

Inspections of secure training centres

Inspection of Medway STC

Report published: 13 June 2017

Overall effectiveness	Inadequate
The safety of young people	Inadequate
Promoting positive behaviour	Inadequate
The care of young people	Requires Improvement
The achievement of young people	Requires Improvement
The resettlement of young people	Requires Improvement
The health of young people	Requires Improvement
The effectiveness of leaders and managers	Inadequate

Inspection dates: 06 to 10 March 2017

Lead inspector: Sheena Doyle

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The survey of young people:

- survey summary and methodology
- Medway secure training centre survey findings
- comparator between this survey and all STCs.

Overall effectiveness	Inadequate
<ol style="list-style-type: none"> 1. Medway STC remains inadequate overall, although the centre has made steady progress in a number of areas since the last inspection. The detailed reasons why the centre remains inadequate are contained within the body of this report and are not all replicated in this section. 2. The transfer of responsibility from the private company G4S to the National Offender Manager Service (NOMS) in July 2016 entailed a wholesale upheaval of responsible employer for the incumbent staff, with the exception of a very few senior staff. At that point, the incoming governor and her team appreciated the significant scale of the changes required to be made to the centre. The most important challenge was the need to quickly establish appropriate behavioural norms between staff and young people while keeping everyone safe. The governor also understood that changing cultural norms was not easy and could not be achieved quickly, despite its urgency, and required a multi-faceted approach. 3. Some critical actions have occurred swiftly, while others remain outstanding. Remedial fire safety measures have had to be taken to make the bedrooms safe. In contrast, NOMS was unable to account for all of the keys on handover from G4S, and a number were missing. Many locks are faulty; a situation that was evident at the last inspection, and which requires addressing urgently to ensure the security of the centre. Full critical incident and contingency planning remains outstanding and, therefore, the safety of the centre continues to be compromised. 4. The centre's transformation plans, with 13 plans allocated to senior staff to lead, and sitting under an over-arching plan, are at different stages of completion. Not all action points from the plans have completion target dates or an outline of the stage of progress. It is not evident what progress has been made in some areas because the reasons for some actions are not specified; therefore it is not clear what the completion of some actions has achieved. 5. Inspectors are aware that many initiatives soon to be implemented are intended to address key weaknesses outlined in this inspection report. This includes the recruitment of restorative justice co-ordinators, restraint co-ordinators, and the creation of a well-being centre to re-house a variety of health-related services. A centre-wide IT infrastructure should ensure that all staff can access up-to-date information about the young people they are caring for and be able to record incidents better. However, none of these measures are in place yet, resulting in some significant shortfalls outlined in this report. In particular, a temporary fix to a problem with the IT situation has failed to provide an adequate short-term solution. A permanent solution is planned, but in the meantime aspects of the centre's day-to-day functions have been badly affected. 	

6. Occupancy at the centre has been kept low since the last inspection, with under 20 young people resident each month and the figure falling to 11 young people in September 2016. It is now just under 50% of a maximum occupancy figure of 76. It is concerning that last month, when admissions rose, an increase in the number of restraints and fights was seen. This suggests that the recovery of the centre is still fragile and those responsible for placements in the secure estate for young people must give careful consideration to any increase in occupancy without clear evidence of more stability. Consideration must be given to: the competence and confidence of all staff; compliance with suitable policies and procedures, including recording and reporting on incidents such as assaults and restraints; careful analysis of performance data on behaviour management; and feedback from young people. At present, the centre does not provide full performance reports either to NOMS or to the Youth Justice Board (YJB).
7. Upskilling the workforce, the vast majority of which were G4S employees, is a significant challenge. It is encouraging that a foundation degree course in youth justice has attracted considerable interest from the workforce, although only a small proportion will be able to benefit from this. Currently, the only mandatory training has been in relation to refresher restraint and safeguarding, although education staff have received more safeguarding training than NOMS employees. The safeguarding training course only lasts a day, so cannot be regarded as anything more than a basic building block. Increasing knowledge and competency across all levels of the workforce is essential. Alongside this, the practice within NOMS of custody officers not receiving line manager supervision, which includes supervising how they manage the young people in their care, does not align with best practice in other open and secure childcare environments. There is not a clear fit between NOMS job descriptions, employee expectations and knowledge about best practice and what works with those aged 18 and under.
8. Communication across the centre is under developed, with many staff saying they do not know what is happening about the many changes and developments underway. Senior managers acknowledge this shortfall and a communication strategy has been drafted, although it is yet to be launched. Communication with young people has improved and the youth council and girls' group are both positive initiatives. However, young people are beginning to express frustration with what they see as a lack of response to the issues they are raising.
9. Recruitment continues to be difficult and vacancies remain. Applicants respond to a generic advertisement for prison officers, not specifically for secure care officers for those aged under 18, although they can specify their institution of choice. Currently, only one recruit is proceeding through the prison officer entry level training. New national arrangements to recruit prison officers, including site visits and the opportunity to speak with existing staff, are being trialled locally, including at Medway STC. Although the recruitment and assessment day includes more scenarios about young people and entry level training is adjusted

to take account of the young people's estate, it is not clear that this will adequately prepare staff for the different demands of working in a STC. This is a new venture for NOMS and the legislation, statutory rules, and expectations are different as they are derived from childcare and human rights legislation and covenants. The fact that the vast majority of residents are legally children affects all aspects of care and security and it is not clear how this will be embedded.

10. Good links with the neighbouring young offender institution (YOI) and the various NOMS specialists based there mean that the centre can benefit from their expertise as well as from economies of scale with regard to training and other initiatives, which is sensible. However, the practice within the prison estate of staff covering shifts or having longer periods of secondments in other establishments also requires careful consideration for the reasons outlined above. A number of staff from other prison establishments are currently working at Medway STC. If prison service staff such as those employed at the adjoining YOI are not aware of children's legislation, statutory guidance and the STC Rules, then there is a greater risk of accidental breach and therefore of young people's safety and welfare being compromised.
11. The behaviour of young people and staff appears to have improved since the last inspection, and inspectors witnessed respectful, good humoured and useful discussions between staff and young people. Inspectors agree with senior managers that progress made so far is positive, but that there is more to do to fully embed good quality and consistent, secure childcare practice and management across the centre.
12. This inspection report sets out a number of recommendations. These should not be regarded as the only matters that require addressing. All of the findings detailed in this report should be used to inform future plans.

Recommendations:

Immediately:

- Ensure that arrangements to deal with safeguarding concerns are robust, prompt, underpinned by clear, up-to-date policies and procedures, agreed with local external safeguarding partners and supported by escalation arrangements.
- Ensure that arrangements to care for young people at risk of suicide or self-harm are thorough, take full account of risks in all parts of the centre, and are regularly reviewed by sufficiently senior managers to ensure continuing suitability and to carefully balance young people's dignity with intrusive measures required.
- All relevant staff should be aware of those young people with health conditions who require modification of permitted restraint holds in order to keep them safe.

- Improve oversight of use of force so that all incidents are reviewed and poor practice is identified and addressed.
- Ensure that healthcare staff receive formal support and supervision in line with the health trust's policy.
- Ensure that the healthcare physical environment is safe and clean and cross-contamination risks are minimised.
- Identify and assess young people at risk from sexual exploitation or radicalisation and set out effective plans to mitigate these risks when possible. Ensure that all staff can recognise and know what to do with concerns about potential radicalisation or exploitation.
- Clarify the roles of staff, including unit staff, and ensure that they are aware of relevant information about young people in their care to promote safety and continuity and consistency of plans.

Within three months:

- Ensure that the centre's emergency and contingency plans are thorough and effective.
- Ensure that the healthcare complaints system is accessible, young person-friendly and confidential.
- Senior managers should ensure that all incidents of violence are reported, sanctions are monitored and that the incentives scheme is consistently implemented.
- Improve contract and performance management arrangements in education.
- Continue to improve the quality of teaching, learning and assessment.
- Reduce the proportion of unauthorised absences from education.
- Ensure that young people receive prompt feedback in relation to their suggestions for improving the centre and that they are satisfied with the outcome of complaints.

Within six months:

- The Ministry of Justice should work with other government departments to ensure that young people leaving custody are provided with appropriate accommodation in good time for their release.
- Improve arrangements for gathering and analysing data to ensure that all young people are being treated fairly and initiatives do not have unintended consequences, such as the adverse treatment of particular groups of young people.
- Ensure that bullying is tackled effectively.

- Ensure that the security intelligence reporting (SIRs) system is confidential, auditable and regularly monitored by senior managers.

Service information

Medway secure training centre (STC) is one of three functioning purpose-built STCs. It is managed by the NOMS, which assumed responsibility for the centre on 1 July 2016, taking over from G4S. The STC offers secure accommodation for up to 76 male and female young people aged between 12 and 18 years who have been sentenced or remanded in custody. The YJB commission 67 bed spaces. On-site healthcare is commissioned by NHS England, with the Central and North West London NHS Foundation Trust providing the service. Education is provided on-site by Nacro. At the time of the inspection, 29 young people were resident at the centre.

Inspection findings

The safety of young people	Inadequate
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- Safety and security remains inadequate. Practice, management oversight and governance arrangements are lacking in areas, and are impacting on the potential safety of young people, and these are set out below.
- Young people's vulnerability is assessed upon admission, resulting in appropriate care plans being developed for staff to implement. At the time of inspection, one young person was the subject of full suicide and self-harm procedures. However, the suicide and self-harm plan lacked sufficient details to guide staff in how to maximise the young person's safety in all areas of the centre, and at all times of the day and night.
- Staff can observe young people while they are in their rooms, through glass blocks built into the walls. This viewing panel facility carries high risks to young people's privacy and creates a potential for misuse. Staff spoken to were clear that this is only used when there are serious concerns about a young person, for example in relation to self-harm. However, the facility's use is not subject to robust governance and its use was not specified in the suicide and self-harm plan, although staff confirmed it has been used in practice. The written procedure is not fit for purpose and is not followed in practice. It says that staff will notify the control room if viewing panels are used and this will be recorded; no such records exist. The policy also states that close circuit television (CCTV) footage will be retained and a senior manager will check records and footage to ensure that there is no improper use; again, there are no records of such checks. On the last day of the inspection, a directive was issued to staff to end the use of this facility and this is a positive step.
- Security arrangements remain inadequate. There is a lack of understanding and knowledge at senior levels, leading to the potential for significant concerns to remain unaddressed. There have been several safety and security breaches that have impacted on the care of young people as well as the management of staff. For

example, staff members have brought prohibited electronic items into secure areas. Inspectors were told that discussions were held with the staff involved but there are no records of the actions taken to reduce the likelihood of reoccurrence. Young people have been able to watch television channels containing explicit sexual adult content. Senior managers have taken steps to address this and commissioned a permanent solution to avoid reoccurrence, but this is not yet in place. The lack of auditing and recording systems has meant that horticultural tools have gone missing and staff were unaware of the loss or the discrepancy between the log of items and the actual items in situ.

17. Bullying is tackled by a system of bullying logs. Since July 2016, the centre has opened 31 bullying tracking logs and six full bullying logs, when concerns have been confirmed, in order to gather evidence and monitor behaviour. In five logs, there is insufficient or no detail about why they were opened, nor do they set out the outcomes. These logs remain incomplete despite being open as far back as August 2016. The logs do not show what work was done with the young people who were victims or perpetrators of bullying. Centre managers confirm that direct work with young people about bullying has been withdrawn recently and is currently under review.
18. Specific arrangements were established for dealing with safeguarding concerns from January 2016, and following the launch of a police enquiry after a television documentary featuring the centre was aired. It was agreed that all issues of concern should be referred promptly to Medway local authority's designated officer, who is the single point of contact for the joint investigation. This has left a legacy of arrangements that are not satisfactory or compliant with statutory guidance. Clear processes and procedures have not been re-established between the centre, the local authority and public protection police specialists about safeguarding referrals and management of ongoing processes. This has led to delays in concerns being investigated and forensic and other evidence not being captured or reviewed promptly. Young people and staff have been left in situations of uncertainty for too long, and concerns are not investigated promptly to determine likely causal factors and what is needed in the immediate- and short-term to protect both the young person and any staff involved.
19. Child protection records are inconsistently completed. Chronologies lack important details. The files lack information. For example, when there were discussions about what should happen to staff during ongoing investigations, not enough detail was given about that justification of the decision. This means that staff continue to work with young people without a clear record of risks having been fully considered and agreed by an appropriately senior manager. When external agencies have not responded to safeguarding referrals, this is followed up, usually by an enquiring email. However, there is often too much delay in chasing agencies and the enquiring emails do not always get a response. There is no guidance about what should happen in these frequent instances. There are no details of procedures outlining agreed escalation arrangements, for example. All of this contributes to delays in ensuring that young people are adequately safeguarded in a timely manner.

20. The safeguarding team at the centre has been expanded, which is positive. However, the senior lead person has no previous experience or qualifications in safeguarding children. Other designated NOMS staff and those being mentored into safeguarding support roles also lack suitable experience or relevant qualifications. In contrast, the education service has a designated safeguarding officer and education staff have received training.
21. Regular meetings take place to consider matters such as the use of force, self-harming behaviour, anti-bullying, complaints and safeguarding referrals. These meetings appropriately include external partners such as public protection police and the local authority designated officer. However, the minutes do not include any analysis or action points to assist in developing and improving practice, for example facilitating external scrutiny and developing better ways of joint working. It is not clear that these meetings achieve anything meaningful.
22. External safeguarding meetings are convened with the police and local authority designated officer when safeguarding concerns have been raised about individual young people. These are appropriate and are essential to progress matters. They do not, however, occur in all cases where the threshold is met.
23. Restraint handling plans, intended to inform staff of young people who have medical conditions that could be adversely affected by approved restraint holds, are in place for all young people living at the centre. While this is well intentioned, the approach makes it more difficult for staff to remember the young people of most concern who have medical conditions that could be adversely affected by restraint holds. A number of staff working with the young people are unaware of the contents of these plans and the implications for practice. Unit staff are hindered further by the lack of IT: these plans are stored electronically so cannot currently be accessed on the unit.
24. Contingency plans are in place for security or safety issues, but only three desktop exercises have taken place since the last inspection to test effectiveness. There is no evidence of any live exercises taking place with emergency services.
25. A security intelligence reporting system (SIRs) remains in place. Staff report these matters on loose-leaf records. This system is not tamper-proof, which means that there is no assurance that all matters come to the attention of a manager at an appropriate level. Senior managers confirmed that there is no analysis of SIRs to identify any trends, themes or patterns that require wider or strategic actions. This matter was reported at the most recent inspections of secure training centres.
26. The centre has introduced a risk-led approach to searching, which is an improvement. In our survey, 88% of young people said they were treated with respect when being searched. The room used for searching young people is satisfactory, although there are still outdated procedures on the walls, which may confuse young people who are being admitted and who do not know what the rules of the centre are. One full search has taken place since the last inspection. The record of this was not provided to inspectors despite it being requested, so we are unable to confirm that full searching is conducted in accordance with suitable standards of privacy and respect.

27. Searching of staff has improved. Random searches of staff take place, are overseen by a dedicated security officer and records are kept. Prohibited items found on staff are appropriately recorded. However, it is not clear what action is taken with those members of staff and how this is followed up to prevent re-occurrence.
28. The use of handcuffs for those young people who need to leave the centre for specific visits, for example, medical assessment, is subject to appropriate risk assessments, management oversight and recorded rationales.
29. The centre still lacks CCTV coverage in areas where young people have consistently reported feeling unsafe, such as stairwells and the education block. Inspectors were assured that CCTV coverage is shortly to be extended across the centre and is included in the improvement plan.
30. Education staff have received training in the implications of the Counter Terrorism and Security Act 2015 and 'Prevent' duties, but this does not extend to other staff across the centre. They have not been trained, and this affects their ability to spot potential indicators of concern or tackle young people appropriately. Policies and procedures are lacking. Responsible senior managers lack training and show little awareness of the risks and their concomitant duties. The governor and his deputy are aware of the issues and of their responsibilities. They have links with relevant professionals and external agencies, which means that matters of concern are referred and addressed. However, the potential risks posed by identified young people are not implemented well enough. One plan specified that a young person should have fully supervised internet access, but inspectors found that the education staff were not aware of this.
31. Of the young people who completed the survey, 95% stated that they were well looked after by staff on their journey to the centre. Senior managers at the centre say that appropriate vehicles are used to transport young people and would raise any concerns with the YJB. Records are not kept at the centre of the types of vehicles used, so this cannot be verified.
32. Ninety-two percent of the young people who completed the survey felt safe during their first night at the centre. Some comments from young people included, 'I felt welcomed' and 'The staff and other young people were very welcoming'.
33. The centre has introduced a new process of completing a questionnaire with young people after admission. This asks a range of questions about their experiences in the first 24 hours at the centre. Ten recent questionnaires were seen by inspectors, and young people's comments were positive.

Promoting positive behaviour	Inadequate
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34. Many of the significant failings in behaviour management at Medway continue. Managers have delivered some improvements, including a relaxation of prohibitions about contact between young people. The controlled movement between different buildings, such as the education block and the dining hall, was calm and young people

were well-behaved. The confidence of frontline staff has improved, but many young people and staff spoken to by inspectors expressed frustration about inconsistencies in the approach to behaviour management. In addition, there are significant gaps in the oversight and management of this area; staff are unclear about how the incentive and sanctions scheme operates and inspectors are not assured that all instances of poor behaviour are challenged or recorded. As a result, inspectors do not have confidence in the centre's data on violent incidents. It is a concern that the number of incidents involving violence and use of force has risen significantly as the population has started to rise.

35. Residential staff do not have sufficient information about the young people in their care to effectively manage them. In part this is caused by a very poor IT infrastructure that can only be accessed by managers. A workable interim system has not been implemented to enable staff to have access to relevant information regarding the young people in their care. This includes basic information about risk management, as well as information regarding significant events and recent behaviour, both good and bad.
36. The incentives and sanctions policy has not been updated since the previous inspection, but it continues to have the potential to be an effective motivational tool. In principle, the behaviour of each young person is monitored by staff in education and on residential units, and they award between zero and four points in a range of different categories. The policy states that the average points total should be calculated each Friday to determine the incentive level that a young person will be on for the following week. Young people on the higher levels receive more money for tuck and have greater access to televisions and radios in their rooms.
37. The incentives scheme is poorly implemented. At the time of the inspection, residential points were still being awarded but were not being taken into account when incentive levels were set. This reduces the ability of residential staff to effectively manage behaviour because, in the absence of awarding meaningful points for good behaviour, they have to resort to threatening or issuing sanctions: they have a stick but no carrot. Many unit staff still record these points each shift, which is a waste of effort. In addition, inspectors found examples of young people who continually displayed poor behaviour on residential units but who nonetheless remained on the top level of the incentive scheme. This is de-motivating for other young people and staff.
38. Staff are able to issue sanctions in response to poor behaviour. These sanctions range from the loss of evening activities or access to the dining hall to the loss of all privileges for up to 72 hours. As with incentives, there is inconsistency in application and recording. The sanctions books do not contain sufficient information about the behaviour that resulted in a sanction, not all sanctions are recorded by staff, and management oversight is poor. In some cases, managers did not sign sanctions books for several days. Sanctions data is not collated to monitor patterns and trends.
39. Individual support plans (ISPs) are used for young people who need extra help to address vulnerabilities or poor behaviour. At the previous inspection, these plans often included short-term rewards for young people who struggle to work toward medium-

or long-term goals. This element has been withdrawn, and has left a gap in provision for this group.

40. There were four ISPs in operation at the time of the inspection and they were ineffective in changing behaviour. Young people subject to ISPs, and in some cases the staff caring for them, were unaware of the targets that had been set. Monitoring logs are not consistently completed. Unit staff do not regularly attend reviews, which means managers' decision-making is mostly informed by incomplete paperwork.
41. Recorded use of single separation, a tool for keeping a young person in their room for up to three hours, is relatively low. However, since the previous inspection, the centre had introduced restricted regimes for those young people who cannot safely mix with other young people. Centre records show that 16 young people have been subject to a restricted regime, which meant that they were not allowed out of their rooms to go to education classes, the dining hall or to evening activities when the young person(s) they were in conflict with was/were also out. This has the potential for young people to have inadequate time out of their room and to limit the time they spend in the open air to 15 minutes a day. Centre managers do not sufficiently monitor how these plans are implemented in practice to be assured that all young people undertake an adequate regime.
42. Oversight of incidents of violence is poor. Senior managers understand the need to record all incidents in order to reduce overall levels as well as help them to understand the impact of the changes they are implementing. However, there is no accurate record of violent incidents. The safeguarding and security teams both record different types of violence, orderly officers and unit staff do not record all incidents and the incident reporting system is not used effectively. As a consequence, the centre is unable to provide an accurate record of violent incidents or injuries that have taken place over the previous six months.
43. Inspectors do not have confidence in the figures reported to the YJB and to NOMS. No records have been maintained at the centre for incidents of violence for several months from July 2016, although the YJB received data at that time. This means that it is not possible to assess the progress made since NOMS has been managing the centre and it is particularly concerning given the recent history of this institution.
44. Restorative justice is no longer regularly used to resolve conflict, but there are plans to introduce mediation between young people. While some conflict resolution is undertaken by unit staff, there is an absence of structured support for young people who are victims of violence.
45. Force and restraint records were not maintained between July and October 2016. Since then, in the four months prior to this inspection, force and restraint were used an average of around 20 times a month. This average figure masks significant changes between months. The increase in population immediately prior to the inspection led to a significant rise in incidents, which reached 40 in February 2017. This was a high figure given the population of young people living at the centre, which is relatively small despite the recent increase in numbers.

46. Body worn video cameras (BWCs) are now issued to all frontline staff. However, the cameras are not always switched on when they should be, and footage is not always reviewed. The centre has significant weaknesses in the governance of use of force, predominantly caused by a shortage of minimising and managing physical restraint (MMPR) coordinators. As a consequence, debriefs are not always carried out with young people, footage is not always reviewed and BWC footage (which includes audio) is rarely available at the weekly 'use of force' meeting. These weaknesses cause delay in actions taken to address poor practice. Four MMPR coordinators are in the process of being appointed, which is a positive development, but they have not yet completed the training to carry out this role.
47. Strategic monthly and quarterly safeguarding meetings are designed to oversee the delivery of MMPR and measures to reduce violence. However, minutes of these meetings show that the data presented is not sophisticated or robust enough to underpin effective analysis.
48. Inspectors reviewed documentation, CCTV and BWC footage, where available, for 15 incidents. In the majority of incidents, force was used appropriately to prevent injury to young people and staff. However, some practice requires improvement. Inspectors saw examples of poor communication between young people and staff. Incident management also requires improvement to avoid unnecessarily prolonged restraints.
49. There have been five serious injury or warning signs (SIWS) identified during restraints. All consisted of young people complaining that they could not breathe. These were appropriately referred to the national MMPR team for investigation. SIWS investigations reviewed by the national team frequently commented on the poor practice of staff and managers at Medway, in particular poor incident management.
50. During the time period that records were available for, pain inducing techniques have not been used on young people, which is positive.

The care of young people	Requires improvement
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51. The care of young people is improving. Initiatives including the refurbishment programme, the girls' strategy, and the development of the admissions unit are having a positive impact and establishing a solid foundation from which the care of young people can continue to improve. Managers and staff are realistic about how much they have improved, given the significant challenges that existed in July 2016. Managers recognise the need to consolidate existing improvements while making further progress, particularly in a context of rising occupancy.
52. Relationships between young people and staff appear to have improved significantly. There is a more relaxed but respectful atmosphere in the centre than experienced during previous inspections. Young people were generally complimentary about staff and they expressed confidence in the support provided by secure care officers and case managers. A large majority of young people knew they had particular staff allocated to them, but some did not understand what this meant in practice. This

confusion is unsurprising given that inspectors found that many secure care staff were unclear about their roles and responsibilities since changing from keyworkers to secure care officers, with the same staff using different job titles to describe themselves, for example personal officers. Some staff did not know whether they were still expected to deliver interventions to young people.

53. Young people are provided with useful information about the centre when they first arrive. This includes the 'Welcome to Medway STC' booklet, which is now written in child-friendly language. However, when describing the delivery of interventions, the document still makes reference to the role of the keyworker, a title and role that no longer exists. This adds to the confusion about roles and functions described above.
54. Following their admission, young people now spend some time in the recently opened assessment unit before being fully integrated into the centre. This is intended to provide young people with high levels of support, help them to settle in, complete initial assessments, begin care planning, and ensure that the young person understands expectations in the centre. The availability of peer mentors makes a helpful contribution to the settling in process. Young people are positive about the time spent in this unit. One young person said, 'I didn't know what to expect and thought it would be like a prison here. I was scared but it is nothing like that. I was made to feel welcome from the start and what staff taught me has helped me when I moved across to this unit.'
55. Case managers are effective conduits between young people and external professional staff and family members, encouraging family members' attendance at young people's reviews. Young people are also encouraged to attend and contribute to decision-making. Unit managers routinely attend these meetings, but key information is not always disseminated to, or remembered by, lower grade unit staff. This impacts negatively on young people's continuity of care and the implementation of care plans.
56. The ongoing refurbishment and redecoration of the residential units is positive and was desperately needed. At the moment, most units lack pictures and soft furnishings to reduce the institutional feel, but inspectors are advised that young people will be involved in the future. Young people are encouraged to take pride in their unit. The expectation that they will keep it clean and tidy is embedded and is part of the daily routine. The same is true for bedroom care, which is an improvement since the last inspection.
57. Sufficient importance is attached to developing the centre's approach to caring for girls. A senior manager has responsibility for developing the girls' strategy, including suitable methods of care. Current practice is based on learning from visits to other female-specific secure establishments. Small but important changes have already been made to routines. For example, data about menstrual cycles is being collected in order to proactively provide support when girls are more likely to need it. Links have been established with Working Choices, a restorative recruitment service for girls, and this has the potential to help them integrate back into the community upon their release.
58. Translation services are available for young people who speak English as an additional language. Young people can access interpreters on the phone when necessary.

Occasional delays occur, usually because of interpreter availability and the difficulty in identifying particular dialects, but staff make good efforts to communicate with the young person in other ways. The Welcome to Medway STC booklet is only available in English and is not available in the other languages most frequently spoken.

59. Young people have more opportunities to mix with each other, such as when they are moving around the centre, eating meals and taking part in activities, and this is an improvement. Young people are encouraged to interact calmly with each other and with staff.
60. Diversity and equality reporting forms are available to and are used by staff and young people. Completed forms are reviewed by a senior manager and responses are proportionate to the severity of the issue. However, there is a need to ensure a centre-wide approach to the promotion of equality and diversity. While single incidents are addressed, there is no strategic analysis or forward plan. For example, data is not collated and analysed to identify any inequitable outcomes for young people from different minority groups in order to reduce discrimination and to help shape future practice.
61. There has been a significant improvement in consultation with young people since the last inspection. New forums, such as the girl's community meeting and the youth council, enable young people to influence the day-to-day running of the centre. The youth council claims influence over a changed rule which allows young people to wear trainers on the unit and on food being available during family visits. Youth council members also claim influence on the development of a new initiative of family days, due to be trialled shortly. The youth council is a good initiative for promoting and facilitating inclusion, but it is undermined by a lack of senior management attendance. In a meeting attended by an inspector, there was a clear sense of frustration from young people because they had repeatedly raised issues that weren't responded to by senior staff.
62. Complaints arrangements have improved but still have some weaknesses. Young people know how to complain and no young people said that they were concerned about making a complaint. Complaints forms are available on each unit and completed forms are collected daily by a member of the safeguarding team rather than the unit manager. This has improved confidentiality and may also have helped to improve confidence in the process. Since July 2016, there have been 98 complaints recorded. The accuracy of this figure is questionable as shown when one young person raised a concern in the survey that was followed up by an inspector. There was no written record of the complaint made by the young person, although senior managers confirmed it had been made. Further enquiries confirmed some actions had resulted, but the young person regarded the matter as unresolved. Further actions were immediately promised from a senior manager. Although this is only one example, it highlights that the number of complaints may be higher than is currently recorded. The quality of investigations has improved, with most young people receiving a written response setting out how issues have been resolved. Records of complaints are incomplete as they do not note whether the young person is satisfied with the outcome. In a small number of cases, outcome letters have been sent out prematurely to young people before matters have fully concluded. Records show that matters are

followed up but young people are not always kept informed. Better oversight and use of the complaints spreadsheet would avoid this shortfall.

63. The Barnardo's advocacy service is well publicised throughout the centre. Young people know who the advocates are and how to access their support. New arrivals meet an advocate as part of their induction and every young person who has been restrained is spoken to afterwards by an advocate.
64. Arrangements for faith observance are appropriate and there is regular support for the faiths most commonly represented by the centre's population. The centre's chaplain is visible and accessible to all young people, irrespective of their faith or none. Other faith leaders are available to support young people in their chosen religious worship.
65. Innovative and proactive good care was seen when senior managers enabled a young person to visit their very ill parent in hospital at considerable distance from the centre. This involved complex logistical arrangements and demonstrated sensitive consideration of the young person's circumstances and emotional well-being.

The achievement of young people	Requires improvement
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66. New commissioning arrangements were introduced in August 2016, with the voluntary organisation, Nacro, being contracted for one year to provide education and manage three subcontractors. Since then, managers and staff have made good progress in attending to previous weaknesses and have moved quickly and enthusiastically to introduce improvements. Staff relate well to Nacro's vision of education, playing a key role in resettlement and rehabilitation. The new arrangements enjoy good support from the governor.
67. Reforms are being introduced incrementally, but they remain largely untested and their impact is not sufficiently evident. The short length of the contract, of one year, awarded to Nacro inhibits future planning. The shortness of the contract is creating pressure to move too rapidly, thereby not allowing initiatives time to settle and consolidate.
68. Contract and performance management of the education provider require improvement. The governor and senior managers meet regularly to support and guide the work of Nacro at this formative stage, but the process is not underpinned by appropriate performance indicators and targets. Centre managers lack the tools to challenge Nacro managers, to measure the effectiveness of the contract, or to set specifications for forthcoming contracts. This weak monitoring impedes Nacro managers' ability to devise their own internal targets and to take action when targets may be missed.
69. The generally good rapport that exists between education staff and young people provides a good backdrop to support learning. The majority of young people engage well in class and achieve a positive outcome from their time in education, ranging from developing key social skills, to GCSE or vocational qualifications. During the inspection,

they participated fully in team games in physical education. In horticulture, they were receptive to instructions on how to prepare the ground for a forthcoming project. Young people were at ease when reading aloud in an English lesson, voluntarily referring to the dictionary during a classroom discussion. A minority of young people, however, were reluctant to participate and gained little from lessons.

70. Generally, teachers are enthusiastic and encouraging. In the best sessions, teachers managed the more verbose class members effectively. They used questioning well to enable young people to understand concepts and draw on young people's previous knowledge. They used information learning technology to support learning. However, teachers and support staff failed to engage a minority of students. Managers also acknowledged weaknesses in classroom practice in relation to assessing young people's progress.
71. There is not yet in place a sufficient cohort-wide data set to provide senior managers and external agencies with an accurate picture of overall education progress. Managers' own analysis accurately identifies weaknesses in the teaching and embedding of English and mathematics, in how effectively teachers tackle low level poor behaviour and in the tracking and the use of data. Managers have plans to improve the situation.
72. Attendance is now 80%, with a further 19% registered as authorised absences. The 19% figure is high and more oversight and scrutiny is needed to ensure that only unavoidable appointments occur during the education day. Managers have introduced measures to ensure that young people who are not formally attending education have a viable alternative, or are helped to gradually return to the classroom on a planned basis. Again, this is a new process and worthy of continued review.
73. Education staff attend regularly and contribute well to healthcare reviews, resettlement and other individual planning and review meetings. Their attendance ensures that information they have about individual young people is shared with the multi-disciplinary team and informs care planning. However, it is concerning that for two young people, education staff did not have sufficient information to manage the risks of self-harm in one case, and in the other case were unaware of a prohibition on internet access.
74. Information, advice and guidance in relation to training and employment form a coherent part of the centre's overall resettlement programme. Resettlement staff support young people well in planning their next step through, for example, a specialist charity providing supported work experience for young women. Plans to extend release on temporary licence (ROTL) more effectively to enable young people to access external opportunities are in progress but, for good reason, not yet in place. Young people have access to careers advice appropriate to their length of stay and aspirations.
75. Since the previous inspection, Nacro managers have implemented arrangements for external scrutiny. These processes provide good levels of professional support and challenge. Managers have prioritised improving the standards of teaching and learning, primarily through a programme of observations. This observations programme has

been well received and developmental, but feedback provided to teachers does not always not give appropriate consideration to the unique challenges faced in a secure setting.

76. Teachers are generally well briefed about individual young people's safeguarding needs in order to plan lessons, and young people are risk assessed before being permitted to follow certain courses. However, managers across the centre and within education are not liaising sufficiently well to ensure that all safeguarding information is shared in sufficient detail in order to protect young people's safety wherever they are in the education unit.
77. Currently, the curriculum provides a core of English and mathematics, personal and social development and limited vocational options. However, a new curriculum is being developed. It is at an early stage and being introduced gradually, which is appropriate, but means it is too early to test its impact. There is a sound logic to the proposed curriculum, which is being designed to broaden the vocational offer, ensure access to a core curriculum, accommodate long and short stays and be personalised. Resources have been committed to its implementation through the employment of specialist vocational teachers and modifications to premises, for example in construction.
78. Teaching and support staff report favourably on the changes that have been introduced. They are positive about the range of training available to them, which they view as helpful and well-focused on their classroom practice. Increasingly, teachers are able to attend neighbouring schools and colleges to update their professional knowledge and create fresh links.
79. Special educational needs provision is well managed. Initial assessments are thorough and identify the barriers that young people may have to learning and where there is a need for specific targeted support. SEN staff liaise with other specialists in the centre to enable young people to access, for example, specialist psychological services. They are proactive and initiate reviews in order to collect information from previous schools or settings.
80. Enrichment opportunities through activities, such as the Orpheus Trust's performing arts project with young disabled people and a summer arts award, are well received by young people and contribute much to their education. A good proportion of young people choose to be involved. Although these are positive initiatives, young people report that, on a daily basis, they have insufficient opportunities for sport and recreation. Senior managers acknowledge this shortfall, and plans to broaden opportunities by deploying youth workers and new PE staff are at an advanced stage. However, these staff are not yet in situ so it is not possible to comment on their impact.

The resettlement of young people	Requires Improvement
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81. Changes to staffing since the last inspection have impacted on the delivery of work on resettlement but commitment to the work remains high. Young people's resettlement

needs are identified from the point of admission and are considered regularly through the remand and sentence planning review process. Initial planning meetings take place promptly and then at regular intervals while the young person is at the centre. Initial planning is informed by pre-sentence reports and electronic information provided by community-based youth offending teams (YOTs). Local authorities are notified when a young person in their care is admitted to the centre and statutory reviews take place. In some cases, planning is impeded by confusion about the responsible authority. Four local authorities declined to accept responsibility for a young person admitted during the inspection.

82. The casework team maintains good contact with external professionals and with family and carers. Feedback gathered during the inspection from family members and external professionals was mostly positive about the centre and the level of communication they experienced from centre staff.
83. Caseworkers organise regular multi-disciplinary review meetings, which involve the key people involved in supporting the resettlement process, including family members. Young people continue to have the support of Nacro resettlement brokers, who work with them to, for example, apply for college courses and complete CVs to apply for jobs or attend interviews with employment agencies. Review meetings review the young person's progress and link sentence planning with post-release provision.
84. While all young people have a training or remand management plan with relevant targets to work towards, they are not given a copy of the plan or their targets. This lessens the likelihood that they will remember what the plans and targets are and be less likely to focus on achieving them. In a change since the previous inspection, unit staff no longer complete key-work sessions on offending behaviour with young people. While this may be appropriate, it has also had the impact of weakening the links between unit staff and resettlement activity. There is a lack of active involvement in training as well as remand review meetings between secure care officers and supervising officers to ensure that they are all an integral part of the planning and review process that drives young people's care and progress at the centre.
85. Effective oversight of the casework team is in place. Team meetings allow discussions of emerging concerns about a young person's resettlement needs to take place, and, if necessary, be escalated with external partners. The relationships developed as a result of the centre's continued involvement with resettlement consortia for the geographic areas that young people most often come from help with this. Quality assurance takes the form of random sampling of cases. Since the last inspection, the centre has become part of a NOMS casework managers' forum that discusses resettlement issues common across the NOMS young people's estate and facilitates the sharing of good practice.
86. The reduction in the size of the resettlement team means that some elements of good practice, for example regular follow up with young people released from the centre, is no longer routinely undertaken. Similarly, centre staff do not attend community reviews for young people released as often as they used to. Follow up data that the centre had been able to collate indicates that 57% of young people released in 2016

successfully completed the community part of their sentence without breaching licence conditions or reoffending.

87. During the inspection, around a third of the population had a sentence of three years or longer. As well as growing older, these young people mature in terms of their familiarity with the centre, but currently live alongside a more transient population. Several of the young people with longer sentences will become adults while in custody, which makes their resettlement needs different. The centre recognises that some young people move to other places of custody rather than being released and staff are beginning to prepare them better. Moving to adult prisons is discussed with young people well in advance of their likely transfer, and links with receiving prisons are developing. Some young people have been visited by staff from the receiving prison, and others have had advance contact with their future offender supervisor. At a minimum, the centre ensures that relevant information about the intervention work undertaken with the young person is shared with the receiving institution. Equal care is taken to prepare young people who transfer within the secure juvenile estate to, for example, secure children's homes.
88. Caseworkers are aware of those young people who are likely to be subject to Multi Agency Public Protection Arrangements (MAPPA) on release. Written contributions to MAPPA panels are comprehensive, and whenever possible caseworkers attend external MAPPA meetings.
89. Some of the other arrangements to manage risk and protect young people, staff and the public need more attention. Staff and managers are insufficiently familiar with the steps that should be taken to address and prevent radicalisation of young people. There are appropriate mechanisms in place for young women who are thought to be the victims of, or vulnerable to, child sexual exploitation and there is evidence that these mechanisms have been used, but there is nothing clearly in place for young men. The health team has provided training to some staff in recognising and managing inappropriate sexual behaviour and there are plans to deliver this to the whole staff group. This is urgently needed given the behaviour exhibited by some young people, which is currently being responded to and managed inconsistently. Inspectors are not assured that arrangements to share information about risk within the centre are robust enough; for example, information about a particular young person not being alone with female members of staff.
90. Young people experience interventions that address their offending behaviour from a number of teams within the centre. Sequencing meetings have been introduced to enable the assessed needs of young people to be met in a coordinated and planned way by these teams. All young people take part in weekly sessions delivered as part of the education curriculum that address pro-offending attitudes and active citizenship. The health team provides substance misuse support, one-to-one sessions to support emotional well-being and interventions to young people who have committed sexual offences. Since the last inspection, the centre has introduced the use of accredited and approved interventions in use across the NOMS young people's estate. These are delivered by trained facilitators and this is a positive step forward. However, the team is not yet fully resourced and, as a consequence, cannot offer any group work. Because delivery of one-to-one interventions is resource intensive, the number of

young people who can be worked with at any given time is also limited, meaning some may have to wait longer to access the intervention they need. Given that careful management is required in order to meet young people's intervention needs currently, this will become increasingly untenable if the occupancy of the centre increases further.

91. In our survey, 50% of young people said that they knew where they would be living when they left the centre, compared to 81% in other STCs. The lack of suitable accommodation is a significant issue for some young people at the centre, as it is for young people elsewhere in the secure estate. In spite of timely discussion of resettlement plans and the efforts of their caseworkers and Barnardo's advocates, for too many young people, a place to live is only identified close to their release date, and in some cases only after the young person had been helped to obtain legal support. Of the 11 young people released between July 2016 and March 2017, three had their addresses identified on their day of release and another five in their last two weeks at the centre. The remaining three returned to their family home. Late identification of accommodation hinders work in other crucial resettlement areas, such as securing appropriate education or training placements. It also has a detrimental impact on the emotional well-being of the young people involved, creating consequential but avoidable behaviour management issues.
92. As part of preparation for release, the centre is making more use than previously of ROTL. Effective joint working between education, resettlement brokers and caseworkers identifies suitable opportunities for young people for whom ROTL is appropriate. These opportunities include attending interviews, taking exams, and viewing accommodation prior to release. One young person attends an apprenticeship in the community on a daily basis, providing a template for other young people of what can be achieved.
93. The centre recognises the importance of young people having contact with family, carers and friends outside the centre as part of resettlement. Arrangements for young people to make and receive telephone calls has improved. Telephones are now kept in bedrooms unless safety concerns dictate otherwise. During approved times, young people can make one free call each day and have unlimited incoming calls that are no longer time-limited. A number of relatives spoken to were very positive about this and said it helps to reassure them that their child is OK.
94. Weekly family visits are better facilitated, although it remains inappropriate that the length of the visit is determined by how far the visitor has travelled. Improvements have been made, such as access to toilets in the visiting area and the availability of high quality refreshments during visits. Further structural improvements are planned, evidencing senior managers' understanding of the importance of family contact. Enhanced visits are available for specific needs, such as contact with new brothers or sisters. Eight young people benefited from enhanced visits in 2016. A flat is available for families who need to stay overnight, but this has only been used once since the last inspection. On this occasion, good use of ROTL was made to allow a young person to spend time in the flat with family in preparation for release.

95. The volunteer visitors' scheme is a small but important resource. It is currently used by a few young people who do not receive any visits. The chaplain is in the process of recruiting additional suitable volunteers in preparedness for increasing occupancy.

The health of young people	Requires improvement
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96. Age-appropriate services are delivered by an integrated primary care and mental health team, which includes regular agency staff. Recruitment is ongoing and nursing vacancies are filled by competent temporary staff, who offer continuity of care. However, current staffing arrangements, particularly in primary nursing and substance misuse, may not be sufficient to meet the needs of a larger number of young people, should occupancy at the centre increase.
97. The physical space available to healthcare is limited and the single GP/treatment room failed infection control checks. The room is visibly grubby and dirty, and houses a main computer server. It has become more cramped since the last inspection, with optician services being added in. Cleaning schedules were seen by inspectors, but there is no evidence that these are having the desired impact. The room is often accessed by non-healthcare staff for non-clinical tasks, adding to the difficulty in maintaining acceptable minimum standards of cleanliness. The room is not fit for purpose and there is a significant risk of contamination. Inspectors are aware of the plans for relocating health services into suitable accommodation and were told that the building work to achieve this is due to commence shortly. However, this room is the only facility currently available for consultations in the centre. Healthcare staff have raised concerns about this, the matter has been escalated to senior managers and recorded as an incident several times on the Datix Patient Safety system.
98. Healthcare staff have a good understanding of the needs of the young people and generally engage them well. They have good awareness of their safeguarding responsibilities. However, primary care staff are not in receipt of regular formal recorded clinical or managerial supervision, which is a shortfall. Healthcare staff try to attend all multi-disciplinary meetings. However, this is often difficult logistically, which limits their ability to influence the care and support that young people receive.
99. Young people have access to a range of services, such as substance misuse, psychologist services, immunisation clinics, opticians, dentists, physiotherapist services, podiatrists and sexual health services. In our survey, 64% of young people said that healthcare services are good, which is the same as the STC comparator, and 86% state that they can see a nurse/GP if they are ill, which is slightly lower than at the last inspection (94%).
100. Initial health assessments are completed for all young people upon their arrival by means of the nationally recognised Comprehensive Health Assessment Tool (CHAT). Immediate care plans are put in place when issues are identified. Further sections of the CHAT covering physical and mental health, neuro-disability and substance misuse are also completed and generally within the expected timescales. There is good contact with families and other agencies, such as external GPs, to obtain further information

about the needs of the young people. However, most care plans are generic and are not sufficiently individualised to each young person, which does not provide assurance that specific needs are being met. Daily record keeping on the electronic patient records system, SystmOne, is of a high standard, with evidence of multi-disciplinary input into the centre's forum for risk management. Relationships between healthcare staff and other staff across the centre are much improved compared to the previous inspection.

101. The primary care team is responsive to young people's needs and there are minimal waiting times for clinics or other services. At the time of the inspection, there was less than 50% occupancy, thus reducing the demand for all services and prescribed medicines. Additional pharmacy support and podiatry and physiotherapy services have been commissioned in response to the previous inspection findings. The dentist offers a mobile service every other week, the GP attends weekly, and on alternate weeks a female GP comes to the centre. This is particularly important for the young women, who most often prefer to be seen by a female health professional when discussing personal issues.
102. Access to primary care, mental health and substance misuse interventions occurs in different ways. Young people are escorted to the treatment room in healthcare to have their physical health needs assessed or met. However, they are seen in the education unit for mental health and substance misuse interventions. The lack of privacy in education sometimes causes disruption, for example young people being jeered by their peers for attending such appointments. This also makes it more difficult for the clinicians to engage meaningfully with the young people because they are unsettled and distracted.
103. It is positive that few external health appointments are cancelled due to non-attendance (DNA). However there are frequent DNAs and late arrivals for internal appointments. Although some of these are due to young people refusing to attend, others are due to insufficient staff being available to escort young people.
104. A consultant psychiatrist leads an effective child and adolescent mental health service as part of the integrated healthcare team. There are five members of staff, including an art therapist, a clinical psychologist, an assistant psychologist and peer support worker. There are two vacancies, one for a psychologist and one for a speech and language therapist. Currently, the team delivers a good range of psychological therapies and sexual behaviour interventions to address effectively young people's behaviour and their risk of re-offending.
105. Substance misuse services are still limited to one-to-one interventions delivered by a senior registered mental health nurse as reported in the previous inspection. The nurse carries a caseload of 12 young people, which is an increase but is manageable. The young people receive a full CHAT assessment and a comprehensive referral pathway is in place.
106. Services delivered by the health promotion worker, a member of the integrated health team, are valuable and appreciated by the young people. A health promotion day in December 2016 elicited positive feedback from them. Delivery of health promotion in

the areas of smoking cessation, weight management, sexual health (including chlamydia screening), and drugs and alcohol are valuable and important for young people. Continuity of care is promoted by the health promotion worker obtaining GP summaries for all new admissions and holding a discharge clinic prior to their release.

107. Health complaints come via the centre safeguarding team and are not collected by healthcare separately. Despite there being a health-specific form, it is rarely used and is not young person-friendly. The healthcare provider acknowledged a lack of confidentiality and is taking steps to deal with this.
108. Healthcare governance systems have been improved since the last inspection, and audits are carried out regularly, with follow up where appropriate. A range of meetings to manage the contract and clinical governance are well attended by sufficiently senior staff.
109. The food available to young people and staff is of a high quality and elicits positive feedback from young people. It is balanced, sensitive to cultural and religious demands, and young people are helped to improve their diet overall. Menus are varied and changed in response to feedback and national promotions. Portions are generous and meals are well-presented and appetising. A positive development, which encourages independence, is the ability of young people to cook their own meals at weekends, with the support of staff. Drinks and fresh fruit are available throughout the day in education. The catering manager is innovative, for example, in using the profit from the staff trolley to fund free afternoon tea for families who visit at the weekend and for food theme days.

The effectiveness of leaders and managers	Inadequate
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110. There is insufficient oversight and understanding about how the centre functions because of a lack of data and analysis of performance. Progress has been made in some important areas but remains weak or absent in others. The centre is only partway through the improvements planned and the scale of improvements required is significant. Changes made so far are discernible, particularly improvements to some parts of the environment. Forward plans demonstrate that senior managers are aware of the extent of further changes required and have appropriate timetables. This inspection, occurring some eight months after the previous one, has taken place at a relatively early stage of the centre's improvement journey. As such, inspectors agree with senior managers that there remains much to do to achieve a satisfactory operating model within the centre.
111. The centre is led and managed by a suitably experienced governor. However, this is the second governor in post since NOMS assumed responsibility for running the centre in July 2016 some eight months ago. This handover has required staff at all levels to adapt to a different leader during a time of complex improvement plans.

112. The entire staff group has been through a process of transferring employment contracts to their new employer, NOMS, with this task only being finalised in January 2017. Some of the expectations and language of NOMS job roles and contracts of employment, which usually apply to staff within the adult and YOI custodial estate, do not sit easily with the demands and needs of a children's establishment. Staff with identical contracts describe their job titles differently. This confusion is exacerbated by language in the contract of employment that is not used across the centre. For example, some staff described themselves as personal officers, others said that this job title was not allowed in the centre. All of this adds to the confusion expressed by many staff and managers about their respective roles and responsibilities.
113. The confusion and weak understanding of responsibilities and accountabilities, coupled with a poorly trained and largely unqualified workforce, including at managerial grades, is hampering the governor's ability to make swifter progress at the centre. The senior management team members are unsure of their responsibilities and accountabilities, as previous job titles, expectations of roles, and suites of paperwork were taken away by the previous provider, G4S. At the time of the inspection, there had only been partial introduction and implementation of NOMS arrangements and procedures. The shortage of historical material impacts on the management of staff. The governor advised inspectors that employment history and past performance information relating to staff who were employed by G4S is not available to him. This means that staff who may have experienced disciplinary or capability measures no longer have this information on their employment records. This is a serious shortfall. Medway local authority's designated officer holds information about past referrals relating to concerns about adults who work with children, but this database has not been consulted by the governor.
114. Staff and managers are not clear enough about what they should do, what they should record, where it should be recorded and why. The governor's analysis of the strengths, weaknesses and challenges ahead is realistic and comprehensive. However, the current situation means that where senior staff have failed to take essential actions, it falls to the governor or his deputy to recognise this and mitigate the situation. The governor has implemented temporary solutions where necessary, with appropriate plans for more permanent solutions set out for the future. However, a situation of a very few senior staff overseeing significant activity to improve the safety, security and care for the young people in the centre is not a sustainable approach, particularly as the occupancy of the centre increases.
115. The extent of management development and training required to achieve a dynamic, proactive and competent senior management team is understood, and plans are in place to develop this section of the workforce. However, the time that will be required to achieve this and see positive impacts means that the trajectory of improvement is likely to be slower than is desirable.
116. Some urgent remedial training has been rolled out across the staff group, including the safeguarding module of a NOMS training course to ensure that a minimum level of awareness is universal. This is valuable training, but it is only a day in length, and cannot be regarded as enough to ensure that the workforce is sufficiently aware of safeguarding issues. A range of appropriate further training is planned and the volume

of expressions of interest from staff is a good sign. However, the impact of this training is some distance in the future.

117. There is no expectation that unit staff and managers will engage in a supervisory relationship: this does not align with NOMS job roles and structures, although line managers oversee attendance and other personnel-related matters. Supervision is an important tool to promote good quality childcare practice in other residential provision for under-18s, such as secure and open children's homes. It is difficult to see how custodial officers will be helped to continuously improve their performance and maintain a child-centred focus without this, given that most staff have no childcare or youth work-related qualifications. It is also currently unclear how poor performance by staff is dealt with. Examples were seen in minutes saying that individual staff would be spoken to or receive letters about their conduct. However, as no staff files are maintained, it is not possible to see that this is followed through for those individuals and means that poor staff behaviour may continue unchecked. Evidence of the letters sent to members of staff were requested by inspectors but this was not provided.
118. Monitoring of significant events at the centre, such as fights, restraints, assaults and incentive levels is not robust. Some records seen show different accounts of the same incident. This does not appear to be deliberate deception, but a result of the lack of focus on detailed recording of incidents and clear guidelines to support staff in this.
119. There are consistent and comprehensible messages expressed by the governor and his deputy regarding expectations of staff and young people's behaviour. There is a strong emphasis on the need for respectful and appropriate interactions between staff and young people, and this is modelled effectively by some senior managers. Inspectors observed broadly respectful and appropriate behaviour during this inspection, which is in sharp contrast to behaviours seen at the last inspection. However, there is a difference between relationships appearing to have improved and evidence that they have improved.
120. Senior managers lack good quality verifiable data that can be analysed to check performance. If accurate data cannot be analysed, it is not possible to ascertain if, for example, particular young people and/or staff are over- or under-represented in violent incidents, that the application of sanctions is fair and equitable across the centre, and so on. Neither is it possible to be sure that, for example, young people from different ethnic groups are being treated equally and fairly. Inspectors appreciate that the occupancy of the centre has been very low at points since the last inspection, and therefore data collected on such a small number of young people may have not been prioritised. However, it can also be seen as a missed opportunity in not establishing robust reporting, collation and analysis systems when the staff and managers have the capacity to familiarise themselves with this without the pressure of volume reporting. At the present time, the centre is approaching 50% occupancy, and recording and reporting arrangements are weak and do not provide assurance.
121. Most staff and managers at the centre have little understanding of risks to young people, such as child sexual exploitation and radicalisation. While some senior managers may have good knowledge and understand what to do when a concern is raised, the widespread lack of understanding means that the staff, such as secure care

officers, who spend the most time with the young people, may not spot warning signs and signals, and therefore may not pass on intelligence appropriately. Other measures taken to mitigate risk to young people, such as the risk of suicide and self-harm, are put in place when necessary. However, in a case examined by inspectors, the safety plan was not robust and did not take into account the risks to and from the young person in all areas of the centre. While improvements to the plan were made once shortfalls were brought to senior managers' attention, it is concerning that it was incomplete previously.

122. Too little up-to-date information about young people is shared with the staff who come on site to begin their shift. Staff expressed concern that, alongside the paucity of information they have to underpin their work with young people, incidents of relevance to individual young people are not always being recorded by staff on the units. Lower grade secure care officers do not routinely attend multi-disciplinary meetings about specific young people, and arrangements currently rely on a more senior member of staff to attend and cascade relevant information on a need-to-know basis. However, too many staff spoken to did not know what the most current and significant information was about young people in their care.
123. The entire functioning of the centre is hampered by the poor state of the IT infrastructure. The implementation dates of the NOMS-compliant replacement system have recently been accelerated, but activities are hampered currently by poor quality IT infrastructure and equipment, some eight months after NOMS assumed responsibility for the centre. The impact of this cannot be over-estimated and has an effect on everything, from the ability to view BWC footage to unit staff having access to electronic child-related information. It is unfortunate that the interim solution offered by an IT supplier failed to deliver. Most staff have therefore been denied essential tools to do their jobs to their best ability and this has contributed to slowing the pace of progress in many areas.
124. There is appropriate senior leadership representation and engagement with the local safeguarding children's board. The centre's safeguarding policy is currently under review, because the guidance, drafted by the previous provider, requires urgent updating. Current practice is strongly orientated towards being led by Medway's designated officer and in too many instances seen, decision-making was delayed. Safeguarding referrals are sent out to community-based safeguarding services reasonably promptly, but in some cases, there is too much delay thereafter in decision-making about next steps. This means that proper investigations into concerns and allegations are not all timely and young people remain in situations of potential risk without this being fully understood or risk-managed. There is a need for more proactive follow up on individual referrals and also a clear re-establishment of effective safeguarding arrangements and expectations between the centre, the local authority designated officer and local safeguarding social care and police services.

About this inspection

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80

of Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspection Act 2006.

Joint inspections involving Ofsted, Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) are permitted under paragraph 7 of Schedule 13 to the Education and Inspection Act 2006. This enables Ofsted's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of his functions.

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

The inspection was unannounced. It was carried out by seven inspectors, comprising two from HMIP, four from Ofsted and one from the CQC. The inspection was informed by a survey of young people's views undertaken in February 2017 by senior researchers from HMIP. Of the 29 young people in the centre, 24 responded to the survey, a response rate of 89%. Three young people refused to complete a questionnaire.

All inspectors drew keys and accessed all parts of the centre. The inspection team considered key aspects of young people's experience of living at the STC and the effectiveness of the support available to them. Inspectors observed practice and spoke with young people. Inspectors also spoke with former young people who had been at the centre, their parents and carers, frontline staff, managers, the Youth Justice Board (YJB) monitor, the designated officer in the local authority and other stakeholders, including the advocacy service provider. In addition, inspectors analysed performance data, reports and other management information available within the STC.

This inspection judged how well young people are kept safe during their time at the STC. Inspectors also evaluated how well staff promote appropriate behaviour and manage challenging behaviour in a safe and child-centred manner. Progress in education and skills development, improvements in health and well-being, and the effectiveness of case planning for young people to move on from the centre, either to other establishments, or back into the community, were also scrutinised.

The centre was inspected against the standards outlined in the inspection framework published in September 2016, updated in February 2017. Findings and recommendations should be used to improve practice and outcomes for young people. Progress in relation to areas for improvement will be considered at the next inspection.



Medway STC

Summary of questionnaires and interviews

28 February 2017

Introduction

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

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

Survey Methodology

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

Selecting the sample

Questionnaires were offered to all young people who were present in the centre at the time of the survey. All young people at the time of the survey were aged between 14 and 18 years.

Completion of the questionnaire was voluntary and refusals were noted.

Interviews were routinely offered to all young people.

Methodology

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

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

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

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

If a young person indicated child protection concerns in the survey, these were followed up with the young person before we left the establishment to ensure their safety. This occasionally resulted in allegations being refuted or withdrawn. However, in these circumstances we do not amend the original survey responses on the basis that the responses given reflected the young person's perceptions at the time when it was initially completed. The survey provides a valid and confidential route for the young person to volunteer information.

Response rates

At the time of the survey on 28 February 2017, the population at Medway STC was 29. Using the method described above, questionnaires were distributed to 27 young people¹.

We received a total of 24 completed questionnaires, a response rate of 89%. Three young people refused to complete a questionnaire.

Unit	Number of completed survey returns
Broadstairs	22
Canterbury	2

¹ Surveys were not distributed to two young people who were at court and on ROTL on the day of the survey.

Comparisons

Over the following pages we present the survey results for Medway STC.

First a full breakdown of responses is provided for each question. In this full breakdown, all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant² differences are indicated by shading. Results that are significantly better are indicated by green shading, and results that are significantly worse are indicated by blue shading. If the difference is not statistically significant, there is no shading. Orange shading has been used to show a statistically significant difference in young peoples' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of young people filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between secure training centres.

The following comparative analyses are presented:

- The current survey responses from Medway in 2017 compared with responses from young people surveyed in all other secure training centres. This comparator is based on all responses from young people surveys carried out in two secure training centres since April 2016.
- The current survey responses from Medway in 2017 compared with the responses of young people surveyed at Medway in 2016.
- A comparison within the 2017 survey between the responses of young people who reported that they had been in local authority care and those who did not.

Summary

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

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

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

² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Secure Training Centre Survey

Section 1: Questions about you

		Male				Female		
		19 (86%)				3 (14%)		
Q1.1	Are you?							
		12	13	14	15	16	17	18
Q1.2	How old are you?	0	1	3	3	6	10	0
		(0%)	(4%)	(13%)	(13%)	(26%)	(43%)	(0%)
Q1.3	What is your ethnic origin?							
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>							7 (30%)
	<i>White - Irish</i>							1 (4%)
	<i>White - Other</i>							1 (4%)
	<i>Black or Black British - Caribbean</i>							5 (22%)
	<i>Black or Black British - African</i>							3 (13%)
	<i>Black or Black British - other</i>							0 (0%)
	<i>Asian or Asian British - Indian</i>							0 (0%)
	<i>Asian or Asian British - Pakistani</i>							1 (4%)
	<i>Asian or Asian British - Bangladeshi</i>							1 (4%)
	<i>Asian or Asian British - Chinese</i>							0 (0%)
	<i>Asian or Asian British - other</i>							1 (4%)
	<i>Mixed heritage - White and Black Caribbean</i>							1 (4%)
	<i>Mixed heritage - White and Black African</i>							0 (0%)
	<i>Mixed heritage - White and Asian</i>							0 (0%)
	<i>Mixed heritage - other</i>							1 (4%)
	<i>Arab</i>							0 (0%)
	<i>Other ethnic group</i>							1 (4%)
Q1.4	What is your religion?							
	<i>None</i>							5 (24%)
	<i>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</i>							11 (52%)
	<i>Buddhist</i>							0 (0%)
	<i>Hindu</i>							0 (0%)
	<i>Jewish</i>							0 (0%)
	<i>Muslim</i>							5 (24%)
	<i>Sikh</i>							0 (0%)
	<i>Other</i>							0 (0%)
Q1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes 3 (15%)				No 17 (85%)		
Q1.6	Are you a British citizen?	Yes 19 (83%)				No 4 (17%)		

Q1.7	Do you have a disability? Do you need help with any long term physical, mental or learning needs?	Yes 5 (25%)	No 15 (75%)
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Q1.8	Have you ever been in local authority care (looked after)?	Yes 10 (45%)	No 12 (55%)
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Section 2: Questions about your trip here and first 24 hours in this centre

Q2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	Yes 20 (95%)	No 1 (5%)
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Q2.2	When you arrived at the centre were you searched?	Yes 21 (88%)	No 2 (8%)	Don't remember/ Not applicable 1 (4%)
------	---	-----------------	--------------	---

Q2.3	Did staff explain to you why you were being searched?	Yes 15 (65%)	No 2 (9%)	Don't remember/ Not applicable 6 (26%)
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Q2.4	When you were searched, did staff treat you with respect?	Yes 21 (88%)	No 0 (0%)	Don't remember/ Not Applicable 3 (13%)
------	---	-----------------	--------------	--

Q2.5	Did you see a doctor or nurse before you went to bed on your first night here?	Yes 23 (96%)	No 1 (4%)
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Q2.6	On your first night here, did anybody talk to you about how you were feeling?	Yes 18 (75%)	No 6 (25%)
------	---	-----------------	---------------

Q2.7	Did you feel safe on your first night here?	Yes 22 (92%)	No 2 (8%)
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Section 3: Daily life

		Yes	No	I don't know
Q3.1	In your first few days here were you told everything you needed to know about life at the centre?	19 (79%)	3 (13%)	2 (8%)
Q3.2	If you had a problem, who would you turn to? (<i>Please tick all that apply</i>)			
	<i>No-one</i>			2 (9%)
	<i>Teacher/ Education staff</i>			5 (22%)
	<i>Key worker</i>			7 (30%)
	<i>Case worker</i>			8 (35%)
	<i>Staff on your unit</i>			10 (43%)
	<i>Another young person here</i>			6 (26%)
	<i>Family</i>			12 (52%)
	<i>Advocate</i>			1 (4%)
	<i>Other</i>			0 (0%)
Q3.3	Do you have a key worker on your unit?	Yes 19 (83%)	No 4 (17%)	
Q3.4	Does your key worker help you?	I don't have a key worker 4 (19%)	Yes 14 (67%)	No 3 (14%)
Q3.5	Do most staff treat you with respect?	Yes 20 (87%)	No 3 (13%)	
Q3.6	Can you follow your religion if you want to?	Yes 16 (70%)	No 2 (9%)	I don't want to/ I have no religion 5 (22%)
Q3.7	What is the food like here?			
	<i>Very good</i>			1 (4%)
	<i>Good</i>			13 (57%)
	<i>Neither</i>			2 (9%)
	<i>Bad</i>			5 (22%)
	<i>Very bad</i>			2 (9%)

		Yes	No
Q3.8	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	21 (91%)	2 (9%)
Q3.9	How often do you have visits from family, carers and friends?		
	<i>I don't get visits</i>		0 (0%)
	<i>Less than once a week</i>		6 (33%)
	<i>About once a week</i>		12 (67%)
	<i>More than once a week</i>		0 (0%)

Section 4: Behaviour

		I don't know what the scheme is	Yes	No
Q4.1	Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	0 (0%)	17 (71%)	7 (29%)
Q4.2	Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	0 (0%)	18 (75%)	6 (25%)
Q4.3	If you get in trouble, do staff explain what you have done wrong?	Yes 17 (85%)		No 3 (15%)
Q4.4	Do most staff let you know when your behaviour is good?	Yes 13 (54%)		No 11 (46%)
Q4.5	Have staff ever made you stay in your room away from the other young people because of something you did? (this could include having things removed from your room such as pictures or bedding)	Yes 9 (39%)		No 14 (61%)

		Yes 10 (42%)	No 14 (58%)
Q4.6	Have you been physically restrained since you have been here? (you may have heard it called MMPR)		
		Not been restrained 14 (58%)	Yes 8 (33%)
Q4.7	Were you given a chance to talk to somebody about the restraint afterwards?		No 2 (8%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a doctor or nurse?	Yes 20 (87%)	No 2 (9%)	I don't know 1 (4%)
Q5.2	What are the health services like here?	Good 15 (65%)	Bad 6 (26%)	I don't know 2 (9%)
Q5.3	Do you have any health needs which are not being met?	Yes 3 (13%)	No 20 (87%)	

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 22 (96%)	No 1 (4%)
Q6.2	Are complaints dealt with fairly?	I have not made one 12 (52%)	Yes 6 (26%)
Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	No 5 (17%)	No 19 (83%)

Section 7: Questions about education, training and activities

		Yes	No	I don't know
Q7.1	Do you have a care plan that sets out targets for you to achieve while in custody? (this might be called a training, sentence or remand plan)	6 (29%)	8 (38%)	7 (33%)
Q7.2	Since you have been here have you been given any advice about training or jobs that you might like to do in the future?	Yes 14 (64%)	No 8 (36%)	
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?	Yes 8 (38%)	No 13 (62%)	
Q7.4	Do you think your education/ training here will help you once you leave the centre?	Yes 12 (55%)	No 10 (45%)	
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 14 (64%)	No 8 (36%)	
Q7.6	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	Yes 18 (82%)	No 4 (18%)	
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 9 (50%)	No 9 (50%)	
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 6 (29%)	Yes 13 (62%)	No 2 (10%)

Section 8: Questions about safety

		Yes	No
Q8.1	Have you ever felt unsafe here?	5 (24%)	16 (76%)
Q8.2	Do you feel unsafe at the moment?	0 (0%)	21 (100%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe		16 (80%)
	<i>Everywhere</i>		1 (5%)
	<i>Admissions room</i>		1 (5%)
	<i>In single separation</i>		1 (5%)
	<i>At the gym</i>		1 (5%)
	<i>Outside areas/ grounds</i>		1 (5%)
	<i>Corridors</i>		1 (5%)
	<i>Dining room</i>		1 (5%)
	<i>At education/ training</i>		0 (0%)
	<i>At religious services</i>		1 (5%)
	<i>At health services</i>		0 (0%)
	<i>In the visits area</i>		1 (5%)
	<i>On your unit</i>		3 (15%)
	<i>In your room</i>		0 (0%)
	<i>Other</i>		0 (0%)
Q8.4	Have you experienced any of the following from young people here? (<i>Please tick all that apply</i>)		
	<i>Insulting remarks about you</i>		6 (29%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>		4 (19%)
	<i>Sexual abuse</i>		0 (0%)
	<i>Feeling threatened or intimidated</i>		3 (14%)
	<i>Shout outs/ yelling through windows about you</i>		5 (24%)
	<i>Having your property taken</i>		1 (5%)
	<i>Other</i>		0 (0%)
	Not experienced any of these things		12 (57%)
Q8.5	If yes, what was it about? (Please tick all that apply)		
	<i>Your race or ethnic origin</i>		1 (5%)
	<i>Your religion/religious beliefs</i>		1 (5%)
	<i>Your nationality</i>		2 (10%)
	<i>Being from a different part of the country to others</i>		1 (5%)
	<i>Being from a traveller community</i>		1 (5%)
	<i>Your sexual orientation</i>		0 (0%)
	<i>Your age</i>		1 (5%)
	<i>Having a disability</i>		1 (5%)
	<i>You being new here</i>		2 (10%)

<i>Your offence/ crime</i>	2 (10%)
<i>Gang related issues/ people you know or mix with</i>	3 (14%)
<i>About your family or friends</i>	2 (10%)
<i>Drugs</i>	1 (5%)
<i>Medication you receive</i>	1 (5%)
<i>Your gender</i>	0 (0%)
<i>Other</i>	1 (5%)

Q8.7	Have you experienced any of the following from staff here? (<i>Please tick all that apply</i>)	
	<i>Insulting remarks about you</i>	2 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	0 (0%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	1 (6%)
	<i>Having your property taken</i>	0 (0%)
	<i>Other</i>	1 (6%)
	Not experienced any of these things	13 (81%)

Q8.8	If yes, what was it about? (<i>Please tick all that apply</i>)	
	<i>Your race or ethnic origin</i>	0 (0%)
	<i>Your religion/religious beliefs</i>	0 (0%)
	<i>Your nationality</i>	0 (0%)
	<i>Being from a different part of the country to others</i>	0 (0%)
	<i>Being from a traveller community</i>	1 (6%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	1 (6%)
	<i>Having a disability</i>	1 (6%)
	<i>You being new here</i>	2 (13%)
	<i>Your offence/ crime</i>	2 (13%)
	<i>Gang related issues/ people you know or mix with</i>	2 (13%)
	<i>About your family or friends</i>	1 (6%)
	<i>Drugs</i>	1 (6%)
	<i>Medication you receive</i>	1 (6%)
	<i>Your gender</i>	0 (0%)
	<i>Because you made a complaint</i>	1 (6%)
	<i>Other</i>	0 (0%)

		Yes	No
Q8.10	If you were being bullied or 'picked on', would you tell a member of staff?	13 (62%)	8 (38%)



Diversity comparator (local authority care) Medway STC 2017

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Young people who have been in local authority care	Young people who have not been in local authority care
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		10	12
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	43%	15%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	73%	46%
1.4	Are you Muslim?	33%	15%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	27%
1.6	Are you a British citizen?	85%	86%
1.7	Do you have a disability?	40%	14%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS			
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	100%	92%
2.2	When you arrived at the centre were you searched?	86%	93%
2.3	Did staff explain why you were being searched?	71%	57%
2.4	When you were searched, did staff treat you with respect?	86%	93%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	100%	93%
2.6	Did anybody talk to you about how you were feeling?	73%	73%
2.7	Did you feel safe?	100%	86%
SECTION 3: DAILY LIFE			
3.1	In your first few days here were you told everything you needed to know about life at the centre?	86%	73%
If you had a problem, who you would turn to?			
3.2a	No-one	15%	0%
3.2b	Teacher/Education staff	39%	7%
3.2c	Key worker	29%	33%
3.2d	Case worker	29%	43%
3.2e	Staff on the unit	54%	33%
3.2f	Another young person here	29%	27%
3.2g	Family	46%	57%
3.2h	Advocate	8%	0%
3.3	Do you have a key worker on your unit?	86%	85%
3.5	Do most staff treat you with respect?	85%	93%
3.6	Can you follow your religion if you want to?	62%	73%
3.7	Is the food here good/ very good?	62%	57%
3.8	Is it easy to keep in touch with family or carer outside the centre?	92%	93%
3.9	Do you have visits from family, carers or friends at least once a week?	64%	64%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	93%	50%
4.2	Do you think the incentives and sanctions scheme is fair?	67%	86%
4.3	If you get in trouble, do staff explain what you have done wrong?	71%	100%

4.4	Do most staff let you know when your behaviour is good?	67%	43%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	54%	27%
4.6	Have you been physically restrained since you have been here?	33%	50%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	92%	86%
5.2	Do you think that the health services are good here?	73%	54%
5.3	Do you have any health needs which are not being met?	8%	14%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	92%	100%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	8%	27%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	33%	29%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	58%	67%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	42%	39%
7.4	Do you think your education here will help you once you leave?	50%	57%
7.5	Have you been able to learn any 'life skills' here?	58%	67%
7.6	Are you encouraged to take part in activities outside education/training hours?	92%	73%
7.8	Do you know where you will be living when you leave the centre?	22%	67%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	9%	33%
8.2	Do you feel unsafe at the moment?	0%	0%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	20%	33%

8.4b	Physical abuse?	9%	27%
8.4c	Sexual abuse?	0%	0%
8.4d	Feeling threatened or intimidated?	9%	14%
8.4e	Shout outs/yelling through windows?	20%	27%
8.4f	Having your canteen/property taken?	0%	7%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	0%	7%
8.5b	Your religion or religious beliefs?	0%	7%
8.5c	Your nationality?	0%	14%
8.5d	Your being from a different part of the country than others?	0%	7%
8.5e	Your being from a Traveller community?	0%	7%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	0%	7%
8.5h	You having a disability?	0%	7%
8.5i	You being new here?	0%	14%
8.5j	Your offence or crime?	0%	14%
8.5k	Gang related issues or people you know or mix with?	9%	14%
8.5l	About your family or friends?	9%	7%
8.5m	Drugs?	0%	7%
8.5n	Medications you receive?	0%	7%
8.5o	Your gender?	0%	0%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	0%	22%
8.7b	Physical abuse?	0%	0%
8.7c	Sexual abuse?	0%	0%
8.7d	Feeling threatened or intimidated?	0%	11%

8.7e	Having your canteen/property taken?	0%	0%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	0%
8.8b	Your religion or religious beliefs?	0%	0%
8.8c	Your nationality?	0%	0%
8.8d	You being from a different part of the country than others?	0%	0%
8.8e	You being from a Traveller community?	0%	11%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	11%
8.8h	You having a disability?	0%	11%
8.8i	You being new here?	11%	11%
8.8j	Your offence or crime?	0%	22%
8.8k	Gang related issues or people you know or mix with?	11%	11%
8.8l	About your family or friends?	0%	11%
8.8m	Drugs?	0%	11%
8.8n	Medications you receive?	0%	11%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	11%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	50%	71%



Survey responses from children and young people: Medway STC 2017

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

Key to tables

	Any percentage highlighted in green is significantly better	2017 Medway STC	STC comparator	2017 Medway STC	2016 Medway STC
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in young people's background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		24	96	24	33
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	30%	37%	30%	31%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	61%	47%	61%	67%
1.4	Are you Muslim?	24%	10%	24%	23%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	16%	9%	16%	9%
1.6	Are you a British citizen?	82%	93%	82%	92%
1.7	Do you have a disability?	25%	27%	25%	20%
1.8	Have you ever been in local authority care?	44%	36%	44%	40%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS					
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	96%	91%	96%	100%
2.2	When you arrived at the centre were you searched?	86%	92%	86%	100%

2.3	Did staff explain why you were being searched?	64%	78%	64%	89%
2.4	When you were searched, did staff treat you with respect?	86%	82%	86%	100%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	97%	92%	97%	94%
2.6	Did anybody talk to you about how you were feeling?	76%	76%	76%	85%
2.7	Did you feel safe?	93%	91%	93%	86%
SECTION 3: DAILY LIFE					
3.1	In your first few days here were you told everything you needed to know about life at the centre?	79%	66%	79%	94%
If you had a problem, who you would turn to?					
3.2a	No-one	7%	24%	7%	6%
3.2b	Teacher/Education staff	21%	10%	21%	14%
3.2c	Key worker	30%	23%	30%	36%
3.2d	Case worker	36%	34%	36%	39%
3.2e	Staff on the unit	43%	40%	43%	72%
3.2f	Another young person here	25%	17%	25%	28%
3.2g	Family	54%	41%	54%	56%
3.2h	Advocate	4%	10%	4%	11%
3.3	Do you have a key worker on your unit?	82%	63%	82%	89%
For those who said they had a key worker:					
3.4	Does your key worker help you?	81%	71%	81%	97%
3.5	Do most staff treat you with respect?	86%	90%	86%	97%
3.6	Can you follow your religion if you want to?	70%	73%	70%	81%
3.7	Is the food here good/ very good?	61%	17%	61%	33%
3.8	Is it easy to keep in touch with family or carer outside the centre?	93%	91%	93%	97%
3.9	Do you have visits from family, carers or friends at least once a week?	68%	56%	68%	46%

SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	72%	71%	72%	81%
4.2	Do you think the incentives and sanctions scheme is fair?	76%	63%	76%	72%
4.3	If you get in trouble, do staff explain what you have done wrong?	84%	76%	84%	93%
4.4	Do most staff let you know when your behaviour is good?	55%	72%	55%	86%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	39%	43%	39%	31%
4.6	Have you been physically restrained since you have been here?	41%	33%	41%	36%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	83%	69%	83%	85%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	86%	81%	86%	94%
5.2	Do you think that the health services are good here?	64%	64%	64%	74%
5.3	Do you have any health needs which are not being met?	14%	26%	14%	15%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	96%	96%	96%	94%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	54%	53%	54%	83%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	18%	11%	18%	6%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	28%	33%	28%	56%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	63%	60%	63%	81%

7.3	Have you been able to learn skills for jobs that you might like to do in the future?	39%	45%	39%	75%
7.4	Do you think your education here will help you once you leave?	56%	54%	56%	78%
7.5	Have you been able to learn any 'life skills' here?	63%	79%	63%	89%
7.6	Are you encouraged to take part in activities outside education/ training hours?	82%	86%	82%	92%
7.8	Do you know where you will be living when you leave the centre?	50%	81%	50%	59%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	89%	60%	89%	66%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	24%	22%	24%	22%
8.2	Do you feel unsafe at the moment?	0%	7%	0%	3%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	28%	33%	28%	15%
8.4b	Physical abuse?	19%	25%	19%	11%
8.4c	Sexual abuse?	0%	1%	0%	0%
8.4d	Feeling threatened or intimidated?	15%	22%	15%	3%
8.4e	Shout outs/yelling through windows?	24%	26%	24%	20%
8.4f	Having your canteen/property taken?	4%	8%	4%	0%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	4%	15%	4%	11%
8.5b	Your religion or religious beliefs?	4%	5%	4%	0%
8.5c	Your nationality?	8%	6%	8%	0%
8.5d	You being from a different part of the country than others?	4%	5%	4%	0%
8.5e	You being from a Traveller community?	4%	4%	4%	0%

8.5f	Your sexual orientation?	0%	0%	0%	0%
8.5g	Your age?	4%	2%	4%	0%
8.5h	You having a disability?	4%	4%	4%	0%
8.5i	You being new here?	8%	15%	8%	9%
8.5j	Your offence or crime?	8%	12%	8%	6%
8.5k	Gang related issues or people you know or mix with?	15%	7%	15%	9%
8.5l	About your family or friends?	8%	6%	8%	6%
8.5m	Drugs?	4%	4%	4%	0%
8.5n	Medications you receive?	4%	2%	4%	0%
8.5	Your gender?	0%	1%	0%	0%
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	11%	14%	11%	6%
8.7b	Physical abuse?	0%	4%	0%	6%
8.7c	Sexual abuse?	0%	1%	0%	0%
8.7d	Feeling threatened or intimidated?	5%	7%	5%	9%
8.7e	Having your canteen/property taken?	0%	4%	0%	6%
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	0%	4%	0%	3%
8.8b	Your religion or religious beliefs?	0%	2%	0%	3%
8.8c	Your nationality?	0%	4%	0%	6%
8.8d	You being from a different part of the country than others?	0%	2%	0%	3%
8.8e	You being from a Traveller community?	5%	1%	5%	0%
8.8f	Your sexual orientation?	0%	2%	0%	0%
8.8g	Your age?	5%	1%	5%	6%

8.8h	You having a disability?	5%	0%	5%	0%
8.8i	You being new here?	11%	5%	11%	3%
8.8j	Your offence or crime?	11%	4%	11%	3%
8.8k	Gang related issues or people you know or mix with?	11%	2%	11%	3%
8.8l	About your family or friends?	5%	2%	5%	3%
8.8m	Drugs?	5%	4%	5%	0%
8.8n	Medications you receive?	5%	2%	5%	0%
8.8o	Your gender?	0%	2%	0%	3%
8.8p	Because you made a complaint?	5%	2%	5%	3%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	62%	60%	62%	68%

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