

Inspections of secure training centres

Inspection of Rainsbrook

Report published: 8 August 2017

Overall effectiveness	Requires Improvement
The safety of young people	Requires Improvement
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: 19 to 23 June 2017

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Overall effectiveness	Requires improvement
<p>Although the promotion of positive behaviour and the effectiveness of leaders and managers remain inadequate, there have been some significant improvements recently within the centre. Progress was hampered by the provider company being unable to secure a permanent director despite considerable efforts, and some decision-making was thus outside the company's control. A permanent director was recruited three months ago, and although he is relatively new, it is encouraging that staff at all levels and in all departments of the centre express confidence in the director and his clearly stated vision for the centre. Support from the provider company is strong. There are clear expectations about high staff and managerial performance, evidenced by robust assessment and scrutiny.</p> <p>The delay in securing a permanent director meant that key improvements could not be made, for example implementing a better rewards and sanctions scheme. Accelerated progress is now underway. A wide range of improvements to the physical environment have been made and these are now contributing to better educational opportunities and better access to health staff. The basic environment on the living units has also been improved although there is more to do.</p> <p>All staff are clear that the provider company and the director expect accurate reporting of data on key issues such as the number of restraints, fights and assaults being rigorously checked. The data is complete and provides a reliable basis on which to assess the centre's performance. There is more to do to ensure that emerging trends are spotted quickly and used to develop effective strategies. For example, there is no clearly articulated strategy to reduce violence despite it being a rising trend, albeit mostly low level.</p> <p>Transparency in the way the centre is run has been extended to include relevant external professionals, such as the local authority designated officer and community safeguarding professionals/ bodies. These specialists routinely scrutinise activity in the centre, for example by directly reviewing camera footage of incidents. This increases confidence in the centre's functioning. The onsite presence of Youth Justice Board (YJB) staff has reduced since the last inspection. However, relationships between the YJB and the provider company are positive, and this facilitates productive discussions on, for example, how to focus performance measures on better outcomes for young people.</p> <p>Although staffing remains challenging for the provider company, gradual progress can be seen in recruitment and retention. Further attention is required to ensure that new staff are sufficiently supported in their roles and to reduce attrition. There is steady progress in education services, but health services require stronger and more impactful management and leadership, supported by suitable technology.</p>	

Recommendations:

Immediately:

- Ensure that all health, safety, security and contingency plans and arrangements are up to date, comprehensive, fit for purpose, tested and agreed with local emergency services.
- Ensure that arrangements to care for young people at risk of suicide or self-harm take full account of risks in all parts of the centre, and that all staff are clear about what to do to keep these young people safe.
- Effectively identify and challenge bullying behaviour and support victims.
- Ensure that centre rules, rewards and sanctions are implemented consistently and fairly.
- Ensure that use of force is always proportionate.
- Maintain oversight of all multi-agency public protection arrangements (MAPPA)-eligible young people and contribute to MAPPA risk assessments and forward plans.
- Ensure that risk assessments and planning for young people include actions to minimise risk to others.
- Ensure that health staff receive formal clinical supervision, appraisal, mandatory training and support to enable them to carry out their duties, in line with the trust's policy.
- Ensure that there are suitably restrictive arrangements governing the use of the viewing panes into young people's shower encloses.

Within three months:

- Health commissioners should ensure that an electronic patient recording system is implemented without further delay to support effective communication and service delivery. This is a repeated recommendation from 2016.
- Ensure that care plans are tailored to the needs of the young person and reviewed in a timely manner.
- Ensure that young people serving short sentences have their offending behaviour addressed.
- Senior health managers should monitor the new arrangements they have put in place to improve the security and accuracy of healthcare records, to ensure that these are effective.
- Share data on the timeliness and robustness of responses to safeguarding referrals from the centre from the multi-agency safeguarding hub (MASH) with community

safeguarding partners to ensure that all young people receive timely and independent consideration of their safety.

- Continue to improve the quality of teaching and learning.
- Ensure that learning resources in education are error-free, for example without spelling mistakes.
- Review the impact of the pathways curriculum to ensure that it is meeting the learning needs of young people as intended.
- Reduce the institutional feel of the living units and ensure that they are kept free of damage and graffiti.
- Enable staff on the living units to contribute to, and be well-informed about, young people's needs, risks and intervention plans.
- Ensure that male and female young people have equity of opportunity for enrichment activities, and have their needs met.
- Ensure that the YJB reduces the number of young people who are admitted late to the centre.

Within six months:

- Agree with the YJB a wider range of useful and enjoyable websites and applications that young people can access on their electronic tablets to promote learning, engagement and ownership.
- Consider the merits of introducing an external board to further support the work of the head teacher.
- Senior managers should ensure that the security intelligence reporting system is fit for purpose. Reports should be confidential, auditable and tamper-proof, to ensure that they are seen and monitored in a timely manner by senior managers.

Service information

Rainsbrook is one of three purpose-built secure training centres (STCs) and is situated near Rugby. The centre provides accommodation for up to 76 male and female young people aged 12 to 18 years who meet the criteria for a custodial sentence or secure remand. The centre is managed by MTCnovo, following handover from G4S Care and Justice Services on 5 May 2016. Education services also transferred from G4S to Novus. Healthcare services are provided by the Northamptonshire Healthcare NHS Foundation Trust under a service level agreement with NHS England. At the start of this inspection, 58 young people were resident: six female and 52 male. During the inspection, five young people were admitted and one was released into the community.

Inspection findings

The safety of young people	Requires improvement
1.	<p>An internal survey of young people and staff in January 2017 found that most young people reported feeling safe in the centre. Since then, safety at the centre has been improved with the installation of more closed-circuit television (CCTV) cameras in March 2017, covering more communal space. This includes areas previously identified by young people and staff as being where they felt more vulnerable: stairwells, unit kitchens and parts of the education centre. Better coverage has also improved managers' ability to track behaviour across the site when investigating concerns.</p>
2.	<p>Young people's vulnerability is assessed promptly upon admission, leading to effective plans and guidance for staff. The most vulnerable young people have tiered interventions of full SASH (suicide and self-harm) logs, vulnerability plans and support plans. Recently closed SASH logs and a vulnerability plan seen during the inspection contain detailed information and useful guidance to help staff keep these young people safe. The plans would be improved with greater specificity about, for example, how to manage these young people in toilet and bathroom areas, including in the education block. Plans are reviewed regularly by multi-disciplinary staff to ensure their continuing relevance and need. Meetings and plans are recorded in great detail, but the length of some minutes makes it difficult to discern what has changed since the last meeting.</p>
3.	<p>Despite the centre's efforts to manage risk sensitively and thoroughly, better vigilance is required at all levels. In one instance, a young person, assessed as at high risk of suicide and self-harm, was relocated to a room other than their own. The check undertaken by a member of staff to ensure that the room was safe was inadequate and the room contained a pot of paint which presented an avoidable risk.</p>
4.	<p>Every young person's bedroom has, in addition to the viewing panel in the door, a second transparent glass brick that provides visibility into the bedroom's shower enclosure. Use of this glass brick seriously compromises young people's right to privacy and dignity as well as creating the potential for misuse. Managers believe that these viewing panels are not used in practice and their use is only justifiable if there are extreme concerns about a young person's safety. However, there is no guidance or procedures governing their use and, given their existence and accessibility, this a shortfall. It is concerning that this issue was identified at a recent inspection in another STC and insufficient checks were made by the YJB to ensure action had been taken at Rainsbrook.</p>
5.	<p>Child protection matters are managed appropriately. The child protection policy and procedures have been revised and approved by the Local Safeguarding Children Board (LSCB). Relationships and formal links between centre managers and external safeguarding services are well-established and productive. The vast majority of</p>

concerns are referred promptly to the external MASH. One exception was seen where a concern took 14 days to be referred. This concern did not meet the threshold for MASH action, so had little impact on this young person, but demonstrated a lack of robustness in the referral arrangements. Internal records of safeguarding concerns require improving. Chronologies of events have gaps, and it can be difficult to establish the key issues, subsequent events and decision-making points.

6. The MASH does not always respond to the centre within 24 hours of receiving a referral. There are also occasions when the MASH determines the next steps based solely on accounts provided by centre staff and this is unsatisfactory. More efforts to independently verify concerns would provide additional assurance that internal decision-making and actions are appropriate. Centre managers do not currently collate and escalate weak or late responses from the MASH.
7. The centre has made good strides to increase transparency and a range of external relevant professionals are routinely involved in reviewing practice in the centre, which is a significant improvement.
8. Bullying is not always tackled effectively. Young people's views, which are corroborated by staff, are that staff are inconsistent in how they respond to bullying behaviour. Young people told inspectors that some staff react quickly to concerns, but others do not always hear or take seriously what victims are telling them, or confront perpetrators. Some work has been done by staff to address bullying, but issues such as the use of graffiti around the centre as a way of bullying are not being addressed. From January to May 2017, 60 concerns about bullying were logged, resulting in the creation of 28 tracking logs and seven full bullying logs. Two tracking logs were examined and both show that the initial concerns were raised by external parties, a youth offending team worker and a parent. Both also showed delays in addressing the concerns. In one case, the concern was raised on 8 May 2017 but it was not investigated until 15 May 2017.
9. The security intelligence reporting (SIR) system, whereby any member of staff can report any safety or security concern to a senior manager, is well established and has improved since the last inspection, with the addition of a post-box system, making it easier to report concerns. Current arrangements are not tamper-proof because concerns are written on loose-leaf records. The director advises that electronic reporting arrangements are being explored to provide more robust arrangements and clear audit trails. SIRs are regularly analysed to check for any trends or reoccurring issues. However, the resulting reports do not specify whether any wider or strategic actions are necessary.
10. Inspectors found that some older televisions in young people's room lacked the filters that prohibit access to adult-only TV channels. Senior managers took immediate action to address this during the inspection.
11. The risk-led approach to the searching of young people is proportionate. In our survey, 87% of young people stated that staff treat them with respect when they are searched. Records are clear, detailed and demonstrate a process that balances the promotion of dignity with the safety and security of the centre. The room in which young people are searched does not have a privacy curtain over the window

and, although it cannot easily be looked into, may raise a young person's anxiety unnecessarily, particularly if they are being required to undress.

12. A similar risk-led approach to the searching of visitors, staff and vehicles is in place and is effective. Searching of staff is randomised to avoid unintended victimisation and is overseen by managers. Security arrangements testing staff compliance are satisfactory and very little contraband has been found. One breach came to light via a member of staff whistleblowing, which is a positive indication of staff culture.
13. Contingency plans are in place for a range of security and safety matters. The centre undertakes some live and desktop exercises to ensure that the plans are fit for purpose. However, the centre could not provide details as to when a desktop, live exercise or consultation took place with the local fire service. This requires urgent remedial action.
14. Staff have received training in the Counter Terrorism and Security Act 2015 and the 'Prevent' agenda. There are good links with the regional police counter-terrorism team and multi-agency meetings are held to share information and help to further improve practice. Appropriate actions are taken in response to concerns raised about radicalisation and young people who are in, or may have, contact with terrorist groups.
15. Use of handcuffs for young people temporarily leaving the centre is subject to appropriate risk assessments with suitably senior authorisation. Their use is appropriate and proportionate.
16. Of the young people who completed our survey, 84% stated that they were well looked after by staff on their journey to the centre. Vehicles used are suitable. Since November 2016, 51 young people have been admitted to the centre after 9pm, with six of these admitted after midnight, often after lengthy journeys. This significantly hampers the opportunities to settle the young person in and complete important initial assessments, and mirrors the findings of previous inspections. Despite these concerns being raised with the YJB as commissioner of the transport provider, and action by the YJB with other parties, no improvements have been seen.

Promoting positive behaviour	Inadequate
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17. Since the previous inspection, there has been little improvement in behaviour management. Standards set on units are not good enough and inspectors observed occasions when staff were insufficiently skilled to deal with low level poor behaviour, both in residential units and in education. Levels of violence, use of force, and restraint have risen and are now very high.
18. Violent incidents are far too frequent an occurrence at the centre. In our survey, 47% of young people reported having been subject to physical abuse from other young people compared to 18% at other STCs. Levels of violence against staff and young people have more than doubled since the previous inspection. Over the previous six months, there have been nearly 500 violent incidents. This equates to an average of 40 assaults against young people, 36 assaults against staff and seven fights each month. There had been a particular spike in violence in the month

immediately before the inspection but there is no plan to address this and make the centre more stable.

19. While most incidents of violence during the previous six months were relatively low level, 42 young people and 22 staff sustained injuries requiring medical treatment. At least one member of staff and two young people required hospital treatment following an assault.
20. Throughout much of the period since the previous inspection, the centre has operated the same rewards and sanctions scheme, but this has been undermined by an inconsistency of application. Young people, both in one-to-one interviews and when spoken to on their units, consistently raised the issue of unfair and unequal treatment between units or individuals. Of particular concern is that some young people said that specific young people threaten staff with poor behaviour in order to get what they want.
21. There have been delays in addressing these issues and a new rewards and sanctions scheme was only implemented the week before the inspection. While the new scheme is potentially positive, there is understandable confusion among staff and young people. We observed underuse of the scheme in education and on the living units. This has been a consistent and repeated finding over two years and will take significant and sustained effort from managers and staff across the centre to rectify.
22. The new scheme is more prescriptive regarding sanctions, making it clear what sort of behaviour will result in a sanction being implemented. After completing a sanction, young people remain on the lowest level of the reward scheme until their next weekly review. While this is not ideal, it is recognised as a pragmatic approach to improving consistency.
23. Management oversight of practice on living units requires improvement in order to address low expectations and a lack of operational grip on behaviour. While we saw some examples of staff engaging well with young people and encouraging positive behaviour, we also saw low level poor behaviour, including swearing, spitting and shouting through windows, remaining unchallenged. In addition, vandalism and graffiti are evident on many units. This includes some offensive comments about young people currently living at the centre. It is not acceptable that these had not been addressed.
24. The new model for managing the behaviour of young people who have the most complex needs is led by case managers from the resettlement team. However, staff from the residential units are not able to attend most planning meetings, and this is a significant gap given the central role they play in the care of young people. As a result, those working directly with young people on the living units have few practical tools to manage the most difficult behaviour and reduce risk.
25. The early days' unit is a good environment that is valued by those that live on the unit. The model of placing new arrivals in the best accommodation with peer mentors who explain the rules and demonstrate the advantages of behaving well is positive.
26. Forty-three percent of young people who responded to our survey reported being subject to restraint while at the centre. Use of force and restraint has tripled since the previous inspection and has averaged at around 90 incidents each month over

the previous six months. The increase in violence is the cause of most incidents, and inspectors saw examples of staff risking their own safety to protect young people from harm.

27. Governance and the oversight of use of force have improved since the previous inspection. Inspectors reviewed documentation, CCTV and body-worn camera footage for a sample of incidents that occurred during the previous six months. Staff who do not turn on their body-worn cameras are now routinely challenged.
28. There continues to be some poor incident management and, in one case, a restraint being instigated in response to passive non-compliance. However, in most cases, learning points for staff are identified and addressed with the staff involved; this is an improvement since the last inspection. Minimising and managing physical restraint (MMPR) co-ordinators maintain an impressive up-to-date record of all learning points they have raised with staff, enabling managers to identify and escalate repeated issues.
29. Inspectors saw use of force incidents where young people were relocated to sterile rooms without any personal possessions, and in one case a mattress was removed. This is punitive and risks increasing vulnerability. There was no evidence that any consideration was given to the impact on young people's mental state when placing them in bare rooms.
30. MMPR co-ordinators aim to review all incidents within a 24-hour period, but the number of restraints is making this unachievable for all cases. The volume of incidents is causing delays in footage being reviewed at the weekly 'use of force' meetings. Furthermore, the value of these meetings is undermined because of inconsistent attendance.
31. Pain-inducing restraint techniques have been used on two occasions during the previous six months.
32. MMPR handling plans are in place to inform staff about how a young person can be safely restrained, taking into account known medical conditions that could be adversely affected by the use of force. It is concerning that some residential staff caring for young people with MMPR handling plans are unaware of these plans.
33. Thirteen serious injury or warning signs were reported during the previous six months. All of them were in respect of breathing difficulties and all were appropriately referred to the national team. Healthcare staff are usually informed of incidents involving force and restraint, but one instance was seen where a young person was not seen by a health professional after force was used.
34. Use of single separation has also risen since the previous inspection and occurred more than 40 times in one month. This reflects the significant levels of poor behaviour at the centre. Inspectors also came across a few examples of under-reporting of single separation.

The care of young people	Requires improvement
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35. The condition of the residential units is of variable quality, and some units require attention to make them feel homely. With the exception of the admissions unit,

which is welcoming and highly personalised, the majority are stark, lacking wall decorations or soft furnishings. They appear poorly maintained and institutional. The recently appointed head of communities is encouraging young people to suggest improvements. However, plans of this type are not being expedited quickly enough and there is little indication that young people are being consistently encouraged to take ownership of the physical environment.

36. In some units, there is a significant amount of graffiti both in communal areas and bedrooms. The graffiti in communal areas and on the outside of bedroom doors included homophobic comments and personal insults, which are indicative of bullying. Given the location of some of these examples, it is difficult to understand how young people would have had the opportunity to write or etch the graffiti if staff supervision was in place, and know if this behaviour was being consistently challenged.
37. Some bedrooms are not being redecorated to a sufficient standard prior to other young people moving in and new occupants effectively inherit damage and graffiti. Despite this, the majority of occupied bedrooms seen are clean and tidy, and young people know they are expected to tidy their rooms before attending education classes.
38. The range of enriching and enjoyable activities when young people are not in education has improved. Managers are clear that there is more to do, particularly in relation to girls. At present, there is little evidence of opportunities increasing for the girls or of them being driven forward in a planned and strategic way. This was a consistent theme from those girls spoken to during the inspection and boredom is having an impact on the behaviour of some. Staff spoken to during the inspection described ideas they have for activities, but said this was hampered because they could not be sure they would spend the shift on their allocated unit. The director described equipment purchased to support personal grooming sessions, although no staff referenced this. There is an urgent need to ensure that the girls have their aspirations raised and undertake adequate physical exercise as well as benefiting from more sedentary activities.
39. The introduction of electronic tablets for young people is a good initiative and the majority of young people have one. Young people were keen to show inspectors how they use these to contact staff such as their case manager, make appointments, access information and keep in touch with family and friends. These are still early days, but we saw the significant potential of this initiative. Centre managers are working hard to secure agreement from the YJB to increase the range of websites and applications on the tablets to improve their use, but this is progressing too slowly and access to only one website has been allowed.
40. Young people know how to complain and can submit their complaint via their electronic tablet, which has improved confidentiality. The large majority of young people express confidence in how complaints are dealt with. Hard copy complaints forms are also available and complaints boxes are checked regularly. Careful oversight ensures that all complaints are progressed appropriately. Good records are kept of all complaints, but these are not collated as expected, with investigating departments/individuals failing to send records to the central responsible

administrative team. This means that the central record is incomplete, making it difficult to check that all have been dealt with appropriately and in a timely fashion.

41. The information provided to young people on arrival has been improved with updated information and more child-friendly language. Inspectors were advised that a fully revised booklet will be rolled out imminently. There are plans to translate this into a range of languages, but this has not been done yet. Translation services are available for young people who speak English as an additional language and interpreters can be accessed on the phone when necessary.
42. Young people experience too much inconsistency in who looks after them on their units. During visits to units, many staff told us that they were not working on their allocated unit so did not know the young people they were currently caring for to the same extent as those on their own units. This undermines continuity of care, implementation of young people's plans, and relationship-building between staff and young people. Despite this, inspectors saw some caring and respectful interactions between young people and staff.
43. Each young person is allocated a community mentor, previously known as a key worker, from the staff cohort working on their unit, as well as a case manager from the resettlement team. When we were talking to young people, some did not know who their community mentor was. Those who did know were positive about the support they receive from their mentor and were equally complimentary about their case manager.
44. Young people have good access to independent advocates, who are regularly on site and are visible. They meet with all new arrivals to ensure that they understand their role and know how to get help from an advocate.
45. Young people are helped and encouraged to maintain contact with family and friends, including through better access to telephones at more times each day. A good initiative is the secure messaging system via their tablets, and this is already very well used despite its relative newness. Face-to-face contact is facilitated in suitable, pleasant surroundings, enabling young people to spend quality time with parents and siblings.
46. The youth council, promoted by senior managers, is active and enables young people from across the centre to meet, raise concerns, and influence change. Although relatively new in its current form, there is good evidence of young people's suggestions being taken seriously and acted upon. The effectiveness of the youth council is hampered by a regular turnover of attendees, which inhibits the development of group cohesion and influence. There is also a need for better structures to ensure that issues raised previously are not 'lost', because this would reduce confidence in the effectiveness and purpose of the forum.
47. Appropriate support is available for young people's faiths and spiritual needs. Specialist faith leaders are readily available and visible in the centre. The chaplain and imam provide support for the most common faiths followed, and specialist faith leaders for other religions are linked in when needed.
48. The chaplain plays a major role in the promotion and management of diversity and he is visible and accessible to young people. The monthly equality and diversity forum focuses on a wide range of relevant issues, but is currently not supported by

a centre-specific equality and diversity strategy or plan. The chaplain acknowledges the need to interrogate the centre’s data to identify any inequitable outcomes for young people from minority groups to shape future practice. The group has appropriately identified the inequality in provision for boys and girls across the centre as a major challenge which requires addressing at a strategic as well as operational level.

The achievement of young people	Requires improvement
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- 49. Most young people engage well in education and make good progress in their personal, social and educational development. Generally, they are interested, develop their existing skills well, and they gain new interests. In, for example, business enterprise, young people research topics, carry out extended writing and accurately present their findings. In horticulture, they develop good practical, work-related skills. There are examples of young people producing thought-provoking creative writing for a national competition. In English, some young people are gaining important speaking and listening skills. In the current year, most young people are making good progress in their functional English and mathematics. However, this level of engagement from young people is not universal. In a minority of instances, young people are not interested and are obstructive, making it difficult for them and their peers to learn.
- 50. A better understood and more consistently applied behaviour strategy has been introduced since the last inspection. There has been a reduction in more serious misbehaviour and the culture and general tenor within education is generally conducive to learning. Improved collaboration between education and centre care staff, with centre care staff now attending the daily handover meetings, helps provide continuity. Therefore, teachers are better prepared to address potential behaviour issues with individual young people. A minority of teachers and support staff are not sufficiently skilled in curtailing low-level poor behaviour within the classroom. Care staff do not always read situations well, and fail to work sufficiently in tandem with teachers to manage incidents of poor behaviour. This has a negative impact on how well young people engage with the lesson. The new reward scheme, which aims to incentivise good behaviour, is not yet being fully applied in education.
- 51. Strategies to improve attendance and help ensure that all young people engage in education have been introduced and are effective. Attendance has improved to around 90%. Reasons for non-attendance are carefully analysed and swift action follows. The work of the resettlement team, in conjunction with care staff and managers, has contributed well to this improvement. This team takes a systematic and rigorous approach to finding alternatives for young people who persistently refuse to attend education, such as one-to-one teaching on residential units. The majority of classes begin on time and young people are punctual.
- 52. The majority of teaching meets the needs and interests of young people. Most teachers adopt approaches that keep young people engaged, busy and alert in the classroom. They predict and deal with potentially disruptive behaviour effectively. Notable since the previous inspection is how the more experienced teachers skilfully

accommodate and set appropriately challenging tasks for young people who are at different educational levels. As a result, the more able young people are being identified quickly and become well engaged in higher-level courses, which they find rewarding. Teachers have high expectations that these young people meet.

53. There are weaknesses in the quality of teaching in a minority of lessons, due mainly to inexperience. In these instances, teachers are too dependent on activities that have insufficient educational objectives. They set tasks that cannot be done in the time available and young people are not always clear what is expected of them due to poor explanations. This leads to frustration among young people. Teachers are not routinely checking that young people have grasped concepts.
54. The condition of classrooms has improved and more are good. Fixed seating arrangements are being reviewed to give teachers more flexibility. Interactive boards have been introduced since the last inspection, but their potential is not being exploited fully by teachers, who are still inexperienced in using the resource well. Despite some progress, the library remains underused to support learning.
55. Education staff play a key role in planning with other professionals to meet young people's broader needs while at the centre. An education plan for all young people is put in place following an assessment on entry. As a result, young people are placed on learning pathways that meet their needs. Young people's educational progress is well monitored and regularly reviewed. However, the range of recording systems being used leads to some duplication of effort.
56. Around half of the young people at the centre have special educational needs and/or disabilities. Learning support options for these young people, such as one-to-one sessions, are sensitively considered, and good efforts are made to enable them to remain in class and learn alongside their peers. As a result, they make good progress. Information about young people's specific needs is regularly updated and sent to teachers, care staff and managers. A minority of teachers, however, do not display sufficient understanding of how to adapt lessons accordingly.
57. The curriculum pathways model, in its infancy at the previous inspection, is becoming well embedded, with horticulture, hospitality and catering courses now in place. Physical adjustments to rooms and exterior spaces to accommodate painting and decorating, bricklaying and carpentry have been made to enable these courses to commence imminently. There are firm plans with the centre's catering company to accommodate a few more young people in the kitchens. The pathways curriculum is largely coherent and supports young people's progression. However, managers are not sufficiently critical of all aspects of the curriculum; the planning and the learning materials used in the most recently introduced programme are not of a consistently high standard. Managers, thus far, have no plans to comprehensively and strategically evaluate the impact of this new model in order to introduce improvements where needed.
58. In a few instances, young people are able to gain valuable work experience in, for example, hairdressing, through a weekly placement with an external salon. This visit is risk assessed well and senior managers are alert to the benefits which these accompanied visits bring. Arrangements to enable more young people to benefit from such opportunities are planned for the future but are not currently underway.

59. There have been good strides to extend the range of enrichment activities after school and at weekends. Attendance is voluntary, with good uptake. Staff help young people choose activities that best meet their needs and consult them well about the programme. Activities include sport, auricular acupuncture and baking, with one-off events such as national poetry week, when young people produced high-quality creative writing. Three new tutors are due to commence shortly in sport, crafts and yoga. Young people are positive about enrichment activities that make a vital contribution to their social and emotional development.
60. The new contract for careers guidance enables a careers adviser to attend the centre one day a fortnight to provide all young people who are approaching release with a guidance session. A successful careers day has raised young people's interest in, and understanding of, future options, with a second being planned. However, this needs refining and managers need to assure themselves that the careers programme prepares young people sufficiently well for their 'next step'; for example, managing the disclosure of their criminal record with prospective employers.
61. Leaders and managers have ensured that, during this transitional year, there is steady improvement. This is laudable as it is despite the former head of education only being in post for a short period, and a new head teacher due to commence shortly. There remains instability in staffing, but the acting head teacher has worked diligently to ensure continuity and has kept the education staff team well informed and positive in the interim.
62. Managers are broadly accurate in their assessment of the quality of provision, but self-assessment and reporting processes are too descriptive and give insufficient attention to impact. The current position statement, for example, does not emphasise enough the need to improve achievement and success rates. Managers and teachers are not assuring adequately the quality of teaching resources. Too many worksheets used in classrooms contain spelling, punctuation and grammatical errors and, as a result, young people are being presented with poor examples of text.
63. With the support of Novus, managers have been able to establish baseline data despite previous poor reporting processes. However, the data is not benchmarked and therefore of limited use in mapping progress over time.
64. The observation of teaching and learning has been used well by managers to develop teachers' skills, which is evident in the improved outcomes for young people. Staff have accessed a good range of professional development opportunities. Their training has contributed effectively to improvement.
65. Notwithstanding Novus management and accountability structures, there are no arrangements whereby the education department is supported and challenged externally. The potential for teachers to deepen their subject knowledge through professional links and networks with local schools and colleges is underdeveloped.

The resettlement of young people	Requires improvement
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66. Considerable work has been done to improve resettlement services. Resettlement work with young people starts at the point of admission and appropriately includes addressing offending behaviour and the preparation for young people to either be released into the community or transferred to prisons/young offender institutions. The implementation of a model of assessment and case management has also continued. However, implementation has been slower than intended and the benefits of the model are not yet realised, significantly due to staffing issues. Senior managers have a clear understanding of what is needed to implement the model effectively and have plans to achieve this.
67. Young people’s individual needs are well assessed on a multi-disciplinary basis soon after admission, using a psychologically informed assessment, a ‘formulation’. These assessments provide useful insights into individual young people’s harmful behaviours, identify underlying factors that contributed to offending and risky behaviours, and highlight areas that need strengthening to reduce the chances of reoffending on release. The quality of intervention plans is variable, although more recent plans are better, following an internal quality assurance exercise. The best include appropriate targets and helpful guidance for staff on how to approach and challenge poor behaviour. These arrangements are undermined as care staff do not regularly attend formulation meetings or other planning and review meetings, despite being central to the care of the young person. It is also a shortfall that care staff have not had access to young people’s intervention plans on the living units, although copies were made available during the inspection. Senior managers recognise this as a significant shortfall and expect this to improve once staffing levels increase.
68. Case workers in the resettlement service have in-depth knowledge of young people, and they establish and maintain effective and routine contact with parents, carers, youth offending team workers, social workers and the young person themselves. During a telephone call to carers of a young person recently admitted to the centre, the case manager was sensitive and reassuring, explaining what to expect and how best to keep in contact. When needed, case managers hold other people to account, and escalate concerns with responsible local authorities.
69. Looked after children reviews are timely and purposeful, and generally well attended. Regular liaison with external social workers supports planning well. Parents attending a looked after child review were given good information about the range of support services that would be available to him during his remand.
70. Reviews of formulations and plans are variable and sometimes do not take place despite the occurrence of significant events, including when young people have committed assaults. A newly appointed psychologist is aware of this issue and is due to implement a three-weekly review process.
71. Young people’s offending behaviour is addressed via their participation in a suitable modular programme. All young people undertake the first module, and this helps them to reflect and understand the circumstances of their offending. This is supplemented by other interventions as needed. The impact of these programmes is

measured via self-assessment, which captures the young person's views of whether they have benefited. Post-programme reviews undertaken show positive changes in attitude towards offences and behaviour.

72. The centre collects data on who has completed programme modules, but does not record any failures to complete the modules. There are waiting lists for some modules, including 18 young people waiting for the anger management component. The delivery of the programme continues to be undermined by insufficient availability of case managers and forensic psychologists to run them.
73. Young people on short sentences are not at the centre long enough to complete this programme and there is no alternative offending behaviour work for them. In effect, they can serve the entire custodial element of their sentence without any offending behaviour work being undertaken.
74. Post-release outcome data is gathered and analysed but is not used to inform arrangements in the centre. For example, the analysis shows that those on short sentences reoffended most frequently and that the first month following release was the most risky time for young people. This analysis has not informed interventions for young people on short sentences despite these trends following the national picture.
75. Better thought and consideration is given to those young people who are serving longer sentences, and currently half of the population are serving more than three years. Some of these young people will be moving to young offender institutions or the adult estate. These transitions are discussed at a suitably early stage with young people, giving them time to come to terms with the effects of a long prison sentence, including separation from family. Links with the adult estate are effective, enabling early contact and appropriate information-sharing. One young person is currently being helped well by a mentor from the adult estate.
76. The risk of harm to others that young people pose is generally identified. Appropriate attention is given to help the young person develop control and insight into their behaviour; however, these changes tend to happen over time. In the meantime, immediate steps to manage and reduce risks are not routinely given enough focus. Some very poor and risky behaviour to staff and other young people occurs repeatedly, and the response to this is inadequate. There are few preventative measures deployed to manage predictable further behaviour. One young person, known to target vulnerable people, made a credible and serious threat to a member of staff. Immediate action was taken to protect the staff member and to raise the young person's risk level. It is a shortfall that, following this threat, there was no analysis of who the young person considered vulnerable and whether those traits were present in other staff or young people. Such an analysis would have informed staff how they could be supported to manage him safely and respond appropriately to his testing behaviour.
77. Risk management planning is fragmented and lacks cohesion. Some work to reduce risk is included in formulations, but managing risk day to day is not specific enough. In one case, care staff were instructed to monitor a young person as he had already assaulted other young people on the unit. This instruction was too vague, and it was not clear what practical steps the staff were expected to take to reduce the opportunities for further assaults.

78. MAPPA arrangements are not robust. Although case managers know MAPPA-eligible cases from their individual caseloads, there is no single register of such cases. Prior to release, the centre does not know or track how many MAPPA cases it has. Given the range and nature of offences committed by these young people, this knowledge is vital to fulfil public protection responsibilities. One recently released young person was correctly identified as presenting a high risk of harm to the public. Despite ongoing and persistent work by the social worker and the resettlement worker, release accommodation was only identified the day before his release. Centre staff did not know that he was a MAPPA level 2 case until the day after release. As a consequence, the critical oversight and support available from MAPPA had not been used to help plan arrangements to protect the public. In addition, the centre had not contributed to the management arrangements in the community.
79. Release on temporary licence, allowing young people limited unsupervised access to the community, had not been used. The director acknowledges this, expressing a clear intent to increase its use over time. Supervised time out of the centre is used appropriately for a small number of young people for work experience, but these instances are rare.
80. Feedback gathered during the inspection from parents, carers and external professionals was positive about the centre, and the communication and involvement they had with centre staff.

The health of young people	Requires improvement
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81. Young people have access to a range of age-appropriate health services, delivered by an integrated primary care and mental health team of staff. Staffing is problematic, and there are 50% vacancies in primary care. A full service continues to be provided by staff working consecutive long shifts, as well as providing an on-call service. Unplanned staff absences make covering shifts even more difficult. Recruitment is ongoing, shift patterns are being consulted on, and access to agency staff is being negotiated.
82. Primary care staff are not in receipt of regular formal recorded clinical supervision, and several of those spoken to felt unsupported because of this. They also reported a lack of professional development and gave these as reasons why so many of them are resigning. No appraisals have been completed this year to date. Some mandatory training has not been completed by primary care nurses, including in infection control, fire safety and safeguarding. As a consequence, the Care Quality Commission (CQC) has issued a Requirement Notice for this breach of regulation. A copy is appended to this report.
83. Young people have an initial health assessment carried out upon their arrival by means of a nationally recognised tool, the comprehensive health assessment (CHAT). Immediate care plans are put in place where health needs are identified. Further sections of the CHAT covering physical and mental health, neuro-disability and substance misuse are also carried out, and generally within the expected timescales. The quality of healthcare plans is variable but none are inadequate. Inspectors did, however, find that most care plans are generic and not tailored to

the individual. There is no evidence of reviews taking place in the cases looked at. Record keeping is variable, with some detailed recording, but other recording is too sparse or illegible. In the absence of an electronic patient record system, the paper-based records are not used to measure the effectiveness of the health service. The absence of an electronic patient record system also constrains effective information-sharing and partnership working. This was a recommendation from the last three inspections that has not been addressed.

84. At the time of the inspection, the security and effectiveness of records were at risk from the practice of transporting confidential patient files across the centre. Records are updated by staff periodically. This meant that they are not maintained securely or completed contemporaneously, leading to the risk of errors and breaches of confidentiality. Inspectors raised this with senior health managers who took immediate action to address these risks. Inspectors were unable to test the effectiveness of these arrangements during the inspection.
85. Waiting lists for clinics, the dentist and the GP are reasonable. Both the GP and the dentist provide a responsive and flexible service. All new admissions are immediately referred to substance misuse services and the dentist for an initial assessment. Required medication is prescribed promptly. Although relationships between health and other centre staff are positive, centre staff are not always able to ensure that young people can access health services. The number of failed appointments due to a young person refusing to attend or no staff being available to escort them varies from month to month. Valuable clinical time is lost by nurses following up non-attendance. The method for acquiring a primary healthcare appointment could be more formalised. Nurses carry out a walk round in the morning and deal with minor ailments immediately; issues that require another health specialist or clinic are booked in on their return to the healthcare office. It is unclear why health services are not receiving requests for appointments directly from young people's electronic tablets, which have this facility.
86. The clinical mental health team, led by a principal clinical psychologist, provides effective psycho-social, sexual behaviour interventions and full psychiatric assessments. The team attends multi-disciplinary meetings to offer advice and support. The team has developed a sexualised behaviour tracking log and draft policy for those young people who exhibit inappropriate sexualised behaviour, either before or during their time in the centre, in order for them to receive targeted interventions. This is a good development, but it is still in its infancy, and centre staff require support to identify inappropriate behaviour. The clinical and centre-based forensic psychology teams work well together to agree plans and ensure that young people are allocated to the most suitable worker.
87. Integration between health services and other specialisms within the centre is well established and supports the development of child-focused plans and interventions effectively. The health team is represented at all key meetings to ensure that relevant issues and needs are discussed. The dental team has worked well with centre staff to promote healthy eating and oral health. Formulation meetings take full account of the health staff's input. Basing health staff in the education block has improved their input to classes, improved the timely delivery of interventions and increased their contact with young people. The substance misuse workers and sexual health nurse now deliver interventions within suitable lessons, and a mental

health nurse delivers relaxation and mindfulness weekly. These contribute well to the spectrum of specialist services that young people are able to access.

- 88. Two substance misuse workers manage a caseload of up to 40, using cognitive behavioural therapy, motivational interviewing, and psycho-social interventions. The service is appropriately assessing and supporting the young people most in need. However, there is no central database capturing their work, and no data reported to Public Health England’s national drug treatment monitoring system as there should be. The lack of aggregate data means the impact of the service cannot be analysed.
- 89. There were eight complaints about health services from May 2016 to date. They were all responded to in an appropriate manner.
- 90. Healthcare governance systems are fairly well developed, despite not having the electronic patient record that has been expected for years, SystmOne. Audits are carried out regularly, with follow-up where appropriate. The contract and clinical governance arrangements are overseen by senior staff regularly. The two key issues of staffing and SystmOne are regularly discussed with the commissioner and have been recorded on the Datix (incident and risk recording) patient safety system. However, despite these issues being raised repeatedly, they are yet to be resolved.
- 91. Our survey highlights young people’s dissatisfaction with the food they are given. They complain about portion sizes, and a lack of creativity. Inspectors found portion sizes to be adequate. We are aware that senior managers in the centre are working actively with the catering contractor to raise standards. There are fewer opportunities for the young people to dine communally outside their units than at the previous inspection.

The effectiveness of leaders and managers	Inadequate
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- 92. Full staffing and a fully staffed management team have yet to be achieved in the centre. The difficulties in maintaining minimum staffing levels, coupled with high proportions of inexperienced staff, mean that the centre’s strategy to improve care and interventions with young people is not yet effective. At the time of the last inspection, the provider reported problems with inheriting insufficient staff, and the recruitment of staff has remained problematic since then. An improved offer, introduced in December 2016, has generated more applicants, and the director is recruiting above establishment numbers to address some foreseeable staffing issues in the future.
- 93. Although recruitment has been a priority for the centre and there are significant numbers of staff who have recently completed initial training, with another cohort underway, the centre is only slowly benefiting from the volume of staff employed because of the attrition rate. On 1 April 2016, there were 113.73 custody care officers (CCOs) in post compared with 120.40 CCOs in post on 1 March 2017. There is a significant difference between the number of staff on the payroll compared with the number who are available to work each shift, and minimum staffing levels struggle to be maintained. For example, a snapshot day during the inspection showed that of a total of 134 CCOs employed, 50.6% (68 staff) were not available

for work because of a variety of factors, mostly sickness, not yet being certified, and being on training.

94. The workforce is largely very inexperienced due to vacancies being filled by new applicants. From 1 October 2016 to 31 May 2017, 102 new operational staff started and 74 left. This means that the majority of staff working directly with young people on a shift will have less than a year's experience and many have only a few months' or weeks' experience.
95. The provider has comprehensive recruitment and retention arrangements to address the urgent need to increase, skill up and retain staff. There are recent indications that this is beginning to have the desired effect, for example the number of staff leaving has reduced in more recent months. Similarly, sickness rates have reduced in recent months, with a reduction of 276 sickness days in June 2016 to 165.5 days in May 2017.
96. Difficulties in recruiting staff have impacted on the centre at all levels of seniority. The interim director at the last inspection was replaced by another interim director at the end of January 2017, with this post holder only being confirmed as permanent in March 2017. It is positive that staff across the centre, as well as senior leaders from the provider company, express confidence in the director and his leadership. He has made good efforts to increase the visibility of the senior leadership team by locating them closer to the young people's units, and young people clearly value the time the director spends with them. However, the uncertainty over leadership and the time taken to recruit a permanent director means the centre's progress has not been swift enough in key areas. The current director has only had three months in which to drive forward his vision for the centre.
97. The senior management team's capacity to lead and improve the centre has been appropriately assessed and demonstrates the provider's commitment to active employee management. However, this means that there are now gaps in significant posts and remedial action continues to be required to address shortfalls in the portfolios of departed senior staff such as security and contingency exercises. For example, it is unknown when the last live contingency exercise in partnership with the local fire service occurred in the centre; the director stated that the next contingency exercise will be regarding fire, although it is not yet scheduled.
98. The director, supported by the provider company, recognises the need to upskill the senior team. All senior managers attended an initial two-day training course on people management and there are plans for all senior and middle managers to commence a 6-month modular course on management from October 2017. This is laudable, but over the period of this inspection, the impact of the senior team has been variable and this has limited the pace of progress.
99. The volume of incidents of use of force varies but, overall, is too high. Incidents are considerably higher than at the last inspection, when the population was 58, the same as at the start of this inspection. Centre managers attribute this to a variety of factors, including better integrity of data, high use of low level interventions to prevent more serious incidents occurring, and some young people that the director regards as unsuitable for a STC. However, an increase of this size is extremely concerning and is unacceptable.

100. The number of assaults on staff is roughly equivalent to the numbers of assaults on young people, and is too high. This could impact negatively on staff retention.
101. Staff performance is being actively managed through expectations of regular supervision, and annual performance development reviews, which is appropriate. However, staff supervision has been inadequate, with internal audits identifying superficial and/or absent supervision for care staff and the safeguarding team.
102. Since the last inspection, 10 members of staff have left because of unsatisfactory performance. In all instances, the provider dealt with the concerns raised and concluded matters swiftly. It is encouraging that one concern was raised via a member of staff whistleblowing and also encouraging that no instances of gross misconduct involving the care of young people occurred during this period.
103. Another recently concluded investigation demonstrates good vigilance and prompt reporting of concerns by a member of staff. However, this revealed previously unknown weakness in the old telephony system, whereby young people could contact each other directly. The director has provided assurance that, with the new system being installed, this will no longer be possible.
104. There is no overarching quality assurance and performance management framework for the centre. The provider fully appreciates the need for this and is currently finalising a quality assurance framework intended to go live in September 2017. At the present time, performance management is ad hoc. It is a relatively new concept for many staff and managers, but awareness of its value is being reinforced by the director.
105. The impact of safeguarding training is not evaluated to ensure that the workforce is sufficiently competent in recognising and responding to safeguarding issues. Most training for operational staff who work on the living units, the CCOs, occurs in their initial seven-week programme. Follow-up training for staff once they become operational largely focuses on the training that is required to maintain accreditation, such as first aid, manual handling and fire safety. New recruits receive appropriate training on safeguarding and preventing terrorism/radicalisation on the initial training course. This is relatively brief, for example safeguarding is covered in a day. The safeguarding refresher training for operational staff is also brief, consisting of a two-hour e-learning course promoted by the LSCB. There is no evaluation of the impact of the training to establish whether or not staff have sufficient understanding of child safeguarding issues.
106. The provider has ambitions to accredit the initial training course and integrate it into a route to achieving a higher education qualification. This is at an early stage of development but demonstrates the aim to improve the qualification profile of the staff group.
107. The telephony, ICT and other electronic systems have been upgraded or are about to be upgraded and these are essential improvements. The provider is at the point of training staff to use the company's electronic client management system, now having the infrastructure, software and hardware in place to facilitate this. However, this has meant that, up to now, staff have been working on inherited and weak systems with a mixture of electronic and hard copy records. CCOs have not been able to readily consult key written information about the young people on their

units. The need for information to be shared verbally and held in memory has obvious shortfalls, and unit staff have not been able to contribute to young people's care and intervention plans sufficiently.

108. Other essential upgrade work has occurred across the centre, but repairs are not conducted quickly enough to maintain the refurbished standard. The level of damage indicates shortfalls in oversight and staff vigilance. Graffiti suggestive of gang involvement and bullying is not being actively considered as such by unit staff, indicating shortfalls in their awareness of these issues. While refurbishment has occurred, the units are currently largely bare-walled, because attempts at decoration have been swiftly derailed by young people, and more robust solutions have not been found. Management oversight is not addressing these issues. Senior managers express an intent to improve the cheerfulness of the units with the use of colour and decoration, but at the present time, they are mostly quite stark. While new televisions have been bought and senior managers advise that these have had appropriate restrictions put on them, some young people across the centre still have televisions with access to adult-only channels available on free services as these have not been screened out by the centre. Senior managers provide assurance that this was rectified during this inspection. However, it is concerning that this weakness was identified at a recent inspection in another STC and managers had not checked this centre's equipment prior to the inspection.
109. Appropriate steps have been taken to update and modernise the centre's policies and procedures in a range of areas including safeguarding. These are largely at the final stages of awaiting authorisation / sign off from relevant bodies such as the YJB and the LSCB. It is good that these have been updated, but this has taken over a year since handover, meaning that staff have only had the previous provider's policies to guide them, and there has been a significant mismatch between these and the expectations of the current provider.
110. We witnessed a lot of low-level poor behaviour by young people, with variable responses from staff. Young people cite the variable response from staff towards them as an issue, and this variability, likely due to a variety of factors including inexperience and intimidation, will contribute to the overall variability in behaviour. However, some good behaviour management was also seen, with staff appropriately and effectively challenging and engaging with young people. It is encouraging that young people spoken to were generally positive about the CCOs and particularly positive about their case managers.

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 the 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 her 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 June 2017 by senior researchers from HMIP. Of the 58 young people in the centre, 46 responded to the survey, a response rate of 79%. Eleven young people refused to complete a questionnaire and one questionnaire was not returned.

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.

Provider: Northamptonshire Healthcare NHS Foundation Trust

Registered location: Rainsbrook Secure Training Centre

Location ID: RP1Y6

Regulated activity: Treatment of disease, disorder, or injury, diagnostic and screening procedures.

Requirement Notice

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that details what action it is going to take to meet these regulations.

**Health and Social Care Act 2008
(Regulated Activities) Regulations 2014
Regulation 18 Staffing**

(2) (a) Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

How the regulation is not being met:

At the time of the inspection, staff were not in receipt of regular formal clinical supervision and appraisals, and cited feeling unsupported and deskilled. Mandatory training had not been completed by all staff and some did not have up-to-date fire safety, infection control and safeguarding training.



Rainsbrook STC

Summary of questionnaires and interviews

13 June 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 they are triangulated with inspectors' observations, discussions with young people and staff and documentation held in the establishment. More detail can be found in the inspection report.

Survey Methodology

A voluntary, confidential and anonymous survey of a representative proportion of the population of children and young people (12–18 years of age) 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 13 June 2017, the population at Rainsbrook STC was 58. Using the method described above, questionnaires were distributed to 58 young people.

We received a total of 46 completed questionnaires, a response rate of 79%. Eleven young people refused to complete a questionnaire and one questionnaire was not returned.

Unit	Number of completed survey returns
Everdon	0
Kilsby	3
Nethercote	3
Thurlaston	4
Dunchurch	5
Sawbridge	2
Foxtton	7
Hinckley	5
Oadby	7
Gilmorton	4
Ledwell	6

Comparisons

Over the following pages we present the survey results for Rainsbrook 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 significant¹ differences are indicated by shading. Results that are significantly better are indicated by green shading, 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 Rainsbrook 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 January 2017.
- The current survey responses from Rainsbrook in 2017 compared with the responses of young people surveyed at Rainsbrook in 2016.
- A comparison within the 2017 survey between the responses of white young people and those from a black and minority ethnic group.

¹ 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.

- A comparison within the 2017 survey between the responses of young people who consider themselves to have a disability and those who do not consider themselves to have a disability.
- 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.

Secure Training Centre Survey

Section I: Questions about you

		Male		Female	
QI.1	Are you?	38 (93%)		3 (7%)	
QI.2	How old are you?	12 0 (0%)	13 0 (0%)	14 2 (4%)	15 10 (22%)
				16 18 (40%)	17 10 (22%)
					18 5 (11%)
QI.3	What is your ethnic origin?				
	White - British (English/Welsh/Scottish/Northern Irish).....				20 (44%)
	White - Irish.....				1 (2%)
	White - Other.....				5 (11%)
	Black or Black British - Caribbean.....				7 (16%)
	Black or Black British - African.....				1 (2%)
	Black or Black British - other.....				0 (0%)
	Asian or Asian British - Indian.....				0 (0%)
	Asian or Asian British - Pakistani.....				5 (11%)
	Asian or Asian British - Bangladeshi.....				0 (0%)
	Asian or Asian British - Chinese.....				0 (0%)
	Asian or Asian British - other.....				1 (2%)
	Mixed heritage - White and Black Caribbean.....				3 (7%)
	Mixed heritage - White and Black African.....				0 (0%)
	Mixed heritage - White and Asian.....				0 (0%)
	Mixed heritage - other.....				1 (2%)
	Arab.....				1 (2%)
	Other ethnic group.....				0 (0%)
QI.4	What is your religion?				
	None.....				18 (43%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....				11 (26%)
	Buddhist.....				1 (2%)
	Hindu.....				0 (0%)
	Jewish.....				1 (2%)
	Muslim.....				9 (21%)
	Sikh.....				0 (0%)
	Other.....				2 (5%)
QI.5	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes 4 (10%)		No 38 (90%)	
QI.6	Are you a British citizen?	Yes 41 (93%)		No 3 (7%)	
QI.7	Do you have a disability? Do you need help with any long term physical, mental or learning needs?	Yes 13 (30%)		No 30 (70%)	
		Yes		No	

Q1.8	Have you ever been in local authority care (looked after)?	25 (56%)	20 (44%)
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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 37 (84%)	No 7 (16%)
Q2.2	When you arrived at the centre were you searched?	Yes 40 (89%)	No 3 (7%) Don't remember/ Not applicable 2 (4%)
Q2.3	Did staff explain to you why you were being searched?	Yes 32 (71%)	No 4 (9%) Don't remember/ Not applicable 9 (20%)
Q2.4	When you were searched, did staff treat you with respect?	Yes 39 (87%)	No 0 (0%) Don't remember/ Not Applicable 6 (13%)
Q2.5	Did you see a doctor or nurse before you went to bed on your first night here?	Yes 39 (89%)	No 5 (11%)
Q2.6	On your first night here, did anybody talk to you about how you were feeling?	Yes 33 (77%)	No 10 (23%)
Q2.7	Did you feel safe on your first night here?	Yes 38 (84%)	No 7 (16%)

Section 3: Daily life

Q3.1	In your first few days here were you told everything you needed to know about life at the centre?	Yes 32 (71%)	No 6 (13%)	I don't know 7 (16%)
Q3.2	If you had a problem, who would you turn to? <i>(Please tick all that apply)</i>			
	No-one.....			6 (14%)
	Teacher/ Education staff.....			8 (19%)
	Key worker.....			11 (26%)
	Case worker.....			23 (55%)
	Staff on your unit.....			19 (45%)
	Another young person here.....			3 (7%)
	Family.....			14 (33%)
	Advocate.....			5 (12%)
	Other.....			1 (2%)

Q3.3	Do you have a key worker on your unit?	Yes 28 (67%)	No 14 (33%)
Q3.4	Does your key worker help you?	I don't have a key worker 14 (35%)	Yes 21 (53%) No 5 (13%)
Q3.5	Do most staff treat you with respect?	Yes 41 (93%)	No 3 (7%)
Q3.6	Can you follow your religion if you want to?	Yes 29 (66%)	No 2 (5%) I don't want to/ I have no religion 13 (30%)
Q3.7	What is the food like here?		
	Very good		0 (0%)
	Good		8 (18%)
	Neither		11 (25%)
	Bad.....		7 (16%)
	Very bad.....		18 (41%)
Q3.8	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	Yes 38 (88%)	No 5 (12%)
Q3.9	How often do you have visits from family, carers and friends?		
	<i>I don't get visits</i>		4 (10%)
	<i>Less than once a week</i>		12 (29%)
	<i>About once a week</i>		22 (54%)
	<i>More than once a week</i>		3 (7%)

Section 4: Behaviour

Q4.1	Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	I don't know what the scheme is 0 (0%)	Yes 32 (74%)	No 11 (26%)
Q4.2	Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	I don't know what the scheme is 0 (0%)	Yes 25 (58%)	No 18 (42%)
		Yes		No

Q4.3	If you get in trouble, do staff explain what you have done wrong?	37 (88%)		5 (12%)
Q4.4	Do most staff let you know when your behaviour is good?	Yes 35 (81%)		No 8 (19%)
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 27 (60%)		No 18 (40%)
Q4.6	Have you been physically restrained since you have been here? (you may have heard it called MMPR)	Yes 19 (43%)		No 25 (57%)
Q4.7	Were you given a chance to talk to somebody about the restraint afterwards?	Not been restrained 25 (56%)	Yes 16 (36%)	No 4 (9%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a doctor or nurse?	Yes 37 (82%)	No 3 (7%)	I don't know 5 (11%)
Q5.2	What are the health services like here?	Good 25 (57%)	Bad 14 (32%)	I don't know 5 (11%)
Q5.3	Do you have any health needs which are not being met?	Yes 11 (26%)		No 32 (74%)

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 42 (95%)		No 2 (5%)
Q6.2	Are complaints dealt with fairly?	I have not made one 22 (51%)	Yes 14 (33%)	No 7 (16%)
Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	Yes 3 (7%)		No 38 (93%)

Section 7: Questions about education, training and activities

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)	Yes 14 (33%)	No 10 (23%)	I don't know 19 (44%)
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 26 (62%)	No 16 (38%)	
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?	Yes 30 (71%)	No 12 (29%)	
Q7.4	Do you think your education/ training here will help you once you leave the centre?	Yes 30 (71%)	No 12 (29%)	
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 33 (77%)	No 10 (23%)	
Q7.6	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	Yes 36 (86%)	No 6 (14%)	
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 27 (71%)	No 11 (29%)	
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 6 (14%)	Yes 20 (48%)	No 16 (38%)

Section 8: Questions about safety

Q8.1	Have you ever felt unsafe here?	Yes 13 (30%)	No 30 (70%)
Q8.2	Do you feel unsafe at the moment?	Yes 4 (9%)	No 39 (91%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe		30 (75%)
	Everywhere		1 (3%)

Admissions room	0 (0%)
In single separation	0 (0%)
At the gym.....	1 (3%)
Outside areas/ grounds	3 (8%)
Corridors.....	3 (8%)
Dining room	2 (5%)
At education/ training	3 (8%)
At religious services	1 (3%)
At health services	2 (5%)
In the visits area	0 (0%)
On your unit.....	5 (13%)
In your room	1 (3%)
Other	2 (5%)

Q8.4 Have you experienced any of the following from **young people** here? (Please tick all that apply)

Insulting remarks about you	14 (36%)
Physical abuse (being hit, kicked or assaulted)	18 (46%)
Sexual abuse.....	4 (10%)
Feeling threatened or intimidated	8 (21%)
Shout outs/ yelling through windows about you.....	14 (36%)
Having your property taken	6 (15%)
Other	3 (8%)
Not experienced any of these things.....	18 (46%)

Q8.5 If yes, what was it about? (Please tick all that apply)

Your race or ethnic origin	6 (15%)
Your religion/religious beliefs.....	2 (5%)
Your nationality.....	4 (10%)
Being from a different part of the country to others.....	5 (13%)
Being from a traveller community	1 (3%)
Your sexual orientation.....	0 (0%)
Your age	3 (8%)
Having a disability	2 (5%)
You being new here	9 (23%)
Your offence/ crime.....	5 (13%)
Gang related issues/ people you know or mix with.....	4 (10%)
About your family or friends.....	8 (21%)
Drugs	5 (13%)
Medication you receive	0 (0%)
Your gender	1 (3%)
Other	5 (13%)

Q8.7 Have you experienced any of the following from **staff** here? (Please tick all that apply)

Insulting remarks about you	5 (14%)
Physical abuse (being hit, kicked or assaulted)	1 (3%)
Sexual abuse.....	1 (3%)
Feeling threatened or intimidated	3 (8%)
Having your property taken	2 (6%)
Other	4 (11%)
Not experienced any of these things.....	26 (72%)

Q8.8 If yes, what was it about? (Please tick all that apply)

Your race or ethnic origin	0 (0%)
Your religion/religious beliefs.....	0 (0%)
Your nationality.....	0 (0%)

Being from a different part of the country to others.....	1 (3%)
Being from a traveller community.....	0 (0%)
Your sexual orientation.....	0 (0%)
Your age.....	0 (0%)
Having a disability.....	0 (0%)
You being new here.....	0 (0%)
Your offence/ crime.....	0 (0%)
Gang related issues/ people you know or mix with.....	1 (3%)
About your family or friends.....	1 (3%)
Drugs.....	0 (0%)
Medication you receive.....	0 (0%)
Your gender.....	0 (0%)
Because you made a complaint.....	0 (0%)
Other.....	4 (11%)

	Yes	No
Q8.10 If you were being bullied or 'picked on', would you tell a member of staff?	26 (63%)	15 (37%)



Survey responses from children and young people: Rainsbrook 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

		Rainsbrook STC June 2017	STC comparator	Rainsbrook STC June 2017	Rainsbrook STC October 2016
	Any percentage highlighted in green is significantly better				
	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		46	71	46	49
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	26%	34%	26%	38%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	42%	57%	42%	36%
1.4	Are you Muslim?	21%	16%	21%	9%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	10%	9%	11%
1.6	Are you a British citizen?	93%	89%	93%	96%
1.7	Do you have a disability?	30%	23%	30%	32%
1.8	Have you ever been in local authority care?	56%	41%	56%	33%
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?	84%	91%	84%	91%
2.2	When you arrived at the centre were you searched?	89%	91%	89%	90%
2.3	Did staff explain why you were being searched?	71%	74%	71%	78%

2.4	When you were searched, did staff treat you with respect?	86%	85%	86%	79%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	89%	94%	89%	91%
2.6	Did anybody talk to you about how you were feeling?	76%	78%	76%	74%
2.7	Did you feel safe?	84%	93%	84%	89%
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?	71%	72%	71%	61%
If you had a problem, who you would turn to?					
3.2a	No-one	15%	16%	15%	28%
3.2b	Teacher/Education staff	19%	8%	19%	17%
3.2c	Key worker	26%	25%	26%	24%
3.2d	Case worker	55%	32%	55%	37%
3.2e	Staff on the unit	45%	38%	45%	46%
3.2f	Another young person here	8%	13%	8%	28%
3.2g	Family	34%	46%	34%	39%
3.2h	Advocate	11%	6%	11%	13%
3.3	Do you have a key worker on your unit?	66%	74%	66%	54%
For those who said they had a key worker:					
3.4	Does your key worker help you?	81%	75%	81%	71%
3.5	Do most staff treat you with respect?	93%	85%	93%	92%
3.6	Can you follow your religion if you want to?	66%	69%	66%	76%
3.7	Is the food here good/ very good?	18%	30%	18%	20%
3.8	Is it easy to keep in touch with family or carer outside the centre?	89%	90%	89%	93%
3.9	Do you have visits from family, carers or friends at least once a week?	62%	58%	62%	58%
SECTION 4: BEHAVIOUR					

4.1	Does the incentives and sanctions scheme encourage you to behave well?	74%	75%	74%	65%
4.2	Do you think the incentives and sanctions scheme is fair?	58%	73%	58%	53%
4.3	If you get in trouble, do staff explain what you have done wrong?	89%	82%	89%	73%
4.4	Do most staff let you know when your behaviour is good?	82%	66%	82%	74%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	60%	47%	60%	35%
4.6	Have you been physically restrained since you have been here?	43%	39%	43%	28%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	80%	73%	80%	64%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	83%	86%	83%	75%
5.2	Do you think that the health services are good here?	57%	65%	57%	63%
5.3	Do you have any health needs which are not being met?	26%	19%	26%	33%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	95%	96%	95%	96%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	67%	54%	67%	55%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	8%	11%	8%	15%
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%	36%	33%	26%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	62%	67%	62%	52%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	72%	51%	72%	35%
7.4	Do you think your education here will help you once you leave?	72%	58%	72%	48%

7.5	Have you been able to learn any 'life skills' here?	76%	83%	76%	65%
7.6	Are you encouraged to take part in activities outside education/ training hours?	85%	89%	85%	79%
7.8	Do you know where you will be living when you leave the centre?	71%	71%	71%	83%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	56%	75%	56%	52%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	30%	21%	30%	25%
8.2	Do you feel unsafe at the moment?	9%	5%	9%	8%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	36%	27%	36%	39%
8.4b	Physical abuse?	47%	18%	47%	31%
8.4c	Sexual abuse?	10%	1%	10%	0%
8.4d	Feeling threatened or intimidated?	20%	18%	20%	25%
8.4e	Shout outs/yelling through windows?	36%	19%	36%	35%
8.4f	Having your canteen/property taken?	16%	7%	16%	8%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	16%	9%	16%	17%
8.5b	Your religion or religious beliefs?	6%	1%	6%	10%
8.5c	Your nationality?	10%	7%	10%	8%
8.5d	Your being from a different part of the country than others?	12%	1%	12%	10%
8.5e	Your being from a Traveller community?	2%	1%	2%	8%
8.5f	Your sexual orientation?	0%	0%	0%	0%
8.5g	Your age?	8%	1%	8%	4%
8.5h	You having a disability?	6%	4%	6%	4%

8.5i	You being new here?	22%	13%	22%	15%
8.5j	Your offence or crime?	12%	9%	12%	15%
8.5k	Gang related issues or people you know or mix with?	10%	9%	10%	10%
8.5l	About your family or friends?	20%	7%	20%	8%
8.5m	Drugs?	12%	4%	12%	4%
8.5n	Medications you receive?	0%	1%	0%	4%
8.5	Your gender?	2%	0%	2%	2%
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	13%	9%	13%	21%
8.7b	Physical abuse?	2%	0%	2%	9%
8.7c	Sexual abuse?	2%	0%	2%	2%
8.7d	Feeling threatened or intimidated?	9%	6%	9%	9%
8.7e	Having your canteen/property taken?	7%	2%	7%	5%
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	0%	0%	0%	9%
8.8b	You religion or religious beliefs?	0%	0%	0%	5%
8.8c	Your nationality?	0%	0%	0%	9%
8.8d	Your being from a different part of the country than others?	2%	0%	2%	5%
8.8e	Your being from a Traveller community?	0%	2%	0%	2%
8.8f	Your sexual orientation?	0%	0%	0%	5%
8.8g	Your age?	0%	2%	0%	2%
8.8h	You having a disability?	0%	2%	0%	0%
8.8i	You being new here?	0%	6%	0%	9%
8.8j	Your offence or crime?	0%	3%	0%	9%
8.8k	Gang related issues or people you know or mix with?	2%	3%	2%	5%

8.8l	About your family or friends?	2%	2%	2%	5%
8.8m	Drugs?	0%	2%	0%	9%
8.8n	Medications you receive?	0%	2%	0%	5%
8.8o	Your gender?	0%	0%	0%	5%
8.8p	Because you made a complaint?	0%	2%	0%	5%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	64%	66%	64%	39%



Diversity comparator (ethnicity) Rainsbrook 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

		Black and minority ethnic young people	White young people
	Any percentage highlighted in green is significantly better		
	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		19	26
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	38%	19%
1.4	Are you Muslim?	52%	0%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	13%
1.6	Are you a British citizen?	83%	100%
1.7	Do you have a disability?	13%	44%
1.8	Have you ever been in local authority care?	54%	58%
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?	83%	84%
2.2	When you arrived at the centre were you searched?	88%	88%
2.3	Did staff explain why you were being searched?	67%	73%
2.4	When you were searched, did staff treat you with respect?	83%	88%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	100%	81%
2.6	Did anybody talk to you about how you were feeling?	78%	75%
2.7	Did you feel safe?	83%	85%
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?	75%	70%
If you had a problem, who you would turn to?			
3.2a	No-one	5%	19%
3.2b	Teacher/Education staff	14%	25%
3.2c	Key worker	18%	32%
3.2d	Case worker	59%	52%
3.2e	Staff on the unit	41%	48%
3.2f	Another young person here	14%	3%
3.2g	Family	36%	32%
3.2h	Advocate	18%	9%
3.3	Do you have a key worker on your unit?	65%	67%
3.5	Do most staff treat you with respect?	100%	88%
3.6	Can you follow your religion if you want to?	83%	52%
3.7	Is the food here good/ very good?	13%	25%
3.8	Is it easy to keep in touch with family or carer outside the centre?	78%	97%
3.9	Do you have visits from family, carers or friends at least once a week?	59%	63%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	67%	80%
4.2	Do you think the incentives and sanctions scheme is fair?	46%	67%
4.3	If you get in trouble, do staff explain what you have done wrong?	87%	87%

4.4	Do most staff let you know when your behaviour is good?	83%	81%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	58%	65%
4.6	Have you been physically restrained since you have been here?	50%	41%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	75%	88%
5.2	Do you think that the health services are good here?	44%	65%
5.3	Do you have any health needs which are not being met?	38%	17%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	90%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	17%	0%
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%	35%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	63%	59%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	57%	83%
7.4	Do you think your education here will help you once you leave?	73%	69%
7.5	Have you been able to learn any 'life skills' here?	67%	83%
7.6	Are you encouraged to take part in activities outside education/ training hours?	75%	96%
7.8	Do you know where you will be living when you leave the centre?	70%	70%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	27%	33%
8.2	Do you feel unsafe at the moment?	13%	10%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	45%	32%
8.4b	Physical abuse?	38%	54%

8.4c	Sexual abuse?	25%	0%
8.4d	Feeling threatened or intimidated?	25%	18%
8.4e	Shout outs/yelling through windows?	30%	41%
8.4f	Having your canteen/property taken?	20%	14%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	30%	4%
8.5b	Your religion or religious beliefs?	14%	0%
8.5c	Your nationality?	20%	4%
8.5d	Your being from a different part of the country than others?	14%	14%
8.5e	Your being from a Traveller community?	5%	0%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	5%	11%
8.5h	You having a disability?	0%	11%
8.5i	You being new here?	20%	29%
8.5j	Your offence or crime?	5%	18%
8.5k	Gang related issues or people you know or mix with?	14%	11%
8.5l	About your family or friends?	25%	18%
8.5m	Drugs?	5%	18%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	4%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	6%	18%
8.7b	Physical abuse?	0%	4%
8.7c	Sexual abuse?	6%	0%
8.7d	Feeling threatened or intimidated?	6%	11%

8.7e	Having your canteen/property taken?	6%	4%
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	Your being from a different part of the country than others?	6%	0%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	0%
8.8j	Your offence or crime?	0%	0%
8.8k	Gang related issues or people you know or mix with?	6%	0%
8.8l	About your family or friends?	0%	4%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	62%	63%



Diversity comparator (disability) Rainsbrook 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	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		13	30
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	18%	30%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	18%	53%
1.4	Are you Muslim?	7%	29%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	24%	3%
1.6	Are you a British citizen?	100%	89%
1.8	Have you ever been in local authority care?	63%	53%
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?	82%	83%
2.2	When you arrived at the centre were you searched?	94%	87%
2.3	Did staff explain why you were being searched?	69%	70%
2.4	When you were searched, did staff treat you with respect?	94%	84%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	77%	92%
2.6	Did anybody talk to you about how you were feeling?	67%	78%
2.7	Did you feel safe?	82%	84%
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?	69%	70%
If you had a problem, who you would turn to?			
3.2a	No-one	24%	11%
3.2b	Teacher/Education staff	31%	14%
3.2c	Key worker	38%	22%
3.2d	Case worker	53%	56%
3.2e	Staff on the unit	38%	49%
3.2f	Another young person here	6%	8%
3.2g	Family	31%	35%
3.2h	Advocate	6%	14%
3.3	Do you have a key worker on your unit?	73%	62%
3.5	Do most staff treat you with respect?	82%	97%
3.6	Can you follow your religion if you want to?	63%	66%
3.7	Is the food here good/ very good?	6%	24%
3.8	Is it easy to keep in touch with family or carer outside the centre?	94%	87%
3.9	Do you have visits from family, carers or friends at least once a week?	69%	57%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	77%	72%
4.2	Do you think the incentives and sanctions scheme is fair?	63%	56%
4.3	If you get in trouble, do staff explain what you have done wrong?	77%	92%

4.4	Do most staff let you know when your behaviour is good?	77%	83%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	53%	66%
4.6	Have you been physically restrained since you have been here?	53%	42%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	82%	84%
5.2	Do you think that the health services are good here?	63%	56%
5.3	Do you have any health needs which are not being met?	31%	26%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	92%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	0%	12%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	38%	29%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	50%	69%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	82%	68%
7.4	Do you think your education here will help you once you leave?	63%	74%
7.5	Have you been able to learn any 'life skills' here?	94%	71%
7.6	Are you encouraged to take part in activities outside education/ training hours?	93%	86%
7.8	Do you know where you will be living when you leave the centre?	60%	74%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	38%	29%
8.2	Do you feel unsafe at the moment?	18%	8%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	47%	32%

8.4b	Physical abuse?	69%	36%
8.4c	Sexual abuse?	0%	16%
8.4d	Feeling threatened or intimidated?	31%	16%
8.4e	Shout outs/yelling through windows?	47%	32%
8.4f	Having your canteen/property taken?	6%	19%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	6%	19%
8.5b	Your religion or religious beliefs?	0%	9%
8.5c	Your nationality?	6%	13%
8.5d	Your being from a different part of the country than others?	6%	16%
8.5e	Your being from a Traveller community?	0%	3%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	6%	9%
8.5h	You having a disability?	18%	0%
8.5i	You being new here?	31%	19%
8.5j	Your offence or crime?	18%	13%
8.5k	Gang related issues or people you know or mix with?	18%	9%
8.5l	Abour your family or friends?	18%	25%
8.5m	Drugs?	18%	13%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	6%	0%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	27%	10%
8.7b	Physical abuse?	7%	0%
8.7c	Sexual abuse?	0%	3%
8.7d	Feeling threatened or intimidated?	7%	10%

8.7e	Having your canteen/property taken?	7%	3%
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	Your being from a different part of the country than others?	0%	3%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	0%
8.8j	Your offence or crime?	0%	0%
8.8k	Gang related issues or people you know or mix with?	7%	0%
8.8l	Arbour your family or friends?	7%	0%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	63%	66%



Diversity comparator (local authority care) Rainsbrook 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		25	20
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	28%	24%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	41%	44%
1.4	Are you Muslim?	19%	24%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	13%
1.6	Are you a British citizen?	97%	89%
1.7	Do you have a disability?	33%	25%
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?	97%	67%
2.2	When you arrived at the centre were you searched?	97%	80%
2.3	Did staff explain why you were being searched?	84%	56%
2.4	When you were searched, did staff treat you with respect?	91%	80%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	97%	80%
2.6	Did anybody talk to you about how you were feeling?	79%	76%
2.7	Did you feel safe?	88%	80%
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?	72%	69%
If you had a problem, who you would turn to?			
3.2a	No-one	17%	13%
3.2b	Teacher/Education staff	31%	4%
3.2c	Key worker	38%	13%
3.2d	Case worker	52%	58%
3.2e	Staff on the unit	45%	46%
3.2f	Another young person here	14%	0%
3.2g	Family	38%	25%
3.2h	Advocate	17%	4%
3.3	Do you have a key worker on your unit?	72%	58%
3.5	Do most staff treat you with respect?	100%	84%
3.6	Can you follow your religion if you want to?	63%	69%
3.7	Is the food here good/ very good?	26%	12%
3.8	Is it easy to keep in touch with family or carer outside the centre?	87%	88%
3.9	Do you have visits from family, carers or friends at least once a week?	66%	57%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	83%	63%
4.2	Do you think the incentives and sanctions scheme is fair?	63%	54%
4.3	If you get in trouble, do staff explain what you have done wrong?	97%	79%

4.4	Do most staff let you know when your behaviour is good?	90%	69%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	67%	56%
4.6	Have you been physically restrained since you have been here?	48%	40%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	80%	84%
5.2	Do you think that the health services are good here?	63%	46%
5.3	Do you have any health needs which are not being met?	38%	13%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	89%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	14%	0%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	35%	33%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	68%	54%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	82%	58%
7.4	Do you think your education here will help you once you leave?	69%	73%
7.5	Have you been able to learn any 'life skills' here?	86%	63%
7.6	Are you encouraged to take part in activities outside education/ training hours?	86%	83%
7.8	Do you know where you will be living when you leave the centre?	58%	86%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	36%	24%
8.2	Do you feel unsafe at the moment?	11%	12%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	56%	17%

8.4b	Physical abuse?	64%	27%
8.4c	Sexual abuse?	16%	5%
8.4d	Feeling threatened or intimidated?	31%	13%
8.4e	Shout outs/yelling through windows?	50%	22%
8.4f	Having your canteen/property taken?	24%	5%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	24%	5%
8.5b	Your religion or religious beliefs?	12%	0%
8.5c	Your nationality?	16%	5%
8.5d	Your being from a different part of the country than others?	20%	5%
8.5e	Your being from a Traveller community?	4%	0%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	12%	5%
8.5h	You having a disability?	4%	5%
8.5i	You being new here?	31%	17%
8.5j	Your offence or crime?	20%	5%
8.5k	Gang related issues or people you know or mix with?	16%	5%
8.5l	About your family or friends?	36%	5%
8.5m	Drugs?	20%	5%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	5%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	17%	14%
8.7b	Physical abuse?	0%	5%
8.7c	Sexual abuse?	0%	5%
8.7d	Feeling threatened or intimidated?	5%	14%

8.7e	Having your canteen/property taken?	5%	5%
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	Your being from a different part of the country than others?	0%	5%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	0%
8.8j	Your offence or crime?	0%	0%
8.8k	Gang related issues or people you know or mix with?	5%	0%
8.8l	About your family or friends?	5%	0%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	76%	50%

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