

Inspections of secure training centres

Inspection of Rainsbrook

Report published: 12 December 2016

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	Good
The effectiveness of leaders and managers	Inadequate

Inspection dates: 17–20 October 2016

Lead inspector: Sean Tarpey HMI

Age group: 12–18

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Overall effectiveness	Requires improvement
<p>The overall effectiveness of Rainsbrook Secure Training Centre requires improvement.</p> <p>Since the last inspection, following a competitive tendering process, the management of the centre transferred to a new provider. Despite opportunities for liaison and planning between the new provider, MTCnovo, and the previous provider, G4S Care and Justice Services Limited, transfer arrangements were poor and problematic. Of greatest significance, the inherited staffing arrangements led to too few staff transferring to the new provider in order to ensure continuity of care for the young people within the centre. This legacy of staff shortage continues to undermine the stability of the centre as it is almost a daily challenge to ensure minimum staffing levels are met.</p> <p>The new providers have responded with speed and purpose to recruit more staff as a priority. A suitably aggressive recruitment campaign is demonstrating promise, with significant numbers of new staff either commencing or concluding training at the time of the inspection. Staff are being encouraged to work and remain in the centre through an improved benefits package, including salary uplift, an increase in rest days, and training and accreditation opportunities, as well as through a talent management programme.</p> <p>Despite the current staffing difficulties, the vast majority of young people report that they feel safe. In the survey completed for the inspection by 89% of young people in residence (49 of the 55 young people), 93% reported that they felt safe. These findings are further supported by structured interviews of more than a quarter (15) of all young people in Rainsbrook at the time of the inspection. Safeguarding arrangements have improved since the last inspection and almost all referrals to the local authority were timely and appropriate.</p> <p>Many staff and managers are demonstrating commitment and fortitude during this period of complex change. The Youth Justice Board reports improved communication with centre managers. This is important in seeking to achieve appropriate placements while there are new managers in place and system and cultural change occurs.</p> <p>Some services within the centre have managed to continue to provide good-quality interventions for young people, particularly in healthcare services. The centre was generally calm during the period of inspection, although not all young people are purposefully engaged in educational activities through the day. Inspectors did see a number of leisure and enrichment activities in the evening, which were enjoyed by young people and staff alike. However, inspectors also witnessed examples of poor behaviour from young people, some of which was seen to go unchallenged by staff despite the impact on some young people's feelings of safety.</p> <p>Key challenges remain, not least in reinstating a rewards and sanctions scheme that has fallen into disarray. As a consequence, the centre fails to promote or always</p>	

reward positive behaviour. This was particularly evident during education. Inspectors also saw some examples of unacceptable practice in use of force and restraint, and the governance of this area requires improvement. Levels of violence remain high between young people and between young people and on staff.

New contractual arrangements commenced in May 2016 for educational staff, and developments within this department have been rapid. Teachers are working well to absorb new processes expected by managers. Education managers have supported this transition and improvement well. The quality of teaching is good. Teachers plan for, and accommodate well, the different ability levels of the young people.

Within the resettlement service, the staffing shortfalls have resulted in a failure to consistently deliver well-coordinated offending behaviour programmes. A significant number of young people were unable to identify their key worker, and the constant movement of staff means that those who could did not have the opportunity to engage with them on a regular basis. The recently introduced psychological model provides the foundation for improvement in all aspects of programme delivery. The team is currently reviewing all intervention packages and is in the process of introducing a range of interactional journeys that encourage young people to develop an understanding of their offending behaviour.

Healthcare services have improved since the last inspection and are good. Following successful recruitment of nursing and psychology staff, the range of skills and interventions offered by the health team has enabled them to support young people's health needs more effectively. Health assessments are completed promptly and promote positive outcomes for young people's health. Interventions have been developed in relation to sexual health, relaxation, sleep and hygiene and substance misuse.

Recommendations

Immediately

- Ensure that staffing levels are at all times sufficient to meet the needs of the young people and keep them safe.
- Ensure that all staff understand and follow the centre's child protection procedures. Evidence of competence in this area should be kept, for example in supervision records.
- Staff should ensure that the centre's rules are enforced. The centre should review its system of rewards and sanctions and implement a system that adequately incentivises positive behaviour. Managers should ensure that any new scheme is implemented consistently and fairly.
- Body-worn cameras must be switched on in every situation, as defined by the centre's policies and procedures; centre managers must review the current systems to ensure that footage from cameras is always accessible and retrievable by authorised persons.

- Communicate more effectively to young people, centre staff and partners the purpose of the Pathways curriculum and how it stretches all young people, particularly those capable of undertaking GCSEs.
- Review the arrangements for the delivery of the offending behaviour programme to ensure that it is well planned and consistently delivered in accordance with each young person's plan.
- Ensure that the views of mental health professionals are incorporated into any plans about young people's vulnerability and risk of suicide and self-harm.
- Expand the variety of methods by which young people can keep in contact with their families and ensure that arrangements for personal visits are appropriate to the needs of the young person and their family.
- Ensure that the use of force is always proportionate and in accordance with the centre's rules. The governance of the use of force and restraint should be improved to ensure that each incident is swiftly reviewed by a minimising and managing physical restraint (MMPR) coordinator. All learning points should be identified and addressed, including all aspects of recording.
- The Youth Justice Board (YJB) should take decisive action to minimise the number of young people who are admitted late in the day to the centre.

Within three months

- Devise a strategy, in conjunction with key internal and external partners, to support the attendance and engagement of all young people in a suitable education programme matched to their needs.
- Develop a centre-specific, research-based drugs strategy to ensure a coordinated approach to addressing the substance misuse needs of young people.
- Senior managers should ensure that the security intelligence reporting system is fit for purpose. Reports should be confidential, auditable and incorporate mechanisms to ensure that they are seen and monitored in a timely manner by senior managers.
- Improve the recording and quality assurance of records relating to the use of handcuffs for mobility outside the centre.
- Review the process and procedure for the random searching of staff so that it provides assurance of robust security management and avoids any potential discrimination.
- Ensure that, when young people spend time in their rooms, this is recorded and reviewed and actions are taken to ensure that this time is spent appropriately in order that young people feel safe.
- Information provided to young people and their families or carers following their admission to the centre should be up to date and written in plain English (with a translated version available for anyone who needs it).

Within six months

- Managers must ensure that staff are aware of the actions required in 'Safezones' surveys and have systems in place to ensure that these actions are followed to help keep young people safe.
- Ensure that all young people have one-to-one private contact with their named key worker at least weekly and have effective and focused key work sessions on a consistent basis to address needs identified in sentence and remand plans with whoever is tasked to provide this support.

Service information

Rainsbrook is one of three purpose-built secure training centres. It is situated near Rugby. The centre is currently managed by MTCnovo, following full handover from the former operators G4S Care and Justice Services LTD on 5 May 2016. The provision of educational services also changed at this point, transferring from G4S to Novus, who are sub-contracted. NHS England provides healthcare under a service level agreement, with appropriate access to community-based services. In May 2016, 11 beds were decommissioned, following reductions in demand for secure training centres, resulting in 76 beds being commissioned at Rainsbrook Secure Training Centre.

The centre is designed to accommodate male and female young people aged 12 to 18 years who meet the criteria for a custodial sentence or who are remanded to a secure setting. At the time of inspection, 55 young people were resident at the centre.

Inspection findings

The safety of young people	Requires improvement
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1. In a survey of young people resident at the time of inspection, 92% of those who responded reported that they felt they were well looked after on their journey to the centre.
2. Since February 2016, approximately 34% of young people have been admitted to the centre after 9pm. Four young people admitted after this time arrived after midnight. As all young people undergo a range of routine processes on admission, this means that they are not settled into their allocated unit until very late. Young people who spoke with inspectors stated that arriving late in the evening meant that they were not settled into their unit before bedtime, which meant that they were often worried about how things would be in the morning. Late arrivals are a continuing cause for concern, and there appears to be limited progress made by the YJB in addressing this practice.
3. The centre has continued to develop peer mentoring arrangements to help new arrivals settle in and understand the expectations and routines of the centre. Peer mentors are young people on the highest level of the rewards scheme who help new arrivals settle into the centre. Young people report favourably about this arrangement and say it helps them to 'settle in'.

4. A 'Safezones' survey was undertaken by the centre in August 2016. This survey collated the views of young people and staff about how safe young people feel in various areas of the centre. The findings broadly reflect those found in the survey undertaken for this inspection, in which 93% of young people stated that they felt safe. The survey conducted by the centre also indicated that young people felt safe in the majority of areas and very few felt unsafe. However, the absence of closed-circuit television (CCTV) coverage in some areas does not help to promote the safeguarding of young people and the security of the centre. Young people reported that the more 'risky' areas were kitchens, classrooms and stairwells, where CCTV coverage is poor. Staff reported some areas as more unsafe than young people had indicated. The centre survey does not include consideration of stairwells, which is an omission. Although the Safezones survey has an action plan, it is having limited impact. For example, although the plan states that staff members must physically position themselves to safeguard young people in the kitchen, inspectors are aware that in a recent serious incident the positioning of staff was not in line with the guidance in the action plan.
5. There have been recent incidents where better CCTV coverage would have assisted in investigations to capture learning and promote positive safeguarding practice. Body-worn cameras have improved this to some degree, but there are too many occasions where these are not switched on by staff. In one incident scrutinised by inspectors, footage could not be accessed from one of the cameras used. Centre managers state that this is due to ongoing technical issues. A review of use undertaken by the suppliers and the YJB found such technical issues most commonly caused by 'user error'.
6. Vulnerabilities, including risk of suicide and self-harm that young people may present, are well assessed upon admission. A multi-disciplinary team meets with all young people and develops plans promptly to support staff across the centre to manage any identified risk. The centre reports that since April 2016 there have been 15 full suicide and self-harm (SASH) logs, 21 vulnerability plans and 13 support plans opened due to concerns about young people's safety.
7. There was one full SASH log open at the time of the inspection and this was scrutinised by inspectors. The log detailed the actions in place to guide staff in helping to ensure the young person's safety. A lack of clarity was found in recording regarding the observation levels of the young person when they spent time in their room. Staff spoken to by inspectors did understand what was expected of them and recognised that there was a recording error. The plan did not contain evidence that advice had been sought and considered from mental health professionals to inform the measures taken to ensure the young person's safety. These included living in a bare room with a mattress and anti-ligature bedding and clothing.
8. Weekly safeguarding meetings are multi-disciplinary. They review plans and actions for any young person who is considered at risk of suicide or self-harm, who is vulnerable, or who is at risk of bullying. This process for the most part works well and contributes effectively to keeping young people safe. Review of the time that young people spend alone in their rooms is undertaken by staff on living units. This is then reviewed at safeguarding meetings to establish whether this is time positively or appropriately

spent, or whether there are any vulnerability or safety concerns that require further action. Inspectors found that time young people spend in their rooms is not adequately or sufficiently explored or supported by recorded evidence to demonstrate that young people are helped to be safe.

9. The room used for searching young people has much improved since the last inspection. The room is brighter and more likely to promote dignity. The centre introduced a risk-led approach to searching practices in May 2016 when the new provider took over. The written policy has not yet been updated, although this is under review. In our survey, 80% of young people felt that they were treated with respect when searched and 78% reported that staff explained why they were being searched. The new provider has removed the standardised use of dignity searches on admission or return to the centre from a planned or approved visit in the community. This demonstrative of efforts to create a more trusting and young person accountable structure. Since April 2016, 21 full searches have taken place. Records are fully completed and contain all relevant details, including the rationale and justification for such a search, with appropriate authorisation from the duty director.
10. The centre's child protection policies and procedure were under review at the time of inspection. The procedure, which was inherited from the previous provider, lacked clarity regarding when referrals are made to the local authority designated officer and child protection services. The head of safeguarding has recognised this and indicated that it is one of the reasons the procedure is being reviewed. The centre will consult with relevant agencies and professionals before asking the YJB to endorse the new procedure.
11. Child protection matters are generally managed appropriately. Of eight cases that were sampled, seven were referred in a timely manner to the local authority. Positively, there are clearly recorded rationales that underpin decisions to suspend a staff member without prejudice, move them to work in another part of the centre, or to duties having no contact with young people pending the outcome of any enquiries. There have been occasions where the centre has challenged the local authority to remind them of their responsibilities under Working Together to Safeguard Children 2015. For example, the centre referred a matter to the local authority, which did not respond and closed the case. Centre managers diligently and consistently pursued this with local authority managers, ensuring that the case was re-opened and progressed appropriately. Of concern in one case, currently subject to police investigation, it appears that reporting procedures were initially not followed well. This led to a delay in referral to the local authority of three days after an alleged serious incident. The centre is unable to fully investigate this matter until the police enquiries are concluded.
12. There are good links with the local authority and Local Safeguarding Children Board (LSCB). The interim director is a full LSCB member and other managers are members of the LSCB's various sub-committees. The LSCB has commissioned an independent body to monitor and report on safeguarding practices at the centre. A report on its findings is being prepared for presentation to the LSCB in December 2016. The local authority designated officer spoke positively of recent improvements in how the centre manages allegations about staff. There are fortnightly meetings between the designated officer, police and centre managers to review open cases, provide

consultations about any matters and to ensure that cases are being appropriately progressed and brought to a conclusion.

13. Young people spoken to confirm that there are bullying behaviours within the centre. Since April 2016, the centre has opened 81 initial concerns. This occurs where intelligence or disclosure from young people has identified or recognised potential bullying activity that needs to be monitored and addressed. Twenty-nine tracking logs have been opened, which are records to closely monitor interactions. Three full bullying logs have been opened in the same time period. This occurs where there is clear evidence of bullying and actions are required to provide support to the victim(s) and undertake interventions with the perpetrator(s). Although the centre's processes indicate monitoring and actions to address bullying, there is lack of clarity in how effective this is. Inspectors found that some young people subject to sanctions of reduced incentive scheme levels have been found to have items in their rooms that they should only have if on higher levels. Sixty percent of young people stated that they would not tell a staff member if they were being bullied or 'picked on'. Young people said that bullying or goading someone to do something was not always seen by staff, but when they did observe it, they acted quickly and appropriately.
14. Handcuffs may be used with young people when they need to go out of the centre on mobility, for example to a medical appointment. Their use is subject to risk assessment and a recorded rationale, with the final decision being made by a senior manager. A number of recent records were reviewed. Some were not sufficiently detailed to show whether the rationale and plan agreed for the use of handcuffs was followed by staff. The plan determines how handcuffs are to be used for all aspects of the duration of the mobility. In some examples, recording does not show whether handcuffs were removed when young people were having a consultation or examination with a medical professional. Although there is no evidence to indicate handcuff use is inappropriate, the quality assurance of these records by managers lacks rigour.
15. Staffing levels at the centre are stretched, although minimum levels agreed with the YJB appear to be met on most occasions. Staff are moved around and rarely work on the same house unit. Others are assigned other duties, such as providing cover in reception or the control room. This means that contact with young people and staff is inconsistent and this inhibits the development of trusting and helpful relationships. A number of young people who spoke with inspectors were concerned that there were not enough staff on the units and said they were often left with one member of staff when the other had to do something elsewhere. Managers provided details of a recruitment campaign that is underway and a new cohort of staff had started their initial training in the week of the inspection.
16. Security arrangements are satisfactory, with a range of systems and checks in place. There has been a security breach where a young person was able to access a computer against centre rules. This matter was identified and reported by centre staff to the security manager and appropriate actions were taken.
17. A security intelligence reporting system (SIRs) is in operation. The procedure provides for any staff member to be able to report any safety or security issues to a senior manager. Staff are required to report any concerns on 'loose-leaf' records, which are

handed to operational service managers. This system is not 'tamper-proof', meaning there is no assurance that all issues come to the attention of a manager at an appropriate level. The security manager reports that a new system is to be introduced shortly, which will enable staff to place all concerns into a 'drop box' that is only accessible by the security manager or head of security. The security manager carries out a quarterly analysis of all SIRs to identify any trends, themes or patterns that require wider or strategic actions. This is formulated into a quarterly report that is reviewed by senior managers and actions taken as appropriate.

18. Searching of staff and visitors is an essential component of centre security and safety procedures. The current searching of staff is neither planned nor coordinated. As it is random, it does not have an intelligence-led factor. Although random searching takes place and staff, including senior staff, sign records to say they have been searched, there is no tracking, monitoring or oversight to ensure that the system is fair and not disproportionate to certain staff including those with protected characteristics.
19. Contingency plans are in place for emergencies and unplanned events. These cover a range of issues and provide procedures to follow if there is a security or safety matter. Although evidence was requested of live and desktop exercises that had taken place, their outcome and associated learning, this was not provided during the inspection. Therefore it cannot be clarified whether the plans are effective and fit for purpose in helping to keep young people and staff safe. It is known that a planned exercise including the support of the local fire brigade was postponed following the arrival of inspectors on site.
20. The centre has good links with the regional police counter-terrorism team. The head of security and other senior managers have a good understanding of their duties under the Counter-Terrorism and Security Act 2015 and the government's 'Prevent' duty. There are clearly established processes and procedures to identify and share appropriately any concerns that become known.

Promoting positive behaviour	Inadequate
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21. The centre is failing to consistently promote positive behaviour. As a consequence, inspectors saw too many examples of poor behaviour from young people. Low-level poor behaviour, including swearing and verbal insults, was seen to be unchallenged by staff, despite the negative impact on young people's feelings of safety and inhibited progress in education. In addition, basic rules were not enforced on residential units including the number of young people allowed in kitchens and storage of footwear. This led to incidents of violence and intimidation that could have been avoided.
22. Young people reported concerns about the frequency with which they were left in units with only one member of staff who would be unable to respond adequately in the event of an assault or poor behaviour. Young people were also worried by the frequent changes of staff and not having regular teams with which they could build relationships. This also meant rules and boundaries were not consistent and led to some young people feeling insecure.

23. The incentives scheme is in disarray. Staff apply both rewards and sanctions inconsistently and many young people either had items they had not earned or did not have items to which they were entitled. In addition, the scheme has been amended since the previous inspection and no longer incentivises engagement with education. Although the centre was rectifying this during the inspection, it is clear that a more sophisticated approach to encouraging engagement and positive behaviour is required by both residential and education staff.
24. The perceptions of young people reflected these deficiencies. In the inspection survey, 65% of young people reported that the rewards and sanctions scheme encouraged them to change their behaviour, with just 53% reporting that it was fair. In addition, during private interviews none of the young people said the incentives scheme worked well. Rather, they reported that incentives were generally not significant enough to make them worthwhile and the scheme was not applied fairly. Young people, they reported, were able to hang on to items even when reduced a level on the incentive scheme because staff changed all the time and were too busy to keep track of the items that should be removed.
25. An exception to this was the enhanced unit, which was really valued by young people, who told us they worked hard to ensure that they were not reduced a level on the incentive scheme or moved to another unit.
26. While inspectors saw many examples of committed staff who were effective at managing behaviour, young people reported that others did not do this, leaving them feeling anxious. In particular, there was a feeling among the young people that the way to get something you wanted was to behave badly.
27. As at the previous inspection, the centre uses a variety of sanctions and serious incidents that could lead to a loss of privileges for up to 72 hours. After completing their punishment, young people were generally demoted to the lowest level in the incentive scheme, which was unnecessary in some cases and demotivating. Use of reparations and de-escalations by staff was very low. As with incentives, the main issue was inconsistency of application by staff.
28. Reported levels of violence remain high, with assaults against young people and staff a regular occurrence. Over the previous six months, there had been an average of 28 assaults and two fights each month. In addition, not all violent incidents had been reported. This was most likely a symptom of the wider staffing issues the centre was experiencing rather than an attempt to cover up incidents. This is a serious oversight that had not been picked up by the external monitoring arrangements.
29. While most incidents of violence during the previous six months remained relatively minor, 14 young people and six staff sustained injuries requiring medical treatment and one young person required hospital treatment following fights and assaults.
30. Use of force and restraint has continued to be high, averaging around 29 incidents a month over the previous six months. Use of single separation was also high, peaking at 26 uses in August 2016, some of which could have been avoided. In most cases, force was initiated appropriately in response to violence, and inspectors saw several

examples of staff risking their own safety to protect young people. Inspectors also saw examples of poor practice. This included an incident where a child was subjected to humiliating and degrading treatment by staff. While appropriate actions have been taken by the centre in the most serious incidents, inspectors remain concerned that experienced members of staff, some of whom were in leadership roles, felt able to act in this way.

31. Inspectors reviewed documentation, CCTV and body-worn footage, where available, in relation to 20 recent incidents. This identified examples of force being initiated in response to passive non-compliance, excessive force being used and very poor communication between staff and young people. In addition, some incidents could have been avoided if the centre's rules had been properly enforced by staff.
32. Governance and oversight of use of force continued to contain weaknesses. When minimising and managing physical restraint (MMPR) coordinators undertake the quality assurance process, good and poorer practice is recognised and lessons learned. However, there are too few trained MMPR coordinators to ensure that all documentation is completed and that footage is viewed promptly after each incident. During the inspection, inspectors found examples of footage that had not been viewed by anyone in the centre. This meant that learning points and examples of good practice re not always identified. In addition, staff and young people were no longer routinely debriefed after each incident.
33. Attendance at use of force meetings is inconsistent, and meetings sometimes take place without specialist centre staff or external professionals. On these occasions the meetings do not fulfil their role as examples of poor practice are unchallenged.
34. Body-worn video cameras are used across the centre and provide staff and managers with footage of incidents, including audio recording. However, there continued to be examples of staff not turning cameras on.
35. Healthcare professionals are not consistently informed when force is used. As a result, following an incident a nurse does not always see young people. Inspectors also found one incident where key and potentially serious information was not shared with a nurse to inform the assessment of a young person's medical needs following a restraint.

The care of young people	Requires improvement
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36. The information provided to young people upon arrival at the centre is currently being revised. While the information provided is mostly useful, some is out of date and some of the language and concepts, for example 'an inherent right to innocence', are not child friendly. Parents and carers are sent an information pack soon after the young person arrives. This too requires updating.
37. The residential units are undergoing much-needed refurbishment and redecoration. They are currently bare, with most soft furnishings, pictures and information displays having been removed. There are plans to address this, as the redecoration is complete and young people are being encouraged to influence how the communal areas in the

units are to be individualised. All the unit kitchens are being refurbished, which is important as young people prepare some of their own food at weekends on their units.

38. Bedrooms provide young people with private toilet and shower facilities, but many lack personalisation and some have items in them that are inconsistent with the level of the rewards scheme the young person is on. Observation panels in some bedroom doors are scratched and do not give a clear view into the room. Inspectors were assured that this is being addressed and we saw fewer examples of young people covering their observation panels than at the previous inspection. Young people are expected to undertake unit chores each day and to develop some independent living skills with staff support, for example washing their own clothes and vacuuming their rooms and communal areas. The bedroom and cleanest unit of the week competitions provide encouragement for young people to take pride in their living conditions, but these are only judged at the weekends. During the week, some bedrooms were left in a poor state, particularly in the mornings.
39. Young people know how to make complaints through a complaints form. On average, 14 complaints were submitted each month over the last six months, the most common cause of complaint being an issue with personal property. On some units, complaints forms are not freely available to young people without asking a member of staff for one and while re-decoration is ongoing some wall holders for the forms have been temporarily removed.
40. The locked boxes containing complaints submitted by young people are opened daily by a member of the safeguarding team and then investigated by operational support managers. The quality of investigations in the sample considered was mostly acceptable, although there were some in which further investigation could have been undertaken. In some cases, there were delays in dealing with the complaint. Follow-up by case managers adds an extra level of support for young people who make complaints and written responses are clear about the outcome and the option to appeal. In the sample of complaints considered, a few had been made verbally by young people, giving some assurance that if they disliked writing they could still raise issues of concern and have them addressed. Independent advocates from Barnardo's are regularly on site. They meet all new arrivals and support young people to raise anything that they are unhappy about. Young people also had regular opportunities to talk to a pastoral support officer who is on site twice each week.
41. Very little use is made of unit grumbles books and some young people did not know what they were. Regular audits of the books ensure that any issues that are raised are responded to.
42. A new youth council model is in place, which gives young people from across the centre the opportunity to meet and raise issues of concern to them. Each unit has a representative, drawn from all rewards and sanction levels rather than participation being limited to those on the top level of the scheme. This gives a good range of experience and views about the centre and the way it operates. The next planned step is for young people to elect their unit representatives as part of the plan for young people to run the council themselves with help from a pastoral support officer. While

relatively new, the council is a positive initiative, although outcomes from the meeting are not circulated widely to involve all young people at the centre.

43. In the inspection survey, 92% of young people report that they feel respected by staff, although 21% also reported experiencing insulting remarks from staff. Inspectors observed many good interactions between staff and young people and some examples of commendable patience being shown by staff dealing with difficult behaviours. The atmosphere at one evening enrichment activity during the inspection was particularly good, with unobtrusive but effective staff supervision and young people involved in age-appropriate activities that they enjoyed. During private interviews with young people, all reported that the majority of staff were fair, respectful and did a lot for them. A few said certain members of staff 'picked' on them and that some were 'not interested' or 'lazy'. Those who complained about some staff said that the majority were good. The high level of insulting comments from staff reported in the survey was not reflected by more favourable findings from individual young people interviews.
44. Inconsistency of staffing on the residential units was a consistent concern raised by young people and some staff. Young people were worried by the frequent changes of staff and not having regular teams with which they could build relationships. It was noticeable during the inspection how many staff told inspectors that they were not working on their normal unit. This adversely impacts on the building of supportive relationships and had a particularly negative impact on the key worker scheme, which is mostly ineffective.
45. Not all young people know who their key worker is and key work sessions are not taking place consistently. Key workers are residential staff who should work with their allocated young person to complete key work packs that address issues identified by the sentence or remand planning process as needing attention. They should also offer general support during the young person's time at the centre. In the survey, 54% of young people reported knowing who their key worker was, compared with 89% at other secure training centres and 88% at the September 2015 inspection. Of those who knew who their key worker was, 71% compared with 96% in September 2015 said their key worker tried to help them. It is a concern that, in the survey, 28% of young people reported that they would have no-one to turn to if they had a problem. Operational support managers (OSM) should have weekly one-to-one meetings with each young person on the unit they are responsible for, but shift patterns mean that each unit OSM is not always available to have these meetings.
46. Plans to change the way in which the intervention work young people require is completed are well advanced. This will take the onus for completing offence-related work away from key workers and place it with resettlement workers. The work required is now identified from recently introduced multi-disciplinary formulation meetings which take place for each new arrival at the centre. The outcomes of these meetings are used to inform sentence and remand planning review discussions and plans. Good levels of knowledge of the young people being discussed were evident during formulation meetings, but residential unit staff were not represented at meetings observed during the inspection, which was a shortcoming.

47. The centre has maintained its focus on meeting the needs of individual young people with diverse needs. These are identified on admission and are incorporated into discussions of the young person and their management. There were no young people who did not speak English at the centre during the inspection, although inspectors were told that arrangements for the use of telephone interpretation or face-to-face translators were in place if needed. Although not assured that all staff were aware of these arrangements, inspectors saw some evidence of them having been used along with picture cards to aid communication and reading material one young person's first language. The structure for the management of diversity is clear, and while the equality committee has not met consistently during the contract transition period, events to promote diversity have continued. Attendance at the diversity committee generally includes all areas of the centre, with the exception of residential units. The use of data to identify any inequitable outcomes for young people from different minority groups is underdeveloped. Since the previous inspection, six complaints have been submitted using the diversity complaints procedure, all relating to use of unacceptable language. These are dealt with in an acceptable way, although there is nothing to address repeated use of unacceptable language or attitudes by young people once the equality key work pack has been completed.
48. Arrangements for faith observance are well established. There is regular support for the faiths most commonly represented within the centre's population and major religious festivals are celebrated. Chaplains for other faiths less commonly represented within the centre's population can be provided when needed. The centre's chaplain is integrated into the centre, attending key meetings, and is visible around the centre and accessible to all young people irrespective of their faith or lack of faith. Support for young people who are dealing with bereavement or significant anniversaries is age appropriate.
49. Arrangements for young people to maintain contact with family and friends outside the centre are largely unchanged since the last inspection. Weekly visits are facilitated, although inspectors remain of the view that it is inappropriate that the length of a visit is determined by how far visitors have travelled. The centre provided evidence of flexibility to ensure that as many young people as possible were able to have visits with family or carers. Young people who do not have visits can, if they wish, have a visit from a volunteer, either on their unit or in the dining room where visits usually take place. Use is made of engagement visits to promote family ties, including for young people with younger siblings and for boys who are fathers to have contact with their children. These visits take place in a more relaxed and private environment, with suitable supervision. An average of 10 engagement visits took place each month between April and September involving a total of 19 young people.
50. Arrangements for young people to have daily access to a free telephone call are in place. In addition, young people can receive calls from people on their list of approved contacts in the evenings on weekdays and throughout the weekend. It requires more planning to arrange for young people whose family are overseas to receive calls. Young people informed inspectors that sometimes callers can experience delays in getting through to the centre.

51. Young people have weekly access to a tuck shop at which they can spend a sum of money, dependent on their rewards scheme level, on drinks and snacks. The youth council is involved in planning to expand the range of items available. The current arrangements for provision of toiletries are changing to them being provided each week when the young person goes to the tuck shop. There is scope for attendance at the tuck shop to be used to encourage young people to budget their money and decide on what they can afford to buy before they get to the tuck shop itself. The use of young people as paid assistants working in the tuck shop is a good incentive for achieving the top level of the incentives scheme and being able to apply, and be interviewed, for work.

The achievement of young people	Requires improvement
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52. The majority of young people make good progress during their period at the centre. Most gain relevant qualifications and make significant improvements in their personal and social development and in managing their own behaviour. Those with lower-level functional skills are well supported to improve their English and mathematics. In-year data notes that success rates for those who undertake accredited courses are good, with little variation across different ethnic groups or for looked after children. Many young people develop work-related skills, such as taking a lead role in groups, formulating and presenting a case, or coaching their peers in sports or gym activities. Most use their time in education constructively. In contrast, a small minority are unsettled, disruptive and gain little from attending formal education.
53. Significant behavioural problems within education impact negatively on the quality of teaching and learning. Serious outbursts by a minority of young people resonate negatively across education, demotivate teachers and set poor examples to other learners. Teachers respond well when such challenges arise in class, but are insufficiently supported operationally by care staff.
54. Centre-wide management strategies to ensure that all young people engage sufficiently in education are inadequate. While attendance is generally considered good at 83%, managers are not effective in properly analysing the reasons underpinning non-attendance. End-of-day teacher meetings review the positive and negative aspects of young people's behaviour and instigate the necessary reporting procedures. Attendance at these meetings by key operational staff is, at best, sporadic, which means that remedial actions cannot be followed up.
55. Educationally robust alternatives for those young people who are patently unable to work appropriately in a classroom environment due to their behaviour are not being considered. Skilled and tenacious outreach work to provide individual support to young people not attending education is carried out by teaching staff on residential units and pre-prepared work is made available to them. These approaches alone are of limited value. Already stretched custody care officers who oversee the residential units lack the training needed to support young people's learning.
56. Young people are assessed on entry, but not all staff are sufficiently skilled or experienced in interpreting and applying the assessment results. This is particularly the

case for young people with a strong educational track record, where staff fail to set aims at a sufficiently high level.

57. Induction is good and young people are given support over a number of days to properly settle into learning. The education department has taken a lead role in developing a well-considered induction and engagement programme involving the various specialist areas within the centre. Links with health, resettlement and substance-misuse colleagues are very constructive and of benefit to the young people.
58. The academic progress made by young people at subject level is captured well in a new progression-tracker sheet. A monitoring report is produced every eight weeks setting out their overall progress and is shared with resettlement and health staff. Means by which managers monitor individual young people's overall academic progress, such as through an independent learning plan, are absent. Leaders do not have a sufficiently comprehensive data system to enable them to report on the comparative progress of all learners or to set benchmarks for improvement, irrespective of sentence length. This weakens managers' ability to report succinctly on progress across the department.
59. The quality of teaching is good. Teachers plan for and accommodate different ability levels. They manage lessons well, pose well-formulated questions and check young people's learning. Teachers generally are adept at embedding English and mathematics as well as making links to the skills needed for employment. In the best instances, they engage young people immediately on entry to classrooms or workshops; lessons move at a good pace and incorporate different types of activities. Teachers coach young people to read aloud, for instance, and plan lessons to enable them to learn in groups. Good teacher-led questioning encourages young people to air their personal views and explore attitudes towards others in society. Vitality, most teachers read situations well, are flexible and head off possible conflicts and difficulties before they arise. They use learning support assistants appropriately. A few young people fail to make enough progress where a minority of teachers are insufficiently confident or skilled in their classroom practice.
60. The new Pathways curriculum model is premised on eight programme options, including sport studies, independent living, creative arts, hair and beauty, skills builder for foundation-level learners and business enterprise. The Pathways are designed to enable young people to follow a programme, at an appropriate level, combining work-related skills, English and mathematics, physical education and enrichment. The approach is showing promise but is not yet consolidated. The rationale underpinning the Pathways model is not sufficiently understood nor communicated, which results in young people, staff and partners across the institution not being able to describe it convincingly or knowledgeably. In particular, young people following GCSEs, or seeking to improve on previous grades, are unclear how the Pathway model allows them to achieve that aim. Teachers and managers negotiate occasional work placements for young people in the catering kitchen. Vocational options in practical areas such as construction, however, are lacking.
61. Just under half of young people have learning support needs. These needs are well assessed at entry and good attempts are made to obtain statements of special

educational needs and education, health and care plans from local authorities and to act on their requirements. Information about levels of need and teaching strategies that can be applied in the classroom are communicated well to teachers. There is good access to specialist services, including physiotherapy, a mental health nurse and speech and language therapy. This increasing and more holistic multi-disciplinary work is having a positive impact on young people's learning.

62. An enrichment programme supports young people's broader education. The programme is provided at the end of each day and at weekends. Gardening, outdoor cooking and football are popular and young people gain much from attending. A dedicated officer oversees the programme and there are confirmed plans for it to be expanded, with the appointment of new sessional workers. The long delay in having these workers cleared for employment has the potential to undermine these developments. Young people benefit from students from neighbouring schools occasionally visiting and undertaking activities such as a reading club or sports awards.
63. Newly appointed engagement and resettlement workers guide young people through their time at the centre and link with colleges to enable progression to further education where appropriate. This work is still at a formative stage and its impact insufficiently monitored. 'Next step' information features in lessons, but young people are not receiving their entitlement to independent careers information, advice and guidance.
64. Classrooms, workshops and gym areas are in need of updating. The library is underused to support learning. The all-weather pitch is good and well used. Posters and displays of work are up to date but few have been prepared by the young people. New and improved information technology, including interactive white boards, updated software and controlled internet access are being introduced by the education provider. Work is well advanced to introduce computer tablets for use across many aspects of centre life. However, insufficient consideration is being given to the potential these devices have to support education.
65. Developments have been rapid since the new contract commenced in May 2016. A new headteacher has been recruited, along with some new staff. Learning support and enrichment have been strengthened but vacancies remain in core subjects, including mathematics and information technology. A key curriculum management post is unfilled. Teachers and support staff have successfully introduced a new award scheme and are working well to absorb new processes. Education managers have facilitated this transition and improvement well through training and professional support. A management-led observation programme of teaching and learning has had a positive impact on classroom practice and the headteacher has introduced a thoughtful approach that enables prospective teachers to experience teaching before committing to a post.
66. Managers in education are seeking to pace the introduction of new developments but are clearly being driven by contractual targets. This is leading, on occasions, to either rushed or poorly considered decision-making.

The resettlement of young people	Requires improvement
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67. Young people’s individual needs are well assessed when they arrive at the centre. Pertinent information, including offending behaviour, family situations and levels of risk and vulnerability, is considered when formulating each young person’s sentence plan. From the outset, these plans focus on the young person’s release, whether this be back to the community or transfer to another secure facility. The resettlement worker and case managers maintain a particular focus on accommodation, education and training. These remain a priority throughout the time young people are at the centre, and contribute to good continuity of support when they leave.
68. Initial planning meetings take place promptly and include all relevant parties, including parents and carers, education staff, healthcare professionals, youth offending team staff and social workers. This ensures that plans for young people take full account of all relevant views and information and that these are used effectively when planning for young people’s resettlement needs.
69. Regular reviews ensure that young people have their progress assessed formally and provide the opportunity for interested parties to link sentence planning with post-release provision. This includes the offer of non-statutory supporters who take on the role of mentors during the young person’s time at the centre and when they are released into the community. Where young people are looked after by the local authority, statutory reviews also take place. Centre staff prepare well for these meetings by coming with up-to-date information and reports that provide a good foundation for future planning, irrespective of whether a child is looked after or not. A number of professionals identified this as a real strength, describing case managers as being knowledgeable, proactive and extremely child-focused. Positive relationships clearly exist between young people and their case managers. Inspectors observed first-hand case managers, who chair reviews, skilfully supporting a young person to express his views and participate in a meaningful way to consider the conditions of his licence at his final sentence review.
70. Centre staff make every effort to encourage and support young people to take an interest in their resettlement plans and fully participate in the review process. Young people spoken to during the inspection demonstrated a reasonable understanding of their resettlement goals and plans, although those serving longer sentences showed less interest than those approaching release. Regardless of their release date, the majority of young people expressed confidence in the resettlement team, in particular their case managers, who they believe will ‘sort things out’ for them.
71. Centre staff make clear from the outset the expectations they have of external social workers and others with a legitimate interest in the care and welfare of young people at the centre. At an initial planning meeting, inspectors observed staff making a respectful challenge to a social worker who had an incorrect view about the legal status of their young person when in custody. This willingness to challenge, and understanding of young people’s entitlements, resulted in clarifying this matter and will ensure that the young person receives all the support he is entitled to from his placing authority throughout his time in custody and when he leaves.

72. Effective systems are in place that enable staff to identify and respond to potential problems in transition planning. These include processes for challenging the underperformance of partner agencies, including the escalation of concerns. For example, if accommodation has not been confirmed 10 days prior to release, the matter is formally escalated within the relevant authority. This ensures that the relevant authority meet their statutory duties in providing the services young people need when they return to the community. Consequently, no young people have been released without accommodation.
73. Shortfalls in staffing have resulted in a failure to consistently deliver well-coordinated offending behaviour programmes. Key workers are responsible for the delivery of a number of intervention packages that are identified through the sentence and planning review process. The quality of these interventions is extremely variable. A significant number of young people were unable to identify their key worker(s) and the constant movement of staff means that those who could did not have the opportunity to engage with them on a regular basis. This has understandably led to a reduced level of engagement, which means young people do not consistently receive quality targeted interventions. Consequently, windows of opportunity to rigorously address their most concerning behaviours are being missed.
74. The delivery of the interventions programme lacks cohesion, scrutiny and oversight. Demands on staffing mean that case managers do not currently have regular opportunities to meet with key staff to evaluate each young person's programme. A paper-based system has been introduced in an attempt to compensate for this. This has been ineffective in assuring robust oversight. This is because the majority of staff are not providing case managers with weekly reports and are not being held accountable for this. As a result, case managers are unable to make a thorough analysis of the work being delivered or the progress young people make or to address the gaps in the delivery of the programme. Parenting skills work is provided by the nursery nurses for any young person who needs to develop these skills.
75. The recently introduced psychological model provides the foundation for improvement in all aspects of programme delivery. A number of one-to-one and group interventions are now being delivered by this team, including emotional well-being, anger management and victim empathy. This team is currently reviewing all intervention packages and is in the process of introducing a range of interactional journals that encourage young people to develop an understanding of their offending behaviour. A range of offence-related interventions are being delivered by this team. However, this model is still in its early stages and has yet to be fully embedded into centre life. For example, interventions for young people convicted of sexual offences will be delivered by this team when their training is complete instead of this type of work being outsourced as is currently the situation.
76. The risks that young people may pose to themselves or others are known and consistently monitored throughout their time at the centre. Communication is good and partner agencies are kept informed of the relevant aspects of young people's behaviour. This ensures that additional support can be considered and arranged for when young people leave the centre. For example, high-risk young people who meet the multi-agency protection arrangements (MAPPA) threshold.

- 77. Young people benefit from strong support and encouragement to maintain positive relationships with their family and other significant people. This includes regular telephone calls to family members, with face-to-face contact arrangements being facilitated in suitable surroundings. Staff recognise the importance of maintaining this support for young people and how this can reduce the likelihood of re-offending. They maintain regular contact with relevant people and ensure that they are kept fully informed of their child’s progress. These positive links help family members prepare for their child leaving and ensure that a strong network of support is in place for them when they leave.
- 78. The resettlement team works closely with their education colleagues to identify and plan suitable education, training and employment options that help young people prepare for their return to the community. Mobility is used well in this respect. In the best examples, this has included work experience, education interviews and visits to future placements, as well as the completion of community payback and reparation work.
- 79. A purposeful and continuously developing enrichment programme is available to young people. Current demands on staffing mean that much of this programme cannot be delivered consistently. It is envisaged that this will improve when a number of newly appointed sessional workers and core staff come on line. This will serve to further enhance the opportunities that young people have to develop and improve their personal, social and vocational skills.
- 80. The centre tracks the progress of young people following their release. Information about accommodation, education, health and cessation of offending is gathered every four months from release. This process continues to evolve and the scope of information requests has broadened. For example, local authority provision, the relevance of being looked after and sentence length will all be analysed within the 2016 end-of-year report. This means that, as well as understanding the impact of the centre’s resettlement activity, the team will be able to focus more on ensuring that gaps in service provision are addressed prior to the release of young people.

The health of young people	Good
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- 81. Healthcare services have significantly improved since the last inspection. Following successful recruitment of nursing and psychology staff, the range of skills and interventions offered by the health team has enabled them to support young people’s health needs more effectively. Individual clinical roles are clearer and health staff are able to focus on using their specific skills and experience to improve outcomes for defined caseloads of young people. For example, the learning disability nurse is now based in the education department and supports young people in the classroom. Systems have been introduced to ensure that young people who require them have access to asthma inhalers. Other planned improvements will ensure that additional suitable clinical rooms are available to further improve access to health professionals. The secure STAIRS pilot is yet to commence; however, much preparatory work has been completed. This initiative is designed to increase the support for young people with mental health issues.

82. All health assessments are completed promptly using recognised templates, and this promotes positive health outcomes for young people. Nurses work flexibly to ensure that young people are assessed on arrival, even when this is late at night. Health assessments and information sought from community-based services directly inform risk assessments, support plans and referrals to other health services.
83. Young people access an appropriate range of primary care services and secondary healthcare, comparable to the wider community. Since the last inspection, additional health interventions have been developed to address young people's needs in relation to weight management, sexual offending behaviour, relaxation and sleep hygiene. Mindfulness is being introduced for young people with low-level emotional needs. Despite a vacancy, young people's substance misuse needs continue to be assessed and met effectively. However, in the absence of an agreed drugs strategy, there is a lack of clarity about the multi-disciplinary approach and the threshold for referral to the substance misuse service.
84. Young people speak positively about their relationships with health staff and we witnessed sensitive interactions that were mutually respectful. Waiting times for clinics are short and waiting lists are managed proactively. Paradoxically, only 75% of young people indicated through the pre-inspection survey that it was easy to see a doctor or nurse. This percentage is significantly lower than that of young people surveyed across all centres and at Rainsbrook at the last inspection. While relationships between health and centre staff are very positive, custody centre staff are not always able to support young people to enable them to access health services. This corroborates the inspection survey findings. Inspectors saw examples of young people not attending appointments because they could not be brought to healthcare due to staffing pressures. Similar pressures also impact on the centre's ability to facilitate some external health appointments. Health staff report a lack of engagement from some centre staff in supporting young people to comply with their health plans. For example failing to prompt them to bring their toothbrush to dental appointments to enable the dentist to deliver health advice or failing to encourage young people to complete health charts to inform treatment plans.
85. Integration between health services, and with education, is well established and effectively supports the development of child-focused plans and interventions. Health staff routinely participate in the young people's induction programme and have better access to young people during the core day. The health team is represented at all key meetings to ensure that relevant issues and needs are discussed. The clinical and forensic psychology teams work well together to agree plans and ensure that young people are allocated to the most suitable worker. The dental team has worked effectively with centre staff to promote healthy eating and oral health. The recently established formulation meeting is a valuable multi-disciplinary forum to ensure a coordinated approach to meeting young people's needs. Locating health staff in education, and their input in the classroom, has improved the timely delivery of interventions and opportunistic contact with young people. The substance misuse worker and sexual health nurse are delivering interventions within personal, social and health education lessons.

86. The healthcare governance arrangements have been strengthened since the last inspection. Clinical supervision is more consistently delivered and many staff have completed training to develop their clinical skills. Young people’s feedback about their experiences of receiving healthcare is routinely gathered and acted upon through the iWantGreatCare survey. Effective systems have been developed to support quality monitoring and contract reporting. However, in the ongoing absence of electronic systems, recording and monitoring is time-consuming and cannot fully ensure that service quality and effectiveness optimise outcomes for young people’s health. It is concerning that the planned implementation of SystmOne has been further delayed into 2017. In the meantime, valuable clinical time is lost in using manual systems, and consistent recording and access to health-related data are not sufficiently assured.
87. Catering arrangements for the centre are sub-contracted to an external supplier. Young people choose from a healthy and balanced menu, supplemented by healthy snacks and drinks. The recently reviewed tuck list has reduced the availability of unhealthy snacks, while retaining occasional ‘treats’. Menus are reviewed periodically and in response to young people’s feedback. While young people reported that they would like bigger portions, inspectors considered meals and the availability of salad and fruit to be sufficient. Popular theme days allow young people the opportunity to try foods they may not ordinarily eat. Allergies and cultural needs are addressed well.

<p>The effectiveness of leaders and managers</p>	<p>Inadequate</p>
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88. Since the previous inspection, the centre has been subject to a change of provider. The transition from G4S Care and Justice Services LTD to MTCnovo occurred on 5 May 2016. This report concerns the provision of services by both providers. Arrangements for a smooth transfer, although discussed, have clearly been problematic, characterised by an insufficiency of staff to operate the centre entirely safely and effectively. Inevitable changes to the senior leadership team have contributed to the instability. The sense of instability has been compounded by well-intentioned changes to the management structure, staffing rosters and the ownership and delivery of the education programme. Taken together, however, there is an urgent need for the staffing situation to improve to enable emerging structures, systems and the cultural direction of the centre to become clear and embedded.
89. The centre is currently managed by an interim director, whose substantive post is the head of resettlement. Although she is suitably qualified and experienced, both she and the senior management team, many of whom worked for the previous provider, are having to deal with the legacy of the staffing deficit. This is impacting detrimentally on many areas of service provision. The leadership team has received additional training and is well supported by a number of internal and external professional managers and consultants. These arrangements, however, potentially blur the lines of accountability and responsibility. The recruitment process for a permanent director is well advanced, with preferred candidates shortlisted. A comprehensive recruitment campaign for frontline officers demonstrates significant promise, with 11 officers due to commence work in November 2016 and a further cohort of 22 in January 2017. Issues of attrition

and retention are being considered through an improved benefits pack, including salary uplift, training and accreditation opportunities, as well as a talent management programme to identify and develop staff demonstrating leadership potential. It is too early to see the impact of these proposed changes and what the levels of attrition may be in the coming months.

90. It is the intention of MTCnovo to introduce fully a psychologically informed approach to working with young people closely aligned to the national STAIRS programme. To this end, significant funding has been secured to recruit both a consultant and forensic psychologist. Many staff and managers have attended training, and some practical re-location of personnel has occurred to support this model of working. Early evidence of the viability of the approach was evident in the formulation meetings observed by inspectors. These were child-centred and holistic in considering needs and interventions. Further progress is highly dependent on addressing the current staffing issues in order that key work sessions are successfully introduced and can demonstrate improving outcomes for the young people. This was not evident during the period of inspection.
91. Effective working relationships are in place between the centre and external agencies, including children's social care, the police, the designated officer and the LSCB. Senior managers have demonstrated a willingness to take action against staff if standards of behaviour fall below required standards. Three staff who resigned during disciplinary procedures have been referred to the Disclosure and Barring Service. Safeguarding arrangements between the centre and the local authority are good and referrals required to be made to the local multi-agency safeguarding hub are mostly appropriate and timely. Inspectors saw evidence of centre staff being tenacious in ensuring that child protection concerns were being appropriately considered and progressed.
92. Many managers and staff spoken to and observed by inspectors during the inspection demonstrated commendable commitment and enthusiasm to working with the young people. However, there is variability and inconsistency across the centre, with some staff lacking the confidence or experience to pick up on lower-level behavioural issues such as swearing and name-calling. Young people report that, for this reason, they are more inclined to stay within their rooms where they feel safer. There is also evidence that a small minority of staff have subjected young people to degrading treatment or failed to safeguard them appropriately. The demand on managers inhibits their ability to address these staffing issues and address shortcomings in practice or confidence in order to improve their skills. This means that there are missed opportunities to improve the overall standard of care provided to young people. Behaviour management is substantially undermined by the failing rewards and sanctions scheme. This is currently inadequate as it is applied inconsistently and the majority of young people have little faith in its fairness or effectiveness.
93. Although many of the recommendations from the previous inspection have been addressed, several that are pivotal have not. These include revision of the rewards and sanctions scheme. Similarly, key work sessions are not occurring currently and young people generally reported that they had no idea who their key worker is. It is of concern that the centre rates progress over-optimistically in its report on progress, for example rating progress on body-worn camera use as completed. Evidence from the

inspection highlighted further training needs to address user errors to increase the use of body-worn cameras, including ensuring that they are turned on, as well as issues regarding the downloading, storing and viewing of footage.

94. Quality assurance processes across the centre are insufficiently robust and when evident do not always improve service provision. A number of key issues did not appear to have been identified as part of monitoring. Inspectors viewed a number of incidents of restraint governance and oversight of key issues such as the use of force, with a number of assaults categorised as 'altercations', diminishing their seriousness. Similarly, records evidencing the appropriate use of handcuffs, full searches and single separations are too often vague or incomplete.
95. Formal supervision for staff is extremely limited due primarily to the staffing issues and demands on managers' time. Internal re-structuring plans include scope for group supervision in order to support the development of the proposed psychological intervention model. Despite staffing pressures, minimum training levels have been maintained. All staff currently employed in the centre have completed safeguarding child sexual exploitation, PREVENT and MMRP within the last 12 to 18 months.
96. Within an ambitious redecoration programme following significant investment from the YJB, recent improvements to the building and environment are evident. A five-year programme of refurbishment has led to the introduction of an all-weather football pitch. All kitchens are currently being refurbished and house units are being decorated. In an initiative informed by the Safezones survey, the YJB has offered to improve the CCTV infrastructure cameras in areas of stated vulnerability, including kitchens and stairwells. The new providers are working in conjunction with Birmingham University to develop the environment, informed by research and best practice. It is too early to see the impact of this initiative.
97. Similar investment is evident through the recent improvements to the information communication technology (ICT) within the centre. A purpose-built server room has been installed, supported by a newly installed fibre network. These developments have increased communication opportunities for all staff and managers. Innovative plans to harness the advantages of digital technology are well advanced. These will enable the introduction of a Youth Portal supported by the distribution of tablets to all the young people within the centre. Although the programme will be introduced in stages, early opportunities include the ability of the young people to communicate externally with family and other relevant professionals. The tablets will also enable young people to order meals, make complaints and request meetings with the advocacy service.

About this inspection

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspection Act 2006.

Joint inspections involving Ofsted, HM Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) are permitted under paragraph 7 of schedule 13 to the Education and Inspections Act 2006. The CQC is also obliged to regulate registered healthcare providers under the Health and Social Care Act 2008. This enables Ofsted's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of his functions.

All inspections carried out by Ofsted, the CQC 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. Ofsted, HMIP and the CQC are all members of NPM in the UK.

The inspection was unannounced. Eight inspectors comprising three from HMIP, four from Ofsted and one from the CQC carried it out. The inspection was informed by a survey of young people's views undertaken in October 2016 by senior researchers from HMIP. Of the 58 young people in the centre, 49 responded to the survey, representing 89% of the population. Four young people refused to complete a questionnaire and two questionnaires were 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 in the centre and the effectiveness of the support available to them. Inspectors observed practice and spoke with young people. Inspectors also spoke with former residents, their parents and carers, frontline staff, managers, the YJB monitor, the designated officer and other key stakeholders, including the advocacy service provider. In addition, inspectors analysed performance data, reports and other management information available within the centre.

This inspection judged how well young people are kept safe during their time in the centre. 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 July 2015. 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.



Rainsbrook STC

Summary of questionnaires and interviews

10 October 2016

Introduction

The objective of the secure training centre (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 are 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 children and young people (12 to 18 years) at Rainsbrook STC 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 10 October 2016, the population at Rainsbrook STC was 58. Using the method described above, questionnaires were distributed to 55 young people.¹

We received a total of 49 completed questionnaires, a response rate of 89%. Four young people refused to complete a questionnaire and two questionnaires were not returned.

Unit	Number of completed survey returns
Dunchurch	5
Foxton	6

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

Gilmorton	8
Hinckley	6
Kilsby	2
Ledwell	7
Nethercote	2
Oadby	8
Thurlaston	5

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 significant² 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 people's 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 2016 compared with responses from young people surveyed in all other STCs – this comparator is based on all responses from young people surveys carried out in two secure training centres since April 2015
- the current survey responses from Rainsbrook in 2016 compared with the responses of young people surveyed at Rainsbrook in 2015
- a comparison within the 2016 survey between the responses of white young people and those from a black and minority ethnic group
- a comparison within the 2016 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 2016 survey between the responses of young people who reported that they had been in local authority care and those who did not.

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

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 those shown in the comparison data as the comparator data has been weighted for comparison purposes.

Secure training centre survey

Section I: Questions about you

QI.1	Are you?	Male		Female				
		41 (84%)		8 (16%)				
QI.2	How old are you?	12	13	14	15	16	17	18
		0 (0%)	0 (0%)	5 (10%)	13 (27%)	11 (23%)	16 (33%)	3 (6%)
QI.3	What is your ethnic origin?							
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>							25 (51%)
	<i>White - Irish</i>							4 (8%)
	<i>White - Other</i>							2 (4%)
	<i>Black or Black British - Caribbean</i>							4 (8%)
	<i>Black or Black British - African</i>							1 (2%)
	<i>Black or Black British - other</i>							1 (2%)
	<i>Asian or Asian British - Indian</i>							0 (0%)
	<i>Asian or Asian British - Pakistani</i>							3 (6%)
	<i>Asian or Asian British - Bangladeshi</i>							0 (0%)
	<i>Asian or Asian British - Chinese</i>							0 (0%)
	<i>Asian or Asian British - other</i>							1 (2%)
	<i>Mixed heritage - White and Black Caribbean</i>							4 (8%)
	<i>Mixed heritage - White and Black African</i>							0 (0%)
	<i>Mixed heritage - White and Asian</i>							2 (4%)
	<i>Mixed heritage - other</i>							2 (4%)
	<i>Arab</i>							0 (0%)
	<i>Other ethnic group</i>							0 (0%)
QI.4	What is your religion?							
	<i>None</i>							19 (39%)
	<i>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</i>							25 (51%)
	<i>Buddhist</i>							1 (2%)
	<i>Hindu</i>							0 (0%)
	<i>Jewish</i>							0 (0%)
	<i>Muslim</i>							4 (8%)
	<i>Sikh</i>							0 (0%)
	<i>Other</i>							0 (0%)
QI.5	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes		No				
		5 (11%)		42 (89%)				
QI.6	Are you a British citizen?	Yes		No				
		45 (96%)		2 (4%)				
QI.7	Do you have a disability? Do you need help with any long term physical, mental or learning needs?	Yes		No				
		15 (32%)		32 (68%)				

		Yes	No
Q1.8	Have you ever been in local authority care (looked after)?	16 (33%)	32 (67%)

Section 2: Questions about your trip here and first 24 hours in this centre

		Yes	No	Don't remember/ Not applicable
Q2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	45 (92%)		4 (8%)
Q2.2	When you arrived at the centre were you searched?	44 (90%)	4 (8%)	1 (2%)
Q2.3	Did staff explain to you why you were being searched?	38 (78%)	3 (6%)	8 (16%)
Q2.4	When you were searched, did staff treat you with respect?	39 (80%)	4 (8%)	6 (12%)
Q2.5	Did you see a doctor or nurse before you went to bed on your first night here?	44 (92%)		4 (8%)
Q2.6	On your first night here, did anybody talk to you about how you were feeling?	36 (73%)		13 (27%)
Q2.7	Did you feel safe on your first night here?	42 (89%)		5 (11%)

Section 3: Daily life

		Yes	No	I don't know
Q3.1	In your first few days here were you told everything you needed to know about life at the centre?	30 (61%)	15 (31%)	4 (8%)
Q3.2	If you had a problem, who would you turn to? (Please tick all that apply)			
	No-one.....			13 (28%)
	Teacher/ Education staff.....			8 (17%)
	Key worker.....			11 (24%)
	Case worker.....			17 (37%)
	Staff on your unit.....			21 (46%)
	Another young person here.....			13 (28%)

Family 18 (39%)
 Advocate..... 6 (13%)
 Other 2 (4%)

Q3.3	Do you have a key worker on your unit?	Yes 22 (54%)	No 19 (46%)
Q3.4	Does your key worker help you?	I don't have a key worker 19 (49%)	Yes 14 (36%) No 6 (15%)
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 34 (76%)	No 2 (4%) I don't want to/ I have no religion 9 (20%)
Q3.7	What is the food like here?		
	Very good		1 (2%)
	Good		8 (17%)
	Neither		3 (7%)
	Bad.....		21 (46%)
	Very bad.....		13 (28%)
Q3.8	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	Yes 44 (94%)	No 3 (6%)
Q3.9	How often do you have visits from family, carers and friends?		
	<i>I don't get visits</i>		4 (9%)
	<i>Less than once a week</i>		15 (34%)
	<i>About once a week</i>		24 (55%)
	<i>More than once a week</i>		1 (2%)

Section 4: Behaviour

Q4.1	Does the incentives and sanctions scheme (top, middle and bottom levels) encourage you to behave well?	I don't know what the scheme is 4 (9%)	Yes 30 (65%)	No 12 (26%)
Q4.2	Do you think the incentives and sanctions scheme (top, middle and bottom levels) is fair?	I don't know what the scheme is 4 (9%)	Yes 24 (53%)	No 17 (38%)

Q4.3	If you get in trouble, do staff explain what you have done wrong?	Yes 32 (73%)	No 12 (27%)
Q4.4	Do most staff let you know when your behaviour is good?	Yes 34 (74%)	No 12 (26%)
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 16 (35%)	No 30 (65%)
Q4.6	Have you been physically restrained since you have been here? (you may have heard it called MMPR)	Yes 13 (28%)	No 33 (72%)
Q4.7	Were you given a chance to talk to somebody about the restraint afterwards?	Not been restrained 33 (73%)	Yes 8 (18%) No 4 (9%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a doctor or nurse?	Yes 33 (75%)	No 10 (23%)	I don't know 1 (2%)
Q5.2	What are the health services like here?	Good 27 (63%)	Bad 12 (28%)	I don't know 4 (9%)
Q5.3	Do you have any health needs which are not being met?	Yes 14 (32%)	No 30 (68%)	

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 43 (96%)	No 2 (4%)
Q6.2	Are complaints dealt with fairly?	I have not made one 18 (41%)	Yes 14 (32%) No 12 (27%)
		Yes	No

Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	7 (16%)	38 (84%)
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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 11 (26%)	No 16 (37%)	I don't know 16 (37%)
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 23 (52%)		No 21 (48%)
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?	Yes 15 (34%)		No 29 (66%)
Q7.4	Do you think your education/ training here will help you once you leave the centre?	Yes 21 (48%)		No 23 (52%)
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 28 (65%)		No 15 (35%)
Q7.6	Are you encouraged to take part in activities outside education/training hours (e.g. hobbies, sports or gym)?	Yes 35 (80%)		No 9 (20%)
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 33 (83%)		No 7 (18%)
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 7 (16%)	Yes 19 (44%)	No 17 (40%)

Section 8: Questions about safety

Yes

No

Q8.1	Have you ever felt unsafe here?	11 (25%)	33 (75%)
		Yes	No
Q8.2	Do you feel unsafe at the moment?	3 (7%)	41 (93%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe		33 (79%)
	Everywhere.....		2 (5%)
	Admissions room		2 (5%)
	In single separation		3 (7%)
	At the gym.....		2 (5%)
	Outside areas/grounds.....		3 (7%)
	Corridors.....		2 (5%)
	Dining room		2 (5%)
	At education/training.....		5 (12%)
	At religious services		2 (5%)
	At health services.....		3 (7%)
	In the visits area		2 (5%)
	On your unit.....		5 (12%)
	In your room		3 (7%)
	Other		1 (2%)
Q8.4	Have you experienced any of the following from young people here? (Please tick all that apply)		
	Insulting remarks about you		16 (39%)
	Physical abuse (being hit, kicked or assaulted)		13 (32%)
	Sexual abuse.....		0 (0%)
	Feeling threatened or intimidated		10 (24%)
	Shout outs/yelling through windows about you		14 (34%)
	Having your property taken		3 (7%)
	Other		2 (5%)
	Not experienced any of these things		17 (41%)
Q8.5	If yes, what was it about? (Please tick all that apply)		
	Your race or ethnic origin		7 (17%)
	Your religion/religious beliefs.....		4 (10%)
	Your nationality.....		3 (7%)
	Being from a different part of the country to others.....		4 (10%)
	Being from a traveller community		3 (7%)
	Your sexual orientation.....		0 (0%)
	Your age		2 (5%)
	Having a disability		2 (5%)
	You being new here		6 (15%)
	Your offence/crime.....		6 (15%)
	Gang-related issues/people you know or mix with		4 (10%)
	Your family or friends		3 (7%)
	Drugs		2 (5%)
	Medication you receive		2 (5%)
	Your gender		1 (2%)
	Other		3 (7%)
Q8.7	Have you experienced any of the following from staff here? (Please tick all that apply)		

Insulting remarks about you	8 (22%)
Physical abuse (being hit, kicked or assaulted)	3 (8%)
Sexual abuse.....	1 (3%)
Feeling threatened or intimidated	3 (8%)
Having your property taken.....	2 (5%)
Other	1 (3%)
Not experienced any of these things.....	27 (73%)

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

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

	Yes	No
Q8.10 If you were being bullied or 'picked on', would you tell a member of staff?	8 (40%)	12 (60%)



Survey responses from children and young people: Rainsbrook STC 2016

Survey responses (missing data has 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 2016	STC comparator	Rainsbrook STC 2016	Rainsbrook STC September 2015
	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		49	84	49	51
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	38%	38%	38%	21%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	36%	44%	36%	35%
1.4	Are you Muslim?	9%	16%	9%	13%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	8%	11%	18%
1.6	Are you a British citizen?	96%	93%	96%	91%
1.7	Do you have a disability?	32%	22%	32%	19%
1.8	Have you ever been in local authority care?	33%	37%	33%	43%
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?	91%	91%	91%	91%
2.2	When you arrived at the centre were you searched?	90%	96%	90%	90%
2.3	Did staff explain why you were being searched?	78%	73%	78%	76%

2.4	When you were searched, did staff treat you with respect?	79%	87%	79%	82%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	91%	88%	91%	91%
2.6	Did anybody talk to you about how you were feeling?	74%	61%	74%	75%
2.7	Did you feel safe?	89%	87%	89%	88%
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?	61%	73%	61%	75%
If you had a problem, who you would turn to?					
3.2a	No-one	28%	15%	28%	9%
3.2b	Teacher/Education staff	17%	10%	17%	24%
3.2c	Key worker	24%	29%	24%	47%
3.2d	Case worker	37%	40%	37%	48%
3.2e	Staff on the unit	46%	46%	46%	60%
3.2f	Another young person here	28%	16%	28%	24%
3.2g	Family	39%	53%	39%	53%
3.2h	Advocate	13%	9%	13%	14%
3.3	Do you have a key worker on your unit?	54%	89%	54%	88%
For those who said they had a key worker:					
3.4	Does your key worker help you?	71%	87%	71%	96%
3.5	Do most staff treat you with respect?	92%	86%	92%	95%
3.6	Can you follow your religion if you want to?	76%	66%	76%	67%
3.7	Is the food here good/very good?	20%	28%	20%	37%
3.8	Is it easy to keep in touch with family or carer outside the centre?	93%	86%	93%	89%
3.9	Do you have visits from family, carers or friends at least once a week?	58%	53%	58%	50%

SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	65%	77%	65%	83%
4.2	Do you think the incentives and sanctions scheme is fair?	53%	66%	53%	71%
4.3	If you get in trouble, do staff explain what you have done wrong?	73%	81%	73%	83%
4.4	Do most staff let you know when your behaviour is good?	74%	69%	74%	81%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	35%	53%	35%	39%
4.6	Have you been physically restrained since you have been here?	28%	36%	28%	23%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	64%	60%	64%	78%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	75%	93%	75%	97%
5.2	Do you think that the health services are good here?	63%	61%	63%	54%
5.3	Do you have any health needs which are not being met?	33%	16%	33%	26%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	96%	96%	96%	95%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	55%	65%	55%	76%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	15%	12%	15%	23%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	26%	51%	26%	30%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	52%	70%	52%	79%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	35%	65%	35%	74%

7.4	Do you think your education here will help you once you leave?	48%	64%	48%	69%
7.5	Have you been able to learn any 'life skills' here?	65%	85%	65%	84%
7.6	Are you encouraged to take part in activities outside education/ training hours?	79%	86%	79%	87%
7.8	Do you know where you will be living when you leave the centre?	83%	66%	83%	75%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	52%	59%	52%	71%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	25%	24%	25%	22%
8.2	Do you feel unsafe at the moment?	8%	9%	8%	12%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	39%	31%	39%	35%
8.4b	Physical abuse?	31%	24%	31%	19%
8.4c	Sexual abuse?	0%	1%	0%	4%
8.4d	Feeling threatened or intimidated?	25%	19%	25%	17%
8.4e	Shout outs/yelling through windows?	35%	29%	35%	32%
8.4f	Having your canteen/property taken?	8%	10%	8%	11%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	17%	9%	17%	15%
8.5b	Your religion or religious beliefs?	10%	3%	10%	12%
8.5c	Your nationality?	8%	4%	8%	15%
8.5d	Your being from a different part of the country than others?	10%	3%	10%	23%
8.5e	Your being from a Traveller community?	8%	0%	8%	6%
8.5f	Your sexual orientation?	0%	1%	0%	4%
8.5g	Your age?	4%	3%	4%	9%

8.5h	You having a disability?	4%	0%	4%	6%
8.5i	You being new here?	15%	9%	15%	19%
8.5j	Your offence or crime?	15%	8%	15%	15%
8.5k	Gang-related issues or people you know or mix with?	10%	9%	10%	6%
8.5l	Your family or friends?	8%	10%	8%	14%
8.5m	Drugs?	4%	6%	4%	12%
8.5n	Medications you receive?	4%	0%	4%	4%
8.5	Your gender?	2%	0%	2%	6%
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	21%	10%	21%	19%
8.7b	Physical abuse?	9%	11%	9%	13%
8.7c	Sexual abuse?	2%	0%	2%	6%
8.7d	Feeling threatened or intimidated?	9%	11%	9%	13%
8.7e	Having your canteen/property taken?	5%	11%	5%	6%
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	9%	4%	9%	6%
8.8b	Your religion or religious beliefs?	5%	1%	5%	4%
8.8c	Your nationality?	9%	2%	9%	4%
8.8d	Your being from a different part of the country than others?	5%	1%	5%	10%
8.8e	Your being from a Traveller community?	2%	1%	2%	4%
8.8f	Your sexual orientation?	5%	0%	5%	6%
8.8g	Your age?	2%	2%	2%	4%
8.8h	You having a disability?	0%	0%	0%	6%
8.8i	You being new here?	9%	3%	9%	6%
8.8j	Your offence or crime?	9%	3%	9%	4%

8.8k	Gang-related issues or people you know or mix with?	5%	1%	5%	6%
8.8l	Your family or friends?	5%	3%	5%	6%
8.8m	Drugs?	9%	1%	9%	6%
8.8n	Medications you receive?	5%	0%	5%	4%
8.8o	Your gender?	5%	1%	5%	6%
8.8p	Because you made a complaint?	5%	3%	5%	6%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	39%	67%	39%	67%

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