

Inspections of secure training centres

Inspection of Medway STC

Report published: 11 May 2018

Overall effectiveness	Requires Improvement
The safety of children	Requires Improvement
Promoting positive behaviour	Requires Improvement
The care of children	Requires Improvement
The achievement of children	Requires Improvement
The resettlement of children	Requires Improvement
The health of children	Good
The effectiveness of leaders and managers	Requires Improvement

Inspection dates: 26 February–21 March 2018

Lead inspector: Sheena Doyle

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Overall effectiveness	Requires improvement
<p>Medway STC has improved in all areas since the last inspection. Areas which have the same judgement as at the last inspection have, nonetheless, improved. Many initiatives in the centre show creative and careful consideration of how to improve the living environment, ensure staff are able to perform their tasks better, and promote children's positive outcomes more clearly. Governance is developing well, supported by robust data, and external scrutiny is evident. The physical environment is much improved and further improvements are scheduled. Children are appropriately expected to participate in maintaining standards, the centre is clean, free from wanton damage and graffiti, and feels orderly and well cared for.</p> <p>It is particularly impressive that, despite many of the children arriving with complex personal problems, involvement in criminal activities and gang-affiliations, staff and managers quickly ensure they are able to settle into the life of the centre and steer them towards better behaviour. They are encouraged to mix with all the other children as much as possible. Managed separations are the exception rather than the rule. Inspectors appreciate that the relaxed movements around the centre are only possible because of the intense groundwork that underpins this. It sets the tone for relationships between staff and children, which are generally respectful and meaningful, with staff deploying their authority appropriately.</p> <p>The quality of communication and support between centre managers and external safeguarding services has improved considerably. Managers have benefited from training and liaison with community services. Most safeguarding referrals to external partners are made promptly, although a few take too long and lack clarity, which has led to delays in investigating concerns. Concerns in security reports are not always recognised as safeguarding matters and processed accordingly. Child sexual exploitation is not sufficiently well understood by staff and managers, with only a small number having received training on this issue.</p> <p>Other safeguarding arrangements, such as how to support children at risk of self-harm, have been improved. The value of these plans is better understood by some staff and managers than others, who have not yet been trained in the new arrangements. Children are kept safer through the plans, but would benefit from being more closely involved in planning and reviewing, in line with guidance.</p> <p>Children's dignity, privacy and safety are considered well. This is shown, for example, in the careful and minimal use of handcuffs and searching, the introduction of removable modesty panels for bedroom doors and enforced separation requiring governor-grade authorisation. Records of searches do not comply with procedural guidance, however. There is not robust enough senior management oversight to ensure that all steps have been taken to minimise longer periods of separation for children. Children on restricted regimes have to wait too long to access conflict resolution interventions.</p> <p>Education staff and managers have improved the educational, enrichment and vocational offers to children. Much work has gone into achieving positive progress in many areas. Progress has been significantly hampered by an increasingly lengthy</p>	

absence of electronic communication facilities. Despite considerable efforts and escalation, this remains unresolved. The introduction of CCTV in classrooms has supported the removal of residential staff to the corridors in education. However, education and residential staff do not collaborate sufficiently to manage children's inappropriate behaviour in classrooms, with some interventions being disruptive in themselves. Most teaching is of a good quality, but sharper observations of teaching practice would help raise the standard of weaker teaching.

The introduction of the role of custody support plan (CuSP) officer is positive but there are still teething problems and the role is not yet fully effective. This is being considered carefully by regular management meetings. Some important information about children is known to some relevant staff in the centre, but not to others, including education, health and residential staff and managers, and this also needs further development. For example, CuSP officers do not participate in sentence planning and other reviews, and non-clinical staff do not participate in case formulation meetings. There is a general need to improve the quality of case recording across the centre.

Staff have not had detailed training in how to recognise, understand, manage and reduce all the risks that children can pose. This means that the risks children posed in the community and that often led to their offending are not routinely considered in their ongoing management plans within the centre. Nor are they taken into account when eligibility for release on temporary licence (ROTL) is being considered. This, alongside a failure to be proactive regarding multi-agency public protection arrangements (MAPPA)-eligibility, limits the centre's contribution to protecting the public.

Centre staff and managers make good efforts to prepare children for their return to the community or when transferring to another secure facility. This does not always start soon enough for those children for whom this is likely to be problematic. The deployment of social workers is, however, already showing promising results, including a stronger influence on local authorities' corporate parenting responsibilities towards children returning to their care.

Health and well-being services are much improved since the last inspection, having very recently relocated to a refurbished area which meets the needs of health staff and children very well. Many improvements are evident, and those areas requiring improvement are reducing. Recording of complex care plans does not reflect the better practice seen. Wider preventative measures need to be given attention, such as better accessibility of emergency adrenalin dispensers, and broader health promotion activity.

Centre managers have promoted children's formal involvement in the life of the centre well. The youth council is well supported and seen as effective by the children. Their views are taken into account and help shape developments. Other arrangements, such as ease of access to independent advocates and the ability to submit a formal complaint, are well embedded and effective. Children's confidence in the complaints system is affected by limited information, on, for example, what is happening to their complaint while matters are progressing.

Recommendations:

Immediately:

- Ensure that the referral and management of allegations of abuse or harm are actioned in accordance with ratified safeguarding policies and statutory guidance.
- All safeguarding matters should be shared promptly with relevant community-based partner agencies, including issues raised via the security intelligence reporting system.
- Record children's views and responses to progress made in relation to safeguarding inquiries and investigations.
- All relevant staff should understand the nature of child sexual exploitation and how to keep vulnerable children safe.
- Improve the quality of 'assessment, care in custody and teamwork' (ACCT) plans for children at risk of self-harm, and keep them updated as circumstances change. Children's views should be recorded, and all staff should understand how best to support children at risk of self-harm.
- Improve the quality of records of searches of children.
- Use of Rule 31 and Rule 36 arrangements should be carefully monitored to minimise unnecessary separation and to inform behaviour management plans. Interventions that are required in order to lift restrictions on children's regimes should be available promptly.
- Children and teachers should have access to information communication technology to support learning.
- Residential care staff and teachers should work collaboratively to manage the behaviour of children in education.
- All important information about a child should be shared systematically between all staff in the centre who have responsibilities for supporting and caring for that child.
- Behaviour management plans should take into account the behaviour that led to custody as well as the behaviour exhibited by children while in custody.
- Improve staff's commitment to undertaking the role of CuSP officer and maximise their availability to their allocated children, including contributing to their plans and reviews.
- Ensure that all relevant staff and managers have a good understanding of risk, including its identification, management and reduction. This includes the risks that children have posed to others, and full risk profiles should be considered at the ROTL panel.

- Ensure that all MAPPA-eligible children are known to centre staff and managers, and that this status is taken into account in all aspects of their care and sentence planning.
- Improve the quality of case recording.
- Ensure that planning for accommodation after release starts early enough to promote robust resettlement plans.
- Ensure that all complaints are managed in line with the centre's policies and procedures.
- Care plans for children with acute conditions or in mental health crises should be comprehensive and clear.
- Medical equipment to deliver adrenaline should be located in suitable places around the centre, in case of unexpected allergic reactions.

Within three months:

- The Youth Custody Service (YCS) should reduce the number of children who are admitted late to the centre.
- Non-clinical staff working with a child subject to a case formulation meeting should attend meetings whenever possible.
- Different specialisms within the centre should have shared training experiences to assist a common understanding of children's issues and future joint working.
- Sharpen the observation of teachers' practice in order that managers identify and tackle weaknesses.

Service information

Medway secure training centre (STC) is one of three functioning purpose-built STCs. It is managed by the National Prison and Probation Service, which assumed responsibility for the centre on 1 July 2016. The STC offers secure accommodation for up to 67 male and female children aged between 12 and 18 years who have been sentenced or remanded to custody. On-site healthcare is commissioned by NHS England, with the Central and North West London NHS Foundation Trust providing the service. Education is provided on-site by Nacro. At the time of the inspection, 43 children were resident.

Inspection findings

The safety of children	Requires Improvement
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1. Centre managers are committed to developing robust security, safety and safeguarding arrangements, but these do not yet consistently provide children with sufficient protection. Arrangements are much improved since the last inspection, but managers and staff do not yet always recognise or respond appropriately to information, signs or indicators that suggest a child is at risk of harm.
2. Staff do not consistently follow agreed referral procedures as set out in the centre's policies. These policies have been revised since the last inspection, but managers have yet to evaluate their effectiveness. These procedures have not yet been ratified by the Local Safeguarding Children Board.
3. On some occasions, centre managers have not shared safeguarding concerns with the designated officer for the local authority, or other relevant partner agencies, in a timely manner. Weaknesses also exist in the quality of referrals made and some lack essential details about the allegation of abuse or harm. This has resulted in lengthy email exchanges between centre and local authority staff to fill in important omissions, and, as a consequence, has led to delays in investigating safeguarding concerns.
4. The introduction of more structured chronologies to note the actions taken by managers and other agencies relating to the referral, investigation and outcome of safeguarding issues is positive. However, the chronologies show that there is insufficient feedback to, and consultation with, children about what is happening with regard to the concerns about them.
5. Inspectors are reassured by the governor's actions, which are increasing the number of staff with specialist child protection knowledge in the centre. Liaison and communication between centre managers and community-based safeguarding professionals are now well established. A regular cycle of safeguarding meetings includes external professionals. This ensures independent oversight and scrutiny of a range of appropriate issues, such as bullying, restraint, child protection and self-harm.
6. Staff are not always aware of which children in their care may be at risk of child sexual exploitation. Some staff have completed relevant training, but most have not. There are no firm plans to ensure that all staff undertake this as a priority. As a result, some key staff, including managers and supervising staff, have a limited knowledge and understanding of this significant risk area. This shortfall has been offset, to some extent, by incorporating the local authority's child sexual exploitation screening tool in the suite of admission assessment documents, which is positive.
7. Children at risk of self-harm are made subject to an 'assessment, care in custody and teamwork' (ACCT) plan. The plans are a strong tool, but some show insufficient consultation with the child and, overall, they are of variable quality. These plans are

designed to ensure that all staff and managers across the centre know what each child's risks are and how best to manage and reduce them. Staff consult with the child about the ongoing need for their ACCT plan. This helps the child to understand why particular measures have been put in place to help keep them safe. Guidance about reviewing ACCT plans is clear and assumes taking children's views and feedback into account, but this does not routinely happen. Some plans lack sufficient detail to explain why they were required in the first place. The lack of detail means it is difficult to measure children's progress, because their emotional and psychological starting points are not clear. Some ACCT plans specify prescribed observation check times, meaning that these are predictable, and give rise to the possibility that some children could use the gap between checks as a 'window of opportunity' to harm themselves. So far, 19 staff have been trained as AACT case managers and 17 trained as ACCT assessors, but more training is required to raise the general level of awareness and skill across the workforce.

8. Managers and staff have worked hard to embed a conflict resolution approach within the centre, and it is widely understood and valued by both staff and children. Specialist trained staff launched the initiative in September 2017 and it has been used to address behaviours such as racism, bullying and gang-related issues. Given the relatively recent introduction of this approach, it is appropriate that managers keep it under close scrutiny and assess its impact. Feedback so far is positive.
9. The centre's security intelligence reporting system (SIRs) is effective and allows any member of staff to raise any concern that they believe might compromise the safety and security of individuals or the centre environment. On a minority of occasions, responsible managers have failed to recognise that a concern identified in a SIR constitutes a safeguarding matter. For example, one SIR highlighted a significant risk of child sexual exploitation but it was not recognised as such, and therefore was not referred to the local authority as it should have been. Inspectors were reassured that the imminent implementation of an electronic SIR system will reduce the potential for safeguarding concerns to be missed going forward.
10. The searching of children and their environments is proportionate to identified risks and is undertaken with respect and sensitivity. Staff are aware of the potential trauma they could trigger. Despite evidence of sensitive approaches, the records of searches are often poor. A number of search records did not state what the intelligence was that led to the search, or show essential authorisation from an appropriately senior manager. Managers are aware of these shortfalls and are developing new arrangements to ensure more robust records are kept.
11. Records of the use of handcuffs are generally well kept and are appropriately risk-based. In specific circumstances, such as external medical appointments, individual risk assessments are completed to ascertain whether handcuffs can be removed. In most cases, staff clearly record the rationale for their decision and there is appropriate management oversight.
12. Children consistently report that they are welcomed into the centre well. Facilities have improved and are bespoke, child friendly and appropriate. All new admissions benefit from initial risk assessments designed to identify and address immediate

safety or safeguarding concerns. This positive approach to helping children settle well into the regime is often undermined by late arrival. Of the 114 children most recently admitted to the centre, 27 of these admissions occurred after nine o'clock in the evening. Responsibility for the transport service lies with the youth custody service, and lobbying by the centre's managers has not yet improved this aspect of custodial performance. This has been identified as a matter of concern in all the STCs and raised previously with the Youth Justice Board (YJB), then YCS.

13. Security managers work well in partnership with counter-terrorism agencies and 'Prevent' specialists to identify, manage and reduce the risk of children being subject to radicalisation. Staff benefit from good-quality training and devise individual plans for relevant children.
14. The extensive expansion of closed-circuit television (CCTV) coverage across the centre, including in stairwells, is welcome and promotes children's safety. Children have reported these areas as those in which they are more afraid, over many years, and they now say that they feel safer.
15. Arrangements between the centre and local emergency services are in place and up to date. This been supported by recent desktop exercises to test the effectiveness of emergency contingency plans. Future plans show that this is given proper priority.

Promoting positive behaviour	Requires Improvement
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16. The governor and the senior leadership team have improved behaviour management since the last inspection, with appropriate emphasis on the areas for improvement highlighted at the previous inspection. There is a marked change in the way children are encouraged to behave well, with far more emphasis on rewarding and encouraging good behaviour, which is successful. Children mix together more in education classes, the dining room, in their activities outside of education and when moving around the site. There are indications from the emerging oversight and governance arrangements that this will continue. The atmosphere around the centre is calm most of the time, but incidents which involve violence by children and the use of force and restraint still happen, and inspectors witnessed several incidents in different locations during the days they spent on site.
17. The revised incentives scheme is effective and provides children with both daily and longer-term rewards. Effectiveness is helped by linking behaviour with immediate consequences. Rectification is also possible and children who lose points for minor matters can still gain the daily reward they are aiming for by volunteering to complete extra chores. There is some inconsistency in the way staff award points, but children understand the process and it generally works well as a behavioural management tool. Low level poor behaviour, such as swearing, is challenged appropriately.
18. Daily rewards are appropriate and also help children settle in their bedrooms in the evening. Staff undertake daily checks in bedrooms for items that should be earned

on a daily basis rather than be retained indefinitely. Inspectors saw generally good compliance with this. The value of pocket money is also tied to the points tier level reached each day. Medium-term rewards include weekly access to a tuck shop where purchases can be made, and longer-term rewards include influencing the consideration of temporary release.

19. The sharing of information about children, which could help with behaviour management, is still patchy. For example, different information is discussed at custody support plan review meetings and remand and sentence planning reviews, and the staff who are allocated to support each child do not attend both meetings. The strongest focus of all centre meetings is on the behaviour exhibited by children while they are in custody, not the behaviour that led to their offending and incarceration. This limits the centre's ability to impact on offending behaviour and its contribution to protecting the public upon release. It also means that some behaviours which may increase a child's risk to others are not included in a behaviour management plan, unless the behaviour also impacts on regime compliance.
20. Spontaneous violence by children is an ongoing facet of life at the centre, and when it happens, staff intervene quickly. Incidents include pushing, spitting, grabbing, kicking and punching. At the previous inspection, the centre did not have any credible data for the incidence of violence. Records are now robust: there were 74 assaults on staff in the last six months, and 83 fights or assaults between children. One of these resulted in facial injury to a child that required treatment. Inspectors accept that assaults on staff include very low level physical contact, some of which occurs as a result of staff intervening to prevent violence between children. Independent oversight is assisted with the monthly and quarterly safeguarding meetings monitoring levels of violence, including patterns and trends. Analysis of data indicated that children are more likely to be involved in violence when they first arrive. This rightly generated further consideration of what the underpinning reasons might be, and efforts to reduce this. This shows a good use of data.
21. The use of body worn cameras (BWCs) to record incidents is increasing, and this aids transparency and the safeguarding of both children and staff. Reminders to turn cameras on are given when staff are alerted to respond, but there are incidents when cameras could have been turned on earlier to provide more insight into the events that occurred prior to the use of force.
22. In our survey, 71% of children said they had been restrained while at the centre. The centre's records suggest around half of the population had experienced some form of force or restraint in recent months. In the six months before the inspection, force and restraint had been used 379 times (an average of 63 times each month). Just under half of these incidents involved the use of managing and minimising physical restraint (MMPR) holds. A small number of children have experienced multiple restraints. Although infrequent, pain infliction techniques had been used on seven occasions in the previous 12 months. Records indicate that sometimes the pain had no effect and a different technique was attempted. In other restraints, it was clear that children felt pain even though techniques intended to cause pain were not used. Three possible wrist injuries to children had been recorded and

referred to the local authority. One local authority investigation was ongoing during the inspection, the other two having been determined to be unfounded.

23. Oversight of use of force is stronger than at the previous inspection. The centre has three trained MMRP coordinators, who are proactive in ensuring that staff complete all required paperwork. They also quality assure all incidents by reviewing paperwork, viewing camera footage and attending incidents to ensure the correct application of MMRP holds. Staff receive regular MMRP refresher training. The weekly MMRP meeting provides additional oversight of all incidents and it is positive that the local authority is represented on a regular basis. However, minutes of the meetings do not show sufficiently detailed analysis and discussion of the incidents, although inspectors were advised that the quality of discussion is higher than indicated by the minutes.
24. MMRP coordinators attempt to speak with children about the restraint shortly after it has finished, but this is often unsuccessful. The purpose of this is to allow children to raise any concerns or questions about their experience of force or restraint and to help the centre understand how each child experiences the restraint. This in turn can improve behaviour management plans. However, MMRP coordinators have taken an active role in restraining children, rather than overseeing and advising others, as they should be. This is likely to influence how they are perceived by children and lessen the likelihood of them being seen as impartial. Efforts are underway to make more use of case workers and CuSP officers to debrief children, but it is too early to see any impact. Handling plans are in place for children who need them due to a medical condition or disability. However, some staff did not know why some children had a handling plan, thereby undermining its purpose in ensuring that only safe holds are used for certain children.
25. Inspectors reviewed documentation, CCTV and BWC footage. In the majority of incidents, force was used appropriately to prevent injury to children and staff. Some practice requires improvement. Inspectors saw examples of poor or too little communication between children and staff during restraints and, in a few cases, staff are not confident in applying MMRP holds. Incident management also requires improvement. For example, staff need to ensure that observation panels are not covered when relocating a child back to their bedroom, so they can be seen to be safe once left alone. Failure to do so necessitates further entry to the bedroom and possible further restraint. On other occasions, non-involved children are able to get too close to a restraint.
26. Serious injury and warning signs are identified properly and referred to the national MMRP team for investigation, in line with guidance. Seventeen of these had been identified since April 2017, including eight in the six months prior to the inspection. Most were because children said that they could not breathe during a restraint. Healthcare staff attended all incidents promptly, promoting children's safety.
27. It is not possible to regard the volume of violence, use of force incidents and other associated matters as indicative of strong or weak performance in the area of behaviour management. This is due to the lack of data capture and integrity at the centre over recent years. However, the current recording and monitoring of

behaviour management techniques gives confidence that centre managers will be able to consider how to reduce violence going forward.

28. Arrangements to remove children from contact with their peers have been tightened up and are clear. Only senior staff can authorise this. Short periods (less than three hours) are managed under Rule 36, with longer periods being governed by Rule 31. Children managed under Rule 31 have a support plan which is reviewed on a daily basis. There were 10 plans open during the inspection. It is positive that being subject to Rule 31 arrangements does not mean total separation from other children. The plans set out the elements of centre life that a child cannot engage with until the issues underlying his/her behaviour have been addressed. Misbehaviour in the dining room, for example, results in children being temporarily excluded from eating there while reparation and mediation are completed, but they are still allowed to attend other activities around the site.
29. Many plans are only open for a few days, and most children are actively managed back to full engagement with the rest of the community. The quality of some plans needs improvement and the sequencing of events is unclear. For example, one child was placed on a plan following involvement in a violent incident. Three days later, his plan included information that he had made racist comments to another child. It is not clear whether this was part of the original incident or a subsequent event, and the plan did not say how the situation will be addressed. With some plans that are open for longer periods, the progress and review of individual circumstances is less evident: the ongoing restrictions on children may be experienced by them as punishments, for example not having access to the dining room for over two weeks.
30. Oversight of the use of Rule 31 and Rule 36 separations and quality assurance is still developing. There was no Rule 31 data available for September and November 2017 and the use of Rule 36 is more recent than that. Managers are introducing analysis, but the relative newness and lack of data for some months makes it difficult to be sure about any emerging patterns or trends, or consistency of application.
31. The centre does not maintain lists of which children cannot mix with others by virtue of external gang affiliation or some other conflict. Although potential conflict is considered carefully, children are expected to live as a community and resolve differences between themselves with staff support. Conflict resolution is relatively new to the centre, but the team of trained practitioners is mediating issues that lead to violence between children, in some cases before any violence has occurred. Although this is a promising initiative, the promptness with which conflict resolution referrals are actioned needs attention. One child who was referred as part of his rule 31 plan on 5 March was noted as still waiting on 21 March, and this restricted his participation in normal movements around the centre.

The care of children	Requires Improvement
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32. The care of children has continued to improve since the last inspection. A number of changes and initiatives have contributed to an improved centre-wide ethos that is

based on good childcare principles. This has been done in a well-managed way. For example, occupancy has been restricted and only increased at a rate commensurate with sufficient numbers of trained staff being recruited. It is positive that managers recognise the challenge of maintaining this ethos and approach in the context of rising occupancy and the increased pressures this will inevitably bring.

33. Residential staff have a better understanding about the role they play in supporting children's day-to-day needs within the custodial setting. The introduction of the custody support model, whereby every child has an allocated member of staff who is responsible for their individual custody support plans (CuSPs), is positive. However, this role is at an early stage of development, with only 22 staff trained so far, of which only 18 work directly on the units.
34. The centre is monitoring the implementation of the CuSP officer model, which is positive. However, management meetings show that problems in January 2018 included growing numbers of cancelled CuSP meetings, with only 81 out of 152 of scheduled meetings taking place during the previous month. It was noted that some CuSP officers are losing motivation and that allocation of officers to children is not timely. Staff rotas were also noted to contribute to the problem: some CuSP officers were working night shifts, when they would not be able to undertake individual work with children.
35. These difficulties were reflected, to some extent, by children spoken to. While most children could identify their allocated officer and were positive about how they supported their day-to-day needs, they also expressed concern about their CuSP officer not always working on their unit, so it could be difficult to get to see them.
36. Complaints management was a shortfall at the previous inspection. This has improved, although greater attention to detail would improve confidence in the system. Children know how to make a complaint and forms are readily available. However, in our survey, only 24% of children said that complaints are dealt with fairly. The quality of complaints investigations is mostly acceptable but some showed delays, and some children had not been written to, to tell them what was happening to their complaint. Some records lack any indication of the child's views about the outcome. The current quality assurance process of sampling 10% of complaints each month is not ensuring that these shortfalls are addressed.
37. Independent advocates are readily accessible to children. Every child is seen within 14 days of admission and all children can ring their helpline in private. Advocates are positive about way that senior managers respond when they raise issues on behalf of children.
38. The refurbished reception and induction unit provides a welcoming environment for children when they first arrive. They are provided with a good range of child-friendly information about the basics of centre life. If required, staff are able to access translation services and interpreters. Children receive good support from peer mentors to help them settle. Initial information is gathered by staff from accompanying documents, as well as through discussion with the child. Unit staff are generally provided with sufficient information about children who are placed on

their unit in order to understand how best to care for them. However, some plans do not include key information, in particular that information relating to historical or wider community concerns. These are often ongoing issues for the child and are important factors in designing care plans. This means that staff are sometimes unaware of important contextual information and therefore cannot consider how these might manifest within the centre. Unit staff are unable to mitigate against them or provide necessary support.

39. Different teams in the centre, such as CuSP officers and case managers, do not share and record information gathered about children sufficiently. Case managers in the resettlement team retain overall responsibility for coordinating children's remand and sentence plans. While they liaise with CuSP officers, the relationship between the two teams is under-developed. CuSP officers are expected to meet with their allocated children regularly and record the key points of their discussions and observations, then share this with the resettlement team. However, there is no formal mechanism for this information to be reviewed and discussed, relying very much on the discretion of the CuSP officer to highlight any emerging concerns. Managers recognise the importance of formalising this process in order to ensure that important issues are not missed.
40. Case managers maintain good contact with parents and professionals and ensure the timeliness of sentence management and looked after reviews. Reviews are well attended by different specialisms within the centre; they are informative, purposeful and child-focused. However, children's CuSP officers are rarely in attendance so the reviews do not hear from staff who provide the first line of support for the child, and these staff do not hear what others are saying about the child to take forward in their work.
41. The change in how children are moved between different buildings and activities on the site, called free flow, is positive and has been successful. Under staff supervision, all possible children go between activities and education as one group, and eat together in the dining hall. Risk assessments are undertaken for the few children who cannot partake, with a view to reintegration as soon as possible. Inspectors observed a relatively relaxed and pleasant atmosphere that encourages normal relationships. Inspectors saw staff being attentive to children's needs and skilfully using their relationships to manage children's behaviours.
42. The standard of accommodation has improved since the last inspection as refurbishment work continues. Importantly, improvements made at the last inspection are still being maintained. Very little damage or graffiti was seen, indicating appropriate respect for the environment. Efforts have been made to reduce the institutional feel of the living units. Creative approaches towards promoting children's privacy without compromising safety are being tested. For example, the recent introduction of removable boards that allow children to cover their door viewing panels when, for example, showering.
43. The centre has made good efforts to encourage and support children to have a voice and express their views about the centre. A number of forums have been set up. The youth council, supported by professional youth workers, is valued by

children and is seen as influential. Representation has been carefully considered and is broad. Senior managers attend, enabling swifter responses to issues raised, and this reinforces confidence in the council. This is in sharp contrast to the frustrations expressed by the group at the previous inspection. The youth council is also supported to develop entrepreneurship, and has recently begun selling and renting consoles and approved computer games to children, with the aim of reinvesting the profits for the benefit of all children in the centre.

44. Children are well supported to keep in contact with family and friends. Centre staff make concerted efforts to facilitate contact, including visits at convenient times for the family. The length of visits is no longer determined by the distance travelled and catering staff provide refreshments, including at weekends. Three family days have been held since the last inspection and feedback from families is very positive. These enable family members to spend quality time with their child, as well as see where they live, and meet the staff who care for them on a daily basis. This provides reassurance and helps to dispel myths about the centre.
45. There has been good progress in widening the range of activities available to children. Strong links have been established with external providers who come to the centre to deliver purposeful, fun, and educational activities. These links are also used effectively to enable children to develop interests outside of the centre and to facilitate ROTL.
46. Arrangements for faith observance are well established. In our survey, 88% of children, compared to 59% in other secure training centres, confirmed that they could follow their chosen religion. The chaplain is highly visible and accessible. He provides support for faiths most commonly represented within the centre, and religious leaders for other faiths visit as needed.
47. The girls' strategy has been effective in developing the centre's approach to caring for girls, who form a minority of the population. There is a good balance between integration into the daily routine and meeting their distinct needs. A strength of this strategy is the links that have been established with community services and other female custodial settings. These have helped girls when moving on from the centre, for example to the adult secure estate.
48. Diversity is discussed with children during their first days at the centre. Staff make it clear that unacceptable views will be challenged and every effort is made to identify and address potential conflicts during the early stages of admission. Reports of discriminatory incidents have reduced. While many factors may account for this, centre managers believe it is because of the culture of tolerance and respect that they are fostering, and the effectiveness of the conflict resolution team's early intervention.

The achievement of children	Requires improvement
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49. Although many aspects of education show improvement since the last inspection, progress has been significantly hampered by the shortfall in electronic connectivity. The lack of access to information communication technology (ICT) created as a result, and which has continued over a sustained period, has adversely affected children's engagement in classes and workshops, and in consolidating their learning. This prohibits the achievement of children being judged as good because of the many areas of teaching and learning that are negatively impacted as a consequence.
50. Senior and strategic leaders responsible for the IT contract have significantly underestimated the negative impact on the quality of teaching and learning caused by children's lack of access to ICT over more than two months, including during the inspection period. The interactivity which electronic boards previously provided, and the scope which teachers had to enliven lessons, is now absent. Core ICT lessons are not being delivered in a sufficiently meaningful manner and the potential of electronic tablets to allow individual study is not being realised. Teachers have been resourceful in dealing with the situation in the classroom but are unable to apply the ICT training which they received some months previously. Children who have arrived at the centre over the recent period are being poorly served; teachers and support staff express frustration at the situation. Although children are making progress from their starting points, this would likely be at a faster pace if teaching and learning was supported by ICT. Furthermore, the lack of access to ICT over a sustained period has adversely affected children's engagement in class and in consolidating their learning.
51. Nacro managers are consolidating the improvements in education reported at the last inspection. The majority of children settle well in class; in many instances they draw upon what they have learnt previously, working out mathematical tasks independently, developing spoken and written skills in English, or exploring topical issues creatively through performing arts. Most children make progress from their starting points in core subjects and in vocational courses. Increasingly, the qualifications they gain are relevant and support future employment in areas such as catering and gym leadership. Children who take on peer mentor responsibilities learn much from doing so.
52. In the majority of instances, teachers conduct lessons well and keep children focused on their work. In the most effective lessons, teachers produce often simple but engaging resources and activities which reflect the lesson objectives and which keep children interested. In the few weaker sessions, teachers fail to explain concepts sufficiently well for the children to understand fully. Behaviour management continues to improve, but not all teachers are sufficiently confident in directing the centre's residential staff who oversee security within the education block and classrooms. In such instances, ill-considered interventions by residential staff creates disruption in the classroom.

53. The pathways curriculum, designed to provide vocational routes in areas including customer service and hair and beauty, allied with core subjects such as physical education and mathematics, continues to develop. It is coherent and understood by children and staff. Managers are planning better opportunities for children to undertake higher-level and more demanding courses, although this is not yet in place. Local employers are beginning to contribute to vocational courses, adding a wider, work-related perspective to children's learning. These initiatives are either relatively new or planned for the future, so it is too early to see any impact.
54. An increasing proportion of children are supported to attend college or interviews, or to undertake work experience on temporary release arrangements. This broadens the centre's curriculum offer and provides children with real-life experiences that support their resettlement.
55. Attendance is improving and reached 89% in 2017. Performance continues to be good and is improving. Managers monitor and scrutinise reasons for non-attendance well and seek to minimise missed sessions where, for example, children attend meetings or appointments during the education day. Very few children refuse to attend education. When they do refuse, managers review the underlying reasons well and provide alternatives such as 'outreach' one-to-one teaching. The one-to-one teaching viewed by inspectors was effective and helps children learn.
56. Six-weekly reviews and in-class monitoring by teachers ensure that children's progress is better tracked than at the last inspection. Managers collect and collate this data increasingly well. As a result, they are able to identify the minority who are not making expected progress and intervene accordingly. They have devised in-house targets which are suitably challenging and draw upon national benchmarks to help inform the centre's performance and overall progress. Careful attention is given to identifying, recording and promoting children's personal and social development in addition to their academic progress.
57. While a quarter of children have registered special educational needs, the majority have other forms of behavioural, developmental or educational difficulty. Improving liaison between education staff and the centre's health staff and other specialist teams ensures that children receive prompt and appropriate support. Teachers receive information about the specific needs of individual children, with most adapting their teaching accordingly. In the best instances, they draw well on the guidance from specialist colleagues to improve their practice. Following a review, learning support assistants now spend a greater proportion of their time working with particular children in the class. Combined, these measures improve attendance and help children form a more positive view about their own education.
58. Children receive well-informed careers and 'next step' information. This focuses well on identifying and boosting their personal skills and qualities and on choosing, at the start of their stay, the pathway most suited to their aspirations and interests. Preparation for release helps children manage the disclosure of their offences to prospective employers. The information, advice and guidance worker within education and the centre's resettlement workers operate collectively in preparing children for release.

59. Links between Nacro managers and centre leaders are increasingly well embedded. Managers continue to strengthen scrutiny arrangements and use external expertise to support education. However, senior managers and service commissioners have not been made sufficiently aware of the implications of the centre not being able to secure ICT access.
60. Managers have a regular programme of teacher performance management meetings and classroom observation, but managers are not sufficiently critical of the quality of aspects of the teaching and learning they observe. Teachers' improvement and development needs, where they arise, are identified and acted on. Managers' plan staffing in education well, albeit that occasional gaps in the curriculum take time to fill.

The resettlement of children	Requires Improvement
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61. Despite some improvements in the area of resettlement, a significant weakness continues to exist in staff and managers' understanding and response to risk of harm. Understanding of the risk of harm that children pose to others needs to be more refined and robust. While some procedural security arrangements are in place, wider implications of risky and dangerous behaviour are not fully recognised or explored. There is no consideration of how these behaviours may present in custody, and a lack of planning to manage these on release. For example, one child had been used to draw other children into child sexual exploitation prior to admission and another child is on remand for murder. Their files and behaviour management plans include basic information regarding gangs but, for the first child, no consideration had been given to the potential to groom other children within the centre pending release, and for the second child, insufficient attention was being paid to the very real potential for life-threatening retaliation.
62. Risk management plans are too basic and overly focused on presenting custodial behaviour. Planning to manage risks needs to clearly differentiate vulnerability and risk of harm to others. Neither case managers nor CuSP officers have received training in understanding, assessing and managing risk. This weakness is exacerbated by inconsistent information-sharing between the two groups of staff.
63. Arrangements around multi-agency public protection arrangements (MAPPA) are not sufficient. During the inspection, one child was released who was MAPPA-eligible but had not been identified as such despite the child's offence clearly falling into the prescribed eligibility list. The child's community-based youth offending team (YOT) had failed to identify the child as MAPPA-eligible and the centre did not challenge this as it should have. The failure to note children as being MAPPA-eligible negatively impacts on decision-making with regard to release on temporary licence. It means that the centre does consider this status when risk-assessing children for temporary release. The centre does not routinely identify or track MAPPA cases; this is a significant weakness given the nature of offences committed.

64. There are well-established links with parents, YOTs and local authority children's social care services. In the majority of cases, there is timely notification of significant events, and parents and professionals are well supported to attend reviews. However, not all YOTs fulfil their statutory obligations equally well or are as cooperative as they need to be with the centre. In these instances, case workers and managers need to challenge those YOTs more effectively. Joint work between case workers and YOTs is important because both parties play key roles in making sure that all children are not only supported, but that planning also occurs to keep children, and other members of the public, safe on their release.
65. Services to support children prepare for release or transfer to other custodial settings have improved since the last inspection. These include some strengthened case work arrangements, improving assessments, increasing opportunities to undertake offending work, and the relatively recent, but developing impact of the psychology team.
66. The centre's resettlement strategies and policies recognise the complex needs of children. The senior management team has taken proactive and innovative steps to mitigate some significant barriers to successful resettlement. The recently agreed partnership approach with the office of the children's commissioner to hold home local authorities to account for children being released into local authority accommodation is a good example.
67. Identification of suitable accommodation upon release remains a problem for some children. Trigger systems are needed to ensure that this work starts early enough and that local authorities are actively sourcing the right release placement. In one case reviewed, a child had become suicidal because of their fear of the proposed placement on release. The centre helped to challenge this plan and an alternative was found: this is an example of effective challenge by the centre of external agencies. However, the change of plan occurred very close to the child's release date and there was insufficient time for a full package of support to be put in place that was in line with the child's needs.
68. The centre has very recently recruited a designated social worker to better support children who are looked after, currently a third of the population. This is a positive initiative and is already showing signs of impact. The benefits of having detailed care histories for these children are being realised and, in one case, this has helped to identify gaps in vulnerability planning.
69. The centre has worked hard to improve arrangements for opportunities for temporary release. Placements are purposeful. Children's attendance at the ROTL board is an example of good consultation. Children are being given opportunities to demonstrate improved behaviour and risk reduction. However, a key weakness in the current arrangements is that ROTL assessments are not based on a full understanding of all of the child's known risks.
70. Systems are currently being developed to collect post-release outcome data. This will be used to understand the effectiveness of the centre's work and supplement

the resettlement needs analysis, but it is too soon to see any impact from this initiative.

71. Initial assessments are based on a wide range of relevant information and accurately identify children's needs. These are often supported by specialist assessments from health and psychology services. The recent introduction of child sexual exploitation vulnerability screening is promising and, in time, should help to support effective planning and safety work.
72. All children are subject to an interventions screening, which quickly identifies if any specific programmes would be helpful. Children can access a range of recognised offending behaviour interventions, and there are well-advanced plans to improve both the range and frequency of these, including a programme for those serving short sentences.
73. Children have frequent and meaningful contact with their case workers and develop trusting relationships with them. Children on remand are able to access a range of support, and case workers are sensitive to their emotional well-being. They have regular reviews and support is given at critical times, for example bereavement anniversaries, or when children return from court.
74. Sentence planning is generally effective and well sequenced. A multi-disciplinary approach is used to prioritise offending behaviour interventions, help children develop appropriate social skills, manage their emotions, and to establish and maintain good quality contact with parents/carers and professionals. Children understand their sentence plans and contribute to them.
75. The previous multiple recording systems have been streamlined to good effect. New systems are simpler and should help to avoid duplication. Wider access will facilitate a more collaborative approach to case work. However, more work is required to improve the overall quality of case work recording, which is too often weak. This makes it difficult to see what the plans and progress are of individual children. The quality of written plans does not reflect the quality of case work observed, which was better.

The health of children	Good
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76. The integrated primary care and mental health team has recently moved into a dedicated health and well-being centre, resulting in a considerable improvement in the environment since the last inspection. Primary care is delivered in a clinical treatment setting which meets infection control standards, and there is a pleasant area for the dispensing of medicines. The non-clinical rooms are still being furnished, but nevertheless provide a good number of spaces appropriate for private one-to-one sessions, and the potential for future group work.
77. This change of environment improves the privacy for children, who now visit the same building for all primary and mental healthcare needs, as well as other non-clinical individual sessions. They can no longer be marked out by their peers for the

types of appointments they are attending, or overheard during confidential sessions. Access to appointments in the health and well-being centre has improved, with sufficient staff to escort children. Those who refuse or are unable to attend are followed up by healthcare staff visiting the units.

78. The work of healthcare staff to deliver age-appropriate primary and mental healthcare services to the children is centrally underpinned by a catering service providing food of high nutritional value. In the survey, 53% of children said that the food was good or very good, which was significantly better than the comparator figure of 15%. Inspectors' experience of the food on offer was that it is plentiful, varied and of very good quality.
79. Catering is imaginative and includes 'hidden vegetables' in dishes, including some grown by children studying horticulture, summer picnic bags to be eaten outside, and responsive changes such as the provision of soup and hot chocolate during unexpected cold weather. Future plans should further promote children's involvement in helping to prepare meals and understand nutrition, as well as appreciate the social value of shared dining. Children have access to healthy snacks, particularly fruit, throughout the day, and frozen meals are kept for those who might arrive at the centre in the evening after the kitchen had closed. Children with dietary needs or allergies are catered for appropriately.
80. Primary health services continue to be flexible and responsive to children's needs, with no waiting lists for the GP, dentist, optician or other visiting specialists. Sixty nine percent of children in the survey stated that healthcare was good, and 81% said that they could see a doctor or nurse if they felt ill. Nurses are on-site between 7.30am and 8.15pm daily, and see children in the health and well-being centre or on the units as required. Regular access to both male and female GPs is available. The optician visits weekly, and a mobile dentist service attends each fortnight.
81. Medicines are administered appropriately, and children with long-term conditions are encouraged to take responsibility for their health, if appropriate. Medicines are collected from a local pharmacy if they are not in stock on-site or cannot be delivered within a prompt timescale. Children are enabled to attend external appointments at hospital or with other specialists.
82. Children continue to have prompt access to a suitable range of physical healthcare services and psychiatric, psychological and substance misuse support. The addition of a speech and language therapist has increased the breadth of interventions on offer. Other posts vacant at the time of the last inspection have been, or are at advanced stages of being, filled. Although there are two vacancies for permanent mental health nurses, these posts are filled by regular agency staff and cross-role working by other members of the integrated team, who have the appropriate skills to undertake the work.
83. This arrangement delivers good provision for the number of children at the centre, and recruitment is continuing as the number of children increases. Staff are aware that for some services, such as speech and language and art therapy, thresholds for

treatment may have to be considered in the future to ensure that caseloads remain manageable.

84. Work is being undertaken with children convicted of sexually harmful behaviour, as well as with those identified as displaying sexually inappropriate behaviour, and children considered to be at risk of child sexual exploitation. Clinical substance misuse support is available for those with a physical dependence.
85. All new arrivals benefit from initial health assessments completed using the nationally-recognised Comprehensive Health Assessment Tool (CHAT), including those children who arrive late. Care plans are put in place immediately if required, with further assessments covering physical and mental health, neuro-disability and substance misuse completed within appropriate timescales. A good breadth of information is gathered on each child from families, GPs and other agencies who have worked with them in the community. This information is fully shared among the integrated healthcare team.
86. Care plans for children with long-term conditions have improved in individualisation and clarity since the last inspection. However, other care plans, for example those for acute mental health concerns, lack detail, and do not reflect the quality of treatment, monitoring and care being provided. While care is responsive to the needs of individual children, some wider thinking around potential need would be beneficial. For example, thinking is needed around the provision of emergency treatment items, like that used to deliver adrenaline, kept where children may experience unexpected allergic reactions, rather than just having this available for a specific child.
87. Governance is satisfactory, jointly undertaken with the healthcare department at the neighbouring young offender institution (YOI). All healthcare staff, including primary care workers, receive regular supervision, which is recorded. The healthcare team has a good understanding of children's needs, and of safeguarding concerns. The healthcare complaints form is widely available. It has been redesigned and is now pictorial and child-friendly.
88. Although the new accommodation is welcomed by healthcare staff, there is a sense that it has impacted on the team's integration and voice within the rest of the centre, and health staff and managers are unsure of the progress of wider centre developments. Health staff have recently introduced monthly case formulation meetings. Of the two held, one was not attended by non-clinical staff. Wider attendance would improve the quality of the discussion and make agreed actions more effective.
89. This sense of reduced integration has been reinforced by healthcare staff attending different training around child sexual exploitation to the non-clinical staff. Although there is no evidence that the training was less effective, receiving different training raises the potential for different learning and language use that may impede future joint working on this issue.

90. There is less evidence of health promotion than at the last inspection. Although children have access to a range of interventions such as weight loss support, smoking cessation, vaccinations and sexual health screening, these services are not currently widely promoted beyond the initial CHAT assessment. There are plans to improve health promotion such as via noticeboards and a health calendar but this is not yet in place. Nevertheless, twice-yearly health fairs have been held, with input from a number of organisations, and health promotion displays and activities have been integrated into other centre-wide events such as family days.

The effectiveness of leaders and managers	Requires Improvement
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91. The governor and other senior managers have a detailed understanding of the centre's functioning and have been proactively driving forward a wide range of improvements. Records of events at the centre are now kept and there is a focus on accuracy. This is in sharp contrast to the situation at the time of the last inspection. Records are important because the data provides the baseline from which improvements in, for example, the management of behaviour, can be determined.
92. Notwithstanding these improvements, the governor is realistic about the further work needed to continue to improve the centre, and inspectors agree with this analysis. Inspectors also agree that there have been many positive changes since the last inspection, but that improvements take time to be put in place and for their impact to be seen, and many changes are incremental.
93. Safeguarding arrangements are developing, but are not yet good overall. External scrutiny and transparency is promoted through regular liaison with local safeguarding services including the designated officer regarding individual concerns and attendance at regular centre meetings. This is positive, but the centre needs to have higher standards of safeguarding knowledge within its own workforce, particular those with particular responsibility for this area, and reduce its reliance on partner agencies for guidance and advice. The quality of referrals to external agencies and other safeguarding record-keeping remains variable and requires further improvement. Some matters of concern have been regarded as security issues with the safeguarding element overlooked, and vice versa.
94. The understanding of risk management requires further development across the centre. This is not yet sophisticated or sufficiently embedded within the staff group for all these issues to be picked up and dealt with swiftly and appropriately. Case examples already referred to illustrate the impact of not understanding the full range of risks that each child can pose to others, both inside the centre and externally, even when they remain in secure facilities.
95. Revised arrangements to support children at risk of self-harm are more effective than previous arrangements up to November 2017, which were not effective. It is early days and staff are still unclear about the purpose of the ACCT plans and too many have poor overarching multi-agency plans, called care maps. Quality

assurance arrangements are not leading to swift enough improvements in these areas.

96. Strategic leaders have failed to appreciate the full impact on children's education caused by the current lack of access to electronic resources. Inspectors appreciate that the problems have been escalated to senior managers and contractors appropriately, as the education provider, Nacro, is not responsible for the IT infrastructure. Difficulties are exacerbated because of a range of providers being involved in different elements of the infrastructure. Efforts have been made to fix the problem, without success to date. However, it remains the case that this has been negatively impacting on children's experiences of education for several months without an end date in sight.
97. Many of the planned improvements in draft form at the time of the last inspection have come to fruition, such as the development of a health and well-being centre and upgrades to the residential and education units. Work continues and we expect this to result in an improved education offer.
98. The centre has benefited from continuity of leadership, with the present governor and deputy governor both leading the centre since the last inspection. Managers now have clearly defined areas of responsibility and accountabilities. While this is clearer, some managers of different grades, including those in key roles, do not have sufficient training for their responsibilities, and this is impacting on the pace of progress.
99. Progress has been made in the recruitment to and professionalising of the workforce, although it is too early to see the impact of some initiatives. A good range of professional development opportunities are in place or are planned for the future. At this stage, the general skill level of custody officers remains variable and needs further improvement overall. This includes staff undertaking the role of CuSP officer for named children. This is not yet functioning smoothly and staff's understanding of this role is variable, with some now wishing to relinquish it.
100. Alleged misdemeanours by staff are fully investigated, with appropriate use of capability and disciplinary procedures. Staff are clear about the expectations of maintaining high standards of professional behaviour.
101. Children's behaviour has improved since the last inspection, although direct comparisons over time are hampered by previous poor quality or absent data. Managers now consider the type and levels of violence, with a view to developing strategies to reduce it, but the full impact of this is not yet evident. Some early developments are showing effectiveness, such as adjusting the time that children go to their bedrooms in the evening, which has resulted in fewer incidents of disruption at bedtimes.
102. Children are able to walk freely between different areas in the centre without prohibitions. This is in sharp contrast to previous arrangements, with heavily marshalled small group movements. Inspectors observed calm and good humoured interactions between children and staff. This is exemplified in the dining room,

where meals are taken in a relaxed and generally socially positive atmosphere. Inspectors recognise that achieving and maintaining this has taken considerable underpinning work with both the staff and children. It is an impressive achievement.

103. The incentive scheme is understandable and is liked by children and staff. It is effective in its emphasis on positive reinforcement rather than sanctions. Senior managers recognise that while this is generally working well, there is more to do to ensure that all staff fully comply and engage with it.
104. Conflict resolution services are relatively new and developing. Early work is promising but it is too soon to see its full potential.
105. Decision-making is generally at the right level of seniority and this helps to avoid variability in staff practices, which were previously evident, and created difficulties. For example, the decision that children will be removed to their bedrooms can now only be agreed by governor-grade staff.
106. Children are well supported to contribute to the life of the centre, for example via the youth council, which has dedicated project support time. Children's views shape services and the youth council is also a route to them developing social enterprise and business skills.

About this inspection

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

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

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

The inspection was unannounced. It was carried out by seven inspectors, comprising two from HMIP, four from Ofsted and one from the CQC. The inspection was informed by a survey of children's views undertaken on 20 February 2018 by

senior researchers from HMIP. Of the 38 children in the centre, at this time, 36 responded to the survey, a response rate of 97%.

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

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

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



Medway STC

Summary of questionnaires and interviews

20 February 2018

Introduction

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

The data collected 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 a representative proportion of the population of children and young people (12–18 years) was carried out by HM Inspectorate of Prisons.

Selecting the sample

Questionnaires were offered to all young people who were present in the centre at the time of the survey. All young people at the time of the survey were aged between 13 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 20 February 2018 the population at Medway STC was 38. Using the method described above, questionnaires were distributed to 37 young people¹.

We received a total of 36 completed questionnaires, a response rate of 97%. One young person refused to complete a questionnaire.

Unit	Number of completed survey returns
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¹ A survey was not distributed to one young person who was at court on the day of the survey.

Canterbury	15
Aylesford	15
Broadstairs	6

Comparisons

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from Medway in 2018 compared with responses from young people surveyed in all other secure training centres. This comparator is based on all responses from young people surveys carried out in two secure training centres since April 2017.
- The current survey responses from Medway in 2018 compared with the responses of young people surveyed at Medway in 2017.
- A comparison within the 2018 survey between the responses of white young people and those from a black and minority ethnic group.
- A comparison within the 2018 survey between the responses of young people who reported that they had been in local authority care and those who did not.

Summary

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

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

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

Secure Training Centre Survey

Section I: Questions about you

Q1.1	Are you?	Male 26 (79%)				Female 7 (21%)		
Q1.2	How old are you?	12 0 (0%)	13 1 (3%)	14 3 (9%)	15 15 (44%)	16 5 (15%)	17 9 (26%)	18 1 (3%)
Q1.3	What is your ethnic origin?							
	White - British (English/Welsh/Scottish/Northern Irish)	11 (33%)						
	White - Irish	2 (6%)						
	White - Other	2 (6%)						
	Black or Black British - Caribbean	7 (21%)						
	Black or Black British - African.....	4 (12%)						
	Black or Black British - other	1 (3%)						
	Asian or Asian British - Indian	0 (0%)						
	Asian or Asian British - Pakistani.....	0 (0%)						
	Asian or Asian British - Bangladeshi	1 (3%)						
	Asian or Asian British - Chinese	0 (0%)						
	Asian or Asian British - other	0 (0%)						
	Mixed heritage - White and Black Caribbean.....	2 (6%)						
	Mixed heritage - White and Black African	2 (6%)						
	Mixed heritage - White and Asian.....	0 (0%)						
	Mixed heritage - other	0 (0%)						
	Arab	0 (0%)						
	Other ethnic group	1 (3%)						
Q1.4	What is your religion?							
	None	7 (22%)						
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	20 (63%)						
	Buddhist.....	0 (0%)						
	Hindu	0 (0%)						
	Jewish.....	1 (3%)						
	Muslim.....	3 (9%)						
	Sikh	0 (0%)						
	Other	1 (3%)						
Q1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes 3 (11%)				No 24 (89%)		
Q1.6	Are you a British citizen?	Yes 32 (97%)				No 1 (3%)		
		Yes				No		

Q1.7 Do you have a disability? Do you need help with any long term physical, mental or learning needs? 9 (31%) 20 (69%)

Q1.8 Have you ever been in local authority care (looked after)? Yes 12 (39%) No 19 (61%)

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

Q2.1 On your most recent journey to this centre, did you feel that staff looked after you well? Yes 27 (82%) No 6 (18%)

Q2.2 When you arrived at the centre were you searched? Yes 28 (82%) No 4 (12%) Don't remember/ Not applicable 2 (6%)

Q2.3 Did staff explain to you why you were being searched? Yes 16 (48%) No 10 (30%) Don't remember/ Not applicable 7 (21%)

Q2.4 When you were searched, did staff treat you with respect? Yes 24 (71%) No 1 (3%) Don't remember/ Not Applicable 9 (26%)

Q2.5 Did you see a doctor or nurse before you went to bed on your first night here? Yes 29 (85%) No 5 (15%)

Q2.6 On your first night here, did anybody talk to you about how you were feeling? Yes 22 (65%) No 12 (35%)

Q2.7 Did you feel safe on your first night here? Yes 26 (76%) No 8 (24%)

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?	21 (62%)	9 (26%)	4 (12%)
Q3.2	If you had a problem, who would you turn to? <i>(Please tick all that apply)</i>			
	No-one.....			8 (24%)
	Teacher/ Education staff.....			4 (12%)
	Key worker.....			4 (12%)
	Case worker.....			9 (27%)
	Staff on your unit.....			5 (15%)
	Another young person here			8 (24%)
	Family			16 (48%)
	Advocate.....			1 (3%)
	Other			2 (6%)
Q3.3	Do you have a key worker on your unit?	Yes 18 (55%)	No 15 (45%)	
Q3.4	Does your key worker help you?	I don't have a key worker 15 (47%)	Yes 17 (53%)	No 0 (0%)
Q3.5	Do most staff treat you with respect?	Yes 27 (79%)	No 7 (21%)	
Q3.6	Can you follow your religion if you want to?	Yes 30 (88%)	No 2 (6%)	I don't want to/ I have no religion 2 (6%)
Q3.7	What is the food like here?			
	Very good			1 (3%)
	Good			17 (50%)
	Neither			10 (29%)
	Bad.....			1 (3%)
	Very bad			5 (15%)
Q3.8	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	Yes 30 (88%)	No 4 (12%)	
Q3.9	How often do you have visits from family, carers and friends?			
	I don't get visits.....			6 (17%)
	Less than once a week.....			10 (29%)
	About once a week.....			16 (46%)
	More than once a week.....			3 (9%)

Section 4: Behaviour

		I don't know what the scheme is	Yes	No
Q4.1	Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	8 (24%)	21 (64%)	4 (12%)
Q4.2	Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	8 (24%)	17 (52%)	8 (24%)
Q4.3	If you get in trouble, do staff explain what you have done wrong?	Yes 26 (81%)		No 6 (19%)
Q4.4	Do most staff let you know when your behaviour is good?	Yes 16 (47%)		No 18 (53%)
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 26 (76%)		No 8 (24%)
Q4.6	Have you been physically restrained since you have been here? (you may have heard it called MMPR)	Yes 24 (71%)		No 10 (29%)
Q4.7	Were you given a chance to talk to somebody about the restraint afterwards?	Not been restrained 10 (32%)	Yes 15 (48%)	No 6 (19%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a doctor or nurse?	Yes 26 (81%)	No 5 (16%)	I don't know 1 (3%)
Q5.2	What are the health services like here?	Good 22 (69%)	Bad 8 (25%)	I don't know 2 (6%)
Q5.3	Do you have any health needs which are not being met?	Yes 6 (18%)	No 28 (82%)	

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 30 (88%)	No 4 (12%)	
Q6.2	Are complaints dealt with fairly?	I have not made one 15 (47%)	Yes 4 (13%)	No 13 (41%)
Q6.3	Have you ever wanted to make a complaint but did not because you were worried what would happen to you?	Yes 12 (36%)	No 21 (64%)	

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 16 (48%)	No 14 (42%)	I don't know 3 (9%)
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 (70%)	No 10 (30%)	
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?	Yes 19 (58%)	No 14 (42%)	
		Yes	No	

Q7.4	Do you think your education/ training here will help you once you leave the centre?	23 (72%)	9 (28%)
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 20 (61%)	No 13 (39%)
Q7.6	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	Yes 26 (79%)	No 7 (21%)
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 21 (66%)	No 11 (34%)
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 6 (18%)	Yes 18 (53%) No 10 (29%)

Section 8: Questions about safety

Q8.1	Have you ever felt unsafe here?	Yes 13 (38%)	No 21 (62%)
Q8.2	Do you feel unsafe at the moment?	Yes 7 (21%)	No 26 (79%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe	21 (64%)	
	Everywhere.....	5 (15%)	
	Admissions room.....	1 (3%)	
	In single separation	0 (0%)	
	At the gym.....	2 (6%)	
	Outside areas/ grounds.....	4 (12%)	
	Corridors.....	3 (9%)	
	Dining room	5 (15%)	
	At education/ training.....	3 (9%)	
	At religious services	0 (0%)	
	At health services.....	0 (0%)	
	In the visits area	0 (0%)	
	On your unit.....	3 (9%)	
	In your room	4 (12%)	
	Other	2 (6%)	

Q8.4	Have you experienced any of the following from young people here? (Please tick all that apply)	
	Insulting remarks about you	11 (33%)
	Physical abuse (being hit, kicked or assaulted).....	5 (15%)
	Sexual abuse.....	1 (3%)
	Feeling threatened or intimidated.....	7 (21%)
	Shout outs/ yelling through windows about you	9 (27%)
	Having your property taken	4 (12%)
	Other	3 (9%)
	Not experienced any of these things	19 (58%)

Q8.5	If yes, what was it about? (Please tick all that apply)	
	Your race or ethnic origin	1 (3%)
	Your religion/religious beliefs	2 (6%)
	Your nationality.....	0 (0%)
	Being from a different part of the country to others	2 (6%)
	Being from a traveller community.....	2 (6%)
	Your sexual orientation	0 (0%)
	Your age	1 (3%)
	Having a disability	1 (3%)
	You being new here.....	4 (12%)
	Your offence/ crime.....	3 (9%)
	Gang related issues/ people you know or mix with	2 (6%)
	About your family or friends	3 (9%)
	Drugs.....	0 (0%)
	Medication you receive	1 (3%)
	Your gender.....	1 (3%)
	Other	3 (9%)

Q8.7	Have you experienced any of the following from staff here? (Please tick all that apply)	
	Insulting remarks about you	11 (35%)
	Physical abuse (being hit, kicked or assaulted).....	4 (13%)
	Sexual abuse.....	1 (3%)
	Feeling threatened or intimidated.....	9 (29%)
	Having your property taken	6 (19%)
	Other	2 (6%)
	Not experienced any of these things	18 (58%)

Q8.8	If yes, what was it about? (Please tick all that apply)	
	Your race or ethnic origin	0 (0%)
	Your religion/religious beliefs	1 (3%)
	Your nationality.....	0 (0%)
	Being from a different part of the country to others	1 (3%)
	Being from a traveller community.....	0 (0%)
	Your sexual orientation	0 (0%)
	Your age	1 (3%)
	Having a disability	0 (0%)
	You being new here.....	0 (0%)
	Your offence/ crime.....	1 (3%)
	Gang related issues/ people you know or mix with	1 (3%)
	About your family or friends	0 (0%)

Drugs	0 (0%)
Medication you receive	0 (0%)
Your gender.....	0 (0%)
Because you made a complaint.....	3 (10%)
Other	3 (10%)

	Yes	No
Q8.10 If you were being bullied or 'picked on', would you tell a member of staff?	19 (56%)	15 (44%)



Diversity comparator (ethnicity) Medway STC 2018

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

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic young people	White young people
	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		18	15
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	67%	40%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)		
1.4	Are you Muslim?	13%	7%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	18%
1.6	Are you a British citizen?	100%	93%
1.7	Do you have a disability?	15%	36%
1.8	Have you ever been in local authority care?	40%	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?	94%	64%
2.2	When you arrived at the centre were you searched?	88%	73%
2.3	Did staff explain why you were being searched?	56%	40%
2.4	When you were searched, did staff treat you with respect?	77%	67%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	88%	87%
2.6	Did anybody talk to you about how you were feeling?	71%	53%
2.7	Did you feel safe?	88%	67%
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?	77%	47%
If you had a problem, who you would turn to?			
3.2a	No-one	17%	29%
3.2b	Teacher/Education staff	17%	7%
3.2c	Key worker	17%	7%
3.2d	Case worker	33%	21%
3.2e	Staff on the unit	22%	7%
3.2f	Another young person here	17%	36%
3.2g	Family	61%	36%
3.2h	Advocate	0%	7%
3.3	Do you have a key worker on your unit?	65%	47%
3.5	Do most staff treat you with respect?	88%	73%
3.6	Can you follow your religion if you want to?	88%	87%
3.7	Is the food here good/ very good?	53%	47%
3.8	Is it easy to keep in touch with family or carer outside the centre?	94%	87%
3.9	Do you have visits from family, carers or friends at least once a week?	61%	40%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	71%	57%
4.2	Do you think the incentives and sanctions scheme is fair?	59%	43%
4.3	If you get in trouble, do staff explain what you have done wrong?	88%	69%

4.4	Do most staff let you know when your behaviour is good?	44%	50%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	78%	71%
4.6	Have you been physically restrained since you have been here?	72%	71%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	77%	85%
5.2	Do you think that the health services are good here?	67%	67%
5.3	Do you have any health needs which are not being met?	17%	14%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	83%	100%
6.3	Have you ever wanted to make a complaint but did not because you were worried what would happen to you?	33%	39%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	47%	57%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	77%	64%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	71%	43%
7.4	Do you think your education here will help you once you leave?	94%	50%
7.5	Have you been able to learn any 'life skills' here?	65%	50%
7.6	Are you encouraged to take part in activities outside education/training hours?	82%	71%
7.8	Do you know where you will be living when you leave the centre?	69%	57%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	35%	36%
8.2	Do you feel unsafe at the moment?	12%	23%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	28%	39%
8.4b	Physical abuse?	11%	15%

8.4c	Sexual abuse?	0%	8%
8.4d	Feeling threatened or intimidated?	11%	31%
8.4e	Shout outs/yelling through windows?	17%	39%
8.4f	Having your canteen/property taken?	6%	15%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	0%	8%
8.5b	Your religion or religious beliefs?	6%	8%
8.5c	Your nationality?	0%	0%
8.5d	Your being from a different part of the country than others?	6%	8%
8.5e	Your being from a Traveller community?	0%	15%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	6%	0%
8.5h	You having a disability?	0%	8%
8.5i	You being new here?	11%	8%
8.5j	Your offence or crime?	11%	8%
8.5k	Gang related issues or people you know or mix with?	6%	8%
8.5l	About your family or friends?	17%	0%
8.5m	Drugs?	0%	0%
8.5n	Medications you receive?	0%	8%
8.5o	Your gender?	0%	8%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	35%	25%
8.7b	Physical abuse?	12%	17%
8.7c	Sexual abuse?	0%	8%
8.7d	Feeling threatened or intimidated?	24%	25%

8.7e	Having your canteen/property taken?	18%	17%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	0%
8.8b	Your religion or religious beliefs?	6%	0%
8.8c	Your nationality?	0%	0%
8.8d	Your being from a different part of the country than others?	0%	8%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	6%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	0%
8.8j	Your offence or crime?	6%	0%
8.8k	Gang related issues or people you know or mix with?	6%	0%
8.8l	About your family or friends?	0%	0%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	6%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	59%	50%



Diversity comparator (local authority care) Medway STC 2018

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

Key to tables

	Any percentage highlighted in green is significantly better	Young people who have been in local authority care	Young people who have not been in local authority care
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		12	19
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	42%	61%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	50%	53%
1.4	Are you Muslim?	17%	6%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	20%	0%
1.6	Are you a British citizen?	92%	100%
1.7	Do you have a disability?	20%	37%
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?	75%	83%
2.2	When you arrived at the centre were you searched?	83%	79%
2.3	Did staff explain why you were being searched?	36%	47%

2.4	When you were searched, did staff treat you with respect?	67%	68%
On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	83%	84%
2.6	Did anybody talk to you about how you were feeling?	33%	79%
2.7	Did you feel safe?	83%	68%
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?	50%	63%
If you had a problem, who you would turn to?			
3.2a	No-one	25%	12%
3.2b	Teacher/Education staff	8%	18%
3.2c	Key worker	8%	12%
3.2d	Case worker	8%	41%
3.2e	Staff on the unit	8%	18%
3.2f	Another young person here	33%	24%
3.2g	Family	42%	59%
3.2h	Advocate	0%	6%
3.3	Do you have a key worker on your unit?	64%	50%
3.5	Do most staff treat you with respect?	91%	68%
3.6	Can you follow your religion if you want to?	91%	84%
3.7	Is the food here good/ very good?	46%	58%
3.8	Is it easy to keep in touch with family or carer outside the centre?	100%	83%
3.9	Do you have visits from family, carers or friends at least once a week?	33%	63%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	67%	71%
4.2	Do you think the incentives and sanctions scheme is fair?	42%	65%

4.3	If you get in trouble, do staff explain what you have done wrong?	67%	88%
4.4	Do most staff let you know when your behaviour is good?	50%	39%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	75%	72%
4.6	Have you been physically restrained since you have been here?	75%	61%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	82%	82%
5.2	Do you think that the health services are good here?	82%	59%
5.3	Do you have any health needs which are not being met?	17%	17%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	83%	89%
6.3	Have you ever wanted to make a complaint but did not because you were worried what would happen to you?	33%	41%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	33%	47%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	50%	82%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	33%	71%
7.4	Do you think your education here will help you once you leave?	50%	81%
7.5	Have you been able to learn any 'life skills' here?	33%	77%
7.6	Are you encouraged to take part in activities outside education/training hours?	58%	88%
7.8	Do you know where you will be living when you leave the centre?	50%	88%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	25%	41%
8.2	Do you feel unsafe at the moment?	17%	25%
Have you experienced any of the following from young people here?			

8.4a	Insulting remarks?	33%	31%
8.4b	Physical abuse?	8%	19%
8.4c	Sexual abuse?	8%	0%
8.4d	Feeling threatened or intimidated?	17%	19%
8.4e	Shout outs/yelling through windows?	25%	25%
8.4f	Having your canteen/property taken?	8%	13%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	8%	0%
8.5b	Your religion or religious beliefs?	17%	0%
8.5c	Your nationality?	0%	0%
8.5d	Your being from a different part of the country than others?	8%	6%
8.5e	Your being from a Traveller community?	17%	0%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	0%	6%
8.5h	You having a disability?	0%	6%
8.5i	You being new here?	0%	19%
8.5j	Your offence or crime?	8%	13%
8.5k	Gang related issues or people you know or mix with?	8%	6%
8.5l	About your family or friends?	0%	19%
8.5m	Drugs?	0%	0%
8.5n	Medications you receive?	0%	6%
8.5o	Your gender?	0%	6%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	36%	33%
8.7b	Physical abuse?	9%	20%
8.7c	Sexual abuse?	9%	0%

8.7d	Feeling threatened or intimidated?	18%	33%
8.7e	Having your canteen/property taken?	18%	20%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	0%
8.8b	Your religion or religious beliefs?	9%	0%
8.8c	Your nationality?	0%	0%
8.8d	Your being from a different part of the country than others?	9%	0%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	7%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	0%
8.8j	Your offence or crime?	9%	0%
8.8k	Gang related issues or people you know or mix with?	9%	0%
8.8l	About your family or friends?	0%	0%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	13%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	50%	65%



Survey responses from children and young people: Medway STC 2018

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

Key to tables

	Any percentage highlighted in green is significantly better	2018 Medway	STC comparator	2018 Medway	2017 Medway
	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		36	95	36	24
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	56%	33%	56%	30%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	55%	37%	55%	61%
1.4	Are you Muslim?	9%	14%	9%	24%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	11%	11%	15%
1.6	Are you a British citizen?	97%	92%	97%	83%
1.7	Do you have a disability?	31%	24%	31%	25%
1.8	Have you ever been in local authority care?	39%	46%	39%	46%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS					
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	82%	85%	82%	95%
2.2	When you arrived at the centre were you searched?	82%	85%	82%	88%
2.3	Did staff explain why you were being searched?	49%	68%	49%	65%

2.4	When you were searched, did staff treat you with respect?	71%	78%	71%	88%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	85%	85%	85%	96%
2.6	Did anybody talk to you about how you were feeling?	65%	73%	65%	75%
2.7	Did you feel safe?	77%	84%	77%	92%
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?	62%	69%	62%	79%
If you had a problem, who you would turn to?					
3.2a	No-one	24%	21%	24%	9%
3.2b	Teacher/Education staff	12%	11%	12%	22%
3.2c	Key worker	12%	21%	12%	30%
3.2d	Case worker	27%	39%	27%	35%
3.2e	Staff on the unit	15%	38%	15%	44%
3.2f	Another young person here	24%	8%	24%	26%
3.2g	Family	49%	35%	49%	52%
3.2h	Advocate	3%	6%	3%	4%
3.3	Do you have a key worker on your unit?	55%	73%	55%	83%
For those who said they had a key worker:					
3.4	Does your key worker help you?	100	81%	100	82%
3.5	Do most staff treat you with respect?	79%	90%	79%	87%
3.6	Can you follow your religion if you want to?	88%	59%	88%	70%
3.7	Is the food here good/ very good?	53%	15%	53%	61%
3.8	Is it easy to keep in touch with family or carer outside the centre?	88%	83%	88%	91%
3.9	Do you have visits from family, carers or friends at least once a week?	54%	54%	54%	67%
SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	64%	66%	64%	71%

4.2	Do you think the incentives and sanctions scheme is fair?	52%	62%	52%	75%
4.3	If you get in trouble, do staff explain what you have done wrong?	81%	81%	81%	85%
4.4	Do most staff let you know when your behaviour is good?	47%	69%	47%	54%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	77%	59%	77%	39%
4.6	Have you been physically restrained since you have been here?	71%	51%	71%	42%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	71%	68%	71%	80%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	81%	86%	81%	87%
5.2	Do you think that the health services are good here?	69%	54%	69%	65%
5.3	Do you have any health needs which are not being met?	18%	22%	18%	13%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	88%	98%	88%	96%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	24%	62%	24%	55%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	36%	15%	36%	17%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	49%	34%	49%	29%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	70%	58%	70%	64%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	58%	56%	58%	38%
7.4	Do you think your education here will help you once you leave?	72%	61%	72%	55%
7.5	Have you been able to learn any 'life skills' here?	61%	74%	61%	64%
7.6	Are you encouraged to take part in activities outside education/ training hours?	79%	84%	79%	82%

7.8	Do you know where you will be living when you leave the centre?	66%	76%	66%	50%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	64%	52%	64%	87%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	38%	32%	38%	24%
8.2	Do you feel unsafe at the moment?	21%	11%	21%	0%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	33%	28%	33%	29%
8.4b	Physical abuse?	15%	29%	15%	19%
8.4c	Sexual abuse?	3%	7%	3%	0%
8.4d	Feeling threatened or intimidated?	21%	16%	21%	14%
8.4e	Shout outs/yelling through windows?	27%	31%	27%	24%
8.4f	Having your canteen/property taken?	12%	12%	12%	5%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	3%	12%	3%	5%
8.5b	You religion or religious beliefs?	6%	3%	6%	5%
8.5c	Your nationality?	0%	7%	0%	10%
8.5d	Your being from a different part of the country than others?	6%	9%	6%	5%
8.5e	Your being from a Traveller community?	6%	3%	6%	5%
8.5f	Your sexual orientation?	0%	1%	0%	0%
8.5g	Your age?	3%	5%	3%	5%
8.5h	You having a disability?	3%	4%	3%	5%
8.5i	You being new here?	12%	17%	12%	10%
8.5j	Your offence or crime?	9%	8%	9%	10%

8.5k	Gang related issues or people you know or mix with?	6%	7%	6%	14%
8.5l	About your family or friends?	9%	13%	9%	10%
8.5m	Drugs?	0%	8%	0%	5%
8.5n	Medications you receive?	3%	0%	3%	5%
8.5	Your gender?	3%	3%	3%	0%
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	36%	13%	36%	13%
8.7b	Physical abuse?	13%	4%	13%	0%
8.7c	Sexual abuse?	3%	3%	3%	0%
8.7d	Feeling threatened or intimidated?	29%	10%	29%	6%
8.7e	Having your canteen/property taken?	19%	7%	19%	0%
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	0%	0%	0%	0%
8.8b	You religion or religious beliefs?	3%	0%	3%	0%
8.8c	Your nationality?	0%	0%	0%	0%
8.8d	Your being from a different part of the country than others?	3%	1%	3%	0%
8.8e	Your being from a Traveller community?	0%	0%	0%	6%
8.8f	Your sexual orientation?	0%	0%	0%	0%
8.8g	Your age?	3%	0%	3%	6%
8.8h	You having a disability?	0%	0%	0%	6%
8.8i	You being new here?	0%	3%	0%	13%
8.8j	Your offence or crime?	3%	4%	3%	13%
8.8k	Gang related issues or people you know or mix with?	3%	6%	3%	13%
8.8l	About your family or friends?	0%	6%	0%	6%
8.8m	Drugs?	0%	0%	0%	6%

8.8n	Medications you receive?	0%	3%	0%	6%
8.8o	Your gender?	0%	0%	0%	0%
8.8p	Because you made a complaint?	10%	1%	10%	6%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	56%	62%	56%	62%

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