



# Rainsbrook STC

Willoughby  
Warwickshire  
CV23 8SY

## Annual Inspection

Inspected under the secure training centres joint inspection framework

## Information about this secure training centre

Rainsbrook secure training centre is operated by MTC. The centre provides accommodation for up to 87 male and female children, aged 12 to 17 years, who are serving a custodial sentence or who are remanded to custody by the courts.

Education is provided on-site in dedicated facilities by Novus, a sub-contractor of MTC. Healthcare services are provided by the Northamptonshire NHS Foundation Trust under a service-level agreement with NHS England. The commissioning of health services at this centre is the statutory responsibility of NHS England under the Health and Social Care Act 2012.

**Inspection dates:** 17 to 21 February 2020

### Overall experiences and progress of children and young people, including judgements on:

### Requires improvement to be good

Children’s education and learning	Inadequate
Children’s health	Good
Children’s resettlement	Good

### Taking into account:

How well children and young people are helped and protected	Requires improvement to be good
The effectiveness of leaders and managers	Requires improvement to be good

**Date of last inspection:** 2 October 2018

**Overall judgement at last inspection:** Requires improvement to be good

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
2–12 October 2018	Annual	Requires improvement to be good
19–23 June 2017	Annual	Requires improvement to be good
17–20 October 2016	Annual	Requires improvement to be good

## Inspection judgements

### **Overall experiences and progress of children and young people: requires improvement to be good**

1. Children raised concerns about the high turnover of staff, and their level of experience. They also raised concerns about their own and other children's ability to manipulate some of the staff. While relationships between staff and children often appear positive, this is frequently couched within a culture of limited assertive interventions with children by frontline custody care officers (CCOs) when it is required for their safety and well-being. Inspectors witnessed staff failing to challenge poor behaviour, such as disrespectful or intimidating behaviour.
2. Children's arrival and induction at Rainsbrook are not managed equitably. Boys and girls have separate induction units. Boys are offered targeted support and assessment during their initial two days to determine which living unit will best meet their ongoing needs. In addition, peer mentors provide effective support to help them settle in. There is no equivalent induction unit for girls, who move immediately into their living units, where they receive their induction. This different process does not afford girls the same level of support and acclimatisation into the centre.
3. Staff make good use of all available information to understand children's needs during their induction period. Children are supported by clinical and forensic psychology staff to develop a 'my story' booklet, which helps staff to understand their backgrounds and needs, promoting an informed approach to initial care planning. Children receive all the information they need in an accessible, child-friendly children's guide.
4. The mother and baby unit is a bright, homely and nurturing physical environment, both for young mothers and for babies. The needs of young mothers and babies are well understood and met. Clear resettlement plans are in place that develop parenting skills and provide experiences of 'real-life situations' in the community.
5. Most children said that they had a staff member who they could talk to. Some staff care about and respect children more than others. Children feel that they can communicate more easily with these members of staff, who they judge to be more reliable and responsive to their needs. Some CCOs' level of care and respect for children is less consistent, and children strongly feel that these staff do not listen to them and often speak down to them.
6. In addition to their key-worker CCOs on their living units, all children are allocated to dedicated case workers. All children know who their case worker is. Case workers support children effectively in the centre, including their attendance at

meetings. There is careful communication by case workers with external agencies to prepare children's transitions from the centre.

7. Resettlement planning for children starts promptly following their arrival at the centre. A strong multi-disciplinary model underpins this essential work, and progress is regularly reviewed with children, who actively participate and contribute to their plans.
8. The centre takes care to ensure that children have regular contact with family members, whether face-to-face or on the phone. Support is provided to families to enable them to travel to Rainsbrook to visit children. Children highly value, and benefit from, their contact with family members. Children are sensitively supported by their case workers in managing any anxieties they have about the welfare of family members during their period of detention at the centre.
9. The presentation of the children's residential units is mixed; some living units are cleaner and tidier and have a homelier feel than others. Some communal areas feature artwork on the walls, but many retain an institutional atmosphere. Children's bedrooms are often spartan and lack aesthetic decoration, such as artwork or pictures on the walls. Some are very untidy and dirty, indicating that CCOs do not always ensure that children comply with basic standards.
10. Incentives for children, earned privileges and sanctions are not consistently applied by staff. Consequently, children do not feel motivated to earn privileges, particularly rewards from the reward shop. Sanctions are not applied consistently and are not always followed through by staff. Some children felt that peers who misbehaved received more privileges than those who behaved well. Consequently, a number of children believed that they had to behave badly or start a fight to attract attention and be listened to. The overall application of the centre's incentives and earned privileges scheme does not motivate children to modify their behaviour.
11. The education provided to children at Rainsbrook is poor. Many children stated that they had not learned anything valuable that would help them on release. Inspectors saw many children refusing to attend education. Consequently, they remain on their residential units during school hours and receive inadequate learning support.
12. Children's physical, mental and emotional healthcare needs are comprehensively addressed through responsive physical nursing and psychology services. Children have ready access to a range of age-appropriate services delivered by experienced and suitably skilled staff.
13. Children's faith and wider pastoral needs are very well understood by the chaplain, Imam and a volunteer. There was, however, a 12-month gap in Muslim children being able to attend Friday prayers. These have recently been restored. The chaplain, Imam and volunteer provide an additional layer of independent contact

for children, offering excellent support to children of all faiths and beliefs to practise and explore their spiritual and pastoral needs.

14. Children who attend a youth council that meets twice monthly are empowered to represent and advocate effectively on behalf of all their peers. Children convey their concerns and issues very clearly and persuasively. They are frustrated that not all senior managers, who are in positions to consider and implement their proposals, routinely attend these meetings. Children reported that managers often provide short written updates to the council that do not always provide a clear commitment to resolving issues. Consequently, some children report feeling undervalued, claiming that alleged lack of action by some senior managers undermines the purpose of the youth council.
15. Children have access to a restricted range of activities and enrichments in the centre. Girls report that the range of activities for them is largely unappealing. Staff shortages and movement and mixing issues further impede children's opportunities to participate in activities. Consequently, many children are bored and under-stimulated in the evenings and at weekends.
16. Children are carefully informed of their rights, and are easily able to access independent and strong advocacy support through an independent charitable provider. Children benefit from a constructive and appropriately challenging relationship between the independent provider and centre managers. Children's complaints are addressed promptly and thoroughly. Responses acknowledge any upset caused to them, and clearly identify any mistakes made. Written responses to children's complaints advise children of the outcome and of what steps have been taken to investigate their concerns.

### **Children's education and learning: inadequate**

17. Children have a very negative view of the quality of education they receive at Rainsbrook. They were critical of the learning activities they undertake, claiming to be bored and frustrated by the limited progress they make. Children struggled to tell inspectors what they had learned recently. In a recent point-in-time survey, the percentage of children stating they had not learned anything valuable that would help them on release was lower than other centres.
18. Since the previous inspection, there have been changes to the management and teaching teams in education. The education provider conducted a review of the quality of teaching and learning at the time of the appointment of the new management team. This identified most of the weaknesses found during the inspection with regard to the quality of the provision. Despite this, the new management team has been unable to implement and sustain improvements since they took over, approximately six months before the inspection.

19. Far too many children refuse to go to education. Recent efforts by the education team have not increased attendance. Attendance registers also highlight an unacceptably high number of authorised absences, some involving children attending other appointments.
20. Children who refuse to attend education remain on their residential units during the school day and do not receive adequate support, supervision or direction to encourage them to engage in learning, or to plan their prompt return to school. Some staff allow children to wear their pyjamas in the early afternoon, and this does not encourage their readiness to engage in activities. Punctuality was poor during the inspection, further reducing children's learning time; children frequently arrived late to their classes.
21. Children do not receive appropriate support to improve their behaviour in school. Teaching staff do not exercise good classroom management and, at times, they appear overwhelmed by the scale of children's poor behaviour. This results in disrupted lessons. During one observation, half of the lesson time was wasted while children misbehaved. Children's abusive and intimidating language towards staff and visitors is not handled assertively by staff, and sanctions are not applied in a timely and rigorous way. Several cases were observed where children were disrespectful towards their teachers and their peers, particularly towards children with learning needs and those less able than themselves. During these episodes, some children demonstrated a very limited understanding of respect, tolerance and diversity.
22. Leaders and managers have designed a curriculum that follows vocational pathways, but further work is required to ensure that it meets the needs and aspirations of all children. English and mathematics are included in the pathways, but this part of the curriculum is not effective enough. These subjects are not contextualised within the vocational area that they are delivered in, and, consequently, children fail to see the relevance of these lessons and their usefulness in preparing for their next steps in the centre and later release. In these lessons, learners are not sufficiently productive, and the quality of their work is not good enough.
23. Managers and staff do not have enough focus on ensuring that children's deficits in their knowledge of English and mathematics are identified at the start of the course, and subsequently used to plan their individual learning programmes. Additional starting points regarding attendance, behaviour and attitudes are also not clearly identified by staff or monitored by managers. This prevents leaders and managers from evaluating the gains and improvements that children make across a wide range of topics, over and above the academic element of the programmes they are following.
24. Leaders, managers and staff demonstrate little ambition for what learners could achieve in many of the lessons. Children complete loose photocopied worksheets, which are disconnected and not closely linked to what has already been learned.

In some cases, children merely copy texts from resource books without an informed understanding of new terminology and concepts. Managers and teachers do not help children to build a portfolio of work where their progress and achievements could be showcased with pride.

25. A substantial number of teaching and learning support staff do not have qualifications in the subjects they teach to help and support children appropriately. In a few cases, they do not have enough pedagogical knowledge either. As a result, their planning and delivery of learning activities are not successful enough to keep complex and challenging children engaged in learning. Professional development activities undertaken by staff over the last year have not always been sufficiently directed towards improving their teaching skills and classroom behaviour management.
26. Children's work is not rigorously marked and contains errors by tutors and assistants. Learners continue to make the same mistakes, and the feedback they receive is not sufficiently developmental to help them improve their work. Teachers set targets for children that are often not specific. Typically, they follow the academic requirements of the unit's achievement, but do not place enough emphasis on personal development.
27. The physical learning environment continues to present challenges, and often constrains the dynamics of lessons with regard to the fixed seating arrangements and layout of the rooms. In some classes, information learning technology has been introduced, but its use is not maximised by teachers to offer more interactive and visual learning experiences. Teaching areas, including the hair and beauty salon and art, do not reflect high standards. CCOs and learning support assistants are present in many lessons. However, they are rarely directed by teachers to actively support learning by working with those children who need it most.
28. Teachers do not demonstrate routine vigilance, or a good enough understanding of safeguarding in education. Consequently, they fail to put in place appropriate control measures to mitigate hazards, such as children being exposed to, and having access to, volatile liquids that produce hazardous fumes in hair and beauty. Teachers do not always act promptly to ensure that children are stopped from climbing onto desks and throwing bottles of water at each other.
29. Almost two thirds of the children who came to the centre last year left without completing their intended qualification due to transfers or releases. Leaders and managers hold only a basic understanding of what these children achieved, and any improvements they made regarding their behaviour, attitudes and personal and social development. The third of the children who did stay at the centre last year for long enough achieved their qualifications.
30. Leaders and managers have recently developed a process that enables them to record the partial progress and achievements of children who leave the centre early. However, it is too early to measure its impact.

31. The support team helping children with special educational needs has been further strengthened since the previous inspection. Staff know children well, but they do not record or monitor the impact that their support is having on the child's development. For example, a child arrived at the centre with multiple barriers to engagement, and the team actively supported the child to engage in education. However, managers were not able to illustrate the impact of the child's increased attendance at education. Staff have access to useful teaching strategies, informed by children's learning and educational difficulties, and they also benefit from specific training on topics such as dyslexia and autism spectrum disorder.
32. The enrichment provision team has been extended since the previous inspection, and the enrichment hours offer has also increased. Despite this, girls are not increasing their participation in activities. Many enrichment activities focus on sports, but there are other groups, including cooking, music, arts and crafts. Managers do not analyse the take-up and participation by different groups of children, and it is not clear how the range of activities has been devised to ensure that it meets the interests of all children.
33. Teaching and learning support staff vacancies remain unfilled. Leaders and managers have not carried out an appropriate impact analysis of these vacancies on the quality of teaching and learning that the children experience.

### **Children's health: good**

34. An increase in staffing has further improved the service for children and enabled the head of healthcare to focus more on their managerial duties. There is now a well-defined staffing structure, comprising a fully integrated multi-disciplinary team, which delivers safe and effective care.
35. Healthcare staff are well managed and receive regular clinical and managerial supervision. Training and development opportunities are good. Rigorous governance arrangements are improving service delivery.
36. Initial Comprehensive Health Assessment Tools (CHATs) are completed promptly when children arrive at the centre. Regular follow-up CHAT assessments are also undertaken. Information is routinely sought from community services to aid children's continuity of care. These measures help ensure that the physical and mental health needs of children are identified accurately and met without undue delay.
37. Children have access to a range of age-appropriate services. Experienced and suitably skilled staff deliver a flexible nurse-led primary health service, supported by GPs, which is responsive to children's needs. Waiting times for clinics are very low. The implementation of 'Secure Stairs', an NHS integrated care model to improve the psychological well-being of children in custodial settings, has



progressed since the last inspection, and is starting to inform more interventions with children.

38. Medicines management is efficient and monitored through regular audits and quarterly medicines management meetings, helping to ensure that safe and appropriate administration takes place. Where appropriate, 'in possession' risk assessments are used to facilitate children to safely manage their own prescribed medication. This helps prepare them to manage following their discharge from the centre.
39. The dental service also provides a good-quality flexible service, with low waiting times and an appropriate range of NHS dental treatments offered. Advice on good oral hygiene is routinely given and disease prevention is promoted. Dedicated clinics deliver immunisation and vaccination programmes to help support children's preventative health. Health fairs are an imaginative initiative, encouraging children to practise healthy lifestyle choices and to think about and discuss their health.
40. The number of children escorted to attend planned healthcare appointments in the centre is poor. Healthcare staff do follow up all children who have missed appointments by visiting them on their living units, but they are restricted by the absence of dedicated clinical or therapeutic areas. Children are better supported, however, to attend their external healthcare appointments. Plans are in place to improve the ambience of the healthcare rooms, which currently present as somewhat austere, including artwork chosen by children.
41. Healthcare staff are assigned to each of the children's living units and every child has a named nurse. The healthcare team work hard to engage with children, giving them a positive experience of healthcare professionals. It is hoped this will encourage them to seek and engage with healthcare when they have left the centre. The standard of electronic clinical records is strong across all areas. Care plans are personalised, clear and reviewed appropriately.
42. A specialist substance misuse worker provides psychosocial support to children who have misused substances in the past, and also works with children to increase their understanding of the risks associated with substance misuse. This provides children with good information to make better informed decisions when they leave the centre. A speech and language therapist helps children to improve their written and spoken communication.
43. Children convicted of sexually harmful behaviour are well supported through individual interventions. Centre staff are helped to develop their awareness and skills in managing children who are displaying sexually inappropriate behaviours. Children considered to be at risk of child sexual exploitation are offered help to raise their awareness, helping them to understand and mitigate potential risks that they may confront when they return to their communities. Effective liaison with external health providers supports children's transition plans, helping ensure continuity of care when they leave the centre.

44. An experienced multi-disciplinary team with manageable caseloads addresses children's emotional and mental health needs through a range of psychiatric and psychological interventions, comprising both individual and group work. Children have access to psychologists, mental health nurses and a psychiatrist. The centre has further developed integrated, cross-disciplinary work. This approach features both health and educational staff collaborating to support children's engagement in their studies.
45. A four-weekly menu rotation offers a wide variety and choice of food. Children have numerous opportunities to suggest what they wish to be included on the menu through the youth council, surveys and a comment book. Despite these measures, children's experience is that the food is of poor quality and that portion sizes are inadequate. The catering manager is eager and committed to providing a varied diet for children. Children regularly dine communally in a clean and pleasant environment. Cultural and religious needs are respected. Kitchen staff are made aware of any known food allergies and strictly adhere to them.

### **Children's resettlement: good**

46. The casework resettlement team has a skilled and energetic leader who has a clear vision of how the team will focus on helping children to progress. The recent recruitment of new case managers left only one vacant post at the point of the inspection.
47. Staff across the centre are supportive of the resettlement model and are knowledgeable about the work they are doing with individual children. The flow of information between case workers and frontline unit staff is fluid, and more CCOs are aware of pertinent background information regarding children in their living units.
48. Case managers are skilled in resettlement work, benefiting from recent training and manageable caseloads. The casework team comprehensively records contacts with children, as well as communications with other professionals such as the child's youth offending team (YOT) worker, parents and carers.
49. Work towards resettlement commences quickly after children arrive at the centre. The lead psychologist and the resettlement manager ensure that multi-disciplinary, comprehensive 'formulations' are completed by case managers and the forensic team. This involves mapping children's adverse experiences and traumatic histories to understand their needs and any risks they might present to themselves and others. Children are encouraged to voluntarily complete a 'my story' profile, which provides staff with a helpful visual snapshot of behavioural triggers. The document remains 'live' on the child's living unit and can be added to at any point, if the child feels they would like to. Many children said they found this helpful, and staff use them frequently.

50. Less than half of the children who responded to a recent 'point in time' survey indicated they have a strong influence on where they will go when they leave the centre. Only a minority stated they had someone helping them prepare to leave. However, inspectors found most children know their case workers and have contact with them on most days. These positive findings are strongly linked to recently improved staffing levels.
51. Each child's resettlement progress is reviewed by a multi-disciplinary team every month. Children on remand attend case reviews monthly, and those who are sentenced attend intermediary support plan reviews up to once every three months. YOT workers attend most reviews, and parents and carers are also invited. Reviews are conducted in a child-centred style, and children are helpfully encouraged to specify their own targets. The resettlement team meets every day, producing an action log that prioritises the team's contact with children, such as engaging with those who have been involved in incidents.
52. Relationships with YOTs and other professionals have been strengthened since the last inspection, and regular information exchanges between children's YOT workers and the centre are constructive. YOT workers update case managers on children following their release, enabling the centre to offer continuity of support. The centre's tracking of children, following their discharge, has significantly improved since the last inspection.
53. Resettlement plans are spread across two separate documents, which means that sometimes information is not mirrored on both. The plans vary in quality, but all feature informative overarching goals, in addition to tailored individual targets for each child. This approach provides a clear steer to navigate children's resettlement needs.
54. The centre has released 40 children in the last six months, and all have gone on to suitable accommodation. However, a small minority of children did not have their accommodation needs identified at the final review meeting; in some cases, children did not have their accommodation confirmed until the day before their release, causing avoidable anxiety.
55. Many children were unsure of their licence conditions and often found out at very short notice prior to their release. Although case managers explained that this responsibility lay with the YOTs, more could be done by the resettlement team to chase these and ensure that children have them in good time.
56. Half of children released in the last six months had their education and employment needs identified at their final review, which is also too late. Out of 40 children released, only one child went into a mainstream school, five into a college and one into employment.

57. Risk management is carefully addressed through case managers' regular attendance at multi-agency public protection (MAPPA) meetings in the community, and through the provision of regular information to help inform MAPPA decisions. Contact restrictions are appropriately applied and reviewed regularly. Case managers are active in asking YOTs to provide a MAPPA level, and no children have been released in the last six months without a MAPPA level.
58. Good use of release on temporary licence (ROTL) for children is evident to develop their resettlement plans, supported by rigorous risk assessments. The centre approved 25 escorted ROTLs in the last six months, benefiting 13 children. One child had been authorised ROTL on 10 occasions, providing them with important access to weekly work experience.
59. In addition to ROTL, the centre made good use of a system referred to as 'mobilities'. This is a sensible approach to help children resolve vital practical issues, such as having passport photographs taken and to help them with benefit applications. The use of mobilities has significantly increased in recent months due to the resettlement manager prioritising the approach, and the casework team's more proactive approach to addressing children's specific needs. The centre has only one unsupervised mobility, supporting a child to attend medical treatment and respite care in their local home area. Senior managers are gradually working towards less risk-averse practice to give more children these opportunities.
60. Children in care receive mixed levels of support from their social workers. Case managers commented that this is improving for some, but not all, children, and they work effectively to continually inform and engage their social workers as appropriate.
61. Children told inspectors that most staff promptly deal with contacts requested by them, whether by phone or in person. If the contact is approved, children can contact the person on the same day in most cases. In-room telephony allows children to make daily phone calls. Children can also receive calls, subject to any restrictions applied by the centre, which they value. The designated area for family and social visits is bright and suitable, but it lacks refreshment facilities for visitors.
62. Children complained to inspectors that they are frustrated that incoming mail is sometimes received up to three days late. The centre explained that this is because there are not always enough staff at weekends to process mail and deliver it promptly to children.
63. A comprehensive needs analysis of children at the centre is overseen by the forensic psychology team and this closely informs subsequent interventions. The centre delivers several accredited and non-accredited interventions for children, notably 'what got me here?'. It also engages third-sector organisations with established track records, adding further capacity to the range of intervention programmes. All accredited programmes delivered at the establishment are

evaluated for their effectiveness and impact. Interventions and awareness-raising for children affected by substance misuse are of a high quality. The support and training delivered by nursery nurses on the mother and baby unit for expectant and new mothers are of an exceptionally good standard.

64. A third of children were on remand during inspection, and those transferring to adult custodial establishments were prepared for their moves very well. Case managers have forged strong links with some prisons and were thoughtful about how they can reduce children's anxieties around their transitions. A particularly impressive example involved a receiving establishment sending a senior manager, with a prisoner on ROTL, to meet with a child preparing for their transition.

### **How well children and young people are helped and protected: requires improvement to be good**

65. In November 2019, the independent advocacy service referred their concerns regarding low staffing levels to the local authority multi-agency safeguarding hub (MASH). This referral detailed an occasion when one member of staff was responsible for supervising three children in a communal living area, while also monitoring three children locked in their bedrooms. The director subsequently attended the local safeguarding partnership to detail what measures were being taken to ensure children's safety and well-being in these circumstances. The director explained that some CCOs were diverted from units to accompany children to important medical appointments. Furthermore, education lessons were provided to more children on their living units and an ongoing increased cycle of induction training courses for CCOs was continuing to recruit to vacant posts. The partnership requested regular updates to assure them that the supervision and safety of children were not neglected through minimum staffing levels not being met.

66. Children who remain on their unit as a result of non-attendance at education, or removal from association following incidents, are sometimes locked in their rooms. This is the result of insufficient staff to provide the additional supervision required on the residential units. Inspectors were assured by senior managers that children are observed in line with their plans during these periods, but this restricts children's activity and interaction during these periods.

67. Many frontline staff are too passive and do not challenge poor behaviour, including bullying, name-calling and swearing. Inspectors reviewed CCTV footage of several recent incidents of violence. They observed one child bully and intimidate another on multiple occasions over the course of an hour, and in the presence of staff. Staff took no meaningful action to protect the bullied child. This absence of assertive and prompt responses undermines the behaviour management process, and allows some violent behaviour to go unchallenged. As a result, more children report feeling victimised by other children compared to the previous inspection. In a recent point-in-time survey, 63% of children reported

that they had experienced victimisation from other children while living at the centre. Subsequent individual interviews with children exemplified this further. One child said, 'To make this place safer, staff should take their job seriously instead of joking around.'

68. The rate of use of force has decreased slightly since the previous inspection. Force had been used 480 times in the previous six months, an average of 80 incidents each month; 70% of the total use of force over this period is lower-level force. This means that far fewer children experienced restrictive higher-level restraints.
69. In the incidents reviewed, inspectors found the use of force to be justified and attempts at de-escalation were evident. This demonstrates that some staff use effective strategies to manage children's challenging and violent behaviours. Inspectors observed some staff communicating well with children and monitoring their well-being during the restraint. However, staff do not always prioritise completing a post-restraint debrief with children, and there were examples of children leaving the centre before this was done. This meant that these children did not always have the opportunity to raise any concerns they have regarding their experience of restraints.
70. A total of 16 serious injury and warning signs (SIWS) were identified from children's experiences of restraint in the last six months. In most cases, these feature children reporting breathing difficulties, or feeling sick following a restraint. All of these issues were referred to the national minimising and managing physical restraint (MMPR) team and subsequent learning points had been accepted. MMPR coordinators subsequently made sure that individual learning points for staff were addressed in refresher courses.
71. At this inspection, 15 children required MMPR handling plans due to medical conditions that could be exacerbated through the use of force. Although these children have handling plans in place, not all staff were aware of them and some were not easily accessible. This potentially places children at risk of harm.
72. Although the centre is developing a learning culture that considers children's safety from a broader perspective, overall governance of the use of force has weakened since the previous inspection. This is primarily due to staffing shortages and resultant frequent cross-deployment of staff. Consequently, MMPR coordinators are unable to review all incidents within 24 hours, and a number of reviews are significantly delayed for periods of several weeks. It is not possible, therefore, to confirm that the centre always identifies any safeguarding concerns from use of force incidents in a timely manner.
73. Levels of violence have reduced since the last inspection; however, they remain too high. In the six-month period prior to the inspection, there were 110 assaults on staff and five required follow-up hospital treatment. There were 102 assaults on children and 93 fights between children over the past six months, with 15 children requiring follow-up hospital treatment. This initial reduction in the rate of

violence and use of force is encouraging and needs to continue to ensure that all children in the centre live in a safe and well-ordered environment

74. Frequent turnover of frontline staff weakens the consistent application of the rewards and incentives scheme. Rewards linked to the reward shop are undermined by its frequent closure, meaning that some children cannot obtain their 'instant' rewards. As a result, many children are not motivated by the scheme. In the point-in-time survey, only 26% of children said that the scheme encourages them to behave well, and only 28% said that the scheme is fair. Furthermore, parts of the scheme are inequitable. If children demonstrate consistently positive behaviour, boys can progress to live on an enhanced unit with bigger bedrooms and more enrichment activities. However, there is no equivalent unit for girls at the centre.
75. The use of separating children through removal from association has reduced since the last inspection. Children are justifiably subject to this measure of control to prevent additional harm. The maximum amount of time that managers applied for this measure was three hours. However, in most cases children were separated from their peers for much shorter periods, demonstrating a more proportionate response to violent incidents.
76. Although the centre has streamlined and improved the anti-bullying strategy and process, these have not yet had the desired effect. Many children told inspectors that bullying remains an issue for them in the centre. This suggests that a gap remains between the strategies that managers ask staff to adopt to address bullying, and the direct work with children undertaken.
77. Recording by staff in bullying interaction logs varies in detail and quality. This means that senior managers do not always have the clarity of information required to determine whether children should remain on anti-bullying plans.
78. The increased capacity of the safeguarding team, including the appointment of qualified social workers, means that identified safeguarding concerns are now consistently recorded and well managed. The team closely scrutinises safeguarding concerns, and incidents such as bullying and self-harm, and uses this information to review the steps taken to address these behaviours.
79. Clear safeguarding procedures result in allegations of abuse or harm being referred to external agencies promptly. Constructive professional relationships with partner safeguarding agencies support these processes, and the management of safeguarding concerns is transparent. Chronologies, compiled as part of referrals of safeguarding concerns to other agencies, are comprehensive and informative. Safeguarding managers frequently audit records to ensure that staff maintain high standards.
80. Thorough initial self-harm and suicide risk assessments (SASH) are compiled at the point of a child's admission to the centre. Documents incorporate information

relating to children's backgrounds and current presenting factors. These enable managers and healthcare professionals to implement informed measures to keep children safe. When children remain at continuing risk of self-harm and suicide, senior managers, case managers and the health team work together closely, using effective approaches to ensure children's safety and well-being.

81. Safeguarding managers monitor SASH assessments through multi-disciplinary team meetings, standalone SASH meetings and other formulation meetings. These forums support effective joint decision-making and partnership working between centre staff. Observation records completed by CCOs, and reviewed by managers to monitor children's safety and progress, are of a mixed quality. Not all of the records provide managers with enough information for them to determine whether the impact of plans reduces children's risks and helps keep them safe. Use of force to prevent self-harm is rare; when it is necessary, staff intervene quickly to keep children safe.
82. In some circumstances, centre managers deem it necessary for staff to access shower viewing panels to ensure that children are safe and not at immediate risk of harm. When these situations arise, staff closely adhere to comprehensive centre procedures, including authorisation by senior centre managers, the completion of detailed reports and the review of CCTV.
83. The introduction of 'raising awareness sessions', some of which are provided by external agencies, helps children to better understand community safeguarding risks such as gang cultures and county lines. However, centre-wide staffing challenges mean that safeguarding refresher training sessions for some CCOs have not all taken place within scheduled timeframes. Consequently, senior managers are not assured that all frontline staff have sufficient updated knowledge of this critical practice area.
84. Centre staff use security information reports to highlight potential security concerns directly to security managers. Like some other records, the detail and quality of these reports is variable. Senior managers have recently started to collate and analyse these reports to extract any patterns and trends and consider the impact of these on children's welfare and well-being.
85. The searching of children and their environments is largely proportionate to identified risks, intelligence and information. Detailed policies and procedures mean that children are only subject to full searches when there are serious concerns regarding their safety, or the safety of others. The quality of records concerning searches have improved since the last inspection. Staff now record clearer reasons if children are asked to remove their clothing, and a senior manager appropriately authorises these sensitive and intrusive measures.
86. Security and resettlement managers work in partnership with counter-terrorism agencies and 'Prevent' specialists to identify, manage and reduce the risks of children becoming radicalised while in the centre. Children who present risks to



others or the environment are subject to regular review meetings. Appropriate training for staff means that the centre is alert to the signs and indicators associated with these risks.

87. Suitable arrangements are in place between the centre and the local emergency services to ensure that children, staff and visitors are fully protected in the event of an emergency. Responsible managers complete desk-top exercises to test the effectiveness of emergency plans, and they have planned live exercises scheduled for the coming period.

### **The effectiveness of leaders and managers: requires improvement to be good**

88. Progress since the previous inspection has been piecemeal. It is encouraging that children experience fewer higher-level restraints and that levels of violence have reduced over the last six months. However, despite this encouraging downward trend, more effort is required to reduce levels of violence further; too many children report that they feel unsafe in their living units and in the education block.
89. The centre's improvement action plan indicates that some fundamental objectives either remain unmet or are only partially achieved. The standard of healthcare for children has improved further since the last inspection, but the quality of education provision has significantly worsened, and very few children receive interesting and purposeful teaching. Although most of the deficits seen by inspectors have been identified by senior managers, measures to address them lack urgency.
90. Careful succession planning following the departure of the former director in April 2019 resulted in several internal promotions to the senior management team. A number of staff are relatively new to their positions, but have sound records of operational management in the centre. At the time of the inspection, 52 children were detained in the centre, but numbers will substantially increase to a higher maximum of 87 children over the next few months. This will inevitably add to existing operational pressures and demands.
91. A major impediment in progressing planned improvements is the high turnover and attrition rate of CCOs, particularly since January 2019. The centre has consequently struggled to meet minimum levels of staffing on a regular basis. Many CCOs leave within the first six months, or before a year has elapsed, and only half remain in post for longer than a year. Many children find this level of change and churn in their lives destabilising, adding to their experiences of insecurity and anxiety in their living units. Too many children lack trusting, continuing relationships with their residential unit key workers. Ongoing contingency planning to cover minimum shift staffing levels results in CCOs not working regularly enough on their allocated living units, impeding them from building an informed knowledge of children.

92. Once CCOs progress beyond their probation milestones at the six-month stage, they do not receive regular individual supervision from their line managers. Group reflective supervision sessions, intended to supplement individual meetings, had not been held for seven months preceding the inspection. Approximately half of CCOs have not had a performance and development review over the last year. Reviews that were completed demonstrated a thorough evaluation of the preceding year's performance, and new developmental targets were closely aligned with identified gaps and shortfalls. Scheduled six-weekly learning days have also not been routinely offered to CCOs, also due to staffing pressures. The cumulative impact of these shortcomings is a steep decline in the level of support and challenge provided to CCOs, once their regular individual clinical supervision finishes following the end of their probation periods. This is likely to be a salient factor in some CCOs feeling insufficiently supported and leaving.
93. CCOs and managers are able to access a range of relevant learning programmes through an annual training plan. Managers are encouraged to complete institute of leadership and management programmes, and many have done, or are doing so. Not all mandatory safeguarding refresher training for frontline staff is completed within the required timeframe. A core objective in seeking to develop and retain more frontline CCOs is the 'professionalisation' of the role, underpinned by the award of a youth justice foundation degree. A considerable number of staff are pursuing the degree programme, but only two had completed it. The continuing attrition rate of CCOs is likely to impede the expected numbers of staff who will complete the degree.
94. Plans to gradually introduce a new core working day for CCOs during 2020 are imminent, although this has taken longer than anticipated. The gradual reduction of very long 14-hour shifts, initially to 12 hours, and later to 10-hour split shifts, is intended to benefit children receiving support from CCOs who are more engaged and alert. The gruelling impact of the current shift length is recognised as another factor in the attrition rate of CCOs.
95. Newly recruited CCOs are introduced to a trauma-informed, therapeutic model of intervention at the outset of their initial training. However, once they are working on children's living units, the evidence of sustained and embedded use of this approach is limited. Too many CCOs lack confidence and skill in managing children's disruptive and abusive behaviours, which are frequently allowed to continue unchallenged. This adds to some children's insecurity and anxiety, while others claim that they are able to manipulate less-experienced staff.
96. Managers have worked well to introduce more effective integrated, multi-disciplinary case meetings concerning children, including more aligned, joint intervention and resettlement work. Most children know their case workers and value the sessions they have with them. More determined efforts are made to involve CCOs in all meetings and reviews about children for whom they hold key-work responsibility. However, staffing pressures limit their regular attendance.

97. Some children with highly complex needs and traumatic histories benefit from skilled interventions and resettlement preparation. Staff work carefully with outside agencies, requesting that they undertake their essential responsibilities quickly, including timely preparation planning for children's discharges from the centre. The director is promoting greater efforts to engage and collaborate with local employers to broker more tailored vocational opportunities for children.
98. Children still do not benefit from free-flowing movements in the centre, and all transitions remain tightly marshalled. Senior managers intend to implement a phased introduction of free movements from March 2020. While children and staff appreciate the benefits of this change, some children are deeply worried about their safety, and it is vital that managers avoid exposing children to avoidable risks during the introduction period.
99. Disciplinary investigations are completed thoroughly, quickly and fairly. Diligent record-keeping provides strong documentary evidence, supporting the outcomes for affected staff, which are measured and proportionate. A small number of CCOs have been dismissed during, or after, their probation periods, and a larger number have been given written warnings for poor performance or breaches of rules. Management intervention records demonstrate that some staff are helpfully provided with constructive guidance and opportunities to learn from mistakes before formal measures are implemented. Senior managers plan to develop a climate where frontline staff are able to make, and learn from, less serious and unintended mistakes, without formal disciplinary and capability measures being triggered.
100. Managers at all levels receive comprehensive live performance information, providing a thorough, visual presentation of all incident intelligence, patterns and trends each day. Regular, accessible summaries provide a wealth of information for managers to interrogate at their regular senior management meetings. Areas requiring priority attention are swiftly highlighted, such as improving the timeliness and detail of incident reports and SASH documentation, and difficulties reported in downloading body-worn camera footage.
101. An ongoing programme of repainting and refurbishment of the living units is continuing. No graffiti or damage was seen. Most children are bored on their living units in the evenings and weekends, and the potential for incidents is subsequently heightened. There are insufficient opportunities for exercise and fresh air. This regime promotes restlessness and friction between some children as a consequence of long days in each other's company, often exacerbated through too few activities and purposeful pursuits.

## What needs to improve:

### Recommendations

#### Immediately

- Ensure that the centre is adequately staffed so that children are always properly supervised. Where children are at risk of suicide or serious self-harm, implement a procedure that does not involve direct observation of them through shower vision panels, except as a last resort to ensure children are safe and well. A multi-agency agreement should specify the circumstances when direct observation should be undertaken as the only method available to keep a child safe.
- Leaders and managers across the centre need to work together more effectively to quickly improve children's attendance and punctuality in education. Better support and challenge of children who refuse to attend education to maximise their learning time in the education unit are urgently required.
- Leaders, managers and staff should implement effective measures to manage and improve children's poor and disruptive behaviours in education classrooms.
- Improve the capabilities of frontline staff to consistently and confidently challenge children's poor behaviours, and to take immediate action when children are victimised by their peers.
- Implement effective measures to reduce levels of violence across the centre to provide children with a safe and supportive environment.
- Encourage and support all children to maintain reasonable standards of cleanliness and tidiness in their bedrooms.
- Improve the governance of the use of force to ensure that any potential safeguarding concerns are promptly identified and pursued.
- Ensure that all staff are aware of and have ready access to restraint-handling plans detailing children's medical conditions, and fully understand how the use of force may impact on these conditions.
- Ensure that children are escorted to attend all their health appointments in the centre, and that their attendance to collect prescribed medicines is prompt and well supervised.

## **Within three months**

- Deliver mandatory safeguarding and child protection refresher training within scheduled timeframes to ensure that CCOs have adequate knowledge to support them in their roles.
- Review the reward and incentive scheme to ensure that it is equitable between boys and girls, and consistently applied, and that children can promptly access the rewards that they earn.
- Improve the quality of CCO observation records, including those relating to bullying, self-harm and security information, to ensure that managers have pertinent information to assess and control risks to children.
- All teaching staff should develop the necessary subject matter knowledge and teaching knowledge that enable them to deliver a high quality of education that fully engages children.
- Leaders, managers and staff should focus more on identifying children's starting points across a wider range of development areas, in addition to English and mathematics, and monitor their progress fully.
- Resettlement case workers should ensure that they do everything possible to secure the details of children's accommodation and licence conditions from responsible external agencies, well in advance of their release from the centre.
- Senior leaders should continue their determined efforts to recruit and retain sufficient CCOs to ensure that minimum staffing levels are met at all times.
- All CCOs should receive regular recorded supervision and annual performance and development reviews following completion of their probation periods. These measures should actively support and challenge their direct work with children, promoting consistently high standards that increase children's trust and confidence in them.
- Significantly increase the range of enrichment activities, particularly for girls, and ensure that all children regularly engage in and benefit from them.
- Recruit to fill the vacancies in the education unit with suitably skilled and experienced teachers.

## Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people under the secure training centres inspection framework.

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.

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