People

- 2.5 The Youth Justice Board should review the role of the independent visitors from the advocacy service “Voice” to enable them to offer a more proactive approach to their role, so they might be more aware and available to represent young people more fully, particularly in the arrangements for their return to the community (7.10).
- 2.6 The Director should prepare a contingency plan of guidance for staff to assist the staff with the use of P.C.C. for the purposes of maintaining good order and discipline. (7.43)
- 2.7 The Director should clarify the recording and management of single separation. (7.48; 7.49)
- 2.8 The Director should ensure that the recording of complaints is improved to include greater detail of outcomes. (7.66)

Education and Vocational Training (Ofsted)

- 2.9 The education contractor should develop further vocational options. (8.16)
- 2.10 The education contractor and STC management should improve overall planning and co-ordination of the education and offending behaviour programmes (8.18)

Tackling Offending

None

Health Care

None

Premises, Safety and Security

None

Profile of Establishment

3

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- 3.1 Rainsbrook STC ('the centre') is managed by Rebound ECD which is part of the corporate Global Solutions Limited (GSL) Group.
 - 3.2 Young people are sentenced or remanded to the centre, aged from 12 to 17 years, and meet the criteria for a custodial sentence.
 - 3.3 The centre is one of four purpose built secure training centres. It is located near to the town of Rugby, the others being in Kent, Durham and Milton Keynes. The centre was originally designed to house 40 young people, but this maximum number was increased to 76 following completion of a major extension in June 2002, and to 87 following the opening of the new female enhanced unit and the mother and baby unit this year.
 - 3.4 This new unit included a resource for three mothers and babies on the ground floor, an enhanced unit for young women on the first floor, and crèche facilities for up to four babies.
 - 3.5 During the period from 1 December 2004 to 30 September 2006, 670 young people were admitted to the STC. Of these 404 were male and 266 female. They ranged in age from 12 to 17 years on admission. Twenty seven per cent of male admissions and twenty four per cent of female admissions were from black and minority ethnic communities. During the same period 655 young people were discharged.
 - 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 STC's 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 remained clear and concise and was prominently displayed and available in various languages and media. • A more detailed statement of purpose had been produced, as recommended in the last annual report. • A wide range of useful and user friendly information was available for the young people. This formed a 'welcome pack' that formed the basis for the induction into the centre. A DVD is also available and is routinely used with new residents. • Information was also available for parents/carers. • The equal opportunity policy is drawn to the attention of all staff and young people and practice is monitored throughout the centre. 	<ul style="list-style-type: none"> • The detailed statement of purpose was not accessible to all staff at the centre. • Information for young people could be improved by including more details about sanctions, restraints and other disciplinary measures.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The director should ensure that the detailed statement of purpose is accessible to all staff at the centre. (4.1) 	

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- 4.1 It was a requirement of the contract with the Youth Justice Board that the statement of purpose is prominently displayed throughout the centre. A single page statement of purpose was posted throughout the establishment. This gave a clear and concise account of the overall aims of the centre. This was available in a range of different languages. Managers regularly reviewed the languages the statement was available in and added to the range, as appropriate.
 - 4.2 As recommended in the report of the last inspection a more detailed statement of purpose had been produced. This provided a much more detailed description of the services provided at the centre, including a revised section on the principles of care that reflected the five outcomes of Every Child Matters. This is a useful document for professionals and parents who are interested in learning more about the work of the centre. It also potentially provided a useful and concise summary of services for staff new to the establishment.
 - 4.3 Inspectors found that the more detailed statement of purpose was not available on the living units.

Equal Opportunities

- 4.4 The centre has a clear written equal opportunities policy, which is drawn to the attention of all staff and young people, and which is monitored routinely throughout the centre.

Involvement of Young People and their Families

- 4.5 An information pack was sent to parents of young people serving sentences at the STC and a separate set for the parents of those remanded. These information packs contained a note to remind parents that they would receive a copy of the more detailed statement of purpose, upon request.
- 4.6 A wide range of accessible information was available for young people and this was given to them as part of a 'welcome pack' during the induction phase shortly after admission. It had been revised to reflect the new facilities for young women at the centre. A DVD was also available and shown to the young people when first admitted to the centre. The information for young people could be improved further with additional details about measures of control, including sanctions, physical restraint and the use of single separation.
- 4.7 Key workers were required to work through a 'keywork pack' with young people within the first few days of their stay at the centre.

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"> • The management team continued to provide clear direction for staff and ensured that procedures were in place for coherent performance management. • This is a well managed and reflective establishment. • The roles and responsibilities of managers had been reviewed and were clearly defined. • Managers presented as open, reflective and approachable, and staff members spoken with confirmed this. • The training and development opportunities for staff at all levels in the STC were commendable. The establishment had recently achieved status of NVQ Assessment Centre. • The rota for staff was managed effectively by the residential service managers to ensure adequate staffing was always available. • Individual good practice was openly acknowledged and rewarded as part of a centre wide initiative. • Staff development was actively encouraged and promotional opportunities appropriately available. • Staff supervision was properly organised and consistently applied. • The range of meetings and groups ensured good communication and effective planning. All meeting minutes were available to care staff. 	<ul style="list-style-type: none"> • The title of training assistants and training supervisors could be usefully reviewed to more adequately reflect their roles, with a view to influencing the recruitment of staff. • The procedure planned to undertake a skills audit within the staff teams needed to also include an individual Training Needs Analysis (TNA).

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- The quality assurance and monitoring procedures continued to be of a high standard and these were continually developed.
- Evaluation and reflection were constant themes throughout all aspects of the services provided.
- The centre has stringent recruitment and selection procedures. Efforts were made to ensure a balance of gender and ethnicity within the staff group.
- Young people had recently been involved in the appointment of staff within the centre.
- The support provided by the director for Children's Services and the company (GSL) was commendable.

RECOMMENDATIONS

- **The director should review the use of the titles of training assistants and training supervisors to reflect more adequately their roles, with a view to influencing the recruitment of staff. (5.28)**

Management and Organisation

- 5.1 The senior management team have had a number of changes of personnel and been restructured since the last announced inspection in January 2005. A new deputy director post was created, and the residential management team was reorganised. An extra duty director post was created, and a duty director roster introduced to ensure good management cover to the centre. The centre now had a Head of Care and a Head of Residential services in place.
- 5.2 The director and his management team have developed a clear strategic management approach to the development of the centre, with individual managers encouraged and expected to take responsibility for their decisions, and to be accountable for them. The roles and responsibilities of the senior staff team, and of middle and support managers has been clearly defined, with budgets and resource management delegated to responsible managers for their individual areas of responsibility. There are clear departmental plans agreed and in place for each area of responsibility across the centre.
- 5.3 Decision making, information sharing and consultation at management level is managed through highly structured and minuted meetings, which cascade throughout the specialist departments of the centre through a range of scheduled meetings to address operational and strategic issues. Such meetings are usually multidisciplinary. This promoted good information sharing, active participation in decision making across each department of the centre, and a consistent management approach.
- 5.4 A range of multi disciplinary meetings of managers and staff across the centre are used to share information, make necessary decisions and monitor information. Every department of the centre contributes to such meetings, and minutes are circulated to staff.
- 5.5 These changes had provided additional career development opportunities for staff within the centre. The new management and senior posts had been filled through promotion of staff already working within the centre.
- 5.6 Staff deployment was carefully managed through liaison between the residential service managers who carefully monitored staff absences and ensured that staff were deployed to ensure the requirements for every unit were appropriately covered.

Quality Assurance

- 5.7 There was evidence of a methodical approach in the development of information systems designed to support the delivery of services to young people at the centre.

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- 5.8** The post of Quality Assurance/Information Officer (QA/IO) had been established in 2002. The current post holder held a broad portfolio of responsibilities, which included quality assurance, contract compliance, records, statistics, court appearances, the production of young people for the police, and police liaison. In addition he was jointly responsible for some aspects of security at the centre.
- 5.9** The key tasks that informed the daily routine of the QA/IO were the processing of data from the control room, the outcome of court hearings and scrutinizing warrants issued by the courts. A daily schedule was prepared of young people's movements within and without the centre, this routinely included individual case reviews, visits by parents, carers and staff from professional agencies, interviews with the police, and appearances at court. This information was circulated by e-mail to all staff at the centre.
- 5.10** A daily status report was prepared for the centre's Youth Justice Monitor and a "projected declaration" of vacancies was forwarded to the YJB National Placements Team. Information accompanying young people newly admitted to the centre, case details and warrants, was examined thoroughly and provided the basis for an initial risk assessment of the individual involved prior to their placement on a house unit.
- 5.11** The attention to detail afforded to this task by the post holder was exemplified in the example provided to the inspectors of case law being established in respect of the period in custody served by young persons subject to DTO who had failed to comply with the conditions of the supervision element of the order and was returned to custody.
- 5.12** The QA/IO felt that there was an injustice for the individual in respect of the amount of time she was required to spend in custody, the wording of the order and its application by the courts being unclear. He raised the concerns with the CPS and the legal professionals involved and the matter was put before the Crown Court as an appeal against the sentence. The judge allowed the appeal and case law was established in respect of these particular circumstances.
- 5.13** This was a commendable action taken by an experienced seasoned professional which had considerable benefit for the individual involved and for the wider community of young people caught up in the system of criminal justice.
- 5.14** A key task was the preparation and production of statistical data drawn from operational reporting systems at the centre. Included in this material were 24-hour summaries provided by the duty operational managers and individual incident reports involving young people. A weekly report was provided to the YJB Monitor on the number of incidents where physical restraint (PCC) was used to control the young person.
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- 5.15** It was evident that as part of the quality assurance process the QA/IO routinely checked and challenged the information including the detail of the record provided by operational staff, cross checking these incidents with the record of the single separation of young people.
- 5.16** The high quality of the written information and statistical data produced for the weekly Strategic Management Information Meeting (SMIM) was illustrative of the standards set by the director for the delivery of services to young people.
- 5.17** There was a standing agenda for the SMIM that covered in detail the management and operation of the centre. The meeting observed dealt in detail with 16 separate areas of activity on which the manager responsible provided statistical data, up-to-date information and a verbal analysis of the material under discussion.
- 5.18** The meeting chaired by the director was disciplined and productive. Importantly the discussion was appropriately child centred which reinforced the importance of the data collection systems in providing information which afforded an insight into the impact of policy and practice on the lives of young people held in custody at Rainsbrook STC.
- 5.19** The QA/IO was also responsible for producing Key Performance Indicators which provided the basis for the monthly report to the YJB and other information in support of the corporate targets set by the parent company Rebound GSL. Short life research projects and the production and of management information as required, for example providing material for parliamentary questions, came within the scope of the QA/IO's remit.
- 5.20** There was a full suite of activity data for 18 separate reporting areas at the centre. Included in this area of information gathering were admissions and releases, sanctions, healthcare, psychologist contracts, complaints, our allegations and requests, mobilities and injury rates to staff. There was a specific emphasis on collecting data on the number of PCC incidents, the location of PCC incidents, the number of PCC incidents in the education service, the holds used during incidents, the days of the week on which they occurred, the categorisation of assaults to staff and trainees, the staff involved in PCC incidents, the rate of substance misuse among trainees who had been restrained, the ethnicity of trainees involved. The management plans for individual young people presenting particular problems in their behaviour resulting in the use of PCC, were discussed in detail at the SMIM meeting.

- 5.21 The collection, processing, production and reporting of management information assisted the director and the senior management team to analyse and understand the impact of policy and practice on the quality of service to young people. In this respect a clear link could be made between the resources committed to the provision of management information systems, the operation of a competent and effective management team, the notion of continuous development at the centre and improved outcomes for young people. It was encouraging to note that despite the development of efficient management information systems the senior management team were not complacent but continued to seek more effective ways of collecting and analysing the information they required.
- 5.22 Management information was clearly an integrated element of practice at the centre, a fact that was understood and accepted by staff at all levels. The schedule of meetings, which at first glance appeared punishing and time-consuming, were evidently productive in terms of supporting the staff team and, which in turn, contributed to a better understanding of the needs of young people, both as a group of young offenders accommodated in a custodial setting and as individuals with complex needs. The managers and staff at the centre presented as reflective, and regularly evaluating and using the data that was collected to continue to improve the quality of the services they provided.

Staffing, Recruitment and Support

- 5.23 The human resources team had dealt with a demanding agenda of work, in part arising from the need to recruit staff for the new mother and baby unit and the “enhanced” girls unit. At the same time they had revised their recruitment strategy, partly to address the continued imbalance of staff in terms of gender and ethnicity, and undertaken further work on the introduction of the employee development review. They had also introduced new measures to deal with staff absence. A further and commendable innovation had been the involvement of young people in the interviewing of staff for a promotion board.
- 5.24 The inspectors noted that one training centre assistant was aged 19 and whilst the wisdom of employing someone who was only one or two years older than some of the young people might be questioned, the centre felt sufficiently confident in its selection processes to be satisfied with this. The Director pointed out that the centre is not covered by children’s homes’ National Minimum Standards, or children’s homes regulations which stipulated that the youngest member of staff should be three years older than the youngest young person being looked after. He said that the he was aware of these regulations, but did not want discriminate against people on age grounds when recruiting. He felt that if recruits were capable of passing the assessment process and had demonstrated suitable levels of maturity, then subject to appropriate levels of supervision and training, he would appoint them.

5.25 Twenty-two staff were recruited to fill posts that had been vacated by staff transferring internally to the new units.

5.26 Recruitment advertising had been more precisely targeted to take account of local demography and employment patterns in an attempt to secure a better balance of staff in terms of ethnicity and gender. As reported in the last full inspection, a particular concern has been the ratio of female to male training centre assistants/supervisors. This position had declined, and the ratio at the time of this inspection was 60 female: 40 male.

The centre intends to continue to target areas of known unemployment in the region, and areas where redundancies are anticipated in an attempt to restore some balance.

5.27 Notwithstanding the issue of gender, there had been no reported difficulty in recruiting good quality staff, to the extent that the centre now had a reserve list of suitable staff. This had been in part attributable to revised recruitment timetabling, such as holding assessment days on Saturdays, and also to improved advertising – for example emphasizing the social care, rather than the custodial, nature of the work.

5.28 The inspectors were unanimous in their view that there is a case for reviewing the job titles of “training centre assistant” and “training supervisor”, not only for recruitment purposes but because they ascribe a secondary status to these roles which are key to the centre’s work with young people. The titles did not fairly reflect the responsibility and complexity of their roles, or the high level of support that they routinely afforded young people in their care. Few difficulties were reported about obtaining CRB checks on new staff.

5.29 Young people were unable to be involved in the recruitment of new staff for security reasons. They were, however, enabled to participate in the selection of staff for internal appointments when two young people, together with a case manager, interviewed candidates for 15 minutes by using prepared questions. All those involved said they welcomed the additional perspective afforded by the young people. It is intended that this will become a standard part of the centre’s selection processes. This was a commendable initiative.

Staff support and supervision.

5.30 There was a clear expectation from managers that all staff should receive formal supervision on a monthly basis. The policy guidance set out the expectations for supervision, including the expectation of a contract between the supervisor and supervisee. A proforma was used to record formal supervision and this highlighted a number of areas expected to be discussed, including timekeeping, dress code, sickness, routine administration, trainee objectives, training and personal support issues.

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- 5.31** The centre policy ensured that there was a strong commitment across the centre to staff supervision. All staff were receiving supervision on a monthly basis and were appraised every six months. Records show that supervision was being carried out at the agreed frequency. The members of staff responsible for supervising staff had received appropriate training.
- 5.32** The quality of supervision, as judged from the records, was variable but practice in some of the sessions was of a high standard, and all sessions were well recorded.
- 5.33** In some records of supervision and appraisal there was a discrepancy between the box markings and the accompanying text, with the markings tending to be generous.
- 5.34** There was an extremely good management note on anti-discriminatory practice placed on each supervision file although there was frequently an absence of specific comment in this section of the record.
- 5.35** The human resources team reviewed each individual appraisal to identify training and development needs. The head of care had the responsibility for auditing records of supervision.
- 5.36** The supervision procedure included a staff feedback form, although there was little evidence of this being used. A procedure was also in place for the recording of informal supervision. Managers felt that this could be used more consistently to reflect the detailed work undertaken by supervisors to support and guide staff. It was evident from the supervision records examined during the inspection that staff at all levels were guided, directed and supported in their role, but were also appropriately held to account.
- 5.37** Supervision was also used as a forum for informing staff about developments within the centre and generally informing them of changes within the child care and youth justice fields. This had recently included raising awareness of Every Child Matters.
- 5.38** Although the head of care had overall responsibility, all managers were expected to monitor the frequency of supervision. Any issues related to the supervision of staff were included in a monthly evaluation report presented to the head of care and the director.
- 5.39** Senior managers confirmed that the statistics indicated that approximately 95% of staff received formal supervision each month. Of the staff personnel files examined the majority of staff had received supervision and if it had not taken place as planned, this was usually due to staff sickness or leave.
- 5.40** The supervision of staff was linked to a review of progress for individual staff every six months. Annual appraisals were carried out with a six
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monthly review of targets set. These were recorded consistently and available in staff files examined.

- 5.41** Rebound had also piloted an Employee Development Review (EDR) procedure that provided a more detailed performance management approach to staff appraisal. Only managers from residential service manager (RSM) level and above were currently being appraised through the EDR procedure.
- 5.42** It was commendable that the centre was encouraging staff performance each month by awarding an “Employee of the Month” award for the member of staff in the residential units who was considered to have made the most positive contribution that month. This award included a certificate and was taken seriously by the staff team.

Training and Development

- 5.43** The commitment of managers at Rainsbrook to the training and development of staff at the centre is once again to be commended. 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.
- 5.44** All new residential (custody) staff were required to participate in a seven week Initial Training Course (ITC) prior to working with young people. This prepared them for their role, providing them with a clear outline of the roles and 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, mental health, child care law, managing challenging behaviour, physical restraint, dealing with bullying, understanding child protection, diversity, and tackling offending behaviours.
- 5.45** The ITC was reviewed periodically to ensure the content appropriately reflected the work of the centre and prepared staff for their role. Recent changes included more of an emphasis on managing behaviour before and after an incident of PCC, and understanding conflict resolution. Staff were also now being made aware of the principles of Every Child Matters during their initial training.
- 5.46** The training objectives identified and addressed during 2005/6 included; offending behaviour programmes, one to one keywork training (Jigsaw), effectiveness in education, activity programmes, substance misuse, restorative justice, sexually harmful behaviours, complaints and allegations, report writing and communication skills.

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- 5.47** A range of refresher training in courses, as required by the contract, were available. Six staff have commenced a general “train the trainers” course and another eight staff were about to be trained as trainers to cascade the Jigsaw model of social skills. A further eight staff had been trained in assessing and working with young people who present sexually harmful behaviours. Fifteen staff had been trained as facilitators in Restorative Justice. Five staff were working on obtaining their Professional Certificate in Effective Practice award, training provided by the YJB.
- 5.48** Staff who transferred to the new young women’s unit or who were working with young women in the enhanced unit and the mother and baby unit all received additional training to prepare them for their role.
- 5.49** The impact of the training is continually evaluated and any feedback received informs a revision of all training packages.
- 5.50** The training manager made every effort to ensure the identified training needs of the centre were addressed. Links had been made with Warwickshire and Hinckley College who provided training for staff in report writing and communication skills. The college was providing the potential for interested staff to participate in distance learning and essential skills courses. All staff were in the process of receiving training from an external trainer in understanding diversity.
- 5.51** The training manager confirmed that a process was shortly to commence to carry out a skills audit of all staff within the centre, which it was anticipated would highlight the strengths, range of qualifications, and experiences within the different staff teams. An opportunity could be taken here to carry out a more detailed training analysis for each staff member, which could usefully inform the future training and development strategy for the centre.
- 5.52** The only group of staff who said that they did not consistently participate in training across the centre were the night care officers. We were assured by managers that training opportunities were offered to night staff, but for a variety of reasons these were not always taken up. The director confirmed he would review the issues that prevent night staff from attending training or team development days and ensure they are fully included in all aspects of development at the centre. Of particular concern was that night staff interviewed told inspectors that they had not received recent refresher training in child protection.

The Director pointed out that night staff hours of duty mean that they did not work directly with young people and were able to access a duty operations manager and/or training supervisors (sleeping in) during night time hours should an issue arise.

5.53 The centre had recently achieved City and Guilds National Vocational Qualification (NVQ) Assessment Centre status, which will allow Rainsbrook to develop their own NVQ assessors and provide opportunities for staff to complete NVQ Level 3 and Level 4 in youth justice. Initially five assessors will train and they will each be allocated two staff (10 in total) to commence the NVQ Level 3 award.

The STC also wish to develop other NVQ opportunities to complete NVQ 4 and 5 in management.

5.54 Training days were scheduled for each staff team every three weeks. These days were used to ensure staff receive their refresher training and for a range of in-house training. There was also the possibility for staff groups to meet as a team and discuss issues. A number of 'away-days' had been arranged for different staff groups to attend. Managers had taken the opportunity through these meetings to thank staff for their contribution to the work of the centre and to share a range of ideas for development.

External Line Manager and Performance Monitor

5.55 The external line manager to the centre continued to be Rebound's director of Children's Services. He had regular contact with Rainsbrook and visited frequently. He had voluntarily adopted as good practice the requirement imposed upon children's homes under regulation 33 of the Children's Homes' Regulations 2001 for a nominated external person to carry out monthly audits of the centre on behalf of the company, and to produce a written report. This further layer of quality assurance was a commendable practice.

5.56 The director of children's services continued to be actively involved with developments within Rainsbrook, such as the mother and baby unit, and with supportive developments outside the centre, for example the planned opening of a registered children's home that could be used to support some young people placed at the centre upon their discharge. This reflected and complemented the strong drive from within the centre's management team to continually improve services.

5.57 At the time of the unannounced inspection in August 2006, the centre was monitored by a YJB monitor (who worked two days a week,) and an assistant YJB monitor (who worked 25 hours a week). The assistant YJB monitor had said that she tried to visit each unit when she could, but the limited hours available made this difficult to achieve. Since then, the assistant YJB monitor had ceased to work at the centre, and another monitor was due to take up post.

5.58 The YJB monitor said that he was also responsible for monitoring other services, and that the YJB were currently reviewing the role of the monitor at the centres.

5.59 The YJB monitor said that he was satisfied that the centre was committed to delivering a quality service. He was satisfied overall that the centre met its staffing requirements, and had watched the developments within the Centre with interest. He welcomed the development of an “enhanced” unit for young women, but felt that there should be a similar enhanced unit for young men as well.

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"> • Inclusive approach between the practice managers and care staff. • The YOS remand team were situated adjacent to a residential unit, and said that they now felt more readily accessible to staff and young people. • Routine practices at Rainsbrook STC demonstrate a strong multi-disciplinary approach that ensures information is shared, all disciplines are consulted and enabled to participate, and there is cohesion in the delivery of services to young people. • Rainsbrook STC routinely adopted a multi disciplinary approach to the assessment, individual planning and review of progress for young people. These practices were well managed and carefully monitored. • Rainsbrook STC clearly seeks to incorporate the principles of “Every Child Matters” throughout the work of the centre. • Rainsbrook STC demonstrates a capacity to routinely reproduce and share information in a range of languages and media for children and their families, and carers. This enabled them to participate more fully in the assessment, planning and review process. • There was clear evidence of young people routinely being listened to and appropriately consulted. 	<ul style="list-style-type: none"> • Further consideration needed to be given to the most appropriate form of assessment of and programme packages for young mothers’ with babies resident at the centre. • The centre might review its vocational and trade training provision, and its preparation of young people to cope successfully in the community when they are discharged. • As part of the increased focus on “Every Child Matters” outcomes, further emphasis upon the “Achievement of Economic Well Being” should be given.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The director should review the centre’s vocational and trade training provision, and its preparation of young people to cope successfully in the community when they are discharged (6.29) • The director should review the way the centre assesses and agrees care programmes for young mothers with babies placed at the centre (6.28). 	

- 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 All young people admitted to Rainsbrook were allocated a case manager upon admission. The case manager was a member of the Youth Offending Service (YOS) team. They took responsibility 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. The case manager was supervised and supported by a practice manager.
- 6.3 Each young person also had a key worker allocated to support them from amongst the care team on the unit on which they were placed. The key worker offered routine support and carried out individual work with the young person as part of their agreed care plans. They worked closely with the case manager to achieve this.
- 6.4 The inclusive approach between the practice managers, case managers, key workers and the care team in assessing and planning with the young person to ensure that their needs were met was commendable.
- 6.5 There were clear procedures for assessing the needs and challenges presented by young people, both at admission and throughout their stay at Rainsbrook.
- 6.6 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.
- 6.7 Routine practice at the centre reflected this strong multi-disciplinary approach to identifying and addressing the needs of the young person, which ensured information was shared, all the appropriate disciplines were consulted and enabled to participate, and there was consistency and cohesion in the delivery of services to young people. These practices were well managed and carefully monitored.
- 6.8 An initial risk assessment and management plan was carried out on all young people within two hours of admission. This includes an assessment for substances misuse and for any known risks of self-harming behaviour. In cases where the level of concern for the young person was identified, the Suicide and Self-harm (SASH) procedure was implemented.
- 6.9 A member of the health care team carried out a preliminary health assessment upon admission, and each young person was seen by a GP within their first 24 hours at the centre.

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- 6.10** A mental health assessment was also completed within the first five days of the young person's stay at Rainsbrook.
- 6.11** Educational staff made an initial assessment of the young person's educational capability within one working day of admission, and completed an assessment of the young person's preferred learning style within five days.
- 6.12** All new trainees admitted to the centre were placed on a five minute watch for their first seven days as a precautionary strategy, irrespective of the information included on the ASSET form related to that young person.
- 6.13** An initial planning meeting was held for young people who had been sentenced within 10 working days of admission. On the basis of the assessments an initial training plan was produced, which included a strategy to address identified need, and a plan to tackle offending behaviour. Sentenced young people had offending behaviour programmes based on their assessed criminal profile included as part of training plans.
- 6.14** Subject to the availability of the YOT worker, young people on remand had an initial planning meeting within five working days of their admission, at which an initial training plan for them was agreed.
- 6.15** Staff were using a programme called "Jigsaw" as a means of engaging with the young people to identify with them the key areas to be included in their individual management plan.
- 6.16** It was clear to the inspectors that the young people were treated as individuals, and that the initial admission and assessments were carried out sensitively. One young woman admitted on the day of the inspection said that she had been treated with kindness, and her rights and the expectations the centre had of her explained fully.
- 6.17** 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. This meant that any further assessment or treatment was provided by specialists and the young person was kept under close observation. In cases where the risk was high, this could be continual observation.
- 6.18** 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.

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- 6.19** The ‘trainee monitoring’ and complex cases meetings were effective forums for managers and staff to review progress with young people. The meetings provided opportunities 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.
- 6.20** Weekly feedback forms were completed by key workers and used as a basis for discussion at the trainee monitoring meeting each week. This was commendable practice.
- 6.21** As noted above, 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 completed, 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.
- 6.22** 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 providing guidance to care staff working directly with a young person who might be presenting with particular difficulties.
- 6.23** The centre had a psychology team comprising one forensic psychologist and three assistants. At the time of this inspection, the psychologist was leaving shortly and her replacement was due to start. The psychologist supervised the three psychology assistants and the team worked jointly with colleagues in education, social work, and residential care teams to provide a comprehensive assessment and treatment service. Three clinics were held each week to which young people could self refer.
- 6.24** Staff confirmed that they felt well supported by the psychology team in the work they did with the young people, particularly those with complex needs.
- 6.25** The centre was seeking to address the needs of young people to prepare young people to cope independently when they were discharged into the community. Young people were able to undertake NVQ at level 1 in Hair and Beauty, and the catering manager was assisting young people to gain an NVQ 1 in catering. A work place course (OCR) for young people over 16 years of age allowed for progression to further education college courses. The introduction of the Duke of Edinburgh award training allowed young people to undertake and succeed against a range of challenges, which would enhance their confidence and their ability to gain employment when they returned to the community.

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- 6.26** Young people were expected to carry out basic domestic tasks as part of the units' daily routines, and there were after school clubs to gain practical skills like cooking.
- 6.27** The enhanced unit for young women offered real potential for the young women to undertake life skills work and enjoy a higher level of independence than young people in the centre's other house units.
- 6.28** The assessment and planning of care packages for the young women with babies on the mother and baby unit was still developing. This work could be further enhanced to include a fuller assessment of parenting skills, and to ensure that all the needs of the young women and their babies were addressed. This should include routinely reporting their progress to the relevant agencies to assist future planning
- 6.29** There remained considerable scope for the centre to develop the training and preparation it provided to young people in order to assist them to achieve independent adulthood. There was limited opportunity for young people, particularly young men, to learn trade and vocational skills, or to gain the practical skills and experience necessary to cope successfully in the community. Development of this area would be consistent with the outcomes for young people identified by "Achieving Economic Wellbeing" as part of the Every Child Matters guidance. (See [comments in 2.4](#)).
- 6.30** Case tracking of young people by inspectors during the inspection identified a number of serious issues for some young people facing discharge from the centre. Members of staff at the centre were commendably supporting and representing young people who were not receiving the support that they were entitled to from their home authorities. One case manager was engaging with a local authority to get them to meet their obligations to a looked after child placed at Rainsbrook facing discharge to a placement assessed as being totally inappropriate. The young person had presented very challenging behaviour in previous placements, and her case manager at Rainsbrook reported that the authority had decided not to receive her back into a residential placement, in spite of the centre's assessment of her needs.
- 6.31** Other looked after young people aged 16 years and over did not always have Pathway Plans provided for them by their placing authority, in spite of the obligations placed upon the authority by the Children (Leaving Care) Act 2000 to provide support to young people looked after by them. Social work staff and managers at the centre identified this as an ongoing issue.

Case Files

- 6.32** The case files examined followed a consistent structure, were generally well organised and accessible. The case material held in files on house units cross-checked with the main file held in central services which was overseen by the YOS team. There was evidence of routine auditing and quality control by managers and for the main part recording achieved an acceptable standard. Statutory documentation, orders, court reports, reports from other agencies and practitioners was in place as required, with no superfluous material kept on the file.
- 6.33** It was evident that managers and staff were at different stages of development in terms of producing written material as a result of their interaction and work with young people. This was most evident in the direct work undertaken as part of the Offending Behaviour Programme. This was an area for development and one common to the majority of social care providers.
- 6.34** It was apparent from some of the case material examined that there was a danger of recording drifting into a formulaic repetition of coded stock phrases. Managers and those responsible for training and staff development need to be alert to the importance of encouraging and assisting staff to produce a record which describes accurately the specific and particular needs of the individual young person on whose file the material will be placed and on which plans and future decisions are often made.

Unit records

- 6.35** The residential service managers were responsible for the maintenance and storage of unit records. Those examined were ordered, accessible and up-to-date. The quality of recording was acceptable, in some instances good, although the same criticism and caveats apply here as to the case files. For example, one entry in a communication log was signed off by staff using only nicknames.
- 6.36** It was evident that staff routinely had sight of management instructions, memoranda and performance data routinely circulated across the centre's electronic network. This was a positive achievement from which the director should take some comfort, as there was a real sense of open communication between junior staff and the management team.
- 6.37** Training plans for young people were detailed and were 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 individualised training plans reflected a thorough assessment process.

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- 6.38** Each young person had a case file held centrally in the administration block and the house blocks. They were both in good order, 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.
- 6.39** 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 a well managed process.
- 6.40** Inspectors attended a range of meetings and reviews during the period of inspection. The meetings attended reflected a practice that placed the trainee at the centre of the process. Staff from the centre chaired them effectively and the young person was encouraged to share their views, participate and contribute fully to the meeting.

Care of Young People

7

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 once again advised inspectors that they had positive and trusting relationships with staff. This was highly apparent during the inspection. • Many young people spontaneously told inspectors of the positive experiences they were having at Rainsbrook, and several were very unhappy about leaving the centre. • There was clear respect for young people’s privacy and the need to ensure confidentiality. Practice in this respect was evident through all aspects of the work of the centre. • Feedback from parents, young people and YOT teams included a large portfolio of positive comment and “thank you” cards from young people were seen on the residential units. • There was a robust complaints procedure in place. • The centre had continued to develop positive links with the local children’s safeguarding team. • The deputy director was a member of the Local Children’s Safeguarding Board. • Considerable efforts had been made to ensure young people were satisfied with the food provided. This included the changing of routines and programmes to allow for both main meals to be available in the dining room. • The management of mealtimes in the dining room is to be commended. • Cultural identity and diversity issues were a standing item on Trainee Monitoring Meetings and any issues raised were dealt with appropriately. • Staff had found the training on understanding diversity useful and this had further raised awareness of this matter within the centre. 	<ul style="list-style-type: none"> • Inspection of records on the units identified a need for more improvement in the recording of outcomes relating to complaints. • Although a great deal of attention and thought has been given to the transparent recording and management of single separation, there remained “grey” areas where further clarification would be beneficial. • A need for further guidance in the use of PCC to maintain good order and discipline within the centre was identified in the unannounced inspection in August. The director of Rainsbrook has agreed to produce a protocol for the centre relating to this important issue. • The advocacy service “Voice” was not always aware of or representing young people with pressing needs regarding post discharge accommodation and care. This could result in significant disadvantage to the young people.

- The appointment of a full time Activities Co-ordinator had been a positive development and resulted in an improved range of programmes.
- The efforts to ensure young people have access to the Duke of Edinburgh Awards are to be commended.
- 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. The level of pastoral care for young people and staff is to be commended.
- The centre continued to develop positive links, both pastoral and professional, within the community.

RECOMMENDATIONS

- **The Youth Justice Board should review the role of the independent visitors from the advocacy service “Voice” to enable them to offer a more proactive approach to their role, so they might be more aware and available to represent young people more fully, particularly in the arrangements for their return to the community. (7.10)**
- **The director should prepare a protocol of guidance for staff to assist the staff with the use of P.C.C. for the purposes of maintaining good order and discipline (7.43).**
- **The director should clarify the recording and management of single separation. (7.48; 7.49)**
- **The recording of complaints should be improved to include greater detail of outcomes (7.66).**

Day to Day Care

- 7.1 The centre continues to achieve a sensitive balance between the maintenance of a secure and carefully organised environment and an individual, caring and child centred approach. This was a commendable achievement. Each of the inspectors saw evidence of warm and respectful relationships and positive professional interactions between staff members and young people.
- 7.2 Young people on each of the units told inspectors that they felt safe at the centre and some suggested that they did not wish to leave. All the young people knew to raise concerns if they had them, and there were a range of opportunities built into the regime to enable them to do so. The atmosphere across the centre throughout the four day duration of the inspection was predominantly good humoured and positive, yet staff consistently challenged unacceptable behaviour and attitudes quickly and directly to maintain good order. This contributed to the stability on the units, and encouraged positive behaviour from trainees and consideration towards others.
- 7.3 There was evidence to indicate that staff applied the rules governing the conduct of young people fairly and consistently. Consequently life for the young people on the unit and across the wider site was ordered and predictable. This encouraged the development of a safe and secure environment for individuals who could at times present volatile, difficult to manage behaviour particularly in the remand units. Unbidden, a number of young people keen to compare their experiences in other STC's with that in Rainsbrook commented favourably on the fairness of staff and the reliability of the routine at the centre. It was encouraging to note the effort that staff put into understanding the needs and wishes of individual young people in developing plans and strategies for working effectively with them during their time in custody.
- 7.4 A number of cards and letters sent to staff at Rainsbrook were seen by inspectors on the residential units and in administration offices.

“Thank you for helping me through my problems. I will never forget you”.
(Card from young person on the wall of a staff office on a residential unit).

“My daughter has told me that it is very fair and the inmates are treated well and I think we are respected when on the phone and visiting”. (Letter to the centre from a parent).

“I think it’s a very well looked after place and I feel safe that my sister has been referred to here, and I’ve seen a big difference in the way she is. Thank you.” (Letter from relative of young person).

Inclusion and consultation

- 7.5 It was routine centre practice for young people to meet twice daily with staff to discuss any issues affecting daily life in their unit, and more widely in the centre, and to register any practical or domestic needs e.g. for toiletries. A record of the meeting was kept, and was available to everyone in the unit. Additionally, a Trainee Council met weekly each Saturday and was attended by one representative from each unit. The minutes of these meetings were displayed in the living units. Young people clearly appreciated the opportunity to air their views and were generally thoughtful and good humoured in the meetings. Some young people said that decisions from the Trainee Council were often a bit slow in coming.
- 7.6 Given the importance of food in such a setting – and the appetites of adolescents – there was a range of opportunities for young people to share their views on the daily menus. The daily meetings and Trainee Council afforded the main vehicle for this expression of views, but the catering manager also held meetings with the young people and there were books for comments about food on the residential units and in the dining room.
- 7.7 An advocacy service was provided by the YJB’s contractual arrangement with Voice, whose advocates visited the centre on a weekly basis. Young people knew the advocates and were clearly aware of their role, which was also explained in notices displayed on the units. The regional coordinator of Voice meets every two months with the director, deputy director and YJB monitor.
- 7.8 The role of Voice in helping young people to formulate complaints where necessary and to represent their view has reduced following the introduction of the improved complaints procedure as noted at the last inspection. The Voice regional coordinator suggested that it was also because of the generally good relationship between staff and young people. At the same time the role of Voice in supporting young people at reviews was increasing, and Voice had taken a more active role in this respect. Advocates had been present at 21 reviews in the preceding three months.
- 7.9 Contractually, Voice advocates may attend community reviews i.e. reviews conducted within 10 days of a young person leaving the centre. The regional representative said that whether a Voice advocate attended this community review was determined by the young person’s views, and it was rare for them to be asked to attend.

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- 7.10** The inspectors were concerned that there might be a lost opportunity here for a greater representation of young people’s rights and interests. Whilst they recognised and supported the young persons right to choose and to determine who was involved in their business, there were cases reviewed by inspectors during this inspection where arrangements for “looked after” young people upon discharge were inadequate or not in place.

Advocates were young person - led, and would only raise an issue on behalf of a young person if the young person requested that they do so. However, young people were not always sufficiently well informed or advised to recognise when there was a problem with which an advocate could help. The inspectors took the view that the advocacy service should be reviewed to enable advocates to be more proactive and direct in their representation of young people, and offer them advice, support and assistance to obtain their legal rights rather than wait to be invited to become involved. STC staff, and in particular, case managers should equally be proactive in alerting Voice to those cases where their intervention would be helpful.

- 7.11** There was a strong commitment to consulting young people at all stages of the training plan and to involving parents and carers in that process. An information pack was sent to the parents and carer whenever a young person was admitted to the centre and contained a questionnaire which sought their views on, amongst other matters, the reasons for the behaviour which has led to admission and how the young person might best be helped.
- 7.12** Consultation with young people and their families and carers was central to the philosophy of the centre, and clear mechanisms were in place to enable them to participate as fully as possible in reviews and planning meetings. Contact was maintained by the YOS team and by unit staff through telephone calls, visits and attendance at reviews. Child friendly booklets were available for the young people to express their comments when preparing for a review. Young people’s views were sought in similar fashion when they were leaving the centre at which point they were invited to comment on their overall experience.
- 7.13** Written information in plain English and other languages, and interpreters or signers were available as required. Parents and carers were advised of their child’s admission to the centre and the regulations governing their stay through a comprehensive parenting pack sent to them following admission. Parents and carers were offered assistance, both financially and practically, in order for them to attend relevant meetings and to visit their child.

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- 7.14** 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.

Food

- 7.15** Young people and staff spoken with were generally satisfied with the choices of food made available to them. A “healthy” option and a choice of meal were available at each main meal. Information provided by the centre stated that the menus rotate over a four week cycle and are reviewed three times a year. The catering manager and his staff invite young people to select their meal choices once a week for the week ahead so that they can accommodate their choices. Inspectors ate with young people in the dining room on several occasions during the period of inspection. These mealtimes presented as social occasions, with necessary security checks and controls applied discreetly and sensitively.
- 7.16** The contract for catering at the centre is held by Aramark. The catering manager has been in post for little over one year.
- 7.17** The increased demand for meals occasioned by the opening of the mother and baby unit and the “enhanced” girls unit has been met without any corresponding increase in the complement of catering staff which remains at five (catering manager, two chefs and two general assistants). The kitchen provides all meals every day of the year for 87 children and 50 staff.
- 7.18** Following a recommendation of the last full inspection, the advice of a nutritionist was sought on the daily menus. She concluded that the menus provided a wide choice of meals and included healthy options in accordance with government recommendations. The centre will continue to seek the nutritionist’s advice on a regular basis. The unreasonably early starting time for the evening meal was also raised at the last inspection and the centre had responded positively by changing the meal times from 4:00 p.m. until 5:00p.m. to between 4:45p.m. to 6.00 p.m.
- 7.19** The catering manager has introduced a number of significant changes to ensure more healthy diets for the young people. In doing so he adopted a gradual, incremental approach rather than introducing major change overnight. The approach appears to have been very successful and, for example, the number of days on which chips feature on the menu had reduced from five to two. Similarly, and just as remarkably, given the taste and usual eating habits of the young people, food such as chicken nuggets and burgers were being replaced by healthier foods such as jacket potatoes and salads.

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- 7.20 There was a greater choice of food with eight main dishes being available at lunchtime. This was achieved without serious protest and, indeed, the minutes of the trainee council and comments books show that young people rated much of the food very highly.
- 7.21 The catering manager routinely received information related to the ethnicity and religion of the young people in the centre to enable him to plan suitable dishes. He tried to talk directly with the young people about any special requirements. Halal food was a daily choice on the menu.
- 7.22 The special dietary requirements for the mother and baby unit were discussed and agreed although the normal suppliers were unable to supply baby foods and the centre was obliged to shop for these at the local supermarket.
- 7.23 The catering manager instituted regular monthly meetings with young people to discuss menus and also to invite suggestions for theme days based around particular national dishes e.g. a Greek or Indian food. These had proved extremely popular.
- 7.24 Together with one of the chefs, the catering manager attended a cookery club for young people every Wednesday evening and was able to demonstrate food preparation and cooking techniques. The involvement of catering staff in this way was a new and commendable initiative.
- 7.25 A further innovation has been the use of the kitchen to provide one young person with NVQ level 1 training. This was made possible by the catering manager qualifying as an NVQ assessor.
- 7.26 A small research study had been undertaken by the centre's psychologists on the effects of food additives and sugar on the behaviour of young people in the centre. The study concluded that there was no significant change in the behaviour of those young people from whose diets additives and sugar had been removed. It was apparent, however, that the sample of young people was too small and the time scale too short to draw any reliable conclusion.

Maintenance of Good order.

- 7.27 Good order and discipline were routinely afforded a high priority at the centre, and was carefully managed. There were clear systems in place to manage the movement of young people around the centre to minimise potential difficulties. All the centre's routines were carefully organised and synchronised through the control room and duty managers, and the rostering and deployment of staff was similarly well planned in advance. This enabled the team to ensure that security was maintained and necessary tasks were carried out efficiently and in a timely manner, whilst maintaining an outwardly relaxed environment.

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- 7.28** 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.
- 7.29** The centre has retained its incentive bonus scheme for the young people. This was well known and understood by the young people, who were able to achieve different levels within the scheme through earning points by positive behaviour throughout each day. The levels extended from ‘basic level’ to ‘level 4’, and include five incentive bands. Individual arrangements were made for those young people who were unable to progress normally through the incentive system that allowed them to have a individually tailored plan that allowed them to earn certain privileges linked to more achievable personal targets throughout the day.
- 7.30** Young people moved up and down the incentive levels depending upon their behaviour. They could lose points through unacceptable behaviour. Staff were also able to impose sanctions if they were concerned that behaviour was particularly inappropriate. The type and use of sanctions was monitored and routinely evaluated by the management team to ensure that they were fair and appropriate.
- 7.31** As well as individual incentives in the units, there are other incentives awarded for good performance in Education, and also communal awards, such as “unit of the week”, which also bring tangible rewards for compliance. Certificates to recognise “unit of the week” were seen displayed proudly on walls in the units, to acknowledge achievement and encourage healthy good humoured competition. The incentive bonus scheme offers a medium through which the staff team are able to reward and encourage young people to achieve, and also allows recognition and praise to be offered.
- 7.32** During the inspection, the inspectors noted that relationships between individual members of staff and young people were cordial and good humoured, and the main incentive used by the team to encourage compliance was approval and praise. Positive relationships between staff and young people were used to negotiate and encourage young people to comply with requests made of them.
- 7.33** The young people’s guidebook given to them at the time of admission includes the code of conduct of expected behaviour.
- 7.34** Each young person had their needs and challenges carefully assessed at admission and throughout their stay. Individual behavioural management plans were produced for young people based upon the assessments, which were routinely monitored and reviewed through a series of regular and routine meetings, including daily unit meetings, trainee monitoring

meetings, complex cases meetings, SASH meetings, as well as individual planning meetings and reviews.

Physical Intervention

- 7.35** The centre continues to train all staff in 'Physical Control in Care' (PCC) during their initial training course. PCC was created by national instructors at the Prison Service College and was specifically designed to meet the needs of young people. It is a range of approved safe physical restraint techniques.
- 7.36** Refresher training in PCC is offered to all staff twice a year. All of the physical control techniques used as part of PCC were approved by the Secretary of State for use in all secure training centres.
- 7.37** The PCC method in the main does not depend upon pain compliance as a means of regaining control, although some distraction techniques may be used if deemed necessary. The PCC training for staff incorporates de-escalation techniques and incident management.
- 7.38** The centre's quality assurance manager and the YJB monitor monitored the use of PCC's within the centre very carefully. The quality assurance manager collected a wide range of data related to all incidents involving use of PCC, which was analysed and evaluated in great detail at the Strategic Management and Information Meetings (SMIM) each month. The data was collated using a range of parameters, including gender, ethnicity, whether the young person was a substance misuser at admission, injuries sustained, holds used, staff involved, location, and more. The management evaluation sought to identify trends and triggers, with a view to reducing the use of restraint.
- 7.39** Rainsbrook were participating in an on line appropriate data collection project alongside the YJB to monitor the use of PCC and physical interventions within the centre.
- 7.40** PCC and its use as a safe and appropriate means of restrictive physical intervention was under review with the YJB, and the outcome was awaited.
- 7.41** Statistics provided indicated that there were 61 occasions when PCC was used in September 2006, an increase over the previous month, and higher than the monthly average of 47.75 for the previous year. The use of PCC had increased each month over the previous four months from its lowest monthly figure of 19. The Director pointed out that the population of young people placed at the centre increased from 76 to 87 young people from the 1st August 2006.

7.42 Other data provided showed that one young person had been restrained seven times in the month, two more had been restrained six times and one was restrained five times. The total number of restraints for four young people in September was 24. This clearly had an impact on the figures overall. Also, the number of young people accommodated at the centre had increased from 76 to 87 since the last inspection.

7.43 There was clear policy and procedural guidance for staff about the management of challenging behaviour and in the use of physical control. The guidance explained the expectations of the contract, the legislation governing secure training centres and childcare regulations in relation to the use of physical control. The justification provided in the guidance for when a child could legitimately be physically restrained to prevent residents from:

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

The custody staff also have a duty under the Criminal Justice and Public Order Act 1994 to use “reasonable force” where necessary to “ensure good order and discipline.” Although all staff spoken with at the centre were clear that they would always try to negotiate and diffuse threatening situations involving young people as far as they felt able, there was less clarity about at which point they might use force for the purposes of maintaining good order and discipline. The director has agreed to prepare a protocol of guidance for staff to assist them with this important issue.

7.44 Inspection of records on the residential unit, incident records, YJB monitor’s reports and information provided by the managers confirmed that incidents of physical restraint were recorded in detail and monitored by managers.

7.45 This was part of an ongoing monitoring and review of behaviour management at the centre at the time of this visit. The centre were striving to minimise the use of PCC and sanctions, and to promote and improve the use of positive relationships and interactions with staff to affect change and persuade young people to change their behaviour and responses.

Single Separation

7.46 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 part of the process for monitoring of control measures used at the centre.

- 7.47** Young people were invited to agree to and sign an individual educational plan (IEP) when they were admitted.

This took the form of words:

“I agree as part of my IEP should my behaviour become disruptive within the educational periods, disturbing other young people’s learning, that following a risk assessment, if returned to my unit, I will carry out my required and requested educational tasks in my room. In such cases, for my personal welfare and safety, I agree to the door being locked during this period until completion of the said work, or return to the education centre.”

- 7.48** Incidents of young people being locked in their rooms during the school day as part of this IEP were not recorded as single separations in the journal retained on each unit for this purpose. This policy would benefit from further explanation and clarification. To promote transparency and best practice, a clear and concise definition of single separation that is agreed by the STC and the YJB would be beneficial
- 7.49** Staff recorded all occasions when young people were otherwise separated from the group, including when they elected to withdraw themselves. However, there was still a lack of clarity regarding “directive and “elective” separation. Some staff were clear that if they told a young person to go to their room, and the young person went without challenge, this constituted an “elective” separation, and was recorded as such. The Director advised that proposed changes to STC rules and work undertaken with the Youth Justice Board in relation to all forms of separation will further clarify this in due course.
- 7.50** When young people are singly separated, the records indicated that they were observed and monitored appropriately and the observations recorded on appropriate documentation. The electronic monitoring systems installed by the centre and funded by the YJB to bedroom doors allows for the night staff to record the observations electronically during night time hours directly on to the computer in a way that can be effectively and independently monitored by management. This is clearly a valuable and reliable safeguard for both young people and staff.
- 7.51** The director had previously advised inspectors that the parent company had been working alongside the YJB and other STC’s for some time to agree a policy related to the single separation of young people. A recent report produced by a working group chaired by the company’s director of children’s services on behalf of the secure training centres has apparently produced specific policies to address the issues around single separation.

This report, called “Safe and Sound”, had not been agreed with the YJB at the time of this inspection.

- 7.52 The records of the use of sanctions were inspected on the units visited. Sanctions recorded were seen to be appropriate, and the records were maintained and monitored appropriately.

Activities

- 7.53 A substantial amount of effort and resources had been invested in developing and expanding the range of activities and clubs available to young people at the centre.

A youth worker was available to take the lead in this area. He had previously been part time in this role but since the last inspection his hours have been increased to allow him to concentrate on this on a full-time basis.

- 7.54 A number of activities or ‘clubs’ had been developed for young people to attend, including during the long lunch time periods. All young people could sign up to the clubs if interested; irrelevant of the incentive level they were on. However, the young people on higher or enhanced levels had additional opportunities. The range of clubs available at lunchtime included bowling skills, chess, football skills, social skills, pool league, and boxing. Evening clubs included fitness sessions, creative IT skills, cooking, pottery, and aerobics. Both care and teaching staff were involved in facilitating the after school clubs for young people.

- 7.55 Every evening a youth club was also available for all young people, two units attending at a time. During Saturday and Sunday evenings the young people on Level 4 could attend their own youth club. At the youth clubs the young people had access to a wide range of activities, including games, music, disc jockeying, etc.

- 7.56 Other activities included a football league arranged across the site. Young people were encouraged to participate in events such as the celebrations for Halloween, which were taking place during the inspection. The majority of resident groups participated in the event and decorated their living units. Inspectors were asked to judge the decorations and it was a very difficult choice, therefore six units won prizes and all young people received consolation prizes. This use of Halloween as an opportunity to encourage young people to work alongside each other and staff on a positive activity was a commendable initiative. It provided a pleasant diversion, good fun, and opportunity to be creative and cement positive relationships. These relationships formed a basis that enabled good individual key working with staff.

- 7.57 Young people were now able to participate in the Duke of Edinburgh award during their time at the centre. Since February 2005 the youth

worker has been actively seeking funding from Rebound, a local charity called the Community Forum and from individual youth offending teams. He had been successful in obtaining sufficient funds to allow up to 10 young people so far an opportunity to participate in the award.

Four youth offending teams (YOT) had been very supportive and confirmed they would ensure support to young people to continue their award when resettled in the community. A number of YOT's had also provided funding for the individual young people for whom they were responsible.

- 7.58** Appropriate activities were available on site for young people participating in the Bronze Award to achieve the three different sections of service, skill and activity. Four young people were shortly to conclude their Duke of Edinburgh Award and arrangements were made for them to go out on an expedition (walk) from the centre, carrying food and clothing. They also camped out overnight within the secure perimeter during the period of the inspection. They camped out in temperatures down to -5° C. They went off on a second walk the next day.
- 7.59** The youth worker was pleased to report that funding had been acquired to purchase a portable climbing wall for the young people. The funding allows for qualified climbers to train staff in the use of the equipment. The funding for this piece of equipment was provided by the YJB, who had approved the purchasing and were keen to provide young people with opportunities to develop an interest in climbing.

Complaints

- 7.60** There was a robust complaints procedure in place, which was known to staff and young people.
- 7.61** The centre's complaints procedures and practice are well developed, transparent and carefully monitored. Complaints are clearly taken very seriously, reviewed and assessed for any discernible trends, and as part of the centre's quality assurance systems. The young people are advised about their rights to complain and the complaints procedure at admission, and user friendly "info" cards and the centre's young person's guide give details of how complaints may be made and contact people.
- 7.62** Complaints procedures are also included in the centre's statement of purpose. An independent visitor from Voice visits each unit twice weekly, and will assist young people to make complaint and represent them if requested.
- 7.63** There are telephones available from which the young people may phone Voice or other outside help agencies such as Child Line and their numbers are made available to the young people.

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- 7.64** Each unit has a red post box for complaints, with blank complaint forms in a communal area so that young people may complete and post their complaint discreetly without the need to refer or depend upon staff members. A duty operational manager empties the post boxes daily, and their contents are delivered to the Head of Care.
- 7.65** The procedure says that that written formal complaints will be acknowledged within 24 hours by letter, and the residential service manager for the unit will see the complainant within three days. Formal complaints are to be dealt with within 21 days.
- 7.66** The centre seeks to be transparent and proactive in its attitude to complaints, and all complaints received, however minor, are recorded and investigated. Information provided by the centre showed 155 complaints since the beginning of January 2006. Five of these were issues raised by the Voice advocates.
- 7.67** Six of the complaints were tracked, and the complaints file for each reviewed. Each appeared to have been addressed appropriately and within the allotted time scales. However, the recording of the process of investigation, and the young person's view of the outcome could be recorded in greater detail.
- 7.68** Any complaint that identifies any child protection concerns is immediately reported to the duty director without delay on receipt to be dealt with under child protection procedures.
- 7.69** Where possible, the managers try to get complaints resolved informally on the units, often through the unit meetings that take place twice each day. The head of care reviews and analyses all complaints to look for any trends, and to monitor the cause of the complaint, who is involved in making the complaint or is the subject of the complaints. All complaints are recorded and routinely evaluated by senior management and the YJB monitor.
- 7.70** Two visitors from Voice were seen during this visit. They said that were allowed to speak to the young people privately and reported that the staff were invariably good humoured and cooperative. They were able to assist young people with complaints, and to represent young people at reviews if the young person requested it. The Voice coordinator meets with the deputy director regularly to discuss any issues of current importance and maintain an overview.
- 7.71** A group of young people on two units were spoken with about complaints. All knew how to make complaints, and felt able to use the procedure

without fear of any reprisal. Staff on each of the units visited were also familiar with the complaints procedures.

- 7.72** One route by which young people are advised they might make complaint is through the YJB monitor. The monitor is expected to see all newly admitted young people, and will see young people who request to see them.
- 7.73** The assistant YJB monitor has left Rainsbrook since the last inspection visit in August this year, and a roving YJB monitor, who has responsibility for several establishments, was monitoring the centre. The YJB monitor said that he did not have a great deal of time to spend with young people, but was satisfied that the centre's complaints and representations procedures were operating efficiently and efficiently. The YJB are currently reviewing the role and function of their monitors at Rainsbrook.

Child Protection

- 7.74** The centre had developed its child protection procedures in consultation with the local team responsible for investigating any potential child protection matters. The procedure provided clear guidance for staff and described the processes for dealing with any concerns. The policy guidance and procedures had recently been revised to include the work with young women and their babies.

Separate guidance was available informing staff how to deal with any historic abuse allegations disclosed by young people. A clear procedure was included in the reporting of such disclosures.

- 7.75** The deputy director takes the lead on child protection issues and sits on the Local Safeguarding Children's Board (LSCB). All potential child protection matters are referred to her, or a nominated staff member in her absence, and she initiates the referral to the local Children and Young Person's Team. The centre had continued to develop positive links with staff in this team. Centre managers met every three months with the team manager and senior practitioner. The YJB performance monitor and a representative from Voice were also involved in this meeting.
- 7.76** The procedure for dealing with a potential child protection matter was agreed with 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. The residential service manager responsible for the specific unit could support them in this task.
- 7.77** The social workers in the centre's YOS team 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 appropriate local authority.

- 7.78** All the information gathered, including witness statements were passed on to the local 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. The YJB performance monitor was also kept informed of all child protection matters and received copies of all reports, which he maintained as a permanent record. Since January 2006 twelve referrals had been made to the local referral team. Of these the majority were dealt with as Level 1 incidents and generally resulted in no further action, or a suggestion that the staff member required further training.

Eleven of the referrals were related to the handling of young people during a PCC or an angry exchange between the young person and a staff member. One of them had resulted in the suspension of a staff member, pending investigation. Only one of the referrals was ongoing at the time of the inspection, and this was resolved shortly afterwards. The YJB monitor confirmed he was satisfied with the procedures and confirmed he monitored progress in all cases.

- 7.79** The local child protection team wrote to the centre to confirm the action to be taken, and in the majority of cases simply recorded ‘no further action’ (NFA) in relation to each individual referral. The STC had requested that the local office record a specific reason for the “NFA” in the letter concluding the investigation. Managers at the centre needed to include the reasons for NFA in their letter to the young person and relevant agencies.
- 7.80** Practice managers had developed positive links with the local referral team, and had all spent time in the local office, observing practices and the demands of the role of social workers within a large local authority area. The practice managers had also participated in a wide range of training courses and had attended conferences arranged by the Local Safeguarding Children’s Board (LSCB). Other staff from the STC would benefit from attendance at such training events. The Children and Young Persons’ team managers said it was likely that the LSCB would provide additional training places, if requested by the STC.
- 7.81** All new staff received initial training in child protection and had regular updates on safeguarding matters, at least on an annual basis. The only group of staff who felt that they had not received recent child protection training was the night team.

7.82 The centre's new digital CCTV and electronic room alarm systems allow for clear pictorial evidence to be retained of person's entering rooms and for detailed electronic and printed records to be kept of room checks upon young people under supervision. These were commendable initiatives that promoted child protection as well as improved supervision. Child protection issues were clearly being taken seriously, dealt with transparently and closely monitored, reviewed and recorded.

Bullying

7.83 The centre has very robust and explicit anti - bullying policies and procedures that operate alongside the Suicide And Self Harm (SASH) procedures, and which include individual management plans to confront bullying. The plans involve confronting bullying openly and directly, and graduated responses from staff based on progress review.

7.84 Any concerns about bullying or known bullying behaviour are reviewed each day, and more formally at the weekly Trainee Monitoring Meeting, and also at the "SASH" meetings that follow. As with the "SASH" procedures, progress in challenging identified bullying behaviour was carefully monitored, recorded and reviewed. It was clear from talking to staff and young people that bullying was not tolerated, and was vigorously confronted by staff.

7.85 Commendably, inspectors observed no evidence of bullying between young people on visits to the residential units during this inspection

7.86 The centre utilises a restorative justice initiative to address and reduce potential conflict between young people, or between staff and young people. This involves a trained worker working with each party to facilitate greater insight into their behaviours, and encourage compromise and reconciliation where possible. This initiative was used to complement the anti bullying strategy.

7.87 Fifteen of the staff team received a week's training as facilitators for the Restorative Justice initiative, which was developed initially alongside the anti bullying programme. One of the residential service managers takes the lead when a referral is received, and identifies a mediator to tackle the issue. If unsuccessful the parties could go to a restorative justice conference. A record is kept of all actions, including mediation. All types of issues can be dealt with, staff to staff, young people to young people, staff and young people. This initiative was started in March 2006.

Diversity

- 7.88** The centre had clear, concise policy statements on diversity and equal opportunities displayed throughout the centre, including in the young people's living areas. Day to day oversight of diversity policy and practice rested with the head of care.
- 7.89** The head of care chaired a monthly meeting on diversity that was attended by senior staff from all departments. This meeting had fallen into abeyance, but had been resurrected following the last announced inspection. It was the role of that meeting to ensure that the managers and staff continued in their efforts to meet the cultural and identity needs of young people and ensured that these were fully integrated in all aspects of service delivery at the centre. This had been a recommendation of the last announced inspection in January 2005. Typically the meeting reviewed strategy and resources; monitored the balance of staff in terms of ethnicity and gender; identified and promoted training; and ensured that the special cultural and religious needs of young people were met e.g. in relation to issues such as diet and health care.
- 7.90** Quality assurance data showed that black and ethnic minority young people were not disproportionately represented amongst those young people who are subject to physical control.
- 7.91** The head of care audited all reports of incidents which appeared to involve a racist element. Staff were observed to deal with a racist remark by a young person promptly and appropriately.
- 7.92** All staff have received training on diversity from an external trainer. Written feedback from staff rated this training very highly. The same trainer delivered one day's training on each induction course. Staff had found the training on understanding diversity useful and this had further raised awareness of this matter within the centre.
- 7.93** Cultural identity and diversity issues were a standing item on Trainee Monitoring Meetings and any issues raised were seen to be dealt with appropriately.
- 7.94** The Chaplaincy played a significant role throughout the centre in promoting an awareness of multiculturalism and an appreciation of the beliefs and practice of different faiths.

Faith, Racial and Cultural Identity

- 7.95** The Chaplaincy consisted of one full time ordained senior chaplain who is a canon of the Church of England and has been at the centre since its inception, and a half time lay assistant chaplain who was appointed during the past year.

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- 7.96** The influence of the chaplains was very apparent, not only in the prayers which are on the walls of some units and the plastic rosaries worn by most young people, but more importantly in their promotion of an appreciation of diversity and an understanding of religious faith. Their work extended beyond what might be regarded as their traditional role and encompassed a number of managerial and distinctly secular tasks. Within this wide range of tasks, the chaplains regarded their role in developing the centre's links with the community as especially important.
- 7.97** Christian services were held weekly and over 50 young people had been baptized since the centre opened.
- 7.98** Close relationships were maintained with the Imam at nearby Ryehill Prison who visited the centre on a weekly basis. At the time of the inspection, 4 young people were observing Ramadan. The assistant chaplain had prepared a clear and helpful note of guidance for staff on the requirements of observing Ramadan.
- 7.99** Ministers of other faiths or Christian denominations were available if necessary. One young person at the centre was an orthodox Jew. His particular daily practices and dietary needs had required careful negotiation to ensure that these were met without disruption or antagonism from other young people. It had fallen to the chaplains to successfully achieve this because the young person had insisted that he did not wish to see a Rabbi.
- 7.100** This multi-faith and multi-cultural approach of the chaplains was reflected in a well established annual event during which representatives of other faiths and cultures were invited to the centre to give displays, e.g. dance and Hindu drumming, and to enable young people and others to reflect upon themes of peace and reconciliation. Links with the wider faith community were, as reported in the last inspection report, maintained locally and internationally through the Christian organisation, the Community of the Cross of Nails.
- 7.101** The senior chaplain continued to provide counselling for young people and staff in dealing with loss and separation. Her expertise in this respect may well have an application should any of the young mothers in centre ever have their babies removed.
- 7.102** The senior chaplain devoted a good deal of time to fostering the links between the centre and the local community through the vehicle of the community forum that she chaired. Other significant but not directly faith - related work included her chairmanship of the director's forum. At this forum, six members of staff, none of higher grade than a training supervisor, meet with the director. The chaplain had also led the strategy for the introduction of the Duke of Edinburgh's award and reported to the YJB. This has been a major and successful undertaking.

7.103 The chaplains attend a range of other meetings, whether for management purposes or on individual young people.

7.104 The Chaplaincy service continued to provide an invaluable service to everyone at the centre. This service was evidently a strong integral feature of the centre, and the level of pastoral care for young people and staff is to be commended. The centre continued to develop positive links, both pastoral and professional, within the community.

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 achievements and standards of students were outstanding: levels of accreditation were high. • The atmosphere in education was conducive to learning: student behaviour was very good. • Young people had access to a broad and developing range of courses and activities during the school day and through the enrichment programme. • Very careful attention was given to the monitoring and tracking of student progress both within the centre and in the transition to the community. • The local Connexions service was offering a good and much improved guidance and support service for young people. • Senior managers were providing strong and effective leadership: the education department was very well-managed. • The quality of resources and equipment to support learning were very good. 	<ul style="list-style-type: none"> • The education contractor should develop further vocational options. • The education contractor and STC management should improve overall planning and co-ordination of the education and offending behaviour programmes.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The education contractor should develop further vocational options (8.16) • The education contractor and STC management should improve overall planning and co-ordination of the education and offending behaviour programmes (8.18). 	

Context

- 8.1** Rainsbrook Secure Training Centre provides full-time education for over 80 young men and women between the ages of 13 and 17 years. The centre is responsible for young people on remand and those who are sentenced. A mother and baby unit has recently opened. The majority of the young people are from the Midlands but a significant number are from a wider catchment area including London, Wales, the south west and the north of England.
- 8.2** The centre is managed by a private company, Rebound, and the education programme for young people are provided, under contract, by City College, Manchester. The head of education is a member of the senior management team of the centre. There are 19 full-time and 9 part-time teachers and a team of 4 Learning Support Assistants (LSAs).
- 8.3** Inspectors observed and graded 12 lessons and attended a Detention and Training Order (DTO) review meeting. They interviewed senior managers, teachers, the on-site Education Welfare Officer and a local Connexions Personal Adviser (PA). Self-evaluation reports, curriculum documents, assessment records and a sample of young people's files were reviewed. Inspectors also attended staff meetings and handover sessions involving care and education staff.

Overall Effectiveness

- 8.4** This is an outstanding establishment which sets and achieves very high standards. Accreditation rates are high; student behaviour is very good. The quality of teaching is good: two-thirds of sessions observed were judged to be good or better. Students have access to a broad and developing range of courses and activities. Staff promote a strong ethos of care and support within the education department. Careful attention is given to the monitoring and analysis of student progress including the gathering of destination information. The education department benefits from strong leadership and is very well-managed. Links between care and education staff are very good. The capacity to improve is outstanding.

INSPECTION GRADES

Key aspect		Grade
1	Overall effectiveness	1
	Capacity to improve	1
2	Achievements and standards	1
3	The quality of education and training	2
4	Leadership and management	1

The table above shows overall grades about provision. Inspectors make judgements based on the following scale:

Grade 1: Outstanding

Grade 2: Good

Grade 3: Satisfactory

Grade 4: Inadequate.

THE CONTRIBUTION BY EDUCATION, TRAINING AND PE TO EVERY CHILD MATTERS OUTCOMES

8.5 Education at Rainsbrook makes a very good contribution to the five outcomes. Teaching and support staff ensure that there is a calm and purposeful learning environment in which young people are safe and issues relating to health, welfare and citizenship are considered in the offending behaviour and personal, social and careers education programmes. Young people have access to effective support and up-to-date information relating to their future well-being and opportunities through the Connexions service.

ACHIEVEMENT AND STANDARDS

How well do learners achieve?

8.6 The achievements and standards of young people are outstanding. Teachers have a strong focus on ensuring that learning leads to accreditation and all education and training programmes are linked to recognised qualifications.

Young people are gaining an increasingly high proportion of accredited outcomes: over the previous year they obtained an average of more than 11 accredited outcomes per learner each month. This is an improvement over the already high level of accreditation reported at the last inspection. Only a very small number of young people leave the centre without being awarded any accreditation. Young people are successful in winning national awards and competitions including a high number of Koestler awards. Young people make very good progress during their stay at the centre and the newly-developed post-16 curriculum provides them with a good preparation for the world of work.

- 8.7** The behaviour of young people is very good. Young people provide encouragement and support to each other. During a PE lesson in the fitness suite, one young man was giving sound advice and helping more recent arrivals with the use of equipment and weights. The atmosphere of the centre is conducive to learning. Movement between residential units and education accommodation is usually calm and well controlled and young people have an orderly and relaxed manner. Relationships between the young people themselves and with staff are strong. This is exemplified by the close involvement of staff and students in common projects, for example, a staff pantomime performance to students that helped to generate goodwill and respect.
- 8.8** There are very high rates of attendance and good punctuality which are closely monitored by staff. The points-based rewards and sanctions system is understood and valued by young people and contribute to this good attendance and behaviour.

THE QUALITY OF EDUCATION AND TRAINING

How effective are teaching, training and learning?

- 8.9** Teaching and learning are good overall with some very good features. Two-thirds of lessons were good or better and none were unsatisfactory. Teachers are committed and enthusiastic and create a purposeful atmosphere for learning. Young people respond well and are generally keen to ask and answer questions and participate in lessons.
- 8.10** The better teaching is planned carefully and incorporates a wide range of activities to maintain the interest of the students. For example, a science lesson included many simple experiments and the use of models to illustrate the different human senses. Literacy and numeracy are integrated into lessons well. A successful pottery lesson also involved students reading aloud and this was viewed as an equally important component of the lesson. Great progress is made by many young people in reading, spelling and numeracy. Effective cross-curricular events extend the breadth of the curriculum, such as a recent peace day.

Young people are proud to have their work displayed and imaginative and colourful displays provide a good learning environment.

- 8.11** The individual needs of young people are generally taken into account and addressed well. Good one-to-one support is provided where individuals are identified as having additional learning needs and the progress of those with special educational needs is monitored thoroughly. Some lessons judged to be satisfactory could have been improved by more differentiated topics to match the widely differing ability of the students. In a small number of cases the work was either too easy or not sufficiently demanding. In other cases, the topic failed to grasp the interest of all students and some individuals received insufficient attention from staff.
- 8.12** Effective lessons had a brisk start that focussed the attention of young people and concluded with a plenary session that summarised the main learning points. Less effective lessons had a stilted beginning that did not grasp the attention of students and ended weakly. In some cases, the ending was dictated by the need for the students to be taken to the next session.
- 8.13** ICT was used effectively in one lesson observed and the young people were very skilful in the use of common software applications. However, the use of ICT is not embedded in all subjects or used to promote learning sufficiently. This was also an issue in the previous inspection.
- 8.14** Learning Support Assistants provide very effective support to young people both in lessons and in the provision of one-to-one tuition. Care staff complement the role of the teacher well in many lessons. For example, in food technology, the care staff were as busy chopping and stirring as the teacher and students. On several occasions, however, care staff did not take any interest or participate in the lesson.
- 8.15** Assessment is carried out rigorously. Students' work shows a high quality of presentation and work is marked rigorously. Homework is only set for specific groups of students, for example those taking GCSE subjects. There is no overall homework policy and no expectation that homework will be set for all young people.

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

- 8.16** The quality of the curriculum provision is good. Steps had been taken, since the previous inspection, to increase and broaden the range of courses on offer to young people. For example, the centre has recently introduced a number of new courses including Discovering the Workplace, a National Vocational Qualification (NVQ) at level 1 and 2, and an NVQ in Hair and Beauty (Level 1) which is offered with the support of a local training provider. A GCSE group has been established and a programme of

education introduced in the new mother and baby unit. Given the increasing number of older students there are insufficient opportunities for young people to follow vocational courses particularly in the construction trades.

- 8.17** There is an impressive range of enrichment activities to support the work being undertaken in the daily school timetable including after school clubs in food technology, music, art, ICT and pottery. Young people are able to attend and benefit from events and activities organised with the support of local groups and organisations. For example, students from Rugby School visit the centre on a weekly basis to support a drama workshop and a paramedic attends once a month to offer an accredited programme of first aid training. Other events include a multi-faith day and a personal well-being day.
- 8.18** At the end of the school day young people are expected to attend offending behaviour classes. These sessions are held in the education department and are led by care staff. Further work is necessary to ensure that there is no overlap or duplication between courses being taught within education and the programmes offered in the offending behaviour programme.

How well are learners guided and supported?

- 8.19** The quality of guidance and support is outstanding. The ethos of care and support promoted by staff within the education department is exemplary. Induction arrangements are good and meet contractual requirements but there is scope for improving the quality of information given to new arrivals regarding the range and types of programme on offer in education. Information gathered at the time of induction, relating to a young person's prior educational background and experience is not forwarded, on a systematic basis, to the recently appointed Education Welfare Officer. Very careful attention is given to the tracking and analysis of student progress through the assessment of numeracy and literacy levels both on arrival and prior to departure. Teaching staff meet, as a team, to prepare detailed reports relating to a student's achievements and progress for consideration at the well-managed DTO meetings.
- 8.20** Young people are given a detailed school report when they leave. The destinations of those returning to the community are closely monitored.
- 8.21** The local Connexions partnership is offering a much improved service to young people compared to that on offer at the time of the previous inspection. A PA provides a guidance and information service four days each week, and plays an important role in developing links with 'home' areas in preparation for a young person's return to the community. A good range of careers and related resources are available in the base room used by the PA for one-to-one interviews but there is an absence of such material in the recently established library.

LEADERSHIP AND MANAGEMENT

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

- 8.22** Leadership and management are outstanding. The Education Manager is a member of the senior management team of the centre and the Assistant Education Manager post has been extended to include closer working links with the on-site residential teams, external agencies and education providers. Well developed links exist with local groups and organisations. The centre has recently hosted a Warwickshire Local Authority Senior Management Team meeting.
- 8.23** Senior managers have made excellent progress in responding to the recommendations made in the previous inspection report. A detailed development plan highlights key priorities and is carefully monitored. The self-evaluation report demonstrates that senior managers have a very good understanding of strengths and areas for development within the education department.
- 8.24** Day-to-day management of the education department is very good. Movement to and between classes is well organised. There are daily meetings involving education and care staff which concentrate on the needs and circumstances of individual young people. Education staff meet regularly to discuss and monitor the progress of individual students.
- 8.25** Quality assurance arrangements are effective. There is regular monitoring of classroom practice. Careful attention is given to the collection and analysis of data which is used to inform decision-making and to monitor the performance of the education department.
- 8.26** All teachers have, or are studying for, a teaching qualification: eighty per cent have Qualified Teacher Status. Teaching and support staff participate in a broad range of staff development opportunities.
- 8.27** The staffing structure does not allow for the appointment of Advanced Skills Teachers and provides few opportunities for teachers to take on posts of responsibility.
- 8.28** Accommodation and resources are good. The teaching rooms are attractive, well- resourced and include numerous examples of student work on display. Great effort has been made to create subject identities within the teaching areas. Good progress has been made in improving the quality of resources and equipment in hair and beauty, ICT, science and design and technology. There is a new well-stocked library area and the quality of staff accommodation has improved considerably since the previous inspection.

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 STC's 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, now referred to as Offending Behaviour Programmes (OBP). • There had been a number of changes to the delivery of these programmes with a dedicated officer in post to coordinate all aspects of the service. • The changes had included a systematic and organised approach to helping young people deal with the events that had brought them to a secure setting. • Staff interviewed felt the changes in the delivery of OBP programmes had been a positive development. The delivery and content of OBP programmes were continually evaluated and revised as appropriate. 	None
RECOMMENDATIONS	
None	

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- 9.1** It is a requirement of the contract with the YJB that the centre work with the young people for at least seven hours a week providing formal crime avoidance interventions. During the last inspection several managers and staff expressed concern about the process for tackling offending behaviours and a recommendation was made that this be reviewed with the YJB. The aim was to ensure that a more individualised approach be taken with the young people in respect of their offending behaviours.
- 9.2** The tackling offending aspect of the work of the centre was now referred to as Offending Behaviour Programmes (OBP). A session was held every day, including weekend days with residential care staff delivering the programmes. The programmes officer was responsible for co-ordinating the programme and she was supported by the consultant psychologist. At the time of the inspection 16 programmes were available and this was in the process of being increased, with at least 20 in the near future. Each programme was developed by the different specialists at the centre, such as the Youth Offending Services (YOS) team, the substance misuse workers, the psychologist and assistant psychologists. The programmes were linked to all sections of the YJB ASSET document. Staff have received some training in delivering these sessions and there was clear guidance within the pack for each of the daily groups.
- 9.3** The timing and venue of the OBP sessions had also changed. During the weekdays these were held at the end of the school day in the educational buildings. Care staff took over from teachers and facilitated the sessions with the young people. Of the 16 programmes one was used for a week. The theme during the week of the inspection was Law and Crime. Each group simultaneously explored the same theme and packages were given to staff at least a week in advance so they could prepare for the sessions. The programmes officer was available to discuss any issues and various staff who had developed that week's theme sat in on some of the sessions, offering support and advice to staff and also to a certain extent assessing effectiveness. Staff and young people completed a written evaluation after each session and these were forwarded to the programmes officer.
- 9.4** The OBP sessions observed appeared to be reasonably well managed and effective. Once engaged in the session young people appeared to derive some benefit from the discussions. Whenever possible staff attempted to encourage individual young people to take the lead in writing on the board, and to support each other in the session. As with the majority of services at the centre the OBP evaluations were reviewed and appropriately informed development of the programmes. A database was used to collate information and to inform practice.

- 9.5 Residential care staff had also received training in a programme called Jigsaw, which provided a focus for key work sessions. The package included a range of exercises to be undertaken with young people to help them develop their social skills. The aim was also for key workers to build a relationship with the young people. At least one staff member across two living units had been trained as trainers in the Jigsaw programme. They were available to support staff. The effectiveness of this package was also continually evaluated. Staff interviewed said they felt this was a very useful package and gave them a good basis from which to carry out direct work interventions with young people. A number of staff appeared fairly confident in leading offending programme sessions with young people, but others still lacked confidence and perhaps skills in this area. The training strategy for the centre included group work skills, and further training in the Jigsaw package was planned for the New Year.
- 9.6 A range of other interventions was available for young people to address issues set out as targets in their training plan. These could be individual sessions with YOS workers, substance misuse workers, the psychologist, assistant psychologists, clinical psychiatrist or external professionals, if necessary, or in groups. A social skills group was being run with a group of young women and an all male group had recently concluded. Weekend workshops were facilitated by staff from the YOS team and these included issues such as car crime, relationships, substance misuse etc.
- 9.7 The centre were also involved with a pilot for the YJB to review the Initial Assessment Tool (IAT) method for assessing and working with young people displaying potentially sexually harmful behaviours. The pilot project commenced in April 2006 and was due to end in December. Three staff had been trained in the model and had worked with 5 sex offenders to date. A 28-day comprehensive assessment was carried out with each young person and a behaviour management strategy developed for each one. The assessment tool had been developed by three well known organisations renowned in their work with sex offenders, including the Lucy Faithful Society. Once concluded the effectiveness of the model is to be evaluated.
- 9.8 The Lucy Faithful Society had agreed to undertake therapeutic work with individual young sex offenders and to continue this work when they moved on from the centre. A procedure was in place to refer young people with long sentences to a specialist prison unit.
- 9.9 An evaluation is undertaken of the work done with each young person during their stay at the centre and a review is made of the scores on the ASSET and changed as appropriate before they are discharged. The centre now carries out its own scoring against the different sections of the ASSET, to complement those prepared by the Youth Offending Team worker. This is intended to measure the effectiveness of the interventions with young people as part of the assessment and planning processes.

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 protocol had been agreed between Primecare and the STC regarding the sharing of medical information about young people. • The healthcare team continued to make a positive contribution to the day-to-day care of young people. • Healthcare services were well established and integrated into the work of the centre. • Nursing staff were an experienced and stable workforce. • Comprehensive healthcare services were available. • Established arrangements were in place for accessing specialist services when required. • Good working arrangements were in place with inpatient clinics. • The delivery of psychiatric and psychological services was well integrated into the work of the centre. They provide assessment and treatment programmes, as necessary. • Efforts had been made to provide Smoking Cessation programmes for young people. • The healthcare department make a significant contribution to the health education of young people. 	
RECOMMENDATIONS	
None	

Health Care Service

- 10.1** The Healthcare Manager had, at the time of the inspection, been in post for three weeks and was awaiting the clearance of an enhanced CRB check. The post holder had worked for PrimeCare Forensic Medical Services since 1990 and had extensive experience in public and private sector prisons, the immigration service and as a manager in a Primary Care Trust.
- 10.2** There had been an informal handover and briefing by the previous Healthcare Manager at Rainsbrook. It was confirmed that his role at the centre would be to maintain standards and institute change where necessary in consultation with the director and the staff of the Healthcare team.
- 10.3** The health centre was staffed by qualified nurses from 7:30 a.m. to 10 p.m. seven days a week including bank holidays. Outside of these hours, a qualified nurse was on call. A second nurse was on duty from 9:30 a.m. to 5:30 p.m. Monday to Friday.
- 10.4** In addition to the Healthcare Manager, who was a qualified nurse, the team comprised a Senior Nurse whose contract was for 45 hours and 8 full time equivalent nurses, a “bank” nurse and a part-time (.5) occupational therapist. The team was reported to have established close working links with healthcare colleagues in the area. This enabled healthcare staff to extend their professional expertise to the benefit of young people at the centre. The specialist knowledge within the nursing team encompassed women's health, mental health, sick children's nursing, school nursing and learning disabilities. Following a period of staff shortage, noted in the previous inspection report, the team had returned to full strength and was described as stable by the Healthcare Manager.
- 10.5** An important element of the PrimeCare contract was the delivery of a health education programme. Twelve sessions each week were accommodated in the education timetable. These were delivered jointly with a teacher in each session, and lasted approximately 45 minutes. The nursing staff provided informal sessions with individual young people on a wide range of topics such as dietary advice, relaxation techniques, parenting skills etc.
- 10.6** There were regular GP surgeries at the centre and male and female doctors were available to meet the needs of young people who could, if they wished refer themselves to the service. The 2005 annual healthcare centre report noted a seven per cent decrease since the previous year in the number of GP consultations.

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- 10.7** It was reported that although small in number, the decrease was due to enhanced nursing skills similar to those in community primary care with a practice nurse assessing and treating minor illnesses and other concerns presented by young people at the centre.
- 10.8** All young people newly admitted to the centre were seen by the GP within 24 hours of their admission and within 24 hours prior to their discharge from the centre. If required the GP would attend the centre out of hours to review the needs of a young person. This would normally follow a thorough nursing assessment.
- 10.9** An exception to the above arrangements was the recently opened mother and baby unit that had separate and distinct protocols for contact with the midwifery service, health visitors and specific GPs separate from those providing mainstream services at the centre. The healthcare manager confirmed that the young women in this unit had direct access to a named GP without reference to the centre's healthcare service.
- 10.10** A dental surgery was held at the centre every week and all young people received a routine screening shortly after their admission. Referrals were made to an orthodontist in the community if more complex treatment was required. There was reported to be high demand for the dental service which struggled to keep pace with the treatment programmes alongside the requirements of routine screening.
- 10.11** All young people were on admission routinely provided with a standard eye test by an ophthalmologist. This was a pressing need for a number of young people for whom vision related problems had been a significant factor in impeding the educational performance.
- 10.12** There was an established practice of the psychiatry and psychology services conducting joint assessments of young people. This close working relationship had grown out of the mutual trust of the current personnel and would change as the psychologist was leaving shortly with a replacement due to start in the near future.
- 10.13** It was evident that these arrangements had benefited the centre and contributed to the establishment of a responsive and reliable model of assessment and treatment for young people. It was interesting to note that both the psychiatrist and the psychologist were cautious about diagnosing mental health problems in young people and although carefully professional in their comments, were clearly sceptical about some of the diagnosis attached to young people admitted to the centre. The emphasis of this joint approach was on early interventions and a reliance on the quality of the therapeutic relationship with young people.

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- 10.14** Clinics were held weekly, this had been increased from fortnightly in 2005. In emergencies the psychiatrist was available for consultation by telephone and would if necessary make an unscheduled visit in order to meet the needs of young people in distress. The psychiatrist had recently written to the director of PFMS seeking clarification on these informal arrangements for out of hours cover, which had developed over time, and as the contract was not specific.
- 10.15** The psychology service was described in the 2005 inspection report as a well-established and significant branch of the centre's healthcare provision. The psychologist supervised three psychology assistants and the team were working jointly with the other disciplines, education, social work, and residential care in providing a comprehensive assessment and treatment service. Three clinics were held each week to which young people could self refer. Importantly the psychologist fulfilled an active role in providing advice and guidance on suicide and self harm, complex cases, substance misuse strategies, case reviews and behaviour management plans for young people.
- 10.16** Is worth noting that both the psychiatrist and the psychologist were positive about their relationship with the managers and staff at the centre and felt that the service that they provided was understood and valued. The psychiatrist described the senior nurse at the centre with whom she worked as "stunning colleague"
- 10.17** The podiatry service could be accessed if required, although it was noted that there was a minimal demand from young people at the centre. The 2005 annual report noted only one young person had accessed the service, requiring an extended course of treatment.
- 10.18** Referrals to secondary care were by large the exception with few young people attending the local A&E services and only two requiring hospital admission throughout 2005.
- 10.19** The majority of referrals were to outpatient clinics and of these the greater number attended the GUM clinic. There was said to be an effective working relationship with the GUM appointments clerk and young people were dealt with sensitively and efficiently. The majority of treatments were by oral medication and the manager of the healthcare service considered that staff in the house units at the centre effectively managed contagion.
- 10.20** The control and management of medication was overseen by the PFMS Pharmacy Service to ensure that the centre was compliant with legal requirements, including safe and secure storage, the maintenance of professional standards and ethical codes commensurate with the NHS.

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- 10.21** There were established working relationships with a local pharmacy which was described as very responsive. The nursing staff were solely responsible for dispensing medication to young people at the centre.
- 10.22** The substance misuse service at the centre, funded by the YJB, comprised a coordinator, who was a secondee from YOS team, and two dedicated substance misuse workers. The team worked to deliver a substance misuse service in line with the national specification for juveniles in custody. The funding for the service was reported to extend to 2008.
- 10.23** Young people admitted to the centre were routinely screened by healthcare staff for substance misuse and were scored in tiers 1 to 4 reflecting their particular need for intervention or treatment. The monthly report prepared in September for the YJB monitor indicated that of the 30 young people admitted that month 3 had Tier 1 needs, 16 Tier 2 and 11 Tier 4. The services provided to young people ranged from education and access to information, to symptom support programmes managed and overseen by a GP.
- 10.24** The team delivered a number of key work programmes. Most of these were developed and designed in-house, and covered volatile substance misuse, cannabis, smoking cessation and alcohol misuse. Evaluative models had been developed for all key work and one-to-one programmes through the use of pre and post release questionnaires. The team also worked in partnership with the education service in delivering the drug awareness offending behaviour programme and the YJB programme “Never Going Back”.
- 10.25** Alongside access to training and development opportunities the team manager was eager to widen the skills and understanding of the substance misuse team and had brought in two holistic therapists from a local YOI to explore the range of alternative therapies available for young substance misusers.
- 10.26** Good working links had been established with RAP workers to ensure the proper level of support was available to young people post discharge, although forging resilient productive links with community based staff in the young persons home community remained time-consuming and generally problematic.
- 10.27** The monthly, quarterly and annual reporting schedule evidenced that the Substance Misuse Team was able to meet the volume of demand of the centre and deliver a good standard of service to young people in line with the national specification.
- 10.28** There was an established policy at the centre for the management of suicide and self harm (SASH). Detailed operational guidance had been developed and was available to staff on the house units.

Case records examined indicated that this aspect of work was a key priority for managers and staff who were alert to potential and actual self harming behaviour presented by vulnerable young people, both concealed and overt.

- 10.29** The, effective multidisciplinary approach to identifying, monitoring and supporting young people assessed as being at risk was an integral feature of practice at the centre. There were processes in place for the regular review of risk management plans developed to meet the needs of the individual young person involved.
- 10.30** Members of the senior management team shared the responsibility for chairing the monthly “complex cases” meeting which dealt in part with issues of vulnerability and risk for the individuals under discussion. The Director advised that meetings would be held more frequently if required. A meeting observed was multidisciplinary with all professions and responsibilities at the centre properly represented. Chaired by the deputy director, this was a thorough, disciplined process which focused on the management, care and treatment of a young person whose behaviour was unpredictable, dangerous to himself and alarming for staff. The meeting agreed upon a plan of intervention, endorsed by the chair, with a date set for review the following week.
- 10.31** It was noticeable that the agendas of the scheduled meetings held at the centre all had standing items on SASH and the vulnerability of the young people for whom care was provided.
- 10.32** A new SASH procedure had been implemented since the last announced inspection in 2005. This was a thorough process providing clear and detailed guidance for staff.
- 10.33** All young people were risk assessed at the point of admission, which includes an initial mental health screening. They received a scoring based on information about previous incidents, or concerns about the young person’s emotional state during admission.
- 10.34** If a young person was assessed as being at risk of self-harm, this automatically triggered a risk management plan to address any identified issues. The young person would be subject to regular monitoring, and multidisciplinary reviews would take place each week to monitor progress and re- evaluate any identified risks.
- 10.35** The multi-disciplinary team, including representatives from all departments, met to discuss all young people where there were concerns about the potential for them to harm themselves.

10.36 A SASH book was opened, and a record kept of all monitoring and incidents. This was reviewed by the SASH meeting. This meeting ensured that appropriate support plans were developed for each young person where there was a concern.

These included a management plan for staff to ensure they were clear how the young person was to be kept as safe as possible, and included details about routines for bedtime settling, checking of clothing etc.

10.37 The weekly SASH meeting also discussed all young people where there was any concern about bullying or other vulnerability, and reviewed all new admissions from the previous week.

10.38 All new admissions were placed on five minute watch during the first week of admission. If a young person was assessed as a danger to others, a risk management plan was developed that included clear guidance for staff.

10.39 However, the policy documentation and operational guidance for SASH presented as somewhat dense and overwritten. It raised the question about staff training and support in the routine use of this material. It was not clear what priority it was given during the initial training programme for new recruits, or whether there was routine and regular refresher training provided for managers and staff.

10.40 Notwithstanding, the processes in place to address suicide and self harm issues were comprehensive and closely monitored by senior managers and health professionals, including psychology and psychiatry.

10.41 There were three beds located in the health centre that were used by the duty operational managers currently as sleeping in accommodation. This contrasted with other units who used similar provision to accommodate and observe young people immediately following their admission, as inpatient beds to provide treatment, or as a means of observing young people thought to be at serious risk of suicide and self harm. However, the standard of care and observation on the residential units was routinely well managed at Rainsbrook and treatment was integrated into the normal daily routine. The Director stated that the centre took the view that it was best child practice to admit a young person to their living accommodation following admission as this provided a more child friendly environment for young people rather than being isolated in the healthcare centre away from contact with other young people and the staff who will look after them. He said that young people at risk of suicide and self harm have always been managed on their residential units so they can remain in contact with staff who know them well including their key workers and managers. Beds in the healthcare centre would only be allocated in accordance with the contract as a substitute bedroom or where there was a need for a young person to be isolated from young people due to a medical condition that requires them to be in quarantine.

10.42 The newly appointed Health Care Manager had identified the considerable demand placed on nursing staff in the requirement to attend all young people's reviews. It was noted that despite the routine attendance of nurses at reviews in the majority of cases there were no health issues to report. It was the intention of the manager to look at this issue more closely as he gained a more informed understanding of the demands on the delivery of health services at the centre.

10.43 It was evident that the healthcare was an integral part of the service provided to young people at the centre. The staff had an obvious and valued presence in the house units, within the education service, and in the planning processes for young people which contributed to the effective management of the centre.

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 physical environment at Rainsbrook STC was managed to a high standard, and adequate resources were routinely made available to ensure it remained so. • There were well developed procedures for the sharing of management information which were built into procedures. • There were effective systems in place to check visitors and access to the premises, such that it was unusual for contraband to be found within the centre. • There were clear and effective links between the centre's health and safety procedures and the maintenance of good security. • The centre had utilised a system of checking bedrooms during night time periods using electronic apparatus directly linked to the computer. • Every effort was made to make maximum use of all areas of the building. Including providing a therapy room for young people to meet with professional staff when needed. • The procedures for checking and challenging incorrect warrants when young people are admitted to the centre are to be commended. • The centre has gained a "British Safety Council audit five star award" and a "sword of honour" for the quality of its health and safety arrangements. • The centre has clear and concise emergency procedures and fire evacuation procedures. These were tested during a fire in July 2006. The centre was commended by the fire service for the way it managed the fire. 	<ul style="list-style-type: none"> • It was planned that the radios used to communicate with staff across the site would be renewed. • The centre should consider the impact of open radio traffic on the quality of life for young people.
RECOMMENDATIONS	
None	

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- 11.1** Rainsbrook is a large establishment of four house units, accommodating 87 young people, 40 females and 47 males. Since the centre became operational it had been adapted and developed and now has an enhanced unit for 8 sentenced young women and a dedicated three bed mother and baby unit.
- 11.2** The facilities supervisor and a team of nine staff were responsible for the management of the premises and technical services on the site.
- 11.3** There was a comprehensive, detailed schedule for the servicing, maintenance and repair of all technical equipment related to safety and security, CCTV equipment, locks and keys, staff communication devices, fire detection equipment, telephones, heating and lighting. There had been no reported difficulties with the specialist providers contracted to service and maintain the equipment at the centre.
- 11.4** The facilities supervisor, who reported to the director, confirmed that the priority of the facilities team was on maintaining a high-quality environment for young people and the staff team. There was an electronic network system for staff to notify the facilities team of the need for repairs, redecoration and the replacement of minor equipment, light bulbs, plugs etc. There was a reportedly low level of damage by young people to fixtures and fittings across the site. Graffiti was rare and damage that did occur was generally to the mirrors and viewing panels in young people's rooms. The replacement materials for these items was held on site and defects could be quickly remedied.
- 11.5** The team of three engineers and three assistants each had responsibility for specific house units and these arrangements were reported to be working productively and efficiently. The engineers were rostered on call and the facilities supervisor was available on call at all times.
- 11.6** Fire alarm testing, fire drills and contingency planning for emergencies was within the span of control of the facilities supervisor. There was a programme of fire drills and evacuations scheduled across the working day. This information was shared with the director and duty operations manager and not with the staff on the units. This practice ensured that staff responded to fire alarms seriously, following the required procedures in evacuating young people to a safe place in the shortest possible time. A recent electrical fire in one of the house units had tested the procedures. A review had been conducted and there were no safety or security issues outstanding from this incident.
- 11.7** Power failures to the site were not uncommon, the most recent being in the 18th of October. The emergency equipment, generators, batteries and emergency lighting were reported to have functioned efficiently as required, e.g. power was reinstated within the 15 second timescale.

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- 11.8** The facilities supervisor had joint responsibility for the health and safety of young people and staff on the site, including parents and carers, visiting professionals and specialist contract staff. All equipment brought into the centre, particularly small electrical items were safety tested prior to their dispersal across the site.
- 11.9** The centre's facilities, premises, equipment, maintenance etc. was efficiently managed, monitored audited, and routinely reported to the Senior Management Meeting (SMM). Commendably, its activity and outcomes were integrated into all aspects of daily life at the centre, and not seen as separate from the service provided to young people.
- 11.10** A senior duty operations manager (SDOM) managed security at the centre and a team of 8 experienced duty operations managers (DOM's). The main responsibilities of the team were, the management of conflict resolution and coordinating the movement of young people, staff and visitors safely and securely across the site.
- 11.11** The SDOM had a broad span of control which included the supervision of the control room staff who were responsible for all admissions to the centre, this included the search procedures for individuals, young people and visitors and their belongings prior to them being allowed to enter the site .Key management, the use of staff radios, the storage and, if required, the interrogation, of archived CCTV material came within the SDOM's remit.
- 11.12** A schedule was produced daily, which comprehensively identified the activity and movement of young people and staff at the centre. This included the daily routine, the timing of reviews, the title of meetings e.g. Communications, complex cases, SMIM, etc along with the names of visitors and the purpose of their visit. Young people who were leaving the centre for court appearances, police interviews and other planned appointments were also identified. This document was circulated each evening across the centre's electronic information network. This was a useful device which kept staff well informed and appeared to reduce the possibility of confusion about the movement of young people. The value of this approach was reinforced by the unobtrusive way in which the DOM's organised and managed the movement of young people at the centre. Apart from the incessant, intrusive radio traffic, all movements of young people observed during the inspection were handled in a good-humoured manner, and were without incident.
- 11.13** The regular security audits, the programme of searches in the house units, the education and sports facilities and the routine, generally discreet, physical searches of young people were pointed to as the reason for the low level of contraband entering the site. The high-risk areas for contraband were seen to be family visits and the return of young people from court hearings.

On these occasions vigilance was increased and, as a consequence, the admission of prohibited items into the centre was kept to a minimum. Security intelligence reports (SIR) were used to inform the management and operation of the centre. At the time of the inspection there were six SIR's under consideration.

- 11.14** There was a strategy for the control of serious incidents and contingency plans. Procedures were in place for the management of events which had the potential to compromise the security and safety of young people and staff at the centre. There were regular tabletop exercises which dealt with a range of scenarios under the category of a serious incident and were designed to test the contingency and emergency procedures. There were established links with the custodial establishments in the immediate vicinity of the centre, and with the regional and district emergency services.
- 11.15** Rebound and GSL were committed to improving the health and safety performance at the Rainsbrook and Medway STC's and corporately throughout all business areas. Audit tools had been developed to examine the compliance of the centre's management system with the statutory requirements and corporate standards. The corporate and internal audit processes indicated a consistently high level of compliance with the standard required. The thorough, methodical approach taken had resulted in a steady, measurable improvement in all aspects of health and safety in the STC's and in the wider company.
- 11.16** The British Safety Council awarded Rebound and GSL "Five Stars" in recognition of the improvement and high standard achieved during the past year. During the inspection a further award, the Health and Safety "Sword of Honour", was granted by the British Safety Council to the company. It was reported that only a limited number, 40 companies world wide, were considered for this high status award, a fact from which the director and the Corporate Health and Safety Manager drew considerable pleasure and satisfaction.
- 11.17** It was apparent that the maintenance of a high-quality environment, the safety of young people and staff and the control of security of the centre was central to the management of the centre and the delivery of a consistent and reliable service to young people. There were no obvious tensions within the staff group about the need to achieve and maintain high standards across the teams at the centre.
- 11.18** Aside from the limited oversight of the area immediately beyond the secure perimeter, there was little lacking in the centre's systems, procedures and management arrangements. In this respect there was a robust coherence in the quality of care provided and the delivery of the essential tasks of managing the premises, maintaining the technical equipment and the organisation of effective security.

The design of fixtures and fittings in the bedrooms

- 11.19** Inspectors were concerned about the design of the beds, with space underneath that afforded young people the opportunity to hide there, out of sight of staff observing from the door. Conversations with managers and staff confirmed that the design caused problems when young people, often in anger or distress, or both, got under the bed and refused to come out. When this occurred young people could not be seen easily through the viewing panels on the door. This potentially made them vulnerable to injury and staff possibly vulnerable to attack.
- 11.20** The exposed central heating pipe potentially provided purchase and a possible ligature point for those who wished to harm themselves.
- 11.21** The director of Children’s Services for Rebound responded to these concerns, acknowledging that the inspectors were correct in identifying that the original design, which has a heating coil in bedrooms and beds with legs and open space beneath, did have the potential to present risks if the young people are determined to self-harm. However, he was satisfied that Rebound had recognised this potential risk and had a range of safe systems of work in place to reduce and minimise any risks presented. He cited particularly the very careful vulnerability assessment of young people carried out at the point of admission, and the clear procedures for the management of young people considered to present any risk of suicide or self harm (SASH). Since the centre opened, there have not been any issues relating to these bedrooms that have not managed by safe systems of work. The inspectors were satisfied that this was a manageable risk provided the safeguards and risk management described by the Director of Children’s Services were maintained.
- 11.22** The beds in the “enhanced unit” and the mother and baby unit were not to the same design and there were also two modified beds at the centre designated as the “SASH” beds.

Open Radio Traffic

- 11.23** It was planned that the radios used to communicate with staff across the site would be renewed. It was noted throughout the duration of the inspection, particularly in reviews and other meetings, that the radio messages emanating from the sets carried by all staff were often loud and intrusive. Whilst inspectors recognised that the radio communication was an important component of security and communication within the centre, the volume of the radio traffic was unnecessarily intrusive. The centre should consider the impact of open radio traffic on the quality of life for young people. The possible introduction of a protocol for the use of radios

during reviews and meetings involving young people and their parents and carers would be a useful initiative.

11.24 The Director accepted that radio traffic could be disruptive but felt that the location of the review rooms in Central Services and the index offences of the majority of young people required radios to remain on as they provided an emergency call device to call for immediate assistance. He felt that reviews could be emotive and difficult to manage on occasions as young people would often receive news from supervising officers and parents relating to future plans for which they may not agree, or receive other news that could be upsetting.

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 STC's 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 are 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.

- 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 STC's 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)
- 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

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- 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)
- 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 STC's offending behaviour programmes, drawing on advice from external consultants.

Criteria

- 6.1** Each trainee is 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 STC's 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)

Population Statistics

B

STATISTICAL INFORMATION FROM 01.12.04 TO 30.09.06

Table 1: PROFILE OF YOUNG PEOPLE ADMITTED/DISCHARGED (ALL STATUS CATEGORIES)

	Admitted	Discharged
Male	404	402
Female	266	253
Total	670	655

AGE ON ADMISSION

Table 2: Sections 90/91/85/228

Age	Male	Female
13	1	0
14	12	3
15	6	1
16	8	3
17	0	1
Total	27	8

Table 3: DTO

Age	Male	Female
12	1	0
13	18	4
14	113	16
15	51	51
16	17	82
17	0	10
Total	200	163

B**Table 4: Remand**

Age	Male	Female
12	0	0
13	14	4
14	98	15
15	38	25
16	27	51
17	0	0
Total	177	95

ETHNICITY OF RESIDENTS (BASED ON ADMISSIONS TO CENTRE)**Key To Ethnicity****White/W1 = White British****Asian/A1 = Asian Indian****White/W2 = White Irish****Asian/A2 = Asian Pakistani****White/W3 = White Other****Asian/A3 = Asian Bangladeshi****Mixed/M1 = White and Black Caribbean****Asian/A4 = Asian Other****Mixed/M2 = White and Black African****Black/B1 = Black Caribbean****Mixed/M3 = White and Asian****Black/B2 = Black African****Mixed/M4 = White and Other****Black/B3 = Black Other****Table 5: Section 90/91/85/228**

Ethnic Origin	Male	Female
White/W1	16	4
White/W2	3	0
Black/B1	3	2
Black/B3	1	0
Asian/A2	1	0
Asian/A3	1	0
Mixed/M1	1	1
Mixed/M4	0	1
Other	1	0
Total	27	8

B**Table 6: DTO**

Ethnic Origin	Male	Female
White/W1	148	126
White/W2	2	2
White/W3	1	2
Black/B1	8	3
Black/B2	1	2
Black/B3	2	4
Asian/A1	2	0
Asian/A2	2	0
Asian/A3	3	0
Asian/A4	3	1
Mixed/M1	22	14
Mixed/M2	0	2
Mixed/M3	3	3
Mixed/M4	2	4
Other	1	0
Total	200	163

Table 7: Remand

Ethnic Origin	Male	Female
White/W1	110	73
White/W2	3	2
White/W3	5	0
Black/B1	13	5
Black/B2	6	0
Black/B3	4	0
Asian/A1	2	0
Asian/A2	3	1
Asian/A3	1	0
Asian/A4	6	0
Mixed/M1	17	9
Mixed/M2	1	0
Mixed/M3	1	5
Mixed/M4	4	0
Other	1	0
Total	177	95

B**SENTENCE LENGTH****Table 8: Sentence length – Section 90/91/85/228**

Length of Sentence	Male	Female
0-12 months	0	0
13-24 Months	4	3
25-36 Months	10	1
37-48 Months	1	0
49+ Months	9	2
DDHMP	3	0
Recall	0	2
Total	27	8

Table 9: Sentence length – DTO

Length of Sentence	Male	Female
4 Months	52	45
6 Months	31	44
8 Months	29	17
10 Months	7	6
12 Months	37	19
16 Months	3	0
18 Months	10	4
20 Months	0	1
24 Months	2	2
24+ Months	1	1
Recall and Recall plus	28	24
Total	200	163

Table 10: Initial Remand Length

Remand Length	Male	Female
Less than 1 week	82	44
1 week	62	31
2 weeks	14	12
3 weeks	8	2
4 weeks	5	0

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7 weeks	0	1
Date to be fixed	6	5
Total	177	95

Table 11: DETAILS OF DISCHARGES (Sections 90/91/85/228)

	Male	Female
Release Date Reached	2	5
Transferred to YOI	12	0
Transferred to STC	1	0
Transferred to LASCH	5	0
Early Release	3	4
On Appeal/Bailed pending appeal	3	0
Total	26	9

Table 12: DETAILS OF DISCHARGES (DTO)

	Male	Female
Release Date Reached	115	92
Transferred to YOI	15	1
Transferred to STC	3	7
Transferred to LASCH	16	6
Early Release	44	30
On Appeal/Bailed pending appeal	6	14
Other	2	2
Total	201	152

Table 13: DISPOSAL OF REMAND RELEASES

	Male	Female
Did not return from court	111	57
Returned	45	26

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sentenced		
Transferred to YOI	0	0
Transferred to STC	3	1
Transferred to LASCH	8	2
Release on bail application	7	5
Other	1	1
Total	175	92

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

Table 14: Sections 90/91/85/228

Month	Male		Female		Average for month	
	Days	No. Trainees	Days	No. Trainees	Male	Female
Dec 04	0	0	175	1	0	175.0
Jan 05	0	0	0	0	0	0
Feb 05	0	0	0	0	0	0
Mar 05	830	6	0	0	138.3	0
Apr 05	113	1	420	1	113.0	420.0
May 05	134	1	444	1	134.0	444.0
Jun 05	88	1	0	0	88.0	0
Jul 05	22	1	0	0	22.0	0
Aug 05	251	2	532	2	125.5	266.0
Sep 05	472	2	231	1	236.0	231.0
Oct 05	77	1	0	0	77.0	0
Nov 05	0	0	0	0	0	0
Dec 05	200	4	0	0	50.0	0
Jan 06	0	0	268	1	0	268.0
Feb 06	11	1	0	0	11.0	0
Mar 06	91	1	0	0	91.0	0
Apr 06	414	1	0	0	414.0	0
May 06	224	3	0	0	74.7	0
Jun 06	0	0	277	1	0	277.0
Jul 06	265	1	0	0	265.0	0
Aug 06	0	0	216	1	0	216.0
Sep 06	0	0	0	0	0	0

B

Average over 22 months	123.8	285.8	
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**N.B. AVERAGE LENGTH OF RESIDENCE FOR ALL SECTIONS 90/91/85/228
TRAINEES = 164.4 DAYS**

Table 15: DTO

Month	Male		Female		Average for month	
	Days	No. Trainees	Days	No. Trainees	Male	Female
Dec 04	878	8	519	8	109.8	64.9
Jan 05	1239	11	399	4	112.6	99.8
Feb 05	1183	7	188	4	169.0	47.0
Mar 05	523	6	622	7	87.2	88.9
Apr 05	948	11	596	7	86.2	85.1
May 05	672	9	909	8	74.7	113.6
Jun 05	1103	12	328	3	91.9	109.3
Jul 05	470	6	644	8	78.3	80.5
Aug 05	956	9	414	7	106.2	59.1
Sep 05	1108	13	864	9	85.2	96.0
Oct 05	1071	14	340	5	76.5	68.0
Nov 05	566	6	1002	12	94.3	83.5
Dec 05	1258	12	674	11	104.8	61.3
Jan 06	838	11	477	6	76.2	79.5
Feb 06	830	5	634	7	166.0	90.6
Mar 06	577	7	361	5	82.4	72.2
Apr 06	362	4	598	6	90.5	99.7
May 06	770	9	588	7	85.6	84.0
Jun 06	1291	13	385	6	99.3	64.2
Jul 06	1226	12	550	6	102.2	91.7
Aug 06	806	9	901	9	89.6	100.1
Sep 06	602	7	630	7	86.0	90.0
Average over 22 months	95.9		83.0			

B

N.B. AVERAGE LENGTH OF RESIDENCE FOR ALL DTO TRAINEES = 90.4 DAYS

Table 16: REMANDED YOUNG PERSONS

Month	Male		Female		Average for month	
	Days	No. Trainees	Days	No. Trainees	Male	Female
Dec 04	202	6	197	1	33.7	197.0
Jan 05	786	9	177	7	87.3	25.3
Feb 05	741	10	74	3	74.1	24.7
Mar 05	282	7	82	4	40.3	20.5
Apr 05	182	7	126	3	26.0	42.0
May 05	162	7	166	2	23.1	83.0
Jun 05	234	7	243	6	33.4	40.5
Jul 05	345	8	134	8	43.1	16.8
Aug 05	380	5	61	3	76.0	20.3
Sep 05	516	11	260	7	46.9	37.1
Oct 05	381	11	209	5	34.6	41.8
Nov 05	354	8	53	3	44.3	17.7
Dec 05	273	3	61	3	91.0	20.3
Jan 06	273	6	19	2	45.5	9.5
Feb 06	437	10	36	4	43.7	9.0
Mar 06	517	14	136	4	36.9	34.0
Apr 06	213	5	146	4	42.6	36.5
May 06	341	7	131	4	48.7	32.8
Jun 06	246	8	495	5	30.8	99.0
Jul 06	365	12	69	3	30.4	23.0
Aug 06	187	8	82	3	23.4	27.3
Sep 06	147	6	145	8	24.5	18.1
Average over 22 months	43.2		33.7			

B

N.B. AVERAGE LENGTH OF RESIDENCE FOR ALL REMANDED TRAINEES = 39.9 DAYS

Secretary of State letter

C

Date: 18th August 2006

Secretary of State,

Re: Unannounced inspection of Rainsbrook Secure Training Centre 15th/16th August, 2006

Ian Dickson and Linda Christie, inspectors from the secure care inspection team, carried out an unannounced inspection of Rainsbrook Secure Training Centre on 15th and 16th August 2006.

Summary

The inspectors found that, within its responsibilities to maintain the young people in a secure environment, Rainsbrook secure training centre offered an open and transparent regime, which worked hard to ensure that young people were protected and kept safe from their own behaviour and that of others.

The centre team presented as a learning and reflective group, who carefully analysed all aspects of life and practice at the centre in order to improve their services and the quality of care that they were offering to the young people. They presented as sensitive to the needs of young people who find themselves in custody, and have sought to adapt provision to address areas of identified need, e.g. the mother and baby unit, the “enhanced” unit for young women, and the 16+ unit. These were all new initiatives since the last inspection.

Recommendations from this inspection.

1. The centre should consider including a specific policy statement related to the promotion of the privacy and dignity throughout the operations of the centre. This might be included in the centre’s Statement of Purpose.
2. The centre might consider involving young people in some recruitment procedures that would not involve non-vetted candidates having access to young people. For example, consideration might be given to including young people in the assessment of staff already employed within the centre who might be taking advantage of internal opportunities for promotion.

3. The YJB should consider allocating more time for the Performance Monitor to visit the units and make themselves known to the young people.
4. The centre might review the young people's guide to include more details about restraints, sanctions and other disciplinary measures that are used at the centre.
5. The centre should provide further written guidance regarding circumstances when PCC might be used to maintain good order and discipline, for the benefit of its staff.

As the body in whom custodial powers are vested, the centre must be satisfied that it can fully justify any actions taken by its staff, potentially in a court of law, and should offer clear guidance regarding circumstances in which PCC may be used to maintain good order and discipline. .

6. The centre should produce written guidance to identify the different circumstances under which young people might be confined to their bedrooms, and to record and monitor these together alongside the single separation record as part of the centre's Quality Assurance programme.

The Inspection

By agreement with the Youth Justice Board and senior management at Rainsbrook STC, the standards used as a basis for this inspection were derived from the **STC Operational Specifications (Schedule D)** and **National Standard number 10: - "Secure Accommodation"**, from the **"National Standards for Youth Justice Services" (YJB 2004)**.

The standards were mapped to reflect the outcomes identified by Every Child Matters, and only those related specifically to Staying Safe were used during this inspection.

There are 29 sub standards included under Staying Safe. Each of the 29 sub standards was inspected during this visit

Where these sub standards address the same or similar issues, then for the sake of clarity, they have been grouped together under a heading that identifies that issue.

The standards used are attached to this letter as appendix 1.

As part of this inspection, the inspectors spent time with managers, staff and the Assistant YJB monitor at the centre, and at the centre, and visited three units selected at random. Managers and duty staff on these units were spoken with, and records related to Staying Safe were inspected. Young people living on these units also shared their views with the inspectors. At the time of this visit, the centre had increased the number of young people it was able to accommodate from 76 to 87 young people.

Privacy and Dignity (substandard 3)

The promotion and protection of the privacy and dignity of the young people at the centre forms part of the induction training given to all new staff before they are allowed to commence work at the centre.

Respect for the young people, courtesy, good manners and good humour were routine in the interactions observed between staff and young people throughout the inspection.

It is a requirement of the contract with the YJB that all young people undergo a physical search as part of the admission process. They also have to be searched every time they leave the building. The procedure described is as sensitive as possible under the circumstances.

The YJB recently identified that some young people, specifically young women with particular health concerns could avoid a physical search, upon return from a medical appointment.

Directions for staff within the centre were seen included in several of the STC's procedures during this visit, requiring that they be aware of the privacy and dignity of young people. This included the guidance for staff on the physical searching of young people and the guidance on the rights of young people.

Although these individual procedural guidance notes highlighted the need to safeguard the privacy and dignity of the young people, no specific policy statement or reference in the centre's "statement of purpose" to the promotion of privacy and dignity for young people in all circumstances was seen. (Recommendation 1)

Security (sub standards 1, 2, 3, 27, 28 and 29).

There were no issues related to security arising out of this visit.

The centre had clear, explicit and robust policies and procedures in place to ensure that the young people were not able to leave the centre without appropriate authority or supervision. These policies and procedures were known to staff and routinely checked and monitored.

Supervision of young people when entering and leaving the building is stringent. When young people are admitted, security staff decide the level of supervision required after reviewing all the written information provided.

Similar assessments are made to determine the level of staff supervision required when a young person leaves the building for any reason.

The maximum number of staff to one young person would be 4 to 1. In addition, if a young person were considered to present an extreme risk of escape, they would be placed in handcuffs. Approval for this would be required from the STC director, and any decision to use handcuffs would be monitored by the YJB monitor.

This is an occasional rather than a regular procedure. A 'police information form' is completed, which includes a picture of the young person taken on the day of admission.

There were clear policies and procedures to maintain security systems such as keys, radios and alert systems, that staff were aware of and routinely following.

The staff team had detailed procedures to guide them when searching young people, their property and their bedrooms. These procedures also covered the searching of communal areas, visitors, staff, goods and mail entering and leaving the centre. The outcome of searches was routinely recorded, and the young people spoken with knew about the rules covering searches. Young people are told during the admission procedure that they will be searched and the process explained to them. They are also told that their rooms will periodically be searched.

All visitors are searched and monitored whilst in the STC.

To ensure the centre maintains a high standard of security searching in the buildings, including bedrooms the guidance and procedure has recently been improved. It is proposed that care staff form 'search teams' and are responsible for searching on different units. A new format for recording the searches has been developed, with maps of rooms on which any issues could be recorded. The staff team are routinely reminded about the importance of checking the fabric of the building, such as windows, locks, walls, floors and ceilings. Regular security audits are carried out.

The CCTV monitoring system has been upgraded to a digital system in High Definition (HD) Colour, recording in real time. This is a considerably improved system that enhances safety and security. Twelve additional cameras had been installed across the site. The Security Officer and the director can view the recordings on the CCTV and the security officer can copy aspects of the recordings and give to other agencies, such as the police, if requested.

New members of staff are not allowed to work at the centre unless they have successfully passed a seven week induction training period, which includes the requirements of security. They are constantly reminded of security procedures by experienced and senior staff.

Although there is no explicit refresher training for staff in security, the centre's security officer regularly issues security bulletins to staff if there were any issues, or if there have been any changes. For example, a bulletin was recently issued across the site to ensure the staff were aware of changes and additional measures resulting from the new building, and the placement of mothers and babies at the centre.

Throughout the course of this inspection, staff were seen to be highly diligent about security issues, and all movements of young people around the centre were carefully coordinated and managed.

There were also clear and explicit procedures to address any actual or threat of breaches in security, with practised contingency plans in place that were known to staff. The inspectors were advised that there had not been any significant breaches in security.

A new security system had been installed since the last inspection, which triggers an alarm if any set of keys is taken too close to an exit door.

Arrangements are in place to ensure young people's personal property is secured safely. Items young people are not able to keep in their bedrooms are stored in an appropriate room with staff allocated to ensure security. All valuables are appropriately logged and stored in a safe.

Health and Safety (Sub standards 4, 5 and 6).

There were no issues related to health and safety arising out of this visit.

“Rebound” has a health and safety manager who is responsible for providing guidance and training on all health and safety matters. Regular health and safety audits are undertaken and guidance provided for staff. This is usually in the format of a health and safety bulletin. The deputy director said that the appointment of a well-trained and experienced health and safety specialist had considerably improved awareness and practice in relation to health and safety.

The centre's health and safety policies were routinely reviewed and updated as necessary. The centre has an explicit health and safety statement that complies fully with statutory requirements, and the staff were aware of their responsibilities.

Detailed emergency contingency plans were found to be in place, that included evacuation plans in case of fire. Each office and living area has a notice posted on the wall to remind people in that area of their fire evacuation point.

Regular desktop exercises are carried out each month to test understanding of the procedures. Security systems are regularly tested. A report is produced of the programme of desktop exercises every six months and presented to managers. If a live exercise occurs this is included in the report. In April the centre had to deal with a fire in one of the units. This was caused by an electrical fault in a TV. The evacuation procedure worked well and the building was cleared quickly. A review was undertaken of the incident, risk assessments carried out and health and safety bulletins issued immediately afterwards to provide further guidance for staff.

A contingency plan was in place in case of a flu pandemic. This is to be commended, as most agencies are just beginning to consider this as a possible emergency situation.

Fire evacuations were carried out monthly at different points across the site. Consideration has been given to holding a fire evacuation drill when young people are in their bedrooms,

but there is concern that this would prove too disruptive to the young people during night time periods.

The centre management were reminded during the visit of the necessity for night staff to be trained and competent to deal with fires and emergencies at night. A recent fire was thought to have started at about 07:00 in the morning. An early morning exercise might address this training need, possibly at weekend.

The centre ensures local emergency services are consulted and informed of any changes. They were consulted most recently during the building of the Oxfordshire Block.

The local fire service visit at least twice a year for a familiarisation exercise, they also send new staff to visit the site. Inspectors were told that a fire crew was due to visit the centre in the near future to familiarise themselves with the new “mother and baby” unit and any arrangements in place there in the event of emergency.

There is also a police liaison officer allocated to link with the centre.

Apparently, the only emergency service with whom the centre does not have an agreed protocol is the local ambulance service. The centre is on the border of Northamptonshire and Warwickshire and the inspectors were told that it is not clear which authority has responsibility for the centre. Given that the centre is now accommodating young babies, a further approach might be made to the local ambulance services to identify and agree a clear protocol to clarify who will respond in an emergency.

Vetting for suitability of new staff (Sub standard 7)

There were no significant issues related to the vetting for suitability of new staff arising out of this visit.

The centre has very stringent recruitment and selection procedures. All applicants interested in positions are able to see what is expected of them on the Rebound website, which states that the company adhere to “Choosing with Care” principles.

Applicants receive detailed information about the recruitment process, which includes the process for screening, and the need for disclosure of any convictions. Applicants to work at the centre receive information about the offences that would disqualify them from working with children, and advised not to apply if they have been convicted of any of these offences.

The thorough vetting and selection procedure include an initial interview with a manager who tests attitudes and values, and decides if the candidate should proceed to the next stage. This then involves further testing at an attendance centre, including psychological testing, verbal reasoning and numeracy reasoning.

Applicants are asked to participate in role-play with young actors. This is intended to give young people some involvement in the recruitment process, in accordance with the

Choosing with Care principles. The young actors are asked to offer an opinion about the candidates, including ‘how they made them feel’.

The GSL vetting department interview the candidates, and carry out employment history checks for the previous 10 years of employment. Three references are sought for each applicant, and the vetting department contact at least five other people known to the candidate either by telephone or in person.

The references are shared with the YJB performance monitor (or assistant). The YJB monitor indicates if the person is unlikely to be suitable to hold the powers of custody officer, but judgement of the suitability of candidates to do their job rests with the centre.

The YJB monitor awards the candidate the Custody Officer Certificate after seeing references, appropriate clearances from the Criminal Records Bureau, and receiving approval from GSL’s vetting department.

Recruitment procedures covered most of the expected aspects of “Choosing with Care”, but did not involve young people from the STC.

Managers within the company advised inspectors that this was not possible because only successful candidates could be allowed inside the secure perimeter. Accordingly, the young people could not be used as part of the vetting process for all candidates.

Also, there was some concern about the size of some of the groups being recruited.

There was also concern about people posing as job applicants in order to gain access to the site or to gain information about young people who may have a high profile. This would clearly present an unacceptable risk.

The centre might consider involving young people in some recruitment procedures that would not involve non-vetted candidates having access to young people. For example, consideration might be given to including young people in the assessment of staff already employed within the centre who might be taking advantage of internal opportunities for promotion. (Recommendation 2).

There is clear guidance for staff about whistleblowing, including posters around the building reminding them of their duty to report any potential child protection concerns. This includes a statement about the Public Interest Disclosure Act that reminds staff that they have a legal right to make disclosures to external bodies.

Potential harm to young people (Substandards 22, 23, 25 and 26)

There were no issues related to potential harm to young people arising out of this visit. A new SASH procedure had been implemented since the last inspection. This was a thorough process providing clear and detailed guidance for staff.

All young people are risk assessed at the point of admission, which includes an initial mental health screening. They receive a scoring based on information about previous incidents, or concerns about the young person's emotional state during admission.

If a young person is assessed as being at risk of self-harm, this automatically triggers a risk management plan to address any identified issues. The young person would be subject to regular monitoring, and multidisciplinary reviews would take place each week to monitor progress and re-evaluate any identified risks.

The multi-disciplinary team, including representatives from all departments, meets to discuss all young people where there are concerns about the potential for them to harm themselves.

A SASH book is opened, and a record kept of all monitoring and incidents. This is reviewed by the SASH meeting. This meeting ensures that appropriate support plans are developed for each young person where this is a concern. This includes a management plan for staff to ensure they are clear how the young person is to be kept as safe as possible, and includes details about routines for bedtime settling, checking of clothing etc.

The weekly SASH meeting also discusses all young people where there is concern about bullying or other vulnerability and they review all new admissions in the previous week. All new admissions are placed on five minute watches during the first week of admission. If a young person is assessed as a danger to others a risk management plan is developed with clear guidance for staff.

The centre also has very robust and explicit anti bullying policies and procedures that operate alongside the SASH procedures, and which include individual management plans to confront bullying. The plans involve confronting bullying openly and directly, and graduated responses from staff based on progress review. As with the "SASH" procedures, progress in challenging identified bullying behaviour was carefully monitored, recorded and reviewed.

Two young people spoken with during the visit were on management plans as a result of bullying behaviour. Both were aware of the plan, why it had been imposed, and the expectations upon them to change their bullying behaviour.

It was clear talking to staff and young people that bullying was not tolerated, and was vigorously addressed.

The centre has initiated a Restorative Justice initiative to address and reduce potential conflict between young people, or between staff and young people. This involves a trained worker working with each party to facilitate greater insight into their behaviours, and encourage compromise and reconciliation where possible.

Managers and staff on duty spoken with were very optimistic about the benefits of this initiative, which was complementing the anti bullying strategy.

Child Protection (Sub standards 24, 25 and 26)

The centre has developed its child protection procedures considerably since the last inspection. There are very clear and explicit procedures in place, which have been shared with the staff team. The staff team now receive introductory training into child protection during induction, and will have refresher training annually.

Staff members spoken with during visits to the units confirmed this.

The deputy director takes the lead on child protection issues and sits on the Local Safeguarding Children's Board in nearby Daventry.

The centre's complaints procedure requires that any allegation received in the form of a complaint through the complaints procedure is forwarded directly to the deputy director. The YJB employ "Voice" to be an independent advocacy service for young people placed at the centre.

Any concerns raised with the independent visitors from Voice (who visit twice weekly,) are similarly forwarded directly to the deputy director.

The deputy director meets with the coordinator from Voice at two – monthly intervals.

Under normal circumstances, any allegations or complaints that involve child protection issues go directly to the deputy director, and she initiates appropriate child protection procedures in liaison with the local team and the police. Clearly, alternative arrangements could be made if circumstances deemed it to be appropriate.

There is a very close liaison between the deputy director and the senior manager in the local child protection team, who meet at least at quarterly intervals to review child protection issues.

Staff from the centre have joined the local child protection team for training, and all the training assistants have received additional child protection training in the last six months.

The YJB Monitor is routinely advised of any allegations against staff or other child protection allegations, and retains a record of these, and how they are addressed.

Information provided by the Assistant YJB monitor revealed that there had been 15 allegations received from young people in the 12 months prior to this visit that were dealt with under child protection procedures. Ten of these involved concerns by the young person about the use of physical restraint. The centre uses an approved form of restraint known as Physical Control in Care (PCC). Only one of these complaints resulted in a strategy meeting, which resolved after investigation that no further action need be taken. Nine were resolved informally, a further two were withdrawn, and two more found no case to answer. No further action was taken on the remaining allegation following investigation.

The centre's new digital CCTV and electronic room alarm systems allow for clear pictorial evidence to be retained of person's entering rooms and for detailed electronic and printed records to be kept of room checks upon young people under supervision. These were commendable initiatives that promoted child protection as well as improved supervision.

Child protection issues were clearly being taken seriously, dealt with transparently and closely monitored, reviewed and recorded.

Complaints management and advocacy (Sub standards 17, 18, 19, 20 and 21)

There were no issues arising related to complaints management following this visit.

The centre's complaints procedures and practice are well developed, transparent and carefully monitored. Complaints are clearly taken very seriously, reviewed and assessed for any discernible trends, and as part of the centre's "quality assurance" systems.

The young people are advised about their rights to complain and the complaints procedure at admission, and user friendly "info" cards and the centre's young person's guide give details of how complaints may be made and contact people.

Complaints procedures are also included in the centre's "Statement of Purpose". An independent visitor from Voice visits each unit twice weekly, and will assist young people to make complaint and represent them if requested.

There are telephones available from which the young people may phone "Voice" or other outside help agencies such as Child Line and their numbers are made available to the young people.

Each unit has a red post box for complaints, with blank complaint forms in a communal area so that young people may complete and post their complaint discreetly without the need to refer or depend upon staff members. A duty operational manager empties the post boxes daily, and their contents delivered to the head of care.

The procedure allows up to seven days for an initial response to complaints, but the head of care said that he would usually seek to respond within 48 hours to advise the complainant about actions to be taken to address their concerns, and how the complaint will be investigated.

Any complaint that identifies any child protection concerns is immediately passed to the deputy director to be dealt with under child protection procedures.

Where possible, the head of care said that he would try to get complaints resolved informally on the units, often through the unit meetings that take place twice each day.

The head of care reviews and analyses all complaints to look for any trends, and to monitor the cause of the complaint, who is involved in making the complaint or is the subject of the complaints. All complaints are recorded and routinely evaluated by senior management and the YJB monitor.

A visitor from Voice was seen during this visit. She said that she was given unrestricted access to young people during her visits, and found the staff to be cooperative and helpful.

She was able to assist young people with complaints, and sat with two young people on the day of this visit to discuss a concern that they had.

She said that she found the complaint procedure to be fair and transparent. The Voice coordinator meets with the deputy director regularly to discuss any issues of current importance and maintain an overview.

Three young people were spoken with about complaints. All knew how to make complaints, and felt able to use the procedure without fear of any sanction or repercussion. Staff on each of the units visited were also very familiar with the complaints procedures.

One route by which young people are advised they might make complaint is through the YJB monitor. The monitors see all newly admitted young people, and will see young people who request to see them.

The assistant YJB monitor said that she tries to visit each unit when she can, but the limited hours available to her and her colleague make this difficult to achieve. The monitor works two days each week, and the assistant monitor works 25 hours each week.

The YJB should consider allocating more time for the Performance Monitor to visit the units and make themselves known to the young people. (Recommendation 3)

Behaviour Management (Sub standards 8, 9, 10, 11, 12, 13, 14, 15 and 16)

There were no significant issues arising related to behaviour management following this visit.

The amount of time during which young people might routinely be confined to their rooms is prescribed by the YJB. This is between 21:30 hours in the evening and 07:30 hours in the morning. Evidence seen during this visit suggested that this was the case at Rainsbrook, and discussions with staff members and young people and inspection of records confirmed these arrangements.

At the time of admission, young people are shown a DVD, and the expectations the centre has of them explained. If for any reason they are unable to see the DVD at admission, it is shown to them later on the unit. They also spend time with a member of unit staff during their first day at the centre and are given a detailed briefing about the centre and what will be expected of them. The YJB monitor also visits all newly admitted young people.

The young people are given a Young People's Guide and "info" cards that detail the expectations further. The guide details the code of conduct expected of the young people, and the incentive bonus scheme that is in operation. However, one young person told the inspector that the Guide

does not offer much detail about the sanctions that might be used, or about restraint or single separation.

The centre might review the young people's guide to include more details about restraints, sanctions and other disciplinary measures that are used at the centre. (Recommendation 4)

The young people receive very clear advice about what is expected of them, and compliance is positively rewarded by advancement through the incentive bonus system. There is a range of potential incentives available through the scheme to encourage and reward compliance. These rewards are detailed in the Guide and in information displayed in each of the units.

As well as individual incentives in the units, there are other incentives awarded for good performance in Education, and also communal awards, such as “unit of the week”, which also bring tangible rewards for compliance. Certificates to recognise “unit of the week” were seen displayed proudly on walls in the units, to acknowledge achievement and encourage healthy good humoured competition.

The incentive bonus scheme offers a medium through which the staff team are able to reward and encourage young people to achieve, and also allows recognition and praise to be offered.

During the inspection, the inspectors noted that relationships between individual members of staff and young people were cordial and good humoured, and the main incentive used by the team to encourage compliance was approval and praise. Positive relationships between staff and young people were used to negotiate and encourage young people to comply with requests made of them.

Where there were issues, these could be addressed through the daily unit meetings, or through the Restorative Justice initiative if more serious.

All staff are trained in safe physical restraint techniques during the initial training programme, and receive refresher training in PCC twice a year.

The use of PCC is very closely and carefully monitored by the YJB monitor and by the centre’s quality assurance manager. The QA manager produces monthly statistics and analysis of the use of PCC across the centre to monitor its use, identify circumstances in which it is used, and ensure that it is used appropriately. Managers monitor the use of PCC each month at a meeting for that purpose.

The quality assurance manager produced written information and statistics that indicated that the average monthly use of PCC had fallen in the 12-month period between January and December 2005 to a monthly average of 47.75 a month compared to previous years. The average monthly number of PCC’s in 2004 was 56.83, and for 2003 was 63.00. There were 22 uses of PCC in June 2006, and 19 in May 2006. Based on these statistics, the use of PCC appeared to be consistently falling.

Discussion with staff on the units confirmed that they were receiving refresher training in PCC twice a year.

The recording of the use of PCC on each of the units visited was reviewed. It was found to be generally full and detailed.

PCC has been approved for use to prevent young people from escaping, hurting themselves or others, damaging property or inciting other young people to engage in any of these activities.

Discussions with staff members during the inspection suggested that the circumstances in which PCC might be used to maintain good order and discipline were not sufficiently clear. One member of staff spoken with said he would be personally reluctant to use force to move a young person who was not presenting a threat or inciting others, but was refusing to comply with a legitimate instruction.

The head of care and other staff spoken with on the units were clear that they would always seek to use negotiation and persuasion in all cases to gain compliance, and this was reinforced by the statistics produced by the centre and observations during the visit.

The centre should provide further written guidance regarding circumstances when PCC might be used to maintain good order and discipline, for the benefit of its staff. As the body in whom custodial powers are vested, the centre must be satisfied that it can fully justify any actions taken by its staff, potentially in a court of law, and offer clear guidance regarding circumstances in which PCC may be used to maintain good order and discipline. (Recommendation 5).

The records of the use of sanctions were inspected on the three units visited. Sanctions recorded presented as appropriate, and the records were maintained and monitored appropriately.

Information provided by the QA manager for June 2006 indicated that there were five incidents of single separation that month, and that there were no incidents of single separation following PCC in May 2006. Records on one unit showed that there had not been any incidents of single separation since December 2005. On another unit, there was one recorded single separation in July 2006 most recently, and two recorded single separations in June 2006.

Discussion with staff and young people on the units revealed that young people did spend time locked in their rooms on a number of occasions which were not regarded or recorded as single separation, but recorded elsewhere.

For example, if a young person chose to go to their room and asked to have the door locked, this was classed as elective separation and recorded separately as such.

Staff said that they might ask a young person to go to their room to calm down or because they were misbehaving, and if the young person complied and went to their room, this was regarded as directive separation and recorded elsewhere as such.

On the day of this visit, two young people on one unit were on a management plan to address their bullying behaviour. They were not allowed to go out on the grounds for

recreation with the group, and were locked in their rooms whilst their peers went out. This was not recorded as single separation.

C The same young people were being educated on their unit as part of their agreed Individual Education Plan (IEP), and were locked in their rooms to do their work during parts of the school day. Because the young people had agreed to the plan, this was also not regarded or recorded as single separation.

Although all these episodes of young people choosing to be or being placed in their rooms were recorded, they were not regarded as single separation. Discussions with some staff on one unit revealed some confusion about the definition of single separation.

It would be helpful if the centre could produce written guidance to identify the different circumstances under which young people might be confined to their bedrooms, and to record and monitor these together alongside the single separation record as part of the centre's quality assurance programme. (Recommendation 6)

When young people are singly separated, the records indicated that they were observed and monitored appropriately and the observations recorded. The electronic monitoring systems installed by the centre to bedroom doors allows for the staff to record the observations accurately in a way that can be effectively and independently monitored by management. This is clearly a valuable and commendable safeguard for both young people and staff.

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Alongside this inspection, an inspection of the newly opened Oxfordshire Unit and the Ledwell unit was carried out.

The Oxfordshire unit is the new unit for young women with babies that opened on 31st July 2006.

It is a well designed building providing adequate space and resources for young people and staff. There are large open living areas with comfortable furniture. The design of the building allows as much natural light as is possible. The young women are able to choose a number of items such as cushions, curtains and pictures to soften the living and bedroom areas even further.

The newly opened mother and baby unit, has good resources for both young mothers and the babies, including outdoor areas for babies to get fresh air and eventually play outside. The atmosphere was very good in this unit, with two happy babies.

The Ledwell unit was the newly opened enhanced unit for young women. The unit was full, accommodating eight young women, who were still settling in at the time of this visit.

The staff and resident groups were still forming, and there is still work to be done to establish expectations, other than the basic rules for all young people within the centre.

The young people said that they did not all want to move and the managers were unable to admit eight young women who enjoyed an 'enhanced' status.

C The residential service manager (RSM) in charge of the new units also has other duties managing another unit at the centre. At the time of this visit, that unit was experiencing some challenging behaviour from young people.

The staffing levels in both units were good.

As far as we were able, we have tried to ensure that the contents of this letter are factually accurate. If you are aware of any errors or omissions, please do not hesitate to contact me.

Yours sincerely

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Ian Dickson (Mr)
secure care inspector

Appendix 1

“Staying Safe”

Each person who lives in, works in or visits the Secure Training Centre do so in conditions which ensure their personal safety and security.

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 intended outcomes for these standards are:

1. Appropriate security measures operate at the STC to ensure that young people in custody there are not able to leave the confines of the STC without due authority and/or supervision by staff, or without having adequate arrangements in place for their supervision by a third party. All young people, staff and visitors to the STC are safe at all times. (STC Operational Specification (Schedule D), YJB National Standard 10.51; NMS 26)
2. All breaches of security are promptly investigated and any shortcomings rectified. (YJB National Standard 10.56)
3. Subject to the need for security, the privacy and dignity of the young people is respected and preserved. (STC Operational Specification (Schedule D), YJB National Standard 10.24; NMS 9)
4. There is a health and safety policy statement that fully meets all statutory requirements and staff are aware of their responsibilities for health and safety. (STC Operational Specification (Schedule D), YJB National Standard 10.53; NMS 26)
5. 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. (STC Operational Specification (Schedule D); YJB National Standard 10.57; NMS 26)
6. Local authorities and emergency services are regularly consulted and involved in drawing up, testing and revising emergency and contingency plans. (STC Operational Specification (Schedule D); NMS 26)
7. All applicants for jobs at the Secure Training Centre have successfully passed the require checks, and offers of employment are made subject to satisfying the relevant vetting requirements. No employee is allowed access to young people until full employment vetting has been completed in accordance with the *Choosing with Care* recommendations. (YJB National Standard 10.5; STC Operational Specification (Schedule D))

8. Young people are not locked in their rooms more than 14 hours a day; this should fall to 10 hours as resources permit (younger children will need more time in bed). In exceptional circumstances, where risk or behaviour warrant it, the Governor/Director may abrogate this standard in individual cases. (STC Operational Specification (Schedule D); YJB National Standard 10.32; NMS 22)
9. Each young person is aware of the conduct expected during the period of detention. This is supported by an incentives and sanctions scheme. (YJB National Standard 10.18; NMS 22)
10. Good order and discipline is maintained and promoted by staff through appropriate supervision of young people and understanding of instructions on the maintenance of good order and the application of sanctions. (STC Operational Specification (Schedule D); NMS 22)
11. Systems of roles, incentives and sanctions are published and explained and understood by all staff and young people and there is evidence that they are consistently and appropriately applied. (STC Operational Specification (Schedule D); NMS 22)
12. 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. (STC Operational Specification (Schedule D); NMS 22)
13. Staff using force must have had appropriate up-to-date training. (YJB National Standard 10.21)
14. Physical restraint must be used only as a last resort and then following approved, accredited methods. The minimum necessary force must be applied and incidents documented, recorded and audited. (YJB National Standard 10.20)
15. Each episode of physical restraint, single separation or the application of sanctions is separately recorded in permanent form. (STC Operational Specification (Schedule D); NMS 22)
16. Young people placed under single separation are checked in accordance with statutory rules and regulations. (STC Operational Specification (Schedule D); NMS 22)
17. There is a complaints procedure that provides young people with the opportunity to make complaints about their custody and treatment in the secure training centre. This procedure is clear, published and free of discrimination. Young people must be free to raise complaints without fear of sanction. (STC Operational Specification (Schedule D); YJB National Standard 10.25; NMS 16).
18. All complaints are treated confidentially and are investigated thoroughly and speedily. (STC Operational Specification (Schedule D))

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19. Staff dealing with complaints provide at least an interim response within seven days and a full response within 21 days. This takes into account the possibility of third party failure. (YJB National Standard 10.26)
20. Young people 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. (STC Operational Specification (Schedule D); NMS 16)
21. Systems are in place to monitor the incidence and outcomes of complaints. (STC Operational Specification (Schedule D); NMS 16)
22. All young people are assessed for risk of self-harm and suicide on arrival (YJB National Standard 10.13).
23. Special provision and oversight is provided for those identified as vulnerable, including those at risk of self-harm. (YJB National Standard 10.34).
24. The Secure Training Centre has a published child protection procedure in place that was drawn up in conjunction with the local area child protection committee; this procedure is followed whenever there is an allegation of child abuse in the establishment (YJB Minimum Standards 10.27).
25. The STC has specific policies and practices for keeping young people 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'. (STC Operational Specification (Schedule D); NMS 17, NMS 18, NMS 27)
26. The STC has in place an anti-bullying policy and ensure it includes keeping records that are regularly audited and reviewed. (YJB National Standard 10.52)
27. The STC has written procedures for searching and other security activities that should be made explicit to the young person on arrival. (YJB National Standard 10.54)
28. All staff and volunteers working in the STC have been trained (including regular refresher training) in security. (YJB National Standard 10.55)
29. Arrangements are in place to ensure the personal property; including any valuable items belonging to young people is stored securely during the period of custody (YJB National Standard 10.58).