

Inspections of secure training centres

Inspection of Rainsbrook

Report published: 27 November 2018

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

Inspection dates: 2 to 12 October 2018

Lead inspector: Nick Stacey HMI

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Overall effectiveness	Requires Improvement
<p>Improved judgements in four areas of this inspection reflect steady and determined efforts by the director over the last year to achieve sustained improvements to the care of young people that is provided in the centre. However, there is more to do to ensure that all young people are safeguarded and receive a consistently high standard of care and support from their keyworkers in their living units. The director has been in post for approximately 18 months, and this continuity of leadership has been strengthened by the recruitment of an experienced deputy director earlier in 2018. The post of deputy director adds additional skilled capacity to support the director in implementing plans to improve the centre further.</p> <p>A new permanent senior leadership team has been recently established, which strongly supports the director’s strategic vision for an improved model of care for young people in custody. The approach is rooted in a context of child development, psychological and trauma-based informed formulations, plans and interventions. The introduction of this ambitious and progressive model of care is in its formative phase and will develop further over the next year. The provider company continues to provide strong support.</p> <p>These foundations underpin a practice and management culture of continuous improvement, which is partly reflected by most recommendations of the last inspection being met. Performance information is comprehensive, incisive and accessible, providing an informed overview of trends and patterns across a range of operational areas. This has helped leaders develop a clearer understanding of challenges and difficulties. An imperative is to ensure consolidation of the substantial progress already made, and also to ensure that the quality of basic, daily care provided by frontline staff is better informed by a knowledge of young people’s wider needs, and that their records and observations are completed to a higher standard.</p> <p>The senior team rigorously addresses poor and inappropriate practice with staff. A thoughtful and intelligent approach to improving the recruitment and retention of frontline officers has been introduced. There were no vacant frontline posts at the point of the inspection. Retaining a high-quality cadre of permanent frontline officers is a crucial component in furthering and sustaining the high standards of care sought for young people, and the director has set about this challenge with imagination and vigour.</p> <p>The physical living environment for young people is much improved since the last inspection, but the quality of food provided for them is widely disliked. The level of violence continues to be high, although much of it is at a relatively low level. Bullying and intimidation is experienced by a substantial volume of young people. While it is positive that trends and ‘hotspots’ are quickly identified and understood, a coherent strategy to achieve sustainable reductions in the level of incidents, violence, restraints and use of force remains outstanding.</p>	

Recommendations:

Immediately:

- Ensure that all frontline staff wear body-worn cameras throughout their shifts.
- Ensure that staff on young people's living units contribute fully to young people's plans and are more aware of them to better utilise this critical knowledge in their day-to-day work.
- Encourage and support all young people to maintain reasonable standards of cleanliness and tidiness in their bedrooms.
- Ensure that the centre's rules, rewards and sanctions are implemented consistently and fairly.
- Consistently and effectively challenge bullying, inappropriate 'play fighting' and intimidation, ensuring that victims are well supported.
- Improve the quality of records of searches of young people.

Within three months:

- Recruit to vacant nursing posts in healthcare to ensure that young people's physical, emotional and mental health needs are promptly and effectively addressed.
- Recruit to vacant teaching posts to reduce the additional burden on existing staff.
- Ensure that young people attend all their health appointments in the centre, and that their attendance to collect any prescribed medicines is prompt and well supervised.
- Review the quality and variety of food provided for young people at mealtimes and provide a wider choice of healthier snacks during supper time in the evenings.
- Ensure that eligible young people have access to the full range of mobility opportunities to prepare for successful transitions to the community following their release.
- Secure Youth Custody Service (YCS) approval for release on temporary licence arrangements.
- Review and strengthen the custodial care officer (CCO) keyworker role so that it is more purposeful and meaningful for young people.
- Ensure that all young people's bedrooms are fitted with curtains and that they are all provided with basic items such as rubbish bins and laundry baskets when it is safe to do so.
- Implement an effective strategy to reduce the high number of incidents of violence, restraints and single separations.

- Improve the quality of recording by frontline staff to better inform decisions and plans to reduce bullying.
- Complete the planned installation of suitably restrictive arrangements governing the use of the viewing panels into young people’s shower enclosures.
- Improve the standard of observation records used to inform decisions concerning the risks of suicide and self-harm (SASH) of young people.
- Evaluate the impact of annual safeguarding refresher training for frontline staff and managers to ensure that it achieves a consistent understanding and application of local threshold levels and continually improves the understanding and responses of all staff.

Within six months:

- Improve the quality and frequency of supervision provided to all custodial care officers to a consistently high standard, ensuring that it actively supports and challenges their direct work with young people.
- Ensure that all managers routinely audit and quality assure all case and observation records completed by frontline officers to improve the quality of recording.

Service information

Rainsbrook is one of three purpose-built secure training centres (STCs) and is situated near Rugby. The centre provides accommodation for up to 76 male and female young people aged 12 to 18 years who meet the criteria for a custodial sentence or secure remand. The centre is managed by MTCnovo, following handover from G4S Care and Justice Services on 5 May 2016. Education services also transferred from G4S to Novus. Healthcare services are provided by the Northamptonshire Healthcare NHS Foundation Trust under a service level agreement with NHS England. At the start of this inspection, 65 young people were resident: 14 female and 51 male.

Inspection findings

The safety of young people	Requires Improvement
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1. The safety of all young people in the centre is not yet good. Findings from a survey of young people conducted during the inspection were mixed. Approximately half reported experiencing verbal abuse, physical assaults, threats and intimidation from other young people. Conversely, over two thirds of young people reported that they felt safe at the centre. These findings indicate that the centre’s recognition and management of safeguarding issues is improving but is not yet consistent enough.
2. Operational staff do not complete observation records and reports in sufficient detail to support and evidence risk management decisions. Consequently, these records do not provide evidence to support young people’s perceptions of their own safety or

determine whether the actions and interventions of staff significantly contribute to their feelings of safety.

3. Senior managers continue to develop safeguarding and security arrangements across the centre. Clear and succinct policies and procedures provide helpful guidance for staff to identify potential risks to young people's safety and welfare. These include self-harm, bullying and sexually harmful behaviours. Nevertheless, most staff in day-to-day contact with young people do not accurately record observations of their behaviours, actions or interactions. Staff tend to predominantly use generalised statements such as 'appeared low' and 'silly behaviour' to describe young people's conduct and presentation. They do not consistently note specific signs or indicators that may suggest a young person is at risk of harm. This reduces the usefulness and effectiveness of this information in helping allocated managers to review and revise young people's specific risk assessments.
4. Young people report mixed experiences of bullying and staff responses to it. A significant number of young people indicated, in a survey conducted during the inspection, that they have been subjected to verbal abuse, physical assault, threats and intimidation by other young people. Well over half of young people stated that they would not report these issues to staff. Conversely, young people who feel able to report bullying concerns advised that staff are alert to incidents of bullying on individual units and in the education centre. These young people also expressed confidence that their concerns are discussed with managers.
5. When bullying does occur, operational staff do not consistently tackle it effectively. The extent to which they support young people to reflect on their behaviours, through the completion of anti-bullying work packs, is extremely variable. Several examples were seen of young people's comments in these work packs that demonstrate a continued lack of understanding of the impact of their behaviours on others. Staff do not persistently challenge these young people to create a sustained anti-bullying culture across the centre. The potential for young people to bully staff is not sufficiently recognised by senior managers. Consequently, young people do not always recognise that anti-bullying work is not solely concerned with their peer group relations.
6. Unacceptable levels of 'play fighting', by both young people and staff, remain widespread across the centre. Attempts by senior managers to instil a 'zero-tolerance' approach to challenging this behaviour have been ineffectual. Staff and young people do not always see the close link between this behaviour and the possible escalation towards actual bullying or intimidation.
7. Operational staff undertake helpful anti-bullying awareness sessions as part of their induction training, which assists their subsequent identification of intimidation, harassment and victimisation concerning young people. However, the impact of this important initial focus on anti-bullying has not yet had sufficiently positive outcomes on many young people's experiences of bullying. There are various routes open to staff to raise any bullying issues and report their observations or convey young people's concerns. These include the introduction of a safeguarding mailbox. This facility enables senior managers to complete initial assessments of young people's safety without delay. Constructive partnership work between the safeguarding team and operational managers means that bullying concerns are subject to an initial fact-

finding review within acceptable timescales. This approach enables the safeguarding team to quickly implement anti-bullying strategies.

8. Safeguarding managers provide clear guidance regarding the need for staff to precisely record their observations of young people's actions, interactions and behaviours, but these were not evident in the majority of records seen by inspectors. This limits the capacity for safeguarding managers to form risk-aware decisions based on accurate information and assessments. Consequently, follow-up actions to protect young people from bullying may be ineffectual.
9. Senior staff consistently complete initial SASH risk assessments at the point of a young person's admission. These documents incorporate an overview of the young person's background and presenting factors, including their comments and observed behaviours. Safeguarding managers implement support plans, vulnerability plans or full SASH plans following multi-disciplinary review meetings. These plans provide clear guidance for staff on how to observe, monitor and record young people's behaviours in order to identify possible behaviour triggers and reduce potential risk factors.
10. Clear, detailed and evaluative chronologies ensure that regular reviews of all support plans, vulnerability plans and full SASH plans are recorded. Safeguarding managers use these chronologies effectively to highlight important actions taken to keep young people safe and identify further measures to reduce potential risks. Decisions made at this level, however, remain dependent on the observation records and supplementary recordings that operational staff complete. These records often lack significant detail and information, and in particular precise and non-subjective descriptions of young people's presenting behaviours. Supervising operational managers do not regularly audit these records or address weak recording practice. This means that senior managers, or allocated responsible staff, struggle to review risk levels and associated action plans effectively.
11. The searching of young people and their environments is largely proportionate to known safety and security risks. These are often identified through intelligence-led information, such as staff observations and young people's comments. Senior managers told inspectors that young people are only subject to full 'dignity' searches if there are sufficient concerns regarding their safety. Records of these searches are of varying quality: some lack necessary detail, such as the type and nature of the intelligence. Occasionally, records do not clearly demonstrate the rationale for asking young people to remove their clothing. Operational staff do not always record whether any contraband items were discovered during searches. The failure to consistently record this information impedes the capacity of managers to act proportionately in order to maintain the security of the centre and the safety of young people.
12. Allegations of abuse or harm are referred to external agencies within stipulated timescales. Professional relationships with partner safeguarding agencies, including the designated officer for the local authority, and the Local Safeguarding Children Board, are constructive. Chronologies documenting referrals of safeguarding issues and concerns are comprehensive. Young people receive appropriate support and relevant information advising them how their concerns are being addressed.

13. Duty managers' assessments of potential safeguarding concerns are not always consistent with local threshold levels, reflecting differences in senior managers' understanding of local safeguarding thresholds. The content and impact of annual refresher safeguarding training should be more closely evaluated. There is no evidence that young people's safety has been put at risk as a result of this inconsistency, but the centre should demonstrate assurance that all allegations are dealt with to the same standard.
14. Senior staff, specialist staff and safeguarding managers effectively identify and assess young people at risk of child sexual exploitation. A delay in the delivery of planned intervention programmes, however, means that specialist support for young people is currently too confined to health service provision.
15. Amended procedures for the collation of security intelligence reports have improved the confidentiality of this information. Staff continue to submit their concerns directly to security managers on loose leaf report forms through a post box that only senior managers can access. The reports are immediately scanned to a dedicated database. The effectiveness of this system remains under review and there are plans to move to an electronic system in the future. The quality of the security intelligence reports is variable. Examples were seen of incomplete forms and staff not providing sufficient detail about their concerns. Consequently, security managers and other senior staff may not always identify relevant actions to reduce possible risks.
16. The centre has a policy in place for the use of, and access to, shower viewing panels. An appropriate long-term restrictive measure has taken too long to implement, due to a delay in procuring reversible frosted glass panels. Interim measures entail the placement of warning signs covering the shower viewing panels. However, inspectors found that some panels were not covered by the signs and were protected solely by flimsy curtains which can be easily lifted to allow unrestricted viewing. Senior managers were unaware of this until it was brought to their attention. A lack of sufficient restriction means that unit key holders can access these panels without limitation.
17. Thorough arrangements and procedures are in place to identify, refer and manage young people who could be at risk of radicalisation. Security managers and other senior staff work in close partnership with counter-terrorism agencies and 'Prevent' specialists. Specific action plans are jointly devised to protect and safeguard all young people in the centre. Good-quality training, provided for all staff, increases the centre's alertness to the signs and indicators associated with these risks.
18. Young people report that they are made to feel welcome on their arrival at the centre. Dedicated reception and assessment facilities of a high standard are provided to young people to aid their transition into custody. Young people are now mostly transferred between the centre and other destinations in a timely manner. This is a significant improvement since the last inspection.
19. Arrangements between the centre and local emergency services are up to date and effective. Responsible managers run both desktop and live contingency exercises to test the suitability of these arrangements. Subsequently, young people, staff and visitors are protected in the event of an emergency.

Promoting positive behaviour	Requires Improvement
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20. The systems to promote positive behaviour have improved since the previous inspection and are no longer inadequate. When these are implemented effectively, in education for example, behaviour has significantly improved. However, on residential units, key elements of the behaviour management strategy are not always followed by staff, and this poor practice has not been rectified by leaders and managers.
21. In a survey conducted during the inspection, only 45% of young people reported that rewards or incentives encouraged them to behave well, and only 34% reported that the scheme was fair. This was reinforced in structured interviews in which young people felt that particular groups and individuals are treated differently by staff when they misbehave. This is in part due to weaknesses in the implementation and oversight of both incentives and sanctions.
22. The rewards and sanctions scheme has three levels. Young people are awarded points for their behaviour in all areas of the centre and are promoted or demoted each Friday. In addition, an instant reward system has been introduced. Young people can earn green cards that can be exchanged for goods in the tuck shop. Children told us the most important incentives were access to a television in their room and extra spending money.
23. During education lessons, the green card system works well and has helped to improve young people's behaviours, which are largely appropriate: staff manage low-level outbursts skilfully. Poor language was heard from a minority of young people, but this was consistently challenged by staff. Breakout rooms are used appropriately for cooling-off periods. As well as assisting with behavioural issues, CCOs provide good support, often helping young people with their work.
24. The overall effectiveness of the rewards scheme is undermined, however, by poor implementation in areas other than education. On residential units, inspectors found an example of a young person on the lowest level of the incentives scheme with access to a television, to which they are not entitled. During the inspection, frontline staff on each unit were asked if they had access to green cards and none were able to find them. This had been a problem across the centre for several weeks: the centre's internal monitoring of incentives showed that 7 out of 11 living units, including the induction unit, had not issued a green card to any child during September. One unit had not issued any green cards during the three months prior to the inspection. The male induction unit which houses young men on the highest level of the incentives scheme had not issued any cards in three of the previous six months.
25. Young men on the highest level of the scheme appreciate being able to live on an induction unit that provides a better living environment for them. Young women who inspectors spoke to expressed frustration that there was not an equivalent facility for them.

26. Staff can issue sanctions across a wide spectrum in response to poor behaviour, from loss of activities, televisions or early bed times, through to the loss of all privileges for 24, 48 or 72 hours. Managers advise staff to predominantly use the lower level sanctions. In practice, however, staff rarely used these lower level sanctions. During the six months prior to the inspection, loss of all privileges accounted for around 90% of all sanctions. This pattern of use is disproportionately punitive.
27. Residential staff meet weekly with young people in behaviour support sessions, giving young people the opportunity to reflect on their behaviours and to set targets for the coming week. Oversight of these interventions has not been effective in ensuring a consistent approach, however, and the quality of records of the meetings varied widely. Some were comprehensive and demonstrated helpful involvement from young people, but others were perfunctory in nature.
28. Most incidents of violence during the previous six months were of a relatively low level of seriousness. The underlying cause of many incidents was spontaneous and sudden disagreements between young people.
29. A minority of violent incidents were more serious. Twelve young people and 11 members of staff sustained injuries requiring medical treatment following assaults. This favourably compares to 42 young people and 22 staff sustaining injuries over the same period prior to the previous inspection. This is a welcome reduction in the prevalence of more serious incidents.
30. However, the number of violent incidents remains high and the frequency of altercations and violence continues to adversely impact on the well-being of many young people at the centre. In the inspection survey, 42% of young people reported having been subject to physical assaults by other young people, and only 40% said that they had not experienced victimisation by other young people during their time at the centre. Over the previous six months, there were 587 incidents of violence, an average of around 60 assaults against young people and 36 assaults against staff each month.
31. Fifty-six percent of young people who responded to the inspection survey reported being subject to restraints while at the centre. The number of incidents involving use of force and restraint also remains high, averaging around 96 incidents each month over the previous six-month period. However, the proportion of these that involve the use of higher level restraint techniques has also reduced, indicating a reduction in the number of more serious incidents.
32. Techniques involving staff inflicting pain on young people to gain compliance had been used on three occasions over the previous six months. Records and video footage showed that these techniques were ineffective in two instances.
33. Governance arrangements concerning the use of force are rigorous. Minimising and managing physical restraint (MMPR) coordinators review all incidents swiftly. In most cases inspectors reviewed, all important learning points for staff had been identified and all required actions had been completed. However, some camera footage demonstrates poor practice by staff that might have prevented some incidents from occurring. Managers had identified these issues and addressed them

with the staff concerned, but inspectors remain concerned that these serious oversights had occurred at all.

34. MMPR coordinators maintain good records of previous training and of the learning points arising and subsequently addressed. Safeguarding concerns are promptly identified, and managers pursued disciplinary action relating to the misuse of force on four occasions earlier in 2018, resulting in the dismissal of some staff. Comprehensive CCTV coverage has been extended further across the centre. The volume of incidents has caused some delay in all camera footage being swiftly reviewed at the weekly Use of Force meetings. However, in cases reviewed by inspectors, prompt and appropriate actions had been taken before the meetings to address relevant learning points.
35. Inspectors raised concerns about recent mismanagement of body-worn video cameras. In the six months before the inspection, several body-worn cameras had gone missing in the centre. It is not known if there was any footage on these cameras or if they were taken outside the centre. Procedures have been improved to prevent this happening again, and replacement cameras have been ordered. However, several frontline staff on duty were observed without cameras throughout the inspection.
36. MMPR handling plans are in place to inform staff of how young people can be safely restrained based on any known medical conditions that could be adversely affected through using force. While there is a greater awareness of these plans, not all staff looking after young people with MMPR plans are aware of them.
37. A significant number of 23 serious injury or warning signs were reported during the previous six months, predominantly concerning young people who reported breathing difficulties during a restraint or feeling sick afterwards. All were appropriately referred to, and reviewed by, the national team.
38. Healthcare staff are routinely informed of incidents involving the use of force and restraint and they check on young people promptly once the restraint is over.
39. The use of single separation remains similar to the previous inspection, at around 43 times a month. This reflects the similar frequent use of violence and restraint.
40. Management, oversight and analysis of violent incidents and restraints is highly effective. Managers are aware of the trends and of young people who are regularly involved in incidents. However, this improved level of analysis has not yet led to a meaningful reduction in the number of incidents, or an improvement in young people's perceptions of the systems in place that promote positive behaviour.

The care of young people	Requires Improvement
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41. Despite the overall judgement for this area remaining as requires improvement, there is evidence that the care of the young people has improved since the last inspection. Eighty percent of young people reported in a survey conducted during the inspection that they felt well cared for by staff, and 92% reported that most staff treat them with respect. Commendable aspirations to develop a centre-wide ethos of care in a custodial setting, based on good childcare principles, is beginning

to have an impact. Managers are rightly optimistic that this progressive forward trajectory can continue. This view is strengthened significantly by the fact that there is now a full establishment of CCOs in place.

42. Operational service managers (OSMs) and community supervisors (CSs) are now in place as part of a revised management structure. Not all effectively ensure consistently good standards of care in their respective living units, or support and develop the CCOs in their day-to-day work with young people. They have not yet ensured that all residential staff have a comprehensive understanding of each young person's needs, including their remand and sentence plans. This information is shared by case managers and is easily accessible on each of the living units. However, not all unit staff are reviewing and using this essential information to inform their practice with young people. Not all managers address this rigorously enough.
43. Several CCOs demonstrated little or no understanding of the reasons why young people were at the centre. There was a critical lack of awareness of the risks some young people presented when they were in the community, including their offending history. Worryingly, several CCOs told inspectors that they had chosen not to read about the young person, fearing that the nature of their offending may adversely influence the way they worked with them. This finding highlights the relative inexperience of some unit staff and emphasises the need for closer supervision and support from their respective managers. Consequently, some staff are unaware of important contextual safeguarding information, such as the risks that young people may pose to them and other young people. This means that they cannot be sure about how to manage the risks or provide the necessary support in line with the young person's overall plan. This was a shortfall noted at the previous inspection.
44. The role of keyworkers is underdeveloped, limiting their ability to form meaningful and supportive relationships with young people. Each young person is allocated a named keyworker from the staff cohort working on their living units, as well as a case manager from the resettlement team. When young people spoke to inspectors, most could identify their keyworker, but many of them stated that they had not seen them for a considerable length of time, often due to their CCOs frequently working on other living units.
45. Residential staff do not share information about young people effectively with their case managers. Keyworkers are expected to meet their allocated young person each week, record the key points of their discussions and observations and share this with the resettlement team. Inspectors viewed several records, and none were completed by the young person's named keyworker. The content and quality of the information in these records is of a variable standard. Some reflected meaningful discussions with young people, and contained pertinent information that could be subsequently used to inform ongoing case management. However, the majority of records are of a poor quality, and contain information that lacks purpose or focused discussions. This is a missed opportunity for the daily experiences of young people to inform their formal plans.
46. Young people's needs, behaviours, risks and vulnerabilities are considered effectively from the point of admission and are captured well in individualised remand and sentence plans. These plans are frequently reviewed through subsequent child-

focused reviews and meetings. Case managers attending these forums demonstrate a comprehensive knowledge of each young person. The young person's needs remain paramount: they are encouraged to attend the meetings and given good support to express their views and opinions, and to contribute to their plans.

47. Representatives from the young person's unit staff group often attend and contribute to formulation meetings and in-house multi-disciplinary reviews, although the consistency of their attendance needs improving. It is not yet standard practice for unit staff to attend and contribute to remand and sentence planning meetings, or statutory reviews for children looked after. This further emphasises the insufficient involvement of living unit staff in contributing to young people's care planning.
48. The centre has moved closer to fully implementing a staffing model designed to improve the continuity of care for young people. It is notable that more staff, compared with the inspection last year, reported that they more frequently work on their designated living unit floor.
49. Relationships between young people and staff are positive. There is a relaxed and respectful atmosphere on most of the living units, and young people were often complimentary about the support offered by case managers and CCOs. Most were able to identify at least one member of staff to whom they would go for additional support.
50. The ongoing redecoration of the residential units has improved the overall standard of the living accommodation. Some of the units appear rather stark due to an absence of pictures and soft furnishings. It is an improvement that no graffiti or damage were seen in communal areas, although some minor examples were seen in some young people's bedrooms. The absence of wash baskets and rubbish bins contributed to a few bedrooms appearing untidy. Inspectors observed too many bedrooms, showers and toilet areas where good standards of cleanliness are not maintained, suggesting that not all living unit staff are consistently ensuring that young people take personal responsibility for looking after their bedrooms to a reasonable standard.
51. The information provided to young people when they arrive at the centre is of a good standard and is suitably informative. Translation services are available and used for young people who speak English as an additional language. Interpreters can be accessed on the phone, and written information is quickly translated into a range of different languages.
52. Young people raise complaints through an accessible range of confidential options, including their electronic tablets. Most young people expressed confidence in how their complaints are dealt with. Good oversight is maintained, ensuring that staff allocated to investigate complaints complete them within stipulated timescales. When investigations are overdue, the reasons for delays are explained to young people. Young people's views about the outcomes of their complaints are recorded clearly. Young people have good access to support provided by independent advocates, who are regularly visible around the centre. The advocates expressed confidence in the approach of the centre's response to young people's concerns.
53. The range of enriching and enjoyable activities on offer has continued to improve, particularly those available to young women. This was an area of weakness

highlighted at the previous inspection. Planned activities provided through the education contract are varied and purposeful. This offer is strengthened by special activities, such as fun days and barbeques, as well as a range of general activities that are regularly offered throughout the centre. Nevertheless, some young people told inspectors that they are often bored, especially at the weekends. Managers are actively attempting to further widen the range of enrichment activities through working with the youth council and holding regular focus group meetings to capture young people’s views and preferences. A dedicated project manager is working with external organisations to provide additional programmes. As a result, a number are already being delivered.

- 54. The plan for developing the strategy for young women is still in draft form, but reveals an ambitious vision to improve meeting the specific needs of females. It is too soon to measure the effectiveness of the strategy, which is supported by the recent appointment of a female services strategy manager.
- 55. Young people express their views and influence decisions about the day-to-day running of the centre through forums such as the youth council. Young people’s consistent attendance at the council has improved and its impact is growing. For example, the council’s views have influenced the recently revised rewards and sanctions scheme and the procurement of additional resources for enrichment activities.
- 56. The chaplaincy team provides appropriate support for young people’s spiritual and pastoral needs. There are accessible links to other faith leaders if young people request them. Opportunities for young people to practise their faith and observe their religious beliefs are regularly provided, including Sunday worship. Attendance is sometimes constrained, however, by the availability of staff.

The achievement of young people	Good
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- 57. A determined and concerted focus on improving the quality of teaching and outcomes for young people since the last inspection has been successful. Young people are motivated to try and achieve higher level qualifications. Consequently, success rates have improved, and most young people, across a range of abilities, make good progress from their starting points, and particularly so in functional skills, English and mathematics.
- 58. Attendance in education continues to be high at 91%. Time out of lessons to attend formal planning meetings is constantly reviewed by managers. On most occasions, these have been suitably pre-arranged and sufficient notice is given, but occasionally this good practice slips. School refusal by young people is not uncommon, but staff take swift action to ensure that every effort is made to encourage their participation in education. Punctual arrival at some lessons is inconsistent and causes unhelpful disruption when it occurs. Young people’s behaviour is largely good. Staff manage low-key incidents well and utilise the refurbished break-out rooms effectively when young people need to calm down or reflect on their behaviour. Staff persistently challenge the minority of young people who use inappropriate language. CCOs, as well as assisting with behavioural

management, provide good support in classrooms. Most take a keen interest in the lessons and help young people with their work. Relationships between staff and young people are generally positive and this has developed further as staff have become more confident in managing the young people's behaviour.

59. Curriculum pathways are now well embedded and popular with young people. The number of vocational courses has increased following a review of the curriculum. English, mathematics and information computer technology (ICT) remain important areas of focus for young people's skills development. Vocational pathways, such as hair and beauty, sports science, hospitality and catering, business enterprise and design and technology, are popular and in high demand. A new course in bricklaying, due to start in September, has been delayed due to complex staff vetting procedures. Increasingly, young people are using their developing entrepreneurial and practical skills to better understand how the world of work and enterprise has relevance to their own lives. The horticultural beds and conservation area with a fish pond, the barbecue area and the wild herb and shrub garden are effective examples of how young people have worked collaboratively to transform land into productive and environmentally significant spaces.
60. Literacy is now firmly embedded across the curriculum. Word walls identifying relevant key words and phrases, and the effective use of displays in most classrooms, enhance the learning environment and provide opportunities to reinforce young people's knowledge. In design and technology, the starter session expects each young person to name tools from flash cards and to explain their purpose to the whole group. For those who struggle, the teacher helpfully refers them to displays around the room that give the answers. A similar approach in business enterprise lessons asks young people to explain to each other the meaning of common business terms such as 'stakeholder', 'franchise' and 'recruitment' that they are using in their tasks. All young people now use the library regularly and they are encouraged to read for pleasure as well as in lessons. Young people read aloud on many occasions during lessons, from their reading books, text books, their own work or from displays. Reading ages, particularly for young people with special educational needs, have improved markedly because of this enhanced focus.
61. The quality of teaching, learning and assessment is good overall. Staff continue to plan work that holds young people's interest, helping them build their skills and knowledge while ensuring that they work steadily at their own pace and level of ability. Staff have high expectations and most young people respond well to clear instruction, targeted activities and well-presented resource materials. This is particularly notable in mathematics, physical education, textiles and food technology. Young people work appropriately with potentially dangerous equipment and know how to stay safe in education.
62. In some lessons, teachers do not give sufficient time to enable young people to fully explore themes or to review their work. In an English lesson, for example, an interesting group discussion about the 'Windrush' generation was curtailed so that young people could complete a written task. This left some inquisitive young people disappointed that they could not probe more deeply into a subject that clearly resonated with them. A young person was encouraged by the teacher to rush his work in an employability session so that he could 'catch up' with his peers, giving no time for him, or the teacher, to check for accuracy or quality. At times, the emphasis

on completing written tasks reduces the available time for self-checking by young people, and for teachers to ensure that work is both legible and understood.

63. Progress is monitored efficiently, is well recorded and is shared across the education team. Data is used effectively to monitor and track the progress of young people over time, and this is reflected well in their individual learning plans. The headteacher can now compare the progress of different groups and take necessary action. This level of scrutiny has improved since the last inspection. Tutorial sessions are held every week in which young people discuss any concerns and review the progress they are making towards their targets. During the inspection, young people could explain the levels they were working at in most subjects and could describe what they were hoping to achieve and where they felt they were struggling.
64. The observation of teaching and learning (OTL) is well established. This practice is improving the quality of teaching practice and skills, but it is not always easy to identify the key learning points from OTL reports. More experienced and skilled teachers have assumed important roles as curriculum mentors to provide support and guidance to their peers. This is a relatively new initiative, enabling some teachers to develop their skills, but its impact has yet to be evaluated.
65. Staff continue to pay close attention to equality and diversity issues in lessons, and an understanding of fundamental British values is well demonstrated in lessons and displays. Black History Month and an exploration of immigration was sensitively considered in an English lesson. In food technology, young people enjoyed cooking Caribbean food to celebrate Black and African cuisine.
66. The physical space in classrooms continues to be restricted by fixed furniture and this has not changed since the last inspection. Access to ICT and the internet has improved considerably since the last inspection and its use by young people is closely monitored. Using the internet has enabled young people to undertake their own research and complete tasks independently. Action is taken swiftly if any abuse of the system is attempted. Not all classrooms have access to ICT, and the use of interactive boards is limited to classrooms where computers are installed permanently. This impedes the range and quality of resources used to ensure that all young people engage well and purposefully.
67. Outstanding work provided by the learning support team ensures that all young people identified as having special educational needs (SEN) achieve well. Young people enjoy bespoke work and targeted one-to-one sessions provided by learning support practitioners (LSPs), and work completed is of a consistently good standard. Nineteen young people have education, health and care plans, and more than a third of young people at Rainsbrook during the inspection had diagnosed additional learning needs. Specialist resources and materials are used effectively to ensure that the needs of these young people are consistently met. For example, work with external support services such as speech and language therapists and educational psychologists is prioritised if it is deemed to be right for the young person. These resources are consistently secured due to the tenacity and determination of the team. As a result, young people make significant progress. For example, a Vietnamese young person who arrived at the centre with no English language received targeted support, which increased his skills, enabling him to quickly achieve entry level 1 in English. Training is regularly provided on the spectrum of complex

and special educational needs, ensuring that all teaching staff and CCOs have both a better awareness and the appropriate skills to manage and support this group of young people. This purposeful work has enhanced the quality of provision for all young people with SEN.

68. The work of the engagement and resettlement team has developed significantly since the last inspection, and positive outcomes achieved for young people are recorded following their release from the centre. Several examples were shared of young people subsequently securing college placements, apprenticeship offers and job opportunities. Internal opportunities for work experience are made available for young people, featuring opportunities in catering, sports and fitness, for example. Plans to extend these openings to offsite placements have been delayed, causing frustration for those young people who are both ready and eligible to take the next important step towards future training or employment.
69. The careers offer to young people has developed well. All young people are offered at least one careers interview during their periods of detention at the centre. Two young people who are working towards their level 3 award in personal training spoke to inspectors thoughtfully about their ambitions and anxieties about the next steps. A range of careers-focused events are delivered by the careers adviser throughout the year, including, for example, an annual careers convention, mock interview practice days and Dragons' Den events. These activities successfully utilise local businesses' enterprise and expertise, helping to raise the profile of employability and transition planning considerably during the last year.
70. Links with two local independent schools continue to play a positive role in the curriculum. Highly successful group activities provide young people at the centre with unique and stimulating opportunities to meet peers who have had very different life experiences. Young people engage well and clearly enjoy working collaboratively with them. Other successful partnerships also continue to enhance the curriculum offer, including work by the Dogs Trust.
71. The education enrichment programme is developing well. A recent priority to ensure that young women receive an improved range of enrichment activities has been enhanced by 'England Netball' involvement at weekends. Particularly popular activities include graffiti art, fitness, cookery and music. There is more to do to encourage voluntary take-up and to continue efforts to provide young women with a wider range of suitable activities.
72. The new headteacher has made significant changes and ensured good progress since the last inspection, through her strong leadership. She is well supported by a highly experienced deputy headteacher, a team of skilled and experienced teaching and support staff, and the company management team. Staff have capably adopted and embedded new organisational systems and practices, while maintaining a clear focus on helping young people to engage and achieve well. An advisory group has not been formed, as recommended in the last inspection report, but the headteacher's wide professional network has ensured that she and her staff have access to relevant specialist expertise and support to continue improving the quality of teaching and learning. Staff training is regular and is generally of a good standard. Increased opportunities are available for staff to progress their careers and to improve their professional qualifications.

73. Recruitment, retention and long-term sick leave continue to be challenges and have placed considerable additional work on the current staff team.

The resettlement of young people	Good
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74. The centre has constructively addressed most areas for improvement highlighted at the previous inspection. An integrated care model is in the early stages of implementation, and this is supporting the development of a whole-centre approach to identifying and meeting young people’s resettlement needs.
75. A helpful strategy clearly sets out how young people’s resettlement needs will be addressed. Case managers are integral to delivering the strategy and they have a detailed knowledge of the young people they are responsible for. Case managers are also the main point of contact for parents, carers and community-based professionals. Young people spoken to by inspectors are aware of who their case manager is and have regular access to them each day on their residential units. They can ask to see their case manager using their electronic tablets.
76. Support for young people arriving at the centre is well managed. They are seen promptly by a case manager to identify their immediate needs and concerns. Within two weeks, a multi-disciplinary meeting considers a holistic formulation of their needs. This provides a shared understanding of any risks that young people present, their vulnerabilities, behavioural triggers and factors that need addressing to prevent reoffending. A care plan is quickly devised that informs the young person’s sentence or remand plan and provides a clear ‘read across’ between the different plans. CCOs do not regularly attend formulation or other sentence and remand planning meetings. This often means that the views and knowledge of staff who spend most time with young people are not considered.
77. Care plans and formulations are carefully reviewed and updated every month at well-attended multi-disciplinary meetings. Risks and vulnerabilities are dynamically reassessed through an exploration of young people’s behaviours and experiences during the period under review. A meeting observed during the inspection demonstrated a thorough review of each young person discussed. This detailed approach ensures that appropriate support and interventions are provided to reflect changing circumstances and behaviour. More frequent reviews take place concerning young people who have particularly complex and challenging difficulties.
78. Information about young people’s risks, targets and behavioural plans is not routinely used by residential staff to inform their daily interactions with young people in their care. The impact of CCOs’ daily observations of young people in contributing to these assessments is mixed.
79. Young people benefit from regular remand or sentence plan reviews attended by their external youth offending team (YOT) workers, and their parents and carers, when possible. They are well supported to share their views about their progress at the centre and their preferences for the future. A survey conducted during the inspection revealed that only just over half of young people were aware that they had a plan with updated objectives agreed in their review meetings. Conversely, the

centre's exit interview data showed that of 43 young people released earlier in 2018, all except one young person had understood the purpose of their plan, and only four had not felt engaged in their plans. Continuing efforts are made to obtain information from community youth offending teams about the progress of young people following their release. Data obtained is analysed annually to inform future planning, particularly focusing on the initial weeks after release, which are vital to young people's successful longer-term stability in the community.

80. The centre's use of the YJAF (Youth Justice Application Framework) needs strengthening to ensure that relevant information and documents concerning young people are more readily accessible to community partners. The centre has an active plan to address this. Early release and home detention curfews are used appropriately for eligible young people. They encourage young people to work towards their plan goals and to maintain good behaviour.
81. The centre carefully supports young people to maintain contact with their families and friends. The survey conducted by HMIP during the inspection revealed that more than half of young people had a visit once a week, or more, and 83% indicated that staff at the centre had helped them to keep in touch with their families and friends. All contacts that young people have outside the centre are approved in consultation with the relevant YOT and social workers involved in their care. Young people can maintain family and other contacts in a variety of ways, including the telephone, writing letters, using their electronic tablets and visits. Engagement visits take place in a relaxed environment, allowing younger children visiting to play. These visits are critically important in helping young people successfully sustain relationships that could become strained and fractured.
82. The centre constructively supports a range of resettlement needs for all young people. Nearly a third of young people are on remand and approximately a quarter are serving longer sentences of three years or more. Several young people will become adults during their detention and move to adult prisons. Preparatory work commences early, and the centre is developing constructive relationships with young offender institutions and prisons where young people are commonly transferred to. Current information is readily available for young people about the prison they will move to. They benefit from opportunities to talk to a representative from the prison they will be going to.
83. The range of interventions to address offending behaviour has developed since the previous inspection and now includes programmes for young people serving short sentences. Interventions work is timetabled four mornings each week and is an integral part of the centre's regime. One-to-one work is provided for young people who cannot attend groups due to mixing difficulties with others, or because their specific needs are best met by individual work. Intervention reports provided to case managers and external professionals involved in young people's care plans are of a consistently good standard. They include helpful recommendations for further work either in the community, or in other custodial settings.
84. Targeted interventions are provided for young people with harmful sexual behaviours, and substance misuse workers work constructively with young people who misuse alcohol and drugs. The centre recently promoted an awareness-raising week for staff and young people about child sexual exploitation. This varied range of

interventions strongly supports and challenges young people to address critical problems that contribute to their offending.

85. The effective use of 'mobilities' (involving young people leaving the centre with a staff escort for reasons other than medical appointments) is mixed and they should be used more as young people approach their release dates. A positive use of 'mobilities' was offered to support a young person, who is a parent, practising care for their small child in different public places. Despite delays for some young people in implementing release on temporary licence (ROTL) arrangements, managers have continued to develop plans for how ROTL can be better used to further strengthen resettlement work, for example for young people to attend college or work placements.
86. The centre's effective engagement with Multi-Agency Public Protection Arrangements (MAPPA), as a core component of release planning, has been strengthened since the last inspection. Case managers have received training, and a MAPPA database has been introduced that tracks key dates. MAPPA information-sharing forms are completed appropriately, and staff routinely attend community MAPPA meetings, either in person or over the phone. These measures have secured the centre's vital contribution to discussions concerning young people who will be managed through MAPPA following their release. MAPPA is also included in initial formulation meetings, heightening awareness across the centre. Consequently, greater confidence and understanding of MAPPA is apparent, and centre staff are providing more informed and knowledgeable contributions to MAPPA plans for relevant young people.
87. Effective escalation processes are used when community accommodation, following young people's release from the centre, is not identified soon enough. This includes intervention from the independent advocates. Because of these measures, no young people have been released recently lacking suitable move-on accommodation.
88. Young people who are looked after by their local authorities are well supported while detained in the centre. Case managers told inspectors that the quality of support provided by local authorities to their young people is mixed. The centre is developing further training and guidance for case managers in order to increase their confidence in challenging those local authority staff who do not fully meet their obligations to support young people under their corporate parenting duty.

The health of young people	Requires Improvement
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89. The healthcare team has struggled with recruitment and carries a large number of vacancies, including three out of the five registered general nurse posts. In addition, management sickness and not having onsite administration staff have further increased the nursing workload. While essential work is undertaken to support young people with long-term conditions and acute physical health needs, additional projects such as the girls' well-being group have been put on hold.
90. Staff shortages in the physical healthcare team have a knock-on effect on the nurses for mental health and learning disabilities, who have been unable to move forward

with plans to undertake a wider range of group work to support young people who self-harm or experience anxiety. The mental health team also has a vacant occupational therapist position.

91. As a consequence of the heavy workload, not all case management review meetings are attended by members of the healthcare team in person or provided with written healthcare updates. Furthermore, the healthcare team sometimes struggles to secure vital information from GPs promptly when young people arrive at the centre.
92. The main healthcare provider, Northamptonshire NHS Trust, has identified these staffing gaps as a risk and is continuing with recruitment efforts. Some staff have been recruited, but had not arrived in post at the point of the inspection. This included a second learning disability nurse and an administrator.
93. A new, bespoke electronic clinical records system has alleviated previous difficulties caused by an over-reliance on paper documents and has led to improved security and confidentiality of information. The electronic system better facilitates the initial formulation and reviewing of care plans for young people with physical and mental health conditions. Care plans and records entered onto the electronic system are personalised and clear.
94. However, staff shortages have meant that the named nurse system is not functioning sufficiently to ensure effective record monitoring. This means that significant information may be overlooked, resulting in young people not receiving recommended assessments and treatments. One case was seen where potentially important information about a young person's health condition, contained in a document received by healthcare, had not been identified.
95. More than half of young people responding to the survey conducted during the inspection reported that it was difficult to see a doctor. Nearly half (43%) stated that they found it difficult to see a nurse. Despite these views, nursing staff are readily available to assess young people who feel ill or have an injury. Nurses are in the centre between 7.30am and 10pm every day, and a male and female GP each hold one session every week. They offer additional on-call availability for urgent consultations or prescribing. Some visiting sessional healthcare services are not available in the centre, including podiatry and physiotherapy services, meaning that young people requiring these services are escorted out of the centre for treatments. However, the numbers of young people waiting for these services are low.
96. The introduction of an integrated care and health model to support the psychological well-being of young people in custodial settings is underway at the centre, led by a dedicated team of mental health professionals. Most operational staff have received some initial learning on the model, but the current focus is on providing comprehensive training and support to the most recently recruited cohorts of approximately 45 CCOs. The model is to be implemented through a phased approach and is not yet fully understood and embedded throughout the centre.
97. Traditional pathways of support for the emotional well-being and other needs of young people meet most young people's needs. Mental health, learning disability and substance misuse workers have manageable caseloads, and young people with higher levels of mental health needs are under the care of a psychiatrist, who attends the centre once a week. A young person suffering from psychosis had

recently been appropriately and promptly transferred from the centre to a mental health inpatient ward. One mental health nurse is training to become a non-medical prescriber, meaning that in due course she will be able to prescribe some mental health medicines in the absence of a doctor.

98. The new integrated health and care model features physical, mental health and substance misuse teams working more collaboratively with other centre staff. This includes forensic psychology, education, case management and residential staff working together to formulate individualised holistic approaches to working with young people. Plans are also in place to imminently 'embed' these various healthcare workers under the banner of a 'well-being team' on the residential living units. This means that they will shortly be more accessible to young people and CCOs.
99. Governance is shared closely with the healthcare department at a neighbouring adult prison that has the same service provider and a shared head of healthcare. Formal clinical supervision, appraisal and mandatory training for healthcare staff are more rigorous and better monitored than previously. The CQC will produce a separate report to consider actions taken by the Trust to comply with a requirement notice issued following the previous inspection which focused on these shortfalls.
100. Prescribed and non-prescribed medicines are administered appropriately. Young people with long-term conditions are encouraged to take responsibility for their own health needs when appropriate.
101. Young people requiring external appointments at hospital, or with other specialists, have these facilitated through two sets of escort staff available each day to cover planned and emergency visits. NHS England funds were recently secured to provide night nurses to support a young person who has a serious health condition which is well managed on site.
102. A highly professional dental service ensures that young people have the benefit of prompt assessment and treatment. They can also readily access a range of individualised offers for wider oral health promotion and education on related issues, such as healthy eating. There is evidence of successful treatment of more reluctant young people, and consequent significant broader improvements in oral health. At least one member of the dentistry team is at the centre on most week days, and the dentist attends the centre outside usual surgery times if urgently required.
103. The dentist chairs the centre's monthly healthy lifestyles meeting, encouraging a proactive holistic approach to physical self-care throughout the centre. Most relevant staff groups are represented at these meetings.
104. Nearly all young people are disappointed by the food provided, which is often repetitive and bland. In the survey, 84% of young people described the food as 'bad', and 75% said that they did not have get enough to eat at mealtimes 'some of the time' or 'never'.
105. Meal portion sizes are reasonable, but the evening meal is served relatively early at around 5pm, and, while supper is specified as an element of the core day in the induction booklet, there is not enough food provided for young people during the long evenings on their living units.

- 106. The centre’s operational challenges do have an adverse impact on the services offered by healthcare. Between July and September 2018, 18% of healthcare appointments, including those with the psychiatrist and GP, were not attended as centre staff were unable to escort young people. The monitoring of medicine queues is concerning, evidenced by three incidents of young people snatching medicines not intended for them in August and September. Some delays in bringing young people to the medicine hatch mean that nursing staff are unable to get on with other important tasks. During the first 25 minutes of morning medicines, inspectors observed only four out of the 14 young people expected being brought to the hatch on time.
- 107. Healthcare staff are mainly well integrated into the work of the wider centre. The speech and language therapist, for example, works closely with the education team to support young people with their communication needs. However, information channels are not always fully effective.
- 108. The psychology team undertakes good work with young people convicted of harmful sexual behaviour. Furthermore, the team closely monitors and works with young people identified as displaying potentially concerning sexualised behaviour. Helpful training is provided to centre staff to support them in recognising and understanding inappropriate sexualised behaviour.
- 109. The substance misuse team provides individual sessions to young people assessed as requiring support, purposefully working on harm reduction. The team has a more widespread positive impact through the provision of group acupuncture therapy, and contributes to personal, social and health education lessons. Clinical substance misuse support is available, as required, for young people with a physical dependence.
- 110. All young people arriving at the centre have initial health assessments completed using the nationally recognised comprehensive health assessment tool (CHAT). Further CHAT assessments, covering physical and mental health, neuro-disability and substance misuse, are completed within appropriate timescales. All newly admitted young people are encouraged to have a full sexual health screening and receive any missed immunisations during their time at the centre.
- 111. The mother and baby unit and its team, situated in the centre, is an asset to the youth custody estate. A limited number of referrals means its capacity is underutilised.

The effectiveness of leaders and managers	Requires Improvement
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- 112. Substantial progress has been made since the last inspection in recruiting a permanent workforce at all levels in the centre. Current vacancies are minimal and there were no vacancies for frontline CCOs at the point of the inspection. Concerted and thoughtful initiatives have been recently introduced to improve the quality and retention of CCOs. The recruitment process has been strengthened, alongside a seven-week induction programme, which is followed by a two-week shadowing

period, before new CCOs commence full duties with young people in their living units.

113. The induction programme for CCOs is accredited, providing some credits towards a foundation degree in youth justice, which all CCOs are supported and encouraged to pursue. Approximately a third are undertaking the degree programme. This represents determined efforts by senior managers to provide a recognised professional development pathway for frontline staff occupying these particularly demanding positions. It is too early to judge whether these measures will lead to a sustained improvement in retention, but the turnover rate has reduced to 52% in the year up to the point of the inspection, declining from 72% the previous year. Senior managers have well-based expectations that the percentage of CCOs who remain in post for longer than a year will gradually increase from the current rate of approximately 50%. Despite these well-crafted initiatives, their impact on securing a more stable frontline workforce to build improved and effective relationships with young people remains uncertain.
114. Senior managers have not evaluated the impact of brief annual update safeguarding refresher training provided for frontline staff. This means that the effectiveness of the training in improving staff recognition and responses to safeguarding issues presenting in their everyday work with young people is not well understood. Follow-up training for CCOs once they become fully operational is still largely limited to refresher training required to maintain accreditation. However, the director has introduced regular briefings and awareness weeks on important themes such as child sexual exploitation. Managers at all levels are encouraged to pursue externally validated programmes and a considerable number of middle managers are undertaking them.
115. Senior managers have resolutely addressed poor performance, inappropriate behaviours and improper use of restraint with young people, as well as high staff sickness levels, with all operational staff. Consequently, there has been a high number of disciplinary investigations resulting in staff resignations and dismissals. Investigations seen by inspectors were undertaken and recorded to a high standard, providing clear evidence for the outcomes. Sickness rates have reduced by an average of 10% during the past year, which means that the centre is far better equipped to maintain minimum staffing levels compared with the last inspection. On a snapshot day during this inspection, 99 of 113 CCOs were available for work, compared with 68 staff who were unavailable on a snapshot measurement at the last inspection. The combined impact of these determined senior management initiatives has ensured that staff are more aware of their requirement to attend work regularly and maintain consistently high standards of performance.
116. The director has been in post for approximately 18 months and is spearheading an ambitious programme of widespread cultural change to the care of young people in a custodial setting. A cornerstone of this approach is the introduction of an evidence-informed, psychological, trauma and child development-based model of understanding and intervening with young people who have committed serious offences. This model is led by a local health trust and involves a phased implementation programme, which is in its earlier stages. A vital component of successfully implementing the model is a well-trained, stable and highly committed staff group, particularly at CCO level.

117. The emerging approach is evident in comprehensive, well-detailed multi-disciplinary 'formulations' compiled following young people's arrival at the centre. Objectives set are regularly evaluated at well-attended monthly multi-disciplinary reviews. Young people benefit from regular sessions with dedicated caseworkers and other specialist interventions addressing the key risks, vulnerabilities and triggers that result in offending activity. Inspectors found, however, that CCOs' knowledge and understanding of young people's care plans and behaviour management strategies to inform their daily interactions with them on their living units are generally weak. CCOs satisfactorily meet young people's practical day-to-day needs and address urgent presenting issues, but they lack broader contextual understanding of the young people, limiting an understanding of their wider needs.
118. A broader joint quality assurance framework is being designed across the young people's secure estate, and centre managers are active in its formulation. In the interim, some internal auditing has been introduced, including, for example, the quality and recording of supervision.
119. The quality of CCOs' supervision records seen by inspectors was weak. Meetings are not held at the stipulated bi-monthly frequency and there is insufficient focused attention and reflection on the challenges and demands of CCOs' direct work with young people. Requests for CCOs to familiarise themselves with key policies and procedures are repeated across sessions, with no subsequent exploration of whether their knowledge has improved. Continuing professional development logs are not completed. The standard and consistency of middle management oversight and support of frontline staff requires further development. It is positive that recently recruited CCOs, and some longer serving frontline officers, receive additional clinical supervision, but this is yet not provided to all staff.
120. The senior management team benefits from cogent improvement and business plans. High-quality performance information enables early interrogation of trends in incidents, poor behaviour and staffing levels. Senior managers have an informed understanding of relevant performance indicators and their underlying causal factors. Most of the recommendations of the last inspection have been purposefully addressed.
121. Despite these specific strengths, it is not clear how managers intend to reduce a persistently stubborn high level of predominantly low-level incidents and violence. A small number of young people with highly complex needs frequently display highly problematic behaviours that appropriately require a disproportionate number of restraints and use of force. This does not explain, however, the lack of a planned approach to reducing a continuing high volume of incidents, restraints and use of force involving a larger number of young people.
122. The ongoing phased refurbishment programme of the young people's living units is nearly complete, providing a better environment for them. However, despite these welcome improvements, some units remain somewhat stark and cheerless and would benefit from more personal effects to offer a warmer, domestic atmosphere. Most toilets in young people's bedrooms are stained and unpleasant and the cleanliness and tidiness of bedrooms varies widely, indicating that expectations and monitoring of standards across and within units is inconsistent.

123. Inspectors raised concerns with senior managers about a recent period of mismanagement of body-worn cameras used by frontline staff in the centre. It took managers too long to recognise and address this serious shortfall, which meant that vital footage of young people being restrained or managed might not exist. Measures were eventually introduced to prevent a reoccurrence, but several frontline staff were seen without cameras during the inspection due to a continuing backlog of repairs.
124. The recommendation of the last inspection for suitably restrictive arrangements governing the use of shower viewing panels is being addressed through the implementation of safe and sensitive measures. The installation of frosted glass panels is still awaited due to a delay in the procurement process. Meanwhile, managers were unaware that not all viewing panels were covered by a warning sign until it was brought to their attention by inspectors. These findings suggest that new streamlined management structures are not yet wholly reliable in quickly identifying and addressing important operational safeguards for young people.
125. ICT and other digital systems have been further improved and updated. A client management system has been fully implemented. However, regular inputting of key information about young people by CCOs needs to develop further. CCOs need to increase their use of the system to better understand the profile, needs and plans of young people they work with on the living units. The introduction and safe use of the internet for young people attending education has enhanced their independent learning and reference skills. All young people are provided with a tablet that gives them easy access to a range of information, and to YCS monitors and independent advocates.
126. All operational policies and procedures provide clear, informative guidance for frontline staff in critical areas including suicide and self-harm, safeguarding and minimising and managing physical restraint have been revised and updated. The level of understanding and adherence to guidance is uneven, and greater urgency is required to ensure their consistent application by frontline staff. They have been authorised and approved where necessary by relevant external bodies, such as the YCS and the local children's safeguarding board. Professional engagement and relationships with partner safeguarding bodies have continually strengthened. Responsible managers have completed several contingency desktop exercises, and held a live contingency exercise with the local fire and rescue service since the last inspection. This demonstrates a determined approach to leading and improving the centre.
127. Exceptionally strong, high-quality and well-targeted support is provided by learning support practitioners to 24 young people with SEN, and 19 young people who are the subjects of education, health and care plans. This skilled and careful approach to inclusion is also demonstrated in the support provided to young people newly admitted to the centre whose first language is not English, followed through with tailored educational support.
128. Senior managers are careful and thorough in providing a range of platforms to hear the views of young people. Complaints are well managed, and the youth council provides an important route for young people to feed back and influence changes to areas that are important to them. Young people have ready access to visible

independent advocates who are confident in the response provided by managers to young people's concerns.

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 Inspections 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 Inspections Act 2006. This enables Ofsted's Her Majesty's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of her functions.

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

The inspection was unannounced. It was carried out by seven inspectors, comprising two from HMIP, four from Ofsted and one from the CQC. The inspection was informed by a survey of young people's views undertaken in October 2018 by senior researchers from HMIP. Of the 65 young people in the centre, 46 responded to the survey, a response rate of 73%. Fifteen young people declined to participate in the survey and two questionnaires were not returned.

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

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

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



Rainsbrook STC

Survey methodology and results

2 October 2018

Survey methodology

A confidential survey of children is carried out at the start of every STC inspection by HMIP researchers. A self-completion questionnaire is offered to every child resident in the centre on the day of the survey. The questionnaire consists of structured questions covering the child's 'journey' from admission to release together with demographic and background questions which enable us to compare responses from different sub-groups (numbers permitting). There are also a few open questions which provide opportunities for children to express in their own words what they find most positive and negative about the centre.

The survey results are used in inspections, where they are triangulated with inspectors' observations, discussions with children and staff and documentation held in the establishment. More detail can be found in the inspection report.

The current questionnaire has been in use since October 2018 and is being used to support inspections of both STCs and YOIs holding children. The questionnaire was developed in consultation with HMIP and Ofsted inspectors. Draft questions were tested with children in both types of establishment and their input and feedback was invaluable in improving the relevance and accessibility of questions.

Distribution and collection of questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that children can give their informed consent¹ to participate, the purpose of the survey and the inspection is explained. We make clear that the questionnaire can also be administered via a face-to-face interview for those who have literacy difficulties and via a telephone translation service for those with limited English.

Children are made aware that participation in the survey is voluntary. We also explain that while they do not need to put their name on the questionnaire, individual respondents can be identified via a numbering system which is only accessible to the inspection team. This is so that any child protection and safeguarding concerns can be followed up (see section below for further information).

Children who agree to participate in the survey are provided with a sealable envelope for their completed questionnaire, which will later be collected by researchers.

Child protection and safeguarding

All completed questionnaires are checked by researchers for potential child protection and safeguarding issues on the day of the survey. Any concerns are followed up by inspectors and passed on to centre staff if necessary.

¹ For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Survey results

Response rate

At the time of the survey on 2 October 2018 the population at Rainsbrook STC was 65. Using the approach described above, questionnaires were distributed to 63 children.²

We received a total of 46 completed questionnaires, a response rate of 73%. Fifteen young people declined to participate in the survey and two questionnaires were not returned.

Survey results and analyses

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

First a full breakdown of responses is provided for each question. Percentages have been rounded and therefore may not add up to 100%.

We also present the following comparative analyses:

- The current survey responses from Rainsbrook STC 2018 compared with responses from other secure training centres. The comparator surveys were carried out in two STCs since September 2017.
- The current survey responses from Rainsbrook STC 2018 compared with the responses of children surveyed at Rainsbrook STC 2017.
- A comparison within the 2018 survey between the responses of white children and those from a black and minority ethnic group.
- A comparison within the 2018 survey between the responses of children who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2018 survey between the responses of children who reported that they had been in local authority care and those who did not.

In all the comparative analyses above, statistically significant³ 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 children filtered to that question. For all other questions, percentages refer to the total number of responses to that question. All missing responses have been excluded from analyses.

² Questionnaires were not distributed to two children with very limited English.

³ 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.

Background information

Q1.1 What unit do you live on?

Everdon.....	3 (7%)
Kilsby	4 (9%)
Nethercote.....	4 (9%)
Thurlaston	3 (7%)
Dunchurch.....	3 (7%)
Sawbridge	3 (7%)
Foxton	2 (4%)
Hinckley	8 (17%)
Oadby.....	5 (11%)
Gilmorton.....	5 (11%)
Ledwell	6 (13%)

Q1.2 How old are you?

12	13	14	15	16	17	18 or over
0	0	4	12	14	11	4
(0%)	0 (0%)	(9%)	(27%)	(31%)	(24%)	(9%)

Q1.3 What is your gender?

Male.....	34 (81%)
Female	8 (19%)

Q1.4 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	23 (51%)
White - Irish.....	3 (7%)
White - Gypsy or Irish Traveller.....	2 (4%)
White - any other White background	0 (0%)
Mixed - White and Black Caribbean	2 (4%)
Mixed - White and Black African	2 (4%)
Mixed - White and Asian	1 (2%)
Mixed - any other Mixed ethnic background	1 (2%)
Asian/ Asian British - Indian.....	0 (0%)
Asian/ Asian British - Pakistani.....	0 (0%)
Asian/ Asian British - Bangladeshi	0 (0%)
Asian/ Asian British - Chinese.....	0 (0%)
Asian - any other Asian background.....	0 (0%)
Black/ Black British - Caribbean	6 (13%)
Black/ Black British - African	4 (9%)
Black - any other Black/ African/ Caribbean background	0 (0%)
Arab	0 (0%)
Any other ethnic group.....	1 (2%)

Q1.5 Do you have any children?

Yes.....	5 (11%)
No	39 (89%)

Q1.6 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes.....	5 (12%)
----------	---------

No 36 (88%)

Q1.7 Have you ever been in local authority care (e.g. lived with foster parents or in a children's home, or had a social worker)?

Yes..... 26 (60%)

No 17 (40%)

Arrival and induction

Q2.1 When you were searched in admissions, was this done in a respectful way?

Yes..... 29 (66%)

No 6 (14%)

Don't remember 7 (16%)

I wasn't searched..... 2 (5%)

Q2.2 Overall, how were you treated in admissions?

Well 32 (73%)

Badly 3 (7%)

Don't remember 9 (20%)

Q2.3 When you first arrived here did staff help you with any problems or worries you had?

Yes..... 20 (47%)

No 8 (19%)

Don't remember 7 (16%)

I didn't have any problems or worries..... 8 (19%)

Q2.4 Did you feel safe on your first night here?

Yes..... 36 (82%)

No 6 (14%)

Don't remember 2 (5%)

Q2.5 In your first few days were you told everything you needed to know about life here?

Yes..... 32 (70%)

No 14 (30%)

Living conditions

Q3.1 How comfortable is the temperature of your room?

Too cold 21 (49%)

About right..... 19 (44%)

Too hot..... 3 (7%)

Q3.2 Can you shower every day?

Yes..... 41 (91%)

No 4 (9%)

Don't know 0 (0%)

Q3.3 Do you normally have enough clean, suitable clothes for the week?

Yes..... 37 (86%)
 No 6 (14%)
 Don't know 0 (0%)

Q3.4 Do you have clean sheets every week?

Yes..... 35 (80%)
 No 7 (16%)
 Don't know 2 (5%)

Q3.5 Can you get your stored property if you need it?

Yes..... 24 (53%)
 No 15 (33%)
 Don't know 6 (13%)

Q3.6 Is it normally quiet enough for you to relax or sleep at night?

Yes..... 27 (64%)
 No 9 (21%)
 Don't know 6 (14%)

Q3.7 Do you usually spend more than 2 hours out of your room on weekdays?

Yes..... 41 (93%)
 No 3 (7%)
 Don't know 0 (0%)

Q3.8 Do you usually spend more than 2 hours out of your room on Saturdays and Sundays?

Yes..... 42 (95%)
 No 2 (5%)
 Don't know 0 (0%)

Food and canteen

Q4.1 What is the food like here?

Very good..... 1 (2%)
 Quite good 6 (14%)
 Quite bad..... 10 (23%)
 Very bad..... 27 (61%)

Q4.2 Do you get enough to eat at mealtimes?

Always 3 (7%)
 Most of the time 8 (19%)
 Some of the time 14 (33%)
 Never..... 18 (42%)

Q4.3 Does the shop sell the things that you need?

Yes..... 10 (24%)
 No 28 (67%)
 Don't know 4 (10%)

Health and well-being

- Q5.1 How easy or difficult is it to see the following health staff?**
- | | Easy | Difficult | Don't know |
|-----------------------|----------|-----------|------------|
| Doctor | 14 (33%) | 24 (57%) | 4 (10%) |
| Nurse | 20 (50%) | 17 (43%) | 3 (8%) |
| Dentist | 14 (35%) | 21 (53%) | 5 (13%) |
| Mental health workers | 17 (41%) | 13 (32%) | 11 (27%) |
- Q5.2 Do you have any health problems (including mental health problems)?**
- Yes..... 17 (41%)
 No 24 (59%)
- Q5.3 Have you been helped with your health problems since you've been here?**
- Yes..... 10 (24%)
 No 8 (19%)
 Don't have any health problems..... 24 (57%)
- Q5.4 Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.**
- Yes..... 16 (39%)
 No 25 (61%)
- Q5.5 If you have a disability, are you getting the support you need?**
- Yes..... 7 (17%)
 No 9 (22%)
 Don't have a disability..... 25 (61%)
- Q5.6 Did you have an alcohol problem when you came here?**
- Yes..... 4 (10%)
 No 35 (90%)
- Q5.7 Did you have a drug problem when you came here?**
- Yes..... 9 (23%)
 No 31 (78%)
- Q5.8 Have you been helped with your drug or alcohol problem since you've been here?**
- Yes..... 2 (5%)
 No 6 (16%)
 Did not have a drug or alcohol problem..... 30 (79%)
- Q5.9 Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?**
- Yes..... 17 (44%)
 No 21 (54%)
 Don't know 1 (3%)

Q5.10 How often do you go to the gym or play sports?

More than once a week.....	25 (66%)
About once a week.....	7 (18%)
Less than once a week.....	4 (11%)
Never.....	2 (5%)

Complaints

Q6.1 Do you know how to make a complaint?

Yes.....	32 (84%)
No	6 (16%)

Q6.2 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made a complaint
Were your complaints usually dealt with fairly?	9 (25%)	11 (31%)	16 (44%)
Were your complaints usually dealt with within 7 days?	14 (39%)	6 (17%)	16 (44%)

Q6.3 Have you ever felt too scared to make a complaint?

Yes.....	4 (11%)
No	26 (68%)
Never wanted to make a complaint.....	8 (21%)

Safety and security

Q7.1 Have you ever felt unsafe here?

Yes.....	12 (31%)
No	27 (69%)

Q7.2 Do you feel unsafe now?

Yes.....	8 (21%)
No	31 (79%)

Q7.4 Is your emergency intercom normally answered within 5 minutes?

Yes.....	20 (51%)
No	12 (31%)
Don't know	7 (18%)

Q7.5 Have other young people here ever done any of the following to you? (Please tick all that apply)

Verbal abuse.....	22 (58%)
Threats or intimidation	18 (47%)
Physical assault.....	16 (42%)
Sexual assault.....	3 (8%)
Being forced to assault another young person	4 (11%)
Theft of canteen or property.....	6 (16%)
Other bullying or victimisation.....	5 (13%)
Young people here have not done any of these things to me.....	15 (39%)

- Q7.6 If you were being bullied/victimised by other young people here, would you report it?**
- | | |
|----------|----------|
| Yes..... | 16 (41%) |
| No | 23 (59%) |
- Q7.7 Have staff here ever done any of the following to you? (Please tick all that apply)**
- | | |
|--|----------|
| Verbal abuse..... | 9 (26%) |
| Threats or intimidation | 6 (17%) |
| Physical assault..... | 3 (9%) |
| Sexual assault..... | 3 (9%) |
| Theft of canteen or property..... | 3 (9%) |
| Other bullying or victimisation..... | 6 (17%) |
| Staff here have not done any of these things to me | 22 (63%) |
- Q7.8 If you were being bullied/victimised by staff here, would you report it?**
- | | |
|----------|----------|
| Yes..... | 14 (40%) |
| No | 21 (60%) |

Behaviour management

- Q8.1 Do the rewards or incentives for good behaviour encourage you to behave well?**
- | | |
|------------------|----------|
| Yes..... | 17 (45%) |
| No | 20 (53%) |
| Don't know | 1 (3%) |
- Q8.2 Do you think the system of rewards or incentives is fair?**
- | | |
|------------------|----------|
| Yes..... | 13 (34%) |
| No | 21 (55%) |
| Don't know | 4 (11%) |
- Q8.3 Do staff usually let you know when your behaviour is good?**
- | | |
|----------|----------|
| Yes..... | 22 (61%) |
| No | 14 (39%) |
- Q8.4 If you get in trouble, do staff usually explain what you have done wrong?**
- | | |
|--|----------|
| Yes..... | 22 (59%) |
| No | 13 (35%) |
| Not applicable (never been in trouble here)..... | 2 (5%) |
- Q8.5 Have you been physically restrained (e.g. MMR) since you have been here?**
- | | |
|----------|----------|
| Yes..... | 22 (56%) |
| No | 17 (44%) |
- Q8.6 If you have been restrained, did a member of staff come and talk to you about it afterwards?**
- | | |
|-------------------------------|----------|
| Yes..... | 13 (34%) |
| No | 7 (18%) |
| Don't remember | 1 (3%) |
| Not been restrained here..... | 17 (45%) |

Q8.7 Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room.)

Yes.....	19 (49%)
No	20 (51%)

Staff

Q9.1 Do you feel cared for by most staff here?

Yes.....	28 (80%)
No	7 (20%)

Q9.2 Do most staff here treat you with respect?

Yes.....	35 (92%)
No	3 (8%)

Q9.3 If you had a problem, are there any staff here you could turn to for help?

Yes.....	32 (84%)
No	6 (16%)

Q9.4 Can you speak to a Barnardo's advocate when you need to?

Yes.....	29 (74%)
No	4 (10%)
Don't know	6 (15%)

Faith

Q10.1 What is your religion?

No religion	18 (51%)
Christian (including Church of England, Catholic, and other branches of Christianity).....	12 (34%)
Buddhist	0 (0%)
Hindu	0 (0%)
Jewish.....	0 (0%)
Muslim	3 (9%)
Sikh.....	0 (0%)
Other.....	2 (6%)

Q10.2 Are your religious beliefs respected here?

Yes.....	11 (31%)
No	5 (14%)
Don't know	2 (6%)
Not applicable (no religion).....	18 (50%)

Q10.3 Are you able to speak to a Chaplain of your faith in private, if you want to?

Yes.....	13 (36%)
No	4 (11%)
Don't know	1 (3%)
Not applicable (no religion).....	18 (50%)

Keeping in touch with family and friends

- Q11.1 Has anyone here helped you to keep in touch with your family and friends?**
 Yes..... 29 (83%)
 No 6 (17%)
- Q11.2 Are you able to use a phone every day (if you have credit)?**
 Yes..... 30 (83%)
 No 6 (17%)
- Q11.3 How easy or difficult is it for your family and friends to get here?**
 Very easy 3 (8%)
 Quite easy 10 (27%)
 Quite difficult..... 13 (35%)
 Very difficult..... 9 (24%)
 Don't know 2 (5%)
- Q11.4 How often do you have visits from family or friends?**
 More than once a week..... 1 (3%)
 About once a week 15 (43%)
 Less than once a week..... 13 (37%)
 Not applicable (haven't had any visits)..... 6 (17%)

Education and training

- Q12.1 Are you doing any of the following activities at the moment? (Please tick all that apply)**
 Education 32 (86%)
 Training for a job (vocational training)..... 3 (8%)
 Paid work..... 2 (5%)
 Interventions (e.g. offending behaviour programmes)..... 7 (19%)
 None of these..... 3 (8%)
- Q12.2 Do staff encourage you to attend education, training or work?**
 Yes..... 31 (84%)
 No 6 (16%)
- Q12.3 Have you learned anything here that will help you when you are released (e.g. education or skills)?**
 Yes..... 22 (61%)
 No 14 (39%)

Preparing to move on

- Q13.1 Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?**
 Yes..... 20 (53%)
 No 7 (18%)
 Don't know 11 (29%)

Q13.2 Do you understand what you need to do to achieve your objectives or targets?

Yes..... 17 (46%)
 No 2 (5%)
 Don't know what my objectives or targets are 18 (49%)

Q13.3 Are staff here supporting you to achieve your objectives or targets?

Yes..... 15 (39%)
 No 5 (13%)
 Don't know what my objectives or targets are 18 (47%)

Q13.4 Is anybody here helping you to prepare for when you leave?

Yes..... 20 (54%)
 No 17 (46%)

Q13.5 Have you had a say in what will happen to you when you leave here?

Yes..... 19 (53%)
 No 17 (47%)

Final questions about this STC

Q14.1 Do you think your experiences here have made you more or less likely to offend in the future?

More likely to offend..... 6 (16%)
 Less likely to offend..... 22 (59%)
 Made no difference..... 9 (24%)

Rainsbrook STC 2018

Survey responses compared with those from other HMIP surveys of STCs and with those from the previous survey

In this table summary statistics from Rainsbrook STC 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other Secure Training Centres (2 establishments). Please note that we do not have comparable data for the new questions introduced in October 2018.
- Summary statistics from Rainsbrook STC in 2018 are compared with those from Rainsbrook STC in 2017. Please note that we do not have comparable data for the new questions introduced in October 2018.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

n=number of valid responses to question (Rainsbrook STC 2018)

Rainsbrook STC 2018	All other STCs	Rainsbrook STC 2018	Rainsbrook STC 2017
46	77	46	46

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 15 years of age?	<i>n=45</i>	9%	14%	9%	4%
	Are you aged 18 or over?	<i>n=45</i>	9%	1%	9%	11%
1.3	Are you female?	<i>n=42</i>	19%	10%	19%	7%
1.4	Are you from a minority ethnic group?	<i>n=45</i>	38%	44%	38%	42%
1.5	Do you have any children?	<i>n=44</i>	11%		11%	

1.6	Are you from a traveller community?	n=41	12%	9%	12%	10%
1.7	Have you ever been in local authority care?	n=43	61%	37%	61%	56%
5.2	Do you have any health problems (including mental health problems)?	n=41	42%		42%	
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=41	39%	24%	39%	30%
10.1	Are you Muslim?	n=35	9%	10%	9%	21%
ARRIVAL AND INDUCTION						
2.1	Were you searched in reception/admissions?	n=44	96%		96%	
<i>For those who had been searched:</i>						
2.1	Was this search done in a respectful way?	n=42	69%		69%	
2.2	Overall, were you treated well in reception/admission?	n=44	73%		73%	
2.3	When you first arrived, did you have any problems or worries?	n=43	81%		81%	
<i>For those who had any problems when they first arrived:</i>						
2.3	Did staff help you to deal with these problems or worries?	n=35	57%		57%	
2.4	Did you feel safe on your first night here?	n=44	82%		82%	
2.5	In your first few days, were you told everything you needed to know about life here?	n=46	70%		70%	
LIVING CONDITIONS						
3.1	Is the temperature of your room or cell about right?	n=43	44%		44%	
3.2	Can you shower every day?	n=45	91%		91%	
3.3	Do you normally have enough clean, suitable clothes for the week?	n=43	86%		86%	
3.4	Do you have clean sheets every week?	n=44	80%		80%	
3.5	Can you get to your stored property if you need it?	n=45	53%		53%	
3.6	Is it normally quiet enough for you to relax or sleep at night?	n=42	64%		64%	

3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	n=44	93%		93%	
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	n=44	96%		96%	
FOOD AND CANTEEN						
4.1	Is the food here very / quite good?	n=44	16%		16%	
4.2	Do you get enough to eat at mealtimes always / most of the time?	n=43	26%		26%	
4.3	Does the shop / canteen sell the things that you need?	n=42	24%		24%	
HEALTH AND WELL-BEING						
5.1	Is it easy to see:					
	- Doctor?	n=42	33%		33%	
	- Nurse?	n=40	50%		50%	
	- Dentist?	n=40	35%		35%	
	- Mental health worker?	n=41	42%		42%	
5.2	Do you have any health problems (including mental health problems)?	n=41	42%		42%	
<i>For those who have health problems:</i>						
5.3	Have you been helped with your health problems since you have been here?	n=18	56%		56%	
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	n=41	39%	24%	39%	30%
<i>For those who have a disability</i>						
5.5	Are you getting the support you need?	n=16	44%		44%	
5.6	Did you have an alcohol problem when you came here?	n=39	10%		10%	
5.7	Did you have a drug problem when you came here?	n=40	23%		23%	
<i>For those who did have a drug or alcohol problem</i>						
5.8	Have you been helped with your drug or alcohol problem since you've been here?	n=8	25%		25%	

5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	n=39	44%		44%	
5.10	Do you go to the gym or play sports once a week or more?	n=38	66%		66%	
COMPLAINTS						
6.1	Do you know how to make a complaint?	n=38	84%	93%	84%	96%
<i>For those who have made a complaint:</i>						
6.2	Were your complaints usually dealt with fairly?	n=20	45%		45%	
	Were your complaints usually dealt with within 7 days?	n=20	70%		70%	
6.3	Have you ever felt too scared to make a complaint?	n=30	13%		13%	
SAFETY AND SECURITY						
7.1	Have you ever felt unsafe here?	n=39	31%	32%	31%	30%
7.2	Do you feel unsafe now?	n=39	21%	13%	21%	9%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	n=39	51%		51%	
7.5	Have other young people here ever done any of the following to you?					
	- Verbal abuse?	n=38	58%		58%	
	- Threats or intimidation?	n=38	47%		47%	
	- Physical assault?	n=38	42%		42%	
	- Sexual assault?	n=38	8%		8%	
	- Being forced to assault another young person?	n=38	1%		11%	
	- Theft of canteen or property?	n=38	16%		16%	
	- Other bullying or victimisation?	n=38	13%		13%	
	- Young people here have not done any of these things to me	n=38	40%		40%	
7.6	If you were being bullied / victimised by other young people here, would you report it?	n=39	41%		41%	

7.7	Have staff here ever done any of the following to you?				
	- Verbal abuse?	n=35	26%		26%
	- Threats or intimidation?	n=35	17%		17%
	- Physical assault?	n=35	9%		9%
	- Sexual assault?	n=35	9%		9%
	- Theft of canteen or property?	n=35	9%		9%
	- Other bullying / victimisation?	n=35	17%		17%
	- Staff here have not done any of these things to me	n=35	63%		63%
7.8	If you were being bullied / victimised by staff here, would you report it?	n=35	40%		40%
BEHAVIOUR MANAGEMENT					
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	n=38	45%		45%
8.2	Do you think the system of rewards or incentives is fair?	n=38	34%		34%
8.3	Do staff usually let you know when your behaviour is good?	n=36	61%		61%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	n=35	63%		63%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	n=39	56%	64%	56% 43%
<i>For those who have been restrained:</i>					
8.6	Did a member of staff come and talk to you about it afterwards?	n=21	62%		62%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	n=39	49%		49%
STAFF					
9.1	Do you feel cared for by most staff here?	n=35	80%		80%
9.2	Do most staff here treat you with respect?	n=38	92%	83%	92% 93%

9.3	If you had a problem, are there any staff here you could turn to for help?	n=38	84%		84%	
9.4	Can you speak to a Barnardo's advocate when you need to?	n=39	74%		74%	
FAITH						
10.1	Do you have a religion?	n=35	49%	67%	49%	57%
<i>For those who have a religion:</i>						
10.2	Are your religious beliefs respected here?	n=18	61%		61%	
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=18	72%		72%	
KEEPING IN TOUCH WITH FAMILY AND FRIENDS						
11.1	Has anyone here helped you to keep in touch with your family / friends?	n=35	83%		83%	
11.2	Are you able to use a phone every day (if you have credit)?	n=36	83%		83%	
11.3	Is it quite / very easy for your family and friends to get here?	n=37	35%		35%	
11.4	Do you get visits from family or friends	n=35	83%	86%	83%	90%
<i>For those who do get visits:</i>						
11.4	Do you get visits from family or friends once a week or more?	n=29	55%	69%	55%	68%
EDUCATION AND TRAINING						
12.1	Are you doing any of the following activities at the moment:					
	- Education?	n=37	87%		87%	
	- Training for a job (vocational training)?	n=37	8%		8%	
	- Paid work?	n=37	5%		5%	
	- Interventions (e.g. offending behaviour programmes)?	n=37	19%		19%	
	- Not doing any of these activities	n=37	8%		8%	
12.2	Do staff encourage you to attend education, training or work?	n=37	84%		84%	

12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	<i>n=36</i>	61%		61%	
PREPARING TO MOVE ON						
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	<i>n=38</i>	53%		53%	
<i>For those who do have a plan:</i>						
13.2	Do you understand what you need to do to achieve your objectives or targets?	<i>n=19</i>	90%		90%	
13.3	Are staff here supporting you to achieve your objectives or targets?	<i>n=20</i>	75%		75%	
13.4	Is anybody here helping you to prepare for when you leave?	<i>n=37</i>	54%		54%	
13.5	Have you had a say in what will happen to you when you leave here?	<i>n=36</i>	53%		53%	
FINAL QUESTIONS ABOUT THIS STC/YOI						
14.1	Do you think your experiences here have made you less likely to offend in the future?	<i>n=37</i>	60%		60%	

Rainsbrook STC 2018

Survey responses compared with those from other HMIP surveys of STCs and with those from the previous survey

In this table the following analyses are presented:

- responses of children who had been in local authority care are compared with responses of those who had not been in local authority care
- responses of children who reported that they had a disability compared with those who did not

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have been in local authority care	Have not been in local authority care	Have a disability	Do not have a disability
26	17	16	25

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 15 years of age?	4%	18%	6%	12%
	Are you aged 18 or over?	15%	0%	13%	4%
1.3	Are you female?	17%	24%	40%	8%
1.4	Are you from a minority ethnic group?	31%	41%	38%	28%
1.5	Do you have any children?	12%	12%	19%	4%

1.6	Are you from a traveller community?	13%	12%	27%	0%
1.7	Have you ever been in local authority care?			56%	58%
5.2	Do you have any health problems (including mental health problems)?	44%	41%	67%	28%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	39%	41%		
10.1	Are you Muslim?	5%	7%	9%	9%
ARRIVAL AND INDUCTION					
2.1	Were you searched in reception/admissions?	96%	100%	100%	96%
<i>For those who had been searched:</i>					
2.1	Was this search done in a respectful way?	64%	75%	80%	58%
2.2	Overall, were you treated well in reception/admission?	76%	65%	73%	68%
2.3	When you first arrived, did you have any problems or worries?	79%	88%	93%	80%
<i>For those who had any problems when they first arrived:</i>					
2.3	Did staff help you to deal with these problems or worries?	63%	53%	62%	55%
2.4	Did you feel safe on your first night here?	80%	82%	80%	80%
2.5	In your first few days, were you told everything you needed to know about life here?	65%	71%	50%	76%
LIVING CONDITIONS					
3.1	Is the temperature of your room or cell about right?	54%	25%	38%	44%
3.2	Can you shower every day?	88%	94%	88%	92%
3.3	Do you normally have enough clean, suitable clothes for the week?	83%	88%	80%	88%
3.4	Do you have clean sheets every week?	72%	88%	69%	83%
3.5	Can you get to your stored property if you need it?	44%	71%	38%	64%
3.6	Is it normally quiet enough for you to relax or sleep at night?	52%	75%	44%	77%

3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	96%	88%	88%	96%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	96%	94%	94%	96%
FOOD AND CANTEEN					
4.1	Is the food here very / quite good?	21%	12%	19%	12%
4.2	Do you get enough to eat at mealtimes always / most of the time?	26%	18%	33%	20%
4.3	Does the shop / canteen sell the things that you need?	25%	25%	33%	20%
HEALTH AND WELL-BEING					
5.1	Is it easy to see:				
	- Doctor?	33%	35%	38%	28%
	- Nurse?	57%	41%	56%	44%
	- Dentist?	30%	41%	38%	30%
	- Mental health worker?	44%	41%	38%	42%
5.2	Do you have any health problems (including mental health problems)?	44%	41%	67%	28%
<i>For those who have health problems:</i>					
5.3	Have you been helped with your health problems since you have been here?	55%	57%	55%	57%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	39%	41%		
<i>For those who have a disability</i>					
5.5	Are you getting the support you need?	44%	43%	44%	
5.6	Did you have an alcohol problem when you came here?	14%	6%	7%	13%
5.7	Did you have a drug problem when you came here?	23%	24%	25%	21%
<i>For those who did have a drug or alcohol problem</i>					
5.8	Have you been helped with your drug or alcohol problem since you've been here?	40%	0%	0%	33%

5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	50%	40%	36%	48%
5.10	Do you go to the gym or play sports once a week or more?	71%	60%	62%	65%
COMPLAINTS					
6.1	Do you know how to make a complaint?	91%	73%	86%	82%
<i>For those who have made a complaint:</i>					
6.2	Were your complaints usually dealt with fairly?	42%	50%	57%	46%
	Were your complaints usually dealt with within 7 days?	64%	71%	86%	64%
6.3	Have you ever felt too scared to make a complaint?	13%	15%	23%	7%
SAFETY AND SECURITY					
7.1	Have you ever felt unsafe here?	32%	33%	39%	29%
7.2	Do you feel unsafe now?	23%	20%	39%	13%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	62%	38%	54%	50%
7.5	Have other young people here ever done any of the following to you?				
	- Verbal abuse?	57%	62%	73%	52%
	- Threats or intimidation?	48%	46%	60%	43%
	- Physical assault?	52%	23%	60%	33%
	- Sexual assault?	9%	8%	13%	5%
	- Being forced to assault another young person?	9%	15%	20%	5%
	- Theft of canteen or property?	17%	15%	27%	10%
	- Other bullying or victimisation?	13%	15%	20%	10%
	- Young people here have not done any of these things to me	39%	39%	20%	48%
7.6	If you were being bullied / victimised by other young people here, would you report it?	55%	19%	50%	38%

7.7	Have staff here ever done any of the following to you?				
	- Verbal abuse?	25%	27%	50%	14%
	- Threats or intimidation?	15%	20%	33%	9%
	- Physical assault?	5%	13%	17%	5%
	- Sexual assault?	5%	13%	17%	5%
	- Theft of canteen or property?	10%	7%	17%	5%
	- Other bullying / victimisation?	20%	13%	33%	9%
	- Staff here have not done any of these things to me	70%	53%	50%	68%
7.8	If you were being bullied / victimised by staff here, would you report it?	63%	7%	42%	41%
BEHAVIOUR MANAGEMENT					
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	48%	40%	39%	48%
8.2	Do you think the system of rewards or incentives is fair?	43%	27%	38%	30%
8.3	Do staff usually let you know when your behaviour is good?	70%	47%	69%	55%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	74%	47%	67%	59%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	57%	50%	77%	46%
<i>For those who have been restrained:</i>					
8.6	Did a member of staff come and talk to you about it afterwards?	75%	38%	60%	64%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	48%	50%	62%	38%
STAFF					
9.1	Do you feel cared for by most staff here?	90%	67%	91%	74%
9.2	Do most staff here treat you with respect?	95%	87%	83%	96%

9.3	If you had a problem, are there any staff here you could turn to for help?	80%	88%	92%	79%
9.4	Can you speak to a Barnardo's advocate when you need to?	71%	75%	85%	67%
FAITH					
10.1	Do you have a religion?	37%	64%	73%	36%
<i>For those who have a religion:</i>					
10.2	Are your religious beliefs respected here?	57%	60%	44%	75%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	70%	67%	75%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS					
11.1	Has anyone here helped you to keep in touch with your family / friends?	89%	73%	91%	82%
11.2	Are you able to use a phone every day (if you have credit)?	74%	93%	83%	82%
11.3	Is it quite / very easy for your family and friends to get here?	35%	40%	46%	27%
11.4	Do you get visits from family or friends	72%	93%	82%	82%
<i>For those who do get visits:</i>					
11.4	Do you get visits from family or friends once a week or more?	54%	57%	78%	39%
EDUCATION AND TRAINING					
12.1	Are you doing any of the following activities at the moment:				
	- Education?	90%	80%	92%	82%
	- Training for a job (vocational training)?	5%	13%	8%	9%
	- Paid work?	5%	7%	15%	0%
	- Interventions (e.g. offending behaviour programmes)?	30%	7%	39%	9%
	- Not doing any of these activities	10%	7%	0%	14%
12.2	Do staff encourage you to attend education, training or work?	80%	87%	92%	77%

12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	68%	53%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	52%	53%
<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	82%	100%
13.3	Are staff here supporting you to achieve your objectives or targets?	82%	63%
13.4	Is anybody here helping you to prepare for when you leave?	45%	67%
13.5	Have you had a say in what will happen to you when you leave here?	53%	53%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	50%	73%

77%	52%
54%	57%
100%	83%
71%	77%
67%	52%
55%	52%
58%	65%






Rainsbrook STC 2018

Survey responses compared with those from other HMIP surveys of STCs and with those from the previous survey

In this table the following analyses are presented:
 - responses of children from black and minority ethnic groups are compared with those of white children

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

-  Green shading shows results that are significantly more positive than the comparator
-  Blue shading shows results that are significantly more negative than the comparator
-  Orange shading shows significant differences in demographics and background information
-  No shading means that differences are not significant and may have occurred by chance
-  Grey shading indicates that we have no valid data for this question

** less than 1% probability that the difference is due to chance*

Black and minority ethnic children	White children
17	28

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 15 years of age?	18%	4%
	Are you aged 18 or over?	6%	11%
1.3	Are you female?	20%	19%
1.4	Are you from a minority ethnic group?		
1.5	Do you have any children?	6%	14%
1.6	Are you from a traveller community?	7%	15%
1.7	Have you ever been in local authority care?	53%	64%

5.2	Do you have any health problems (including mental health problems)?	36%	44%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	46%	36%
10.1	Are you Muslim?	21%	0%
ARRIVAL AND INDUCTION			
2.1	Were you searched in reception/admissions?	94%	96%
<i>For those who had been searched:</i>			
2.1	Was this search done in a respectful way?	60%	74%
2.2	Overall, were you treated well in reception/admission?	63%	79%
2.3	When you first arrived, did you have any problems or worries?	88%	78%
<i>For those who had any problems when they first arrived:</i>			
2.3	Did staff help you to deal with these problems or worries?	36%	71%
2.4	Did you feel safe on your first night here?	88%	78%
2.5	In your first few days, were you told everything you needed to know about life here?	65%	71%
LIVING CONDITIONS			
3.1	Is the temperature of your room or cell about right?	19%	58%
3.2	Can you shower every day?	94%	89%
3.3	Do you normally have enough clean, suitable clothes for the week?	81%	89%
3.4	Do you have clean sheets every week?	81%	78%
3.5	Can you get to your stored property if you need it?	44%	61%
3.6	Is it normally quiet enough for you to relax or sleep at night?	50%	72%
3.7	Do you usually spend more than 2 hours out of your cell or room on weekdays?	93%	93%
3.8	Do you usually spend more than 2 hours out of your cell or room on Saturdays and Sundays?	93%	96%

FOOD AND CANTEEN			
4.1	Is the food here very / quite good?	20%	14%
4.2	Do you get enough to eat at mealtimes always / most of the time?	27%	26%
4.3	Does the shop / canteen sell the things that you need?	8%	32%
HEALTH AND WELL-BEING			
5.1	Is it easy to see:		
	- Doctor?	29%	36%
	- Nurse?	46%	52%
	- Dentist?	23%	41%
	- Mental health worker?	29%	48%
5.2	Do you have any health problems (including mental health problems)?	36%	44%
<i>For those who have health problems:</i>			
5.3	Have you been helped with your health problems since you have been here?	60%	54%
5.4	Do you have a disability? This includes any physical, mental or learning needs that affect your day-to-day life.	46%	36%
<i>For those who have a disability</i>			
5.5	Are you getting the support you need?	17%	60%
5.6	Did you have an alcohol problem when you came here?	0%	15%
5.7	Did you have a drug problem when you came here?	23%	22%
<i>For those who did have a drug or alcohol problem</i>			
5.8	Have you been helped with your drug or alcohol problem since you've been here?	0%	33%
5.9	Can you spend time outside in the fresh air most days (not counting time spent going to and from activities)?	39%	48%
5.10	Do you go to the gym or play sports once a week or more?	54%	71%

COMPLAINTS			
6.1	Do you know how to make a complaint?	85%	83%
<i>For those who have made a complaint:</i>			
6.2	Were your complaints usually dealt with fairly?	29%	58%
	Were your complaints usually dealt with within 7 days?	57%	75%
6.3	Have you ever felt too scared to make a complaint?	17%	12%
SAFETY AND SECURITY			
7.1	Have you ever felt unsafe here?	42%	27%
7.2	Do you feel unsafe now?	33%	15%
7.4	Is your emergency call bell or intercom normally answered within 5 minutes?	50%	54%
7.5	Have other young people here ever done any of the following to you?		
	- Verbal abuse?	77%	50%
	- Threats or intimidation?	62%	42%
	- Physical assault?	46%	42%
	- Sexual assault?	8%	8%
	- Being forced to assault another young person?	8%	13%
	- Theft of canteen or property?	15%	17%
	- Other bullying or victimisation?	8%	17%
	- Young people here have not done any of these things to me	23%	46%
7.6	If you were being bullied / victimised by other young people here, would you report it?	31%	46%
7.7	Have staff here ever done any of the following to you?		
	- Verbal abuse?	50%	13%

	- Threats or intimidation?	33%	9%
	- Physical assault?	8%	9%
	- Sexual assault?	8%	9%
	- Theft of canteen or property?	8%	9%
	- Other bullying / victimisation?	17%	17%
	- Staff here have not done any of these things to me	25%	83%
7.8	If you were being bullied / victimised by staff here, would you report it?	25%	48%
BEHAVIOUR MANAGEMENT			
8.1	Do the rewards or incentives for good behaviour encourage you to behave well?	71%	30%
8.2	Do you think the system of rewards or incentives is fair?	36%	35%
8.3	Do staff usually let you know when your behaviour is good?	57%	64%
8.4	If you get in trouble, do staff usually explain what you have done wrong?	43%	76%
8.5	Have you been physically restrained (e.g. MMPR) since you have been here?	64%	50%
<i>For those who have been restrained:</i>			
8.6	Did a member of staff come and talk to you about it afterwards?	67%	58%
8.7	Since you have been here, have you ever been kept locked up and stopped from mixing with other young people as a punishment? (This might include time spent in a segregation unit or in your own room)	71%	33%
STAFF			
9.1	Do you feel cared for by most staff here?	62%	91%
9.2	Do most staff here treat you with respect?	85%	96%
9.3	If you had a problem, are there any staff here you could turn to for help?	85%	83%
9.4	Can you speak to a Barnardo's advocate when you need to?	86%	67%
FAITH			

10.1	Do you have a religion?	93%	20%
<i>For those who have a religion:</i>			
10.2	Are your religious beliefs respected here?	69%	40%
10.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	77%	60%
KEEPING IN TOUCH WITH FAMILY AND FRIENDS			
11.1	Has anyone here helped you to keep in touch with your family / friends?	79%	85%
11.2	Are you able to use a phone every day (if you have credit)?	93%	76%
11.3	Is it quite / very easy for your family and friends to get here?	43%	32%
11.4	Do you get visits from family or friends	92%	76%
<i>For those who do get visits:</i>			
11.4	Do you get visits from family or friends once a week or more?	50%	56%
EDUCATION AND TRAINING			
12.1	Are you doing any of the following activities at the moment:		
	- Education?	92%	83%
	- Training for a job (vocational training)?	0%	13%
	- Paid work?	0%	9%
	- Interventions (e.g. offending behaviour programmes)?	15%	22%
	- Not doing any of these activities	8%	9%
12.2	Do staff encourage you to attend education, training or work?	93%	77%
12.3	Have you learned anything here that will help you when you are released (e.g. education or skills)?	64%	62%
PREPARING TO MOVE ON			
13.1	Is there a plan that you discuss in meetings with your YOT worker which sets out what you need to work on while you are here (e.g. your targets or objectives)?	57%	52%

<i>For those who do have a plan:</i>			
13.2	Do you understand what you need to do to achieve your objectives or targets?	88%	91%
13.3	Are staff here supporting you to achieve your objectives or targets?	63%	83%
13.4	Is anybody here helping you to prepare for when you leave?	62%	52%
13.5	Have you had a say in what will happen to you when you leave here?	69%	46%
FINAL QUESTIONS ABOUT THIS STC/YOI			
14.1	Do you think your experiences here have made you less likely to offend in the future?	69%	57%

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