



Inspections of secure training centres

Inspection of Rainsbrook Secure Training Centre

Report published: Wednesday December 2nd 2015

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

Inspection dates: 15 – 25 September 2015

Lead inspector: Sheena Doyle, HMI

Age group: 12-18

Crown copyright 2015

Website: www.ofsted.gov.uk

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Contents

.....	Error! Bookmark not defined.
Overall effectiveness.....	5
Requires improvement.....	5
Recommendations.....	6
Immediately:	6
Within three months:.....	7
Within six months:	8
Service information.....	8
Inspection findings	9
The safety of young people.....	9
Promoting positive behaviour	12
The care of young people	16
The achievement of young people	20
The health of young people	24
The resettlement of young people	27
The effectiveness of leaders and managers.....	30
About this inspection	344
Appendices	36-56
The survey of young people:	
Survey summary and methodology	
Rainsbrook secure training centre survey findings	
Comparator between this survey and all STCs	

Crown copyright 2015

Website: www.ofsted.gov.uk

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Overall effectiveness	Requires improvement
<p>The centre has improved since the last inspection which found the safety and care of young people to be inadequate. These are now judged to require improvement.</p> <p>Most of the recommendations from the last inspection have been addressed although some important ones have not. The recommendation that all staff adhere to high standards of behaviour has been repeated because of two serious instances of staff misconduct that have occurred since the last inspection. Young people have not experienced the level of harm or degrading treatment identified at the last inspection and senior managers have taken consistently prompt robust action to deal with staff and protect young people which is an improvement.</p> <p>The behaviour of young people and the methods by which this is promoted have improved from 'adequate' to good. Behaviour amongst young people and between staff and young people has improved with commensurate reductions in fights, assaults, restraints and single separations.</p> <p>The recommendation to address the over-representation of certain groups in incidents involving force and restraint is repeated because looked after children are over-represented and the reasons for this have not been explored.</p> <p>The recommendation that managers and teachers ensure young people regularly review the work they have achieved has not been implemented. Education provision is judged to be good overall but would benefit from the recommendations of the previous inspection being fully implemented alongside new recommendations to improve the quality of teaching, learning and assessment.</p> <p>An important recommendation is repeated for healthcare to implement an electronic patient recording system. This shortfall has an adverse impact on individual young people's health care arrangements as well as the ability of health services to monitor their overall impact and functioning. Healthcare services will also be improved by more robust recording and quality assurance of adverse incidents.</p> <p>The broader health needs of young people are generally met well and plans are at an advanced stage to increase the range of health services available to young people. However young people with some specific needs are not currently having these met sufficiently. Substance misuse service provision has been curtailed since the contract for the service transferred to a new provider earlier this year. There are currently no sex offender programmes for young people who do not have a diagnosed mental health problem. Delivery of interventions is not the professional prerogative of clinical staff but the current shortfalls in commissioning and delivery require urgent attention so these young people have their sexually harmful behaviour addressed.</p> <p>Searching practice remains good but the physical environment this occurs in requires improving to increase young people's sense of privacy. Young people currently enter the centre on a basic incentive level which gives them few distractions at a time of great vulnerability. Not all new admissions see a peer mentor. Too many young people continue to arrive at the centre late. This adversely affects the initial assessment process including the assessment of vulnerability, and the settling in</p>	

process.

Handcuff use when young people have to leave the centre remains proportionate and subject to appropriate governance. Records lack detail of events that occur outside the centre and do not provide assurance that young people are not handcuffed during sensitive periods such as clinical consultations.

The centre occasionally looks after young people who do not speak English as a first language, or at all. All staff, including those in healthcare and other parts of the centre do not routinely understand how to access translation services promptly. Professional translators are not being used at all key points such as formal reviews.

Resettlement arrangements are established and meet the needs of many young people well. However practice is not equally robust for all young people and a consistent standard of forward planning and multi-disciplinary contributions to resettlement plans is not in place. Young people cannot currently review the progress they are making against their targets between review meetings. Offending behaviour programmes are not fully evaluated to establish their effectiveness; this was a recommendation at the last inspection.

Only a small number of young people can currently benefit from a mentor who can continue to support them after release. The centre has not expanded the methods by which young people can have contact with family members or volunteer visitors during their stay in the centre.

It is unclear what the extent of effective joint forward planning is between the commissioner, current provider and future provider of Rainsbrook STC to keep young people safe, provide continuity of care, and continue to promote positive outcomes for them.

Recommendations

Immediately:

- ensure that all staff adhere to high standards of behaviour and fully comply with clear professional expectations and codes of conduct (the effectiveness of leaders and managers, paragraph 113)
- address the over-representation of certain groups in incidents involving force and restraint (promoting positive behaviour, paragraph 47)
- Commissioners, together with the centre's managers, should ensure that young people's offending behaviour is addressed, particularly including young people convicted of sexual offences (the resettlement of young people, paragraph 104)
- Ensure the room used for searching young people maximises their sense of security and privacy (the safety of young people, paragraph 18)

- understand how new admissions experience the incentives scheme and ensure that feelings of isolation are ameliorated (promoting positive behaviour, paragraph 32)
- teachers should routinely promote equality and diversity in lessons and raise awareness of the risks of extremism and radicalisation (the achievement of young people, paragraph 86)

Within three months:

- Ensure arrangements are in place between the centre's current managers, the YJB and the future managers to deliver a smooth transition between providers (the effectiveness of leaders and managers, paragraph 116)
- Health commissioners should ensure that a suitable electronic system for recording and monitoring health information is implemented (the health of young people, paragraph 96)
- Improve, analyse and monitor the recording of all adverse incidents and service data to improve the quality and safety of healthcare services (the health of young people, paragraph 91)
- The partnership board should ensure that young people can access interventions that meet their needs from substance misuse and psychology services (the health of young people, paragraph 94)
- Ensure arrangements with the subcontractor in education are underpinned by a legal contract and monitored (the achievement of young people, paragraph 80)
- Fully record the use of handcuffs during time spent out of the centre and ensure compliance with policy and best practice guidance (the safety of young people, paragraph 26)
- Provide young people who do not speak English with access to a professional interpreter as soon after arrival as possible and at key decision-making points thereafter as a minimum requirement (the care of young people, paragraph 59)
- The Youth Justice Board (YJB) should minimise the number of young people who arrive at the centre late. The YJB should also consider whether adequate nutrition is provided appropriate to the length of journeys (the safety of young people, paragraph 17)
- Investigate the reasons for over-or-under-representation of groups of young people in some of the centre's activities and survey responses to prevent any possible discrimination. This includes the progress of different groups in education (the care of young people, paragraph 57); (the achievement of young people, paragraph 85)

- Ensure measures intended to improve teachers' practice lead to improvements in teaching, learning and assessment (the achievement of young people, paragraphs 70, 84)
- Ensure all young people benefit from well-co-ordinated detailed resettlement plans, particularly those who lack family and community support networks (the resettlement of young people, paragraph 102)
- Enable all new young people to meet with a peer mentor as soon as is practicable after their admission (the care of young people, paragraph 51)

Within six months:

- Ensure young people know and can consider their personal goals and targets outside of review meetings (the care of young people, paragraph 63)
- Understand the effectiveness and impact of offending behaviour programmes (the resettlement of young people, paragraph 103)
- Improve young people's access to mentors, particularly those who do not live close to the centre (the resettlement of young people, paragraph 106)
- Expand the variety of methods by which young people can keep in contact with their families and increase personal visits for young people (the care of young people, paragraph 6).

Service information

11. Rainsbrook Secure Training Centre (STC) is one of three functioning purpose-built secure training centres. All are currently managed by G4S Care and Justice Services Limited. Rainsbrook STC is situated near Rugby. G4S will continue managing the centre until a new provider takes over in May 2016 following a re-tendering process and the consideration of competition rules. The STC offers secure provision for young people aged between 12 and up to 19 years who have been sentenced or remanded to custody. The centre has a mother and baby unit but this was unoccupied at the time of the inspection. Education is provided by G4S. Health care is provided by NHS England under a co-commissioning arrangement with the YJB. Rainsbrook is designed to accommodate up to 87 young people. The centre is mixed gender, although most bed spaces are male. During the first week of this inspection when the survey was undertaken, there were 59 resident young people, seven of whom were female.

Inspection findings

The safety of young people	Requires improvement
-----------------------------------	-----------------------------

12. Effective work has been undertaken by the interim Director and senior managers to improve the culture of the secure training centre (STC) including reinforcing the standards of behaviour expected from all staff in the centre. The centre's staffing issues are now subject to improved transparency and oversight as they are reported regularly to the Local Safeguarding Children Board (LSCB). Since the last inspection there have been two instances uncovered by the centre of middle managers behaving inappropriately towards young people by using bad language and threatening words. These matters have been dealt with robustly and appropriate remedial action taken swiftly. In our survey 94% of young people reported they felt they are treated with respect by staff.
13. All safeguarding and child protection matters are referred in a timely manner to the local authority multi-agency safeguarding hub (MASH). Referrals are investigated by MASH staff, either children's social workers or specialist police officers, where the threshold is met. Timely referrals to the local authority designated officer (LADO) occur when an allegation has been made against a member of staff in the centre. Centre managers promptly consider the position of staff pending the outcome of enquiries to maximise safety, but do not record rationales and risk assessments when staff are moved from their usual duties during child protection investigations.
14. Detailed records are kept which provide assurance of appropriate actions taken and external oversight. Senior managers are proactive in prompting external partners to take decisions and next steps in relation to referred matters which help to speed up investigations.
15. There are good and improving professional relationships between senior managers in the centre and external partners from the MASH, the LADO and the LSCB. The initiative of fortnightly meetings with external partners is positive and helps to ensure that current referrals are progressed and lead to clear actions. Representatives from local safeguarding services are positive about this developing arrangement and confirmed that the centre refers all matters of concern out, no matter how small. This provides assurance that the centre welcomes external scrutiny and is not 'investigating itself'.

16. Further safeguarding assurance is provided by internal quarterly 'allegations analysis meetings' which scrutinise all allegations against staff and consider if there are any trends or patterns. Actions from the meetings are implemented and include, for example, advice and training for identified staff.
17. A significant number of young people continue to arrive at the centre very late, some after midnight. Centre managers raise concerns regularly with the Youth Justice Board (YJB) as commissioner of the escort and transport services, but despite this, late arrivals continue. This impacts adversely on the admission process and the opportunity for young people to be settled into the centre well. In our survey, undertaken as part of the inspection, 92% of young people stated they were looked after well during their journey but typically described only having crisps, chocolate and fizzy drinks provided, which is unacceptable, particularly on long journeys.
18. Searching is largely proportionate to risk. Dignity searches are routinely undertaken upon admission or when a young person returns from an unscheduled visit out of the centre such as for hospital attendance. The room used for searching is stark and a privacy curtain intended to cover the window in the room was not in use at the time of the inspection. Although no-one can see into the room through this window, new arrivals are unlikely to know this, and the thought of undressing in front of an uncovered window could provoke anxiety in some young people. Full searches remain the exception, with only three being carried out since the last inspection, and only with appropriate senior authorisation.
19. Young people's vulnerability and risk of suicide and self-harm is assessed well upon admission. Safety plans are put in place and shared with all staff immediately to ensure the plan is implemented. Frequent multi-disciplinary meetings review all vulnerable young people's progress and safety plans are revised as required. Anti-ligature clothing is used infrequently, on three occasions since the last inspection, and use is supported by appropriate rationale, review and governance to ensure young people's privacy and dignity is promoted.
20. A recommendation from the last inspection has led to anti-ligature knives being more widely available across the centre and all custody officers are expected to carry one. However inspectors found three staff who did not have anti-ligature knives. These shortfalls were enquired into by senior managers and remedial actions initiated promptly. Current arrangements place the responsibility on staff to bring their knife to work, report knife usage and ensure it is fit for continued use, with centre managers spot checking to ensure compliance. Despite this, our findings indicate that more needs to be done to ensure and maintain compliance with this

standard. The safety of young people is assured by additional anti-ligature knives being kept in specific secure areas within the centre known to all staff.

21. In our survey, 88% young people said they felt safe and overall they did not raise any concerns with inspectors about their safety or wellbeing. Young people appeared at ease with staff members and with each other. Bullying is challenged and addressed as soon as staff become aware of it. Arrangements to tackle bullying are effective and include robust reporting, monitoring, and reviewing procedures, with direct work being undertaken with young people who have bullied.
22. Managers understand how young people and staff view different aspects of the centre in terms of how safe it is via 'Safezone' surveys. Surveys were undertaken in April 2015 and August 2015 by the centre. Comparisons show that changes made as a result of the April 2015 survey has led to young people feeling safer in areas they previously viewed as less safe.
23. Body-worn cameras, introduced as a pilot scheme eight weeks before the inspection, are having a positive impact on both young people and staff's safety and protection, especially where there is limited or no closed-circuit television coverage. A particular strength is the recording of sound which the static cameras do not provide. Although it is a new initiative, early signs are encouraging. No breaches of privacy were seen by inspectors. The potential of using body-worn cameras to further drive up standards of professional practice is anticipated by senior managers, given that they have already identified good and poor practice. At present there are insufficient cameras for all staff to wear one but any increase in availability is likely to increase safety of both staff and young people.
24. Young people at risk of, or who have been subject to, child sexual exploitation are identified and assessed appropriately. Individual work is undertaken with them to help them stay safe in the future.
25. The centre is implementing the 'Prevent' agenda to tackle radicalisation although more can be done. Links with the police counter-terrorism team are established and multi-disciplinary meetings are held to share information. Three staff have completed facilitators' training and the initial training course for new staff has been reviewed to incorporate awareness-raising on this issue. However, education staff need to do more to support this work. For example, there is no evidence of teachers incorporating anti-radicalisation work into the existing curriculum and lessons.
26. The use of handcuffs for young people going out of the centre, known as 'mobility', continues to be subject to appropriate risk assessments with

clearly recorded rationales. However, the records of handcuff use lack important details. In most cases they do not contain the reason for the mobility, the duty director's name and signature and in some cases whether the nurse had examined the young person on their return to the centre. Records also do not confirm if handcuffs were removed when young people were having a consultation with a medical professional.

27. Good measures are in place to ensure that the centre is a safe physical environment. An up-to-date suite of contingency plans that cover potential serious incidents is maintained and thoroughly reviewed, at least annually. Live and desktop exercises are conducted and include external agencies such as the fire service. Random regular searches of staff and other visitors to the centre adds to overall vigilance. Nothing of concern has been found during these searches since the last inspection.
28. A security intelligence reporting system (SIRs) is well embedded and enables anyone to easily report a concern about the security and safety of the centre. Reported concerns are acted upon quickly, where necessary. Quarterly analysis of SIRs identifies any trends or patterns that require further action. Actions taken include formal referral of matters to police authorities or to multi-agency public protection arrangements (MAPPAs) to enable further monitoring in the community to occur where this has been identified as necessary.

Promoting positive behaviour	Good
-------------------------------------	-------------

29. The promotion of positive behaviour has improved since the previous inspection and the number of fights, assaults and injuries is reducing. The behaviour of young people observed by inspectors on the living units, external communal areas, and in the education department was mainly good.
30. The centre has refreshed and improved its approach to behaviour management since the previous inspection and implemented a new incentives scheme and violence reduction strategy. The new incentives scheme was developed in consultation with the young people and in our survey 83% of young people said that the incentives scheme encourages them to behave well. In contrast with the previous inspection, residential managers carry out daily checks to ensure the scheme is consistently applied with young people now only able to access items commensurate with their incentive level.

31. Respectful relationships are central to the effective management of young people's behaviour at the centre. Inspectors observed mainly positive relationships between staff and young people. In our survey 95% of young people felt that most staff treated them with respect. Similarly, 96% of young people felt their key worker tried to help them. Staff spoken to by inspectors demonstrated a good understanding of the young people in their care, were aware of individual differences, and were particularly knowledgeable about those who required more support. We also observed staff demonstrating an appropriate degree of patience with normal adolescent behaviour.
32. New admissions spend 24 hours on an initial management plan before moving to the 'Bronze' incentive level. While the policy states that this could include access to a television or radio on their first night, in practice, none of the young people we spoke to remembered being able to access these items. While changes made to the incentive scheme are broadly positive, new admissions still spend their first week, a particularly difficult time for most, on the lowest level of the scheme without access to a radio and very little else to occupy them when locked in their bedrooms after bedtime.
33. Young people earn points for their behaviour and engagement throughout the day and cumulative points equate fairly with progression through silver, gold, platinum and platinum plus incentive levels. It is appropriate that young people cannot achieve platinum unless they achieve the highest scores (for engagement) in education, dining communally for most sessions, and participating in the majority of planned activities. It is positive that those young people who need extra help moving through the levels are given specific short term incentives to ensure they do not spend excessive periods on the lowest levels.
34. Young people continue to be given clear messages from a variety of different sources about the centre's rules and how they are expected to behave from the point of admission onwards. They understand what will happen if they misbehave or break rules. In our survey most young people reported that if they got into trouble staff would take the time to explain what they had done wrong. Young people also reported that staff let them know when their behaviour was good.
35. Good peer behaviour is promoted by regular motivational group activities such as 'education unit of the week' as well as ad hoc competitions. These promote healthy competition and contribute to creating a positive environment. For example, during the inspection young people were taking part in quizzes and decorating their units in preparation for the rugby world cup.

36. Inappropriate behaviour is challenged by staff and appropriate sanctions are implemented. Young people are always offered the chance to make reparation for their actions. This can involve apologising to staff or other young people. Staff endeavour to make reparation match the behaviour and examples include repairing damage done to decoration on the units.
37. For more serious matters young people receive loss of privileges for 24, 48 or 72 hours which requires appropriate authorisation from a duty operational manager. Records reviewed show loss of privileges are properly documented and proportionate to the young person's behaviour. Loss of privileges are reviewed after 24 hours with staff taking good account of a young people's individual characteristics, circumstances and behaviour following an incident. These reviews can lead to sanctions being lifted early in response to good behaviour, mediation or remorse.
38. At the previous inspection young people always moved to the lowest level of the incentives scheme which could mean having to wait eight weeks for their previous level to be restored. This was particularly problematic for the many young people who would only be in the centre for a short period of time and gave them little incentive to continue to comply with the centre's rules. As part of the review following a loss of privileges, managers now make a recommendation to the head of care regarding which level a young person should return to. The reasons for this decision are explained to the young people and those we spoke thought the decision made was fair.
39. Daily meetings ensure information about young people causing concern is shared quickly so that everyone who needs to know is aware. Incidents requiring action are identified and rapidly followed up. The weekly 'trainee management meeting' (TMM) continues to be a useful forum where all aspects of each young person's behaviour is considered, actions identified, and follow up is checked. There are effective links between the TMMs and the weekly safeguarding meeting which further promotes good communication across the centre.
40. In our survey the number of young people reporting they had felt threatened by other young people is now similar to other STCs. The proportion of respondents that had experienced insulting remarks while at the centre has fallen from 56% to 35%. Levels of violence have also reduced. Over the previous five months there has been an average of seven assaults per month. Over the same period there have been seven fights. Both these figures are considerably lower than the period prior to the previous inspection. The number of injuries sustained by young people during these incidents is also lower although five young people required treatment from healthcare staff following assaults and one young person

required hospital treatment. The centre continues to have a proportionate approach to violent incidents that differentiates between those that instigate violence and others who defend themselves.

41. There have been 13 assaults on staff since the previous inspection although after a spike in incidents during March and April this had fallen to around one each month during the previous four months. When reviewing the CCTV footage of violent incidents, inspectors saw many examples of staff putting themselves at risk to prevent injuries to young people.
42. Use of force and restraint had also fallen. There was an average of 19.2 incidents a month where staff used force which is a significant reduction from 36.7 at the previous inspection. The centre continues to use the minimising and managing physical restraint (MMPR) system. Most restraints and use of force were initiated appropriately in response to violent incidents. It is positive that the number of restraints in response to self-harm had fallen significantly since the previous inspection. Most incidents inspectors' reviewed lasted for short periods of time before being successfully de-escalated by staff.
43. The 'head hold' technique was used in a high number of MMPR incidents and inspectors are not assured that it was necessary in all cases. However, the governance arrangements have improved and are good. All incidents are reviewed by a manager and MMPR coordinator, and weekly use of force meetings now focus appropriately on antecedence events and de-escalation practice. With a few exceptions, the centre had addressed learning points with members of staff and all allegations and 'serious injury and warning signs' (SIWS) are now swiftly referred for external investigation.
44. Nurses now respond to all incidents of restraint and CCTV footage viewed by inspectors showed nurses' presence effectively de-escalating situations and comforting young people after a restraint.
45. Restraints are discussed with young people, once they are calm, by a duty operational manager and young people are given the opportunity to see an independent advocate although this is rarely taken up. Any concerns or allegations raised by young people are followed up appropriately.
46. All young people have an MMPR plan that sets out if they have any medical conditions that increase the risk of certain techniques. Residential staff are aware of these plans. A strategy meeting is called for young people who experienced a number of restraints in any month, and those that continue to cause concern are referred to the complex case meeting. It is positive

that there has been no recorded use of pain inducing techniques or handcuffs during restraints since the previous inspection.

47. The centre had started monitoring data relating to protected characteristics. However it has had not yet fully investigated or addressed why some groups, including looked after young people, are over-represented in incidents where force was used.
48. In our survey the number of young people reporting that staff had made them stay in their room because of something they did has fallen from 60% to 39% since the previous inspection which is positive. Around four or five young people are removed from association each month usually directly after a restraint or assault. All are properly recorded and subsequent to sufficiently senior authorisation.

The care of young people	Requires improvement
---------------------------------	-----------------------------

49. Information about the centre is provided on arrival, but as has been raised in previous inspections, the introductory booklet still contains language that is not child-friendly. For example, it includes the phrase 'which will not compromise a young person's inherent right to innocence'. This detracts from the usefulness of other information in the booklet. The use of a DVD about the centre during the admission process is helpful and reassuring, but there is no information readily available for young people who do not understand English.
50. Admission processes are well embedded and are positive for the most part. Newly arrived young people are given information about the centre and can make a phone call to someone important to them. They are offered food including a hot meal if they want one. Young people said 'I was a bit worried when I arrived but the staff treated me with respect', '(I) was welcomed, and staff were helpful in settling in and making sure I would be okay and made me feel comfortable.'
51. The involvement of peer mentors in settling in new arrivals is positive. However young people who arrive after bedtime do not benefit from this input and three who arrived during the inspection after bedtime had still not met a peer mentor by 5.00 p.m. the following day.
52. Young people's accommodation is generally satisfactory. All young people have their own rooms with integral toilets and showers. They are appropriately expected to keep their rooms clean and tidy, encouraged by

a weekly 'best room' competition. Suitable age-appropriate posters and pictures are allowed. Independent living skills are promoted with each young person having allocated daily chores which help to keep communal areas clean and tidy. Young people who need help to do these are shown at first. Different decoration on each residential unit helps to lessen the institutional feel.

53. 'Xchange' meetings, a consultation forum to which each unit sends a young person representative, are held regularly. Some changes requested by young people have been implemented. Where it is not possible to do what is asked for an explanation is given. At the last three meetings, only the residential, education, resettlement and the enrichment departments were represented. Often questions raised by young people were answered with a written response at the next meeting rather than a representative of the area attending, answering the question and dealing with any supplementary questions. The outcome of Xchange meetings is shared in a variety of ways with the wider group of young people.
54. Most young people know how to make a formal complaint, but it is concerning that in our survey more black and minority ethnic young people than white young people said they had not put in a complaint when they wanted to because they were worried about what would happen to them - 44% compared to 16%. In our survey three quarters of young people who had made a complaint thought the complaint had been dealt with fairly and 77 complaints have been made since the previous inspection. Complaints continue to be managed well and young people are spoken to twice about the outcome of their complaint, by the manager who investigates and then by their caseworker. This means any dissatisfaction with the outcome can be addressed. Young people are advised how to appeal if they remain unhappy and two have been submitted since the last inspection.
55. A new system for managing complaints about healthcare services is being established. The healthcare manager acknowledges that the NHS Patient Advice and Liaison service is now available and should be promoted to young people. Complaints management is reasonable; however consistency of responses could be improved by ensuring staff are aware of the health Trust's guidance.
56. Some units did not have blank complaints forms readily available to young people during the inspection, but inspectors saw examples of complaints made orally to a member of staff being properly logged and investigated. Barnardo's advocates assist young people who want help to make a complaint. 'Grumbles books' were not on display on the living units during

the inspection but are available on request. Grumbles are responded to appropriately.

57. The monthly diversity meeting now has good multi-disciplinary attendance. There is a clear focus on all departments in the centre progressing work on diversity and collecting information about all protected characteristics. Some use is made of this information to attempt to identify disproportionality in some key areas of delivery, but more needs to be done to demonstrate how these disproportionate outcomes are addressed when identified.
58. Fourteen racist incident report forms have been submitted since the previous inspection. Most are submitted by staff and deal with use of inappropriate language by young people. All were dealt with appropriately. Interventions with young people are to be expanded and work is underway to produce a work pack suitable for groups of young people.
59. There is generally a good focus on the individual needs of young people, but the support available to young people who do not speak English as their first language, or at all, needs improvement. Inspectors reviewed a case where there have been delays in obtaining professional translation services including for initial health assessments. Important meetings, such as his final review, inappropriately relied on unit staff to interpret, with both the member of staff and the young person not speaking in their first language, rather than using an independent, professional translator. Some translated materials have been obtained and staff used a variety of tools to aid communication. However these are all reliant on the young person being able to read to a reasonable standard and are no substitute for regular conversations using a translator. Daily contact with family outside the UK was being facilitated but not enough had been done to understand his wider family circumstances in preparation for release. The centre is not proactive enough in reaching out to parents or carers in all cases.
60. Information sharing between different areas of the centre is reasonably effective, but does not always result in a shared understanding of the needs of young people. Meetings to discuss young people have relevant information to hand, but are not always multi-disciplinary, such as the trainee management meeting.
61. Most young people report that they are treated with respect by staff, although in our survey it was notable that young people from a black or minority ethnic background were less positive than white young people. In our survey far more young people at Rainsbrook than other STCs said they would turn to a teacher, caseworker, keyworker or unit staff if they had a problem. Importantly, more young people than at other STCs said they

would tell a member of staff if they were being bullied or picked on (67% compared with 47%). Inspectors observed mutually respectful interaction between staff and young people with staff showing patience and understanding in dealing with those young people with complex needs although the evidence from body-worn cameras shows this is not always the case during incidents.

62. Most young people know their keyworker, spend regular time with them and the majority feel that their key worker tries to help them. Young peoples' views about the value of key work packs remain mixed but they are completed regularly and progress evaluated.
63. Young people know who their caseworker is and that they have targets to achieve which are discussed at their reviews. In our survey only 30% of young people knew they had a plan which set out targets for them to achieve whilst in custody. This may in part be due to young people not being given a copy of their targets after a review meeting. When spoken to during the inspection more knew that they had a plan with targets.
64. Fewer young people than at the previous inspection said in the survey that it was easy to keep in contact with family or carer (89% compared to 99%). Capacity on the switchboard has been increased but inspectors still experienced calls 'dropping out' during the inspection. Young people can have a 10 minute free call each day and family/friends can call them between set times each day. Young people can also send three letters free of charge each week, but other means of keeping in touch with family, such as via online calls, discussed by centre managers previously have not progressed further.
65. Half of young people reported in the survey having a visit from family, carer or friends at least weekly but just over a quarter said they did not receive visits. The latter group is now offered a visit from a volunteer in a scheme organised by the chaplain. Take up is currently low but it is positive that a few young people have had a visit that they would otherwise not have had. It remains inappropriate that the length of a visit is determined by how far the visitors have travelled with those travelling longer distances having lengthier visits. This does not, for example, take into account the strength or quality of the existing relationship between the young person and their family or the frequency with which visitors are able to visit, regardless of distance travelled. Engagement visits, which take place in a more relaxed environment, are used appropriately to promote family ties.
66. Caseworkers take the lead in maintaining contact with community-based professionals and ensuring they are kept up to date with information about

the young people they are responsible for. Most professionals spoken to as part of the inspection were positive about their relationship with centre staff although we found some evidence of a professional visiting a young person and relevant information from those visits not being shared.

67. Arrangements for faith observance are appropriate. Religious leaders from the main faiths are available and their photos are prominent. Weekly services and regular visits from relevant religious leaders such as the Roman Catholic priest and the Imam support young people's spiritual development well. Young people speak positively about the chaplain. The sharing of information about religious festivals and themed food days, such as for Eid, helps young people to understand more about different faiths.

The achievement of young people	Good
--	-------------

68. The majority of young people make good gains in knowledge and skills through teaching, learning and assessment that is well planned to meet their needs and accelerate their progress. The majority of teachers provide well-planned stimulating activities that interest and motivate young people and challenge them to think and apply their knowledge and skills further. Young people are encouraged to develop confidence and work independently. Questioning is used skilfully and sensitively to tease out young people's reflection and analysis and encourage higher order thinking to deepen their understanding. Frequently checks are made to ensure all young people understand each stage of a concept or solution fully before progressing to more advanced tasks. Learners are involved successfully in reviewing their learning effectively at the end of each lesson. As a result, the majority of young people make good progress.
69. The large majority of young people enjoy their learning, are keen to learn and interested in their courses with levels of attendance very high. Staff make considerable effort to ensure all young people attend their lessons; if young people refuse to attend their lessons, teachers send appropriate work to the residential unit. Learning support staff help young people complete work on the units.
70. A significant minority of teachers do not plan sufficiently to meet the needs of all their learners. Activities are repetitive, mundane and teaching is dull; lessons lack sufficient structure, purpose and young people become increasingly frustrated and switch off from learning. Teachers spend too much time talking to the detriment of the learning process, often answering their own questions. In these lessons, the pace of teaching is often too fast for some young people, with poorly managed transition and

sequencing between the different parts of the lessons. Teachers do not check students' understanding or attempt to consolidate learning sufficiently. As a result, a minority of young people, particularly the more able, fail to reach their potential.

71. Accommodation is well maintained. Since the previous inspection, managers have ensured a greater range of reference; study guide and text books are available. The majority of teachers now use the colour photocopier to create learning materials in lessons that provoke a good level of interest and participation from young people. However, access to ICT is limited to one room and laptops used in other classrooms are outdated and are unreliable. Very few teachers use interactive white boards to enhance teaching, learning and assessment when such use would be of value to young people's development.
72. Behaviour management is good. Teachers and support staff have established a good level of mutual respect between young people and staff and ensure young people work well together in lessons. Teachers and support staff ensure any low level disruption is resolved sensitively and swiftly. Rooms used to provide 'time out' for young people presenting overly-challenging behaviour have been renamed 'de-escalation' rooms and repainted but are still devoid of furniture. Their environment is stark and does not reflect the positive learning environments of the classrooms and workshops. The recommendation that managers improve these rooms has only partially been achieved.
73. The initial assessment of young people and provision of learning support is good. Staff ensure that all young people on arrival receive a prompt and thorough assessment of their learning needs which subsequently informs the planning of their learning programmes effectively. This process is enhanced by the part-time education welfare officer (EWO) who works assiduously to secure information on young people's educational experiences and prior attainment to help inform the planning of provision. Learning support assistants dedicate a good level of support to targeted young people that enables most to make good progress. On leaving the centre, all young people's progress and achievement data are recorded on their E-Asset record to support their progression with the EWO providing a valuable role in supporting each young person to their next destination.
74. Since the previous inspection, the role of special educational needs coordinator (SENCO) has been established on a part-time basis. Young people with statements or education, health and care (EHC) plans as a result now benefit from improved multi-agency partnership working. Young people with assessed needs receive a good level of advocacy and support during their stay in the centre and on transition elsewhere. All young

people have access to a good level of independent careers information, advice and guidance.

75. The breadth of curriculum provision continues to be comprehensive in meeting the assessed needs of young people at all levels and stages of their learning. All young people study English, mathematics, science, information and communication technology (ICT) and physical education as core subjects. A wide range of other subjects including personal, social and health education (PSHE), humanities, hair and beauty, design technology and drama further bolster young people's learning programmes. Young people value highly the rich variety of subjects they study, particularly the vocational courses that promote work-related skills and knowledge.
76. The majority of young people with assessed low abilities receive good individual support and make good progress, particularly in English and mathematics. However, a minority of teachers do not promote the value and purpose of English and mathematics sufficiently in other subjects. The teaching, learning and assessment of English in discrete lessons is of a high standard but a significant minority of teachers of mathematics do not ensure that more able young people develop their mathematics skills sufficiently.
77. Monthly meetings between managers in education and health have established improved working links. However, health professionals' expertise is yet to be utilised fully in lessons to improve teaching, learning and assessment.
78. The provision of work experience is good and as many young people as possible benefit from this. Young people benefit from studying accredited courses in work-related skills linked to their placement and their career aspirations.
79. In a few instances, the planned movement of young people between classrooms impedes the amount of teaching and assessment provided. As a consequence young people lose valuable learning time.
80. The management of the sub-contractor in education requires improvement. Leaders and managers have not ensured that the sub-contractor has clear performance targets that are underpinned by an agreed legal contract.
81. Partnership workings between the enrichment, resettlement and education staff groups continue to be very good. This boosts young people's skills, knowledge and understanding. Young people improve their English, mathematics and drama skills through interacting with sixth form students

of two local schools on a weekly basis. Others improve their chances of employment on release by achieving the 'CSCS card', a widely recognised construction industry qualification. Partnership links with an external business has enabled a few young people to secure their CSCS card on an external site. All young men and young women are able to access enrichment opportunities that meet their needs and interests.

82. Young people's progress is reviewed each week. However, the use of individual education plans and learning pathway plans (LLPs) to promote ownership of learning is too variable and too many lack sufficient detail. Most young people's LLPs contain insufficient evidence of their reflection and input. Although weekly tutorials provide time for young people to reflect on their progress, too many young people are not aware of their goals and overall progress.
83. The majority of teachers encourage young people to reflect on their progress in lessons against course criteria effectively. However a significant minority of young people find the 'self-tracker' matrix overly complex so they do not understand what progress they are making and what they need to do to improve. The recommendation in the previous inspection report that managers and teachers ensure young people regularly review the work they have achieved has not been implemented.
84. Managers and senior teachers conduct frequent themed learning 'walk-throughs' to assess the quality of teaching, learning and assessment. Annual summer term observations of teaching, learning and assessment continue but this remains too infrequent and has not been rectified since the last inspection. A minority of observer's judgements are over-generous and do not focus sufficiently on the impact of teaching on learning. Use of the category of 'occasionally' in observation reports does not promote precise judgements as to the quality of teachers' practice. In a significant minority of instances, shortfalls have not led to clear actions to improve teaching, learning and assessment or been otherwise rectified. Staff now benefit from the opportunity to take up external training as well as having a good level of in-house training.
85. The performance of different groups of young people is not compared effectively to rectify gaps in progress and achievement. Consequently, managers do not know how well young people of a particular background or ability make progress in comparison with their peers.
86. Not enough teachers routinely plan activities or prepare resources in lessons that encourage young people to consider and respect other people's cultures and lifestyles. Very few teachers promote the risks associated with extremism and radicalisation.

The health of young people	Requires improvement
-----------------------------------	-----------------------------

87. Young people have access to age-appropriate health services, delivered by a core health team and visiting professionals. Healthcare services have been re-commissioned since the last inspection, based on a 2014 health needs assessment. This has provided an opportunity to widen the range of available services, to better meet the health needs of young people, through prompt assessment, care and treatment. Additional services include speech and language therapy, sexual health, physiotherapy and psychology. Nursing, GP and dental services have also been enhanced to create additional capacity. Medicines' management has been strengthened with the addition of daily pharmacy technician support and pharmacist oversight. This is well established and particularly impressive in relation to medicines security and support for young people to ensure they understand and manage their own medicines where appropriate. However, most of the new arrangements have not been in place for long enough to make a judgment about their impact and some services are not yet in place.
88. Health staff understand and are responsive to young people's individual needs and they actively seek feedback from them about the health services they deliver. Inspectors observed positive interactions between nurses and young people. Staff deal promptly with requests for appointments and treatment. However, health staff do not attend Xchange meetings so cannot use this forum to respond to young people's queries about health services. In our survey, feedback from young people about their experience of healthcare is very positive, particularly in relation to access to doctors and nurses. However, 26% of survey respondents continue to say that they have unmet health needs. This was also reported at the previous inspection and the reasons remain unclear.
89. Systems to ensure that young people receive high quality and appropriate care are not fully effective. Since April 2015, improved arrangements for the supervision and training of health staff have been in place and all staff said that they feel well supported. Substance misuse workers and the psychologist and mental health staff receive regular supervision from suitable supervisors. The arrangements for supervision of psychology assistants, to enable them to safely deliver interventions, are unclear. The primary care team receive combined clinical and management supervision at least every eight weeks and this is helpful to improve confidence in their roles. However, in order to fully meet a previous inspection recommendation, further action is needed to ensure that primary care

nurses are properly supervised by staff who have received suitable preparation, in accordance with the local policy.

90. While the policy arrangements for mandatory staff training are clear, training records are not up to date and are not being monitored proactively. None of the nursing team has completed all mandatory training, with significant gaps in key subjects, including managing an acute allergic reaction, conflict resolution and awareness of learning disabilities. However, the training planned for the near future does include the main risks areas. Commendably, primary care nurses have assumed clinical lead roles that reflect their individual areas of interest and previous experience; for example, the management of asthma, ophthalmic screening and immunisations. However, this has not been informed by any training needs analysis and some nurses require further professional development to enable them to meet young people's physical health needs, comparable to primary care services within the wider community.
91. Within the healthcare team, incident reporting is underdeveloped so assurance cannot be provided that all potential incidents are being recorded. Issues such as cancelled appointments, delayed assessments and access to services are not reported and investigated in order to drive service improvements. Only three adverse incidents had been recorded in the six months preceding this inspection and these did not include some known adverse events. Local monitoring is not effective and the lack of reporting demonstrates a poor understanding of clinical risk.
92. Health assessments covering physical and mental health, neuro-disability and substance misuse are generally completed in a timely way by appropriately skilled staff using nationally recognised templates. However, initial assessments continue to be difficult to achieve when young people arrive late at night and this amounts to 21% of new arrivals. Work is underway to rationalise the reception screening process while ensuring that it captures all essential information about health and risk, followed by a subsequent, more extensive assessment. However, it is not yet in place and young people who arrive late continue to be subjected to a lengthy screening assessment at a time when they are tired and reluctant to engage. Subsequent health assessments are completed opportunistically, although this is sometimes constrained by the centre's regime and other clinical commitments. There is an absence of reliable data which makes it difficult to identify the impact of this, or to confidently determine whether timescales for assessment are met.
93. Information from health assessments, external youth offending teams (YOTs) and community health services is routinely used to inform care plans. Plans are in place for all identified health needs and take account of individual risks. Health plans are reviewed periodically by named nurses

who maintain responsibility for individual young people. The rationale for clinical decision making is clear and health staff routinely discuss and influence how young people's wider needs are met through a range of regular multi-disciplinary meetings. Good holistic plans for young people with complex needs are developed jointly with centre staff through the healthy lifestyles meetings. There is adequate provision for pregnant girls and improved arrangements to ensure the safety of girls and their unborn babies, in response to a previous inspection finding. However, there is no agreed protocol with local maternity services to support prompt access to antenatal services.

94. Young people are helped to improve their physical health through multi-disciplinary advice, care and treatment. Further effective support is available from a designated, experienced team for young people who misuse substances. However, opportunities for this team to deliver one to one therapeutic interventions, including auricular acupuncture, are severely constrained by the centre regime and the availability of custody staff. This problem has emerged since changes to the substance misuse contract and demonstrates a decrease in service, which is concerning. Currently, the majority of substance misuse work is delivered through group sessions and informal contact. Mental and emotional health is promoted by both health and specialist intervention teams. A child and adolescent mental health services (CAMHS) psychiatrist visits fortnightly and a clinical psychologist visit weekly. The mental health nursing team includes a learning disability nurse and two staff are undertaking training to enable them to provide a wider range of specialist assessment and interventions. Additional mental health nurses are being appointed. While input from a psychologist is a welcome addition to the service, the model of psychology provision is not clear; nor are the psychology resources effectively integrated to optimise their effectiveness. This poses a risk that young people may not receive the support they need.
95. Young people have access to well-presented balanced, tasty meals, with sufficient choice. Young people's views are sought and these influence menus and food presentation. A recent survey of young people about the food was positive. Other surveys have also appropriately influenced menus. Literature that promotes good dietary choices is accessible and age appropriate. Young people with particular dietary needs are well supported through one to one meetings and ad hoc advice.
96. It is concerning that an electronic patient record system is not yet in place to ensure that young people's information is accessible and effectively monitored. Although implementation has begun, inspectors were advised that the system may not be connected to the healthcare department until early 2016. There is clear evidence of the negative impact of this delay on

clinical care and an associated risk that young people's needs will not be met. Due to the ineffective paper-based systems in use, clinical data is not easily accessible and data is not used proactively to measure health outcomes. The lack of an electronic system also constrains safe and effective information sharing and partnership working across the health team and with community GPs.

97. Health recording systems and the absence of administrative support impact negatively on clinical activity, taking nurses and doctors away from face to face activities with young people. Records, such as waiting lists, are not well maintained and are not being used effectively to measure health service performance or to inform improvement. For example, inspectors were unable to determine how long young people are waiting to see the dentist and whether they are recalled for on-going treatment or review as intended. During the inspection, one young person who was due to receive immunisations was released from the centre without having been immunised and this was not highlighted by the manual waiting list system.

The resettlement of young people	Requires improvement
---	-----------------------------

98. Planning for the release or transfer of young people begins at the point of admission and remains a focus throughout their time at the centre. This enables young people to understand their future and what is expected of them. Resettlement staff plan ahead and, in the majority of cases, are proactive in determining appropriate release plans. The majority of comments about resettlement received from parents/carers, social workers, external youth offending services and young people were positive.
99. Most young people said they received help and support to prepare for them for returning to their community. This includes improving self-care skills and addressing negative and offending behaviour. Some young people who had left said that they continue to receive telephone calls from centre staff which helps them feel supported. A few critical comments were received and these related to not establishing or visiting education, training or employment placements before leaving the centre.
100. For most young people, there is effective liaison with external agencies such as children's social care and youth offending services to agree appropriate resettlement plans. Centre staff challenge local authorities where necessary to ensure they meet statutory duties towards relevant young people. This has resulted in improved resettlement outcomes for young people who were without appropriate accommodation. However on occasions, opportunities to proactively explore resettlement options for

difficult to place young people are missed. This results in uncertainty for all, raises anxieties for the young person concerned and causes delays in establishing family and community support networks.

101. Sentence planning incorporates the care needs of young people alongside intervention strategies aimed at reducing their pro-criminal attitudes and behaviours. Young people's needs assessments are thorough and take account of their emotional needs, family circumstances, care status and the accommodation available. This informs sentence and resettlement plans. In a majority of instances resettlement plans have clear objectives that match the needs of young people. This includes confirming Multi Agency Public Protection Arrangements (MAPPA) status which is properly considered in resettlement planning.
102. Young people have timely reviews that consider their progress in the centre and their plans upon discharge or transfer. However reviews observed showed inconsistency in practice. Most reviews were well planned, attended by relevant external agency representatives, and suitably facilitated. They enable young people to participate well. One review lacked forward planning and agreement. This culminated in a disjointed meeting where key questions regarding family involvement and accommodation remained unclear.
103. Most young people receive interventions to address the type of offence(s) that led to their custodial sentence. Offending behaviour programmes appropriately address index offences and associated factors. For example, young people convicted of violent crimes undertake focused group work sessions on anger management while simultaneously undertaking one-to-one work about the negative impact of peer pressure. Young people are encouraged to reflect on what they have learned and how they have progressed by completing questionnaires. This enables staff to evaluate the extent to which attitudes toward offending have changed. This data is collated but it is not analysed to assess the effectiveness of the offending interventions programme.
104. Specialist interventions programmes are not readily available to all young people who require them. Recent changes in service level agreements have resulted in a shortfall in interventions for young people convicted of sexual offences. The minority of these offenders meet health criteria and receive clinical interventions, the majority do not. Only one non-clinical member of staff is trained to undertake sex offender work which is a reduction since previous inspections. This is particularly concerning as the current cohort of young people convicted of sexual offences amounts to approximately 13% and includes some convicted of very serious sex offences. This shortfall requires urgent rectification.

105. Appropriate support and guidance is provided to help young people develop independent living skills. This includes practical opportunities such as cookery classes, supplemented by help with social skills development. Young people say this is beneficial and has helped with successful transitions into semi-independent living after release.
106. Some young people are able to benefit from having a mentor who provides continuity between the centre and the community as mentors continue their contact post-release. The impact of mentoring schemes is generally positive. A new service is being introduced to increase the availability of mentors but this will only provide support to young people who live in the midlands. At the same time, a mentoring service for girls is due to cease. Work is underway to strengthen links between the centre and regional consortia to identify support services in other areas but this is not yet in place. Most young people who currently live in the centre or who are released into the community do not benefit from a mentor.
107. The enrichment programme provides young people with good opportunities to improve their personal, social and vocational skills and encourage a sense of 'giving something back to the community'. For example, partnerships which enable young people to work on nature reserves and clear up local parks. The 'Hitz' programme, a partnership with a professional premiership rugby team is popular and impressive. It balances physical activity and professional training with providing insight into team work, channelling aggression, and respect. Young people who progress well have subsequently acted as mentors and help to run the sessions.
108. Meaningful enrichment opportunities coupled with an appropriate use of time out of the centre results in activities that both helps to support young people in making reparation and also helps to prepare them for life back in the community. Young people access on-site work experience through the catering and maintenance departments and some are subsequently successful in securing permanent training or work placements.
109. Data about time out of the centre ('mobility') lacks evaluation. Although information held clarifies the type of and the reasons for mobility, it does not provide a critical analysis. For example, there is no breakdown of the proportion of mobility's which facilitate work placements, risk reduction visits, community projects or independent skills trips. More in-depth assessment would allow for a greater understanding of the breadth of opportunities and in turn would generate a clearer picture regarding the level of young people's involvement and assist future planning.
110. The outcomes for young people after release are monitored. An improvement in how information is sought has led to a significant increase

in responses from youth offending teams. The centre's most recent analysis of young people released during the past 12 months indicates a lower recidivism rate (53%) than the national average (68.2%) although this includes many young people who have not been released for a full year. The status of young people upon release is collated including whether they were a looked after child, subject to MAPPA or enhanced licence conditions. This data is analysed to check for patterns or trends and is beginning to shape service delivery. For example, in developing a new key work pack for young people who return to the centre following a breach of their licence conditions. This is positive and better identifies links between the lifestyle of young people once they leave and the effectiveness of work undertaken with them prior to their release. It is too early to judge the full impact of this analysis.

The effectiveness of leaders and managers	Requires improvement
--	-----------------------------

111. Since the last inspection, the centre has benefitted from leadership and management from a suitably experienced and skilled director who has previously occupied this role and knows the centre well. Prior to this he was responsible for managing the previous director of the centre, and therefore shares responsibility for the company's inadequate understanding of the centre's shortcomings at that time. The recommendations from the previous inspection are accepted and much work has been undertaken to, for example, conduct reviews of core aspects of the centre's functions to improve the quality of services provided to young people.
112. There have been clear communications to all centre staff and managers regarding expected standards of staff conduct. Both established and new staff have been reminded of key policies, procedures and guidance. Policies that impact on young people's welfare and safety have been appropriately prioritised. The senior leadership team are visible to the wider staff group and to the young people, many of whom can describe personal conversations with senior managers. However, raising the overall standard of staff behaviour is a cultural shift and requires constant effort to be achieved.
113. Two serious recent examples of senior staff misconduct demonstrate that there is still more work to do to raise standards sufficiently overall. One instance was uncovered as a result of audio footage provided by a body-worn camera. Other members of staff present during this incident did not challenge or report poor practice, although challenge was provided in the second incident. Staff concerned have been dealt with promptly and robustly. The combination of key messages being delivered to all staff,

policies being re-launched and refreshed, and robust action taken in respect of staff misconduct are combining to drive up standards at sufficient pace.

114. The centre has responded effectively to the findings of the last inspection, particularly in addressing priority areas for development although some important recommendations have not been fully addressed. The centre has reviewed the core 'building blocks' of effective child care practice, for example, overhauling the recruitment and initial training programme for new staff and it is now fit for purpose. While it is too early to see the full impact of these revisions, early signs are encouraging.
115. A supernumerary Director of Implementation has effectively mobilised staff and managers across the centre to contribute to improving practice in their areas of responsibility. Effectiveness is checked by a variety of methods. The effectiveness of this post in driving improvement across the centre is clear but it raises concerns about sustainability as this is not a substantive post. Arrangements for driving progress if this post ceased are unclear and this is a significant risk in terms of maintaining the current positive direction of travel.
116. Senior managers are aware of the potential risks to the centre, attributable to the centre's management transferring from G4S to a different provider. It is extremely important that all providers and commissioners of services work effectively together so that young people's safety, welfare and outcomes are not compromised during this period or afterwards.
117. Relationships between centre managers and external agencies such as children's social care and the police are much improved. All safeguarding concerns are referred to the local safeguarding hub and/or the LADO. This ensures that the centre does not risk 'acting on its own agency' in investigating or otherwise responding to potential safeguarding issues. It also increases external scrutiny. Centre managers are hampered by forces beyond their control such as the permanency and availability of key external staff such as the LADO but nevertheless, are continuing to develop these arrangements appropriately. Current arrangements are safe and transparent, and a good basis from which to refine practice further. Centre managers are active members of the LSCB and now share key information about staffing with the Board.
118. Relationships between health commissioners, providers and other managers and staff across the centre have become more productive and are contributing to improving young people's safety and experiences. Improved practice importantly includes nurses called to attend all restraints, routine healthcare assessment of injuries, and clarification of the appropriate action to be taken in a medical emergency. Effective

collaboration has led to the development of necessary and appropriate protocols and guidance. Health staff contribute well to daily handover meetings which ensures that young people's needs and risks are understood and managed.

119. Partnership working between NHS commissioners, the centre's senior managers needs to be applied more firmly to new developments designed to meet young people's needs, such as the offer of healthcare clinics. Growing plans in professional silos is currently wasting management time and effort. More creative and collaborative work is required to develop these sensitively and ensure that neither the health or education needs of young people are disadvantaged as a consequence.
120. Proxy indicators for staff stability and confidence, such as sickness and attrition rates, are now encouragingly low. Much work is underway to improve the workforce with a revised recruitment strategy, initial training programme, and facilitating more staff to achieve recognised appropriate qualifications. There are well advanced plans for nurses to attend MMPR refresher training in October which is likely to strengthen their input to restraint practice.
121. Most of the recommendations from the previous inspection have been met or are in progress. However, some important ones have not, such as the continued lack of an electronic patient record which has been reported by the centre as 'about to be' implemented for many years including during the majority period when G4S provided healthcare. This delay impacts adversely on effective case management and oversight of practice. Some aspects of the centre, such as education provision, have slightly declined in performance rather than improved since the last inspection. Managers' observations of teaching are too infrequent and do not secure sufficient improvement. Shortfalls in teaching performance is not rectified in a timely manner. These areas require urgent attention in order to stabilise services, particularly during the period of transition to a new provider.
122. Performance information is considered by senior managers regularly. However, many of the performance measures are quantitative, focus on contractual obligations and lack consideration of quality aspects of performance. Some data reports are difficult to understand and do not provide a narrative that explains the trends. Initiatives are in place to achieve the latter, such as the revised supervision arrangements, to increase the focus on reflective practice as opposed to concentrating on operational compliance issues. This is an appropriate direction of travel, but it is too early to see the impact.
123. The centre monitors the progress made by young people during their time at the centre and most improve in key areas such as education and social

development. However this can be strengthened further by, for example, ensuring that the most academically able young people are sufficiently stretched and achieve accordingly. While the healthcare department is improving the range of services available, it currently cannot demonstrate impact on young people's outcomes because of paper-based records that do not enable the extraction of aggregated data to demonstrate effectiveness.

124. Good account is taken of young people's protected characteristics in most aspects of life in the centre. Behaviour management techniques such as restraints and single separations are analysed to ensure that no particular group of young people is over- or under-represented without good explanation. However, looked after young people are over-represented in restraints and this has not yet been fully considered by the centre in order to establish how this can be reduced. Senior managers do not compare the educational performance of different groups of young people effectively or rectify gaps in progress and achievement between groups.
125. Current practice and legislative priorities, such as child sexual exploitation and the 'Prevent' duty are well understood by senior managers in the centre and cascaded appropriately. Some staff have been trained in these areas but there is a need to up skill residential care staff in these issues as they are well placed to pick up warning signs and address young people's concerns about these matters.
126. Centre staff escalate concerns, where necessary, to local authorities when it appears they are not meeting their statutory duties towards looked after young people and care leavers. For a minority of young people, issues of concern are not progressed sufficiently swiftly, particularly when they are approaching discharge back into the community. This requires closer oversight to improve practice and consistency.
127. The views of young people at the centre are sought in a variety of ways appropriate to their age and development. This has led to improvements in practice, such as the recently revised incentive scheme.

About this inspection

128. This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspection Act 2006.
129. Joint inspections involving Ofsted, Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) are permitted under paragraph 7 of Schedule 13 to the Education and Inspection Act 2006. This enables Ofsted's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of his functions.
130. 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.
131. 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 the first week of the inspection by two senior researchers from HMIP. Of the 59 young people in the centre 51 responded to the survey, an 86% response rate.
132. All inspectors drew keys and accessed all parts of the centre. The inspection team considered key aspects of young people's experience of living in the STC and the effectiveness of the support available to them. Inspectors observed practice and spoke with young people. Inspectors also spoke with former trainees, their parents and carers, frontline staff, managers, the Youth Justice Board (YJB) monitor, the Local Authority Designated Officer (LADO) and other key stakeholders including the advocacy service provider. In addition, inspectors analysed performance data, reports and other management information available within the STC.
133. This inspection judged how well young people are kept safe during their time in the STC. Inspectors also evaluated how well staff promote appropriate behaviour and manage challenging behaviour in a safe and

child-centered 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.

134. The centre was inspected against the standards outlined in the inspection framework published in July 2015. Findings and recommendations should be used to improve practice and outcomes for young people. Progress in relation to areas for improvement will be considered at the next inspection.



Rainsbrook STC

Summary of questionnaires and interviews

15-16 September 2015

Introduction

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

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

Survey Methodology

A voluntary, confidential and anonymous survey of a representative proportion of the population of children and young people (12–18 years) was carried out by HM Inspectorate of Prisons.

Selecting the sample

At the time of the survey on 15 September 2015, the population of young people at Rainsbrook STC was 59. All young people at the time of the survey were aged between 12 and 18 years.

Questionnaires were offered to all young people.

Completion of the questionnaire was voluntary and refusals were noted.

Interviews were routinely offered to all young people. In total, two young people were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each young person on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, young people were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable, or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Young people were not asked to put their names on their questionnaire, although their responses could be identified back to them in line with child protection requirements.

Response rates

In total, 51 young people completed and returned their questionnaires. The response rate was 86%.

Two young people refused to complete a questionnaire, five questionnaires were not returned and one questionnaire was returned blank.

Unit	Number of completed survey returns
Braunston	4
Dunchurch	3
Everdon	3
Foxtan	7
Gilmorton	6
Hinckley	4
Kilsby	3
Ledwell	7
Nethercote	2
Oadby	5
Sawbridge	2
Thurlaston	1
Welton	4

Comparisons

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant¹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in young peoples' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from Rainsbrook in September 2015 compared with responses from young people surveyed in all other secure training centres. This comparator is based on all responses from young people surveys carried out in two secure training centres since April 2014.
- The current survey responses from Rainsbrook in September 2015 compared with the responses of young peoples surveyed at Rainsbrook in February 2015.
- A comparison within the September 2015 survey between the responses of white young people and those from a black and minority ethnic group.

¹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

- A comparison within the September 2015 between the responses of young people who had ever been in local authority care and those who had never been in local authority care.

Summary

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

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

Percentages shown in the summary may differ by 1% or 2% from that shown in the comparison data as the comparator data has been weighted for comparison purposes.

Secure Training Centre Survey

Section I: Questions about you

	Male				Female		
Q1.1 Are you?	42 (86%)				7 (14%)		
Q1.2 How old are you?	12	13	14	15	16	17	18
	1 (2%)	0 (0%)	1 (2%)	8 (16%)	13 (26%)	25 (50%)	2 (4%)
Q1.3 What is your ethnic origin?							
<i>White - British (English/Welsh/Scottish/Northern Irish)</i>							28 (57%)
<i>White - Irish</i>							1 (2%)
<i>White - Other</i>							3 (6%)
<i>Black or Black British - Caribbean</i>							4 (8%)
<i>Black or Black British - African</i>							2 (4%)
<i>Black or Black British - other</i>							1 (2%)
<i>Asian or Asian British - Indian</i>							0 (0%)
<i>Asian or Asian British - Pakistani</i>							2 (4%)
<i>Asian or Asian British - Bangladeshi</i>							0 (0%)
<i>Asian or Asian British - Chinese</i>							0 (0%)
<i>Asian or Asian British - other</i>							0 (0%)
<i>Mixed heritage - White and Black Caribbean</i>							4 (8%)
<i>Mixed heritage - White and Black African</i>							0 (0%)
<i>Mixed heritage - White and Asian</i>							0 (0%)
<i>Mixed heritage - other</i>							1 (2%)
<i>Arab</i>							2 (4%)
<i>Other ethnic group</i>							1 (2%)
Q1.4 What is your religion?							
None.....							23 (48%)

<i>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</i>	17	(35%)
<i>Buddhist</i>	1	(2%)
<i>Hindu</i>	0	(0%)
<i>Jewish</i>	1	(2%)
<i>Muslim</i>	6	(13%)
<i>Sikh</i>	0	(0%)
<i>Other</i>	0	(0%)

	Yes	No
Q1.5 Do you consider yourself to be Gypsy/Romany/Traveller?	9 (19%)	39 (81%)

	Yes	No
Q1.6 Are you a British citizen?	44 (92%)	4 (8%)

	Yes	No
Q1.7 Do you have a disability? Do you need help with any long term physical, mental or learning needs?	9 (20%)	37 (80%)

	Yes	No
Q1.8 Have you ever been in local authority care (looked after)?	20 (43%)	27 (57%)

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

	Yes	No
Q2.1 On your most recent journey to this centre, did you feel that staff looked after you well?	45 (92%)	4 (8%)

	Yes	No	Don't remember/ Not applicable
Q2.2 When you arrived at the centre were you searched?	45 (90%)	4 (8%)	1 (2%)

	Yes	No	Don't remember/ Not applicable
Q2.3 Did staff explain to you why you were being searched?	38 (76%)	4 (8%)	8 (16%)
Q2.4 When you were searched, did staff treat you with respect?	39 (81%)	3 (6%)	Don't remember/ Not Applicable 6 (13%)
Q2.5 Did you see a doctor or nurse before you went to bed on your first night here?	Yes 45 (92%)		No 4 (8%)
Q2.6 On your first night here, did anybody talk to you about how you were feeling?	Yes 37 (76%)		No 12 (24%)
Q2.7 Did you feel safe on your first night here?	Yes 43 (88%)		No 6 (12%)

Section 3: Daily life

	Yes	No	I don't know
Q3.1 In your first few days here were you told everything you needed to know about life at the centre?	37 (76%)	9 (18%)	3 (6%)
Q3.2 If you had a problem, who would you turn to? <i>(Please tick all that apply)</i>			
No-one.....			4 (8%)
Teacher/ Education staff			12 (24%)
Key worker			23 (46%)
Case worker			24 (48%)
Staff on your unit.....			30 (60%)
Another young person here			12 (24%)
Family			27 (54%)

Advocate.....	7
	(14%)
Other	6
	(12%)

	Yes	No
Q3.3 Do you have a key worker on your unit?	44 (88%)	6 (12%)

	I don't have a key worker	Yes	No
Q3.4 Does your key worker help you?	6 (13%)	39 (83%)	2 (4%)

	Yes	No
Q3.5 Do most staff treat you with respect?	46 (94%)	3 (6%)

	Yes	No	I don't want to/ I have no religion
Q3.6 Can you follow your religion if you want to?	33 (67%)	4 (8%)	12 (24%)

Q3.7 What is the food like here?	
<i>Very good</i>	0 (0%)
<i>Good</i>	18 (37%)
<i>Neither</i>	10 (20%)
<i>Bad</i>	12 (24%)
<i>Very bad</i>	9 (18%)

	Yes	No
Q3.8 Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	42 (89%)	5 (11%)

Q3.9 How often do you have visits from family, carers and friends?	
<i>I don't get visits</i>	13 (27%)
<i>Less than once a week</i>	11 (23%)
<i>About once a week</i>	22 (46%)
<i>More than once a week</i>	2 (4%)

Section 4: Behaviour

	I don't know what the scheme is	Yes	No
Q4.1 Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	4 (9%)	39 (83%)	4 (9%)
	I don't know what the scheme is	Yes	No
Q4.2 Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	4 (8%)	34 (71%)	10 (21%)
	Yes		No
Q4.3 If you get in trouble, do staff explain what you have done wrong?	38 (83%)		8 (17%)
	Yes		No
Q4.4 Do most staff let you know when your behaviour is good?	37 (80%)		9 (20%)
	Yes		No
Q4.5 Have staff ever made you stay in your room away from the other young people because of something you did? (this could include having things removed from your room such as pictures or bedding)	19 (40%)		29 (60%)
	Yes		No
Q4.6 Have you been physically restrained since you have been here? (you may have heard it called MMPR)	11 (23%)		37 (77%)
	Not been restrained	Yes	No
Q4.7 Were you given a chance to talk to somebody about the restraint afterwards?	37 (82%)	6 (13%)	2 (4%)

Section 5: Health Services

	Yes	No	I don't know
Q5.1 If you feel ill are you able to see a doctor or nurse?	47 (96%)	2 (4%)	0 (0%)

Q5.2	What are the health services like here?	Good 24 (53%)	Bad 19 (42%)	I don't know 2 (4%)
Q5.3	Do you have any health needs which are not being met?	Yes 13 (27%)		No 36 (73%)

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 46 (94%)		No 3 (6%)
Q6.2	Are complaints dealt with fairly?	I have not made one 22 (47%)	Yes 19 (40%)	No 6 (13%)
Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	Yes 11 (23%)		No 37 (77%)

Section 7: Questions about education, training and activities

Q7.1	Do you have a care plan that sets out targets for you to achieve while in custody? (this might be called a training, sentence or remand plan)	Yes 15 (31%)	No 16 (33%)	I don't know 18 (37%)
Q7.2	Since you have been here have you been given any advice about training or jobs that you might like to do in the future?	Yes 39 (80%)		No 10 (20%)
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?	Yes 36 (73%)		No 13 (27%)
Q7.4	Do you think your education/ training here will help you once you leave the centre?	Yes 33 (69%)		No 15 (31%)

Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 40 (83%)	No 8 (17%)
Q7.6	Are you encouraged to take part in activities outside education/training hours (i.e. hobbies, sports or gym)?	Yes 41 (87%)	No 6 (13%)
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 35 (74%)	No 12 (26%)
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 8 (16%)	Yes 29 (59%) No 12 (24%)

Section 8: Questions about safety

Q8.1	Have you ever felt unsafe here?	Yes 11 (22%)	No 39 (78%)
Q8.2	Do you feel unsafe at the moment?	Yes 6 (12%)	No 44 (88%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe		39 (81%)
	<i>Everywhere</i>		4 (8%)
	<i>Admissions room</i>		2 (4%)
	<i>In single separation</i>		2 (4%)
	<i>At the gym</i>		3 (6%)
	<i>Outside areas/ grounds</i>		3 (6%)
	<i>Corridors</i>		3 (6%)
	<i>Dining room</i>		2 (4%)
	<i>At education/ training</i>		3 (6%)

At religious services	2	(4%)
At health services.....	2	(4%)
In the visits area	2	(4%)
On your unit.....	4	(8%)
In your room	2	(4%)
Other	1	(2%)

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

Insulting remarks about you	16	(35%)
Physical abuse (being hit, kicked or assaulted).....	9	(20%)
Sexual abuse	2	(4%)
Feeling threatened or intimidated.....	8	(17%)
Shout outs/ yelling through windows about you.....	15	(33%)
Having your property taken	5	(11%)
Other.....	4	(9%)
Not experienced any of these things	23	(50%)

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

Your race or ethnic origin	7	(15%)
Your religion/religious beliefs	5	(11%)
Your nationality.....	7	(15%)
Being from a different part of the country to others	10	(22%)
Being from a traveller community	3	(7%)
Your sexual orientation	2	(4%)
Your age	4	(9%)
Having a disability	3	(7%)
You being new here.....	9	(20%)

Your offence/ crime.....	7	(15%)
Gang related issues/ people you know or mix with	3	(7%)
About your family or friends.....	6	(13%)
Drugs.....	5	(11%)
Medication you receive	2	(4%)
Your gender.....	3	(7%)
Other	5	(11%)

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

Insulting remarks about you.....	8	(20%)
Physical abuse (being hit, kicked or assaulted)	5	(12%)
Sexual abuse.....	3	(7%)
Feeling threatened or intimidated.....	5	(12%)
Having your property taken	3	(7%)
Other	3	(7%)
Not experienced any of these things	32	(78%)

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

Your race or ethnic origin	3	(7%)
Your religion/religious beliefs	2	(5%)
Your nationality.....	2	(5%)
Being from a different part of the country to others	4	(10%)
Being from a traveller community.....	2	(5%)
Your sexual orientation	3	(7%)
Your age	2	(5%)
Having a disability	3	(7%)

<i>You being new here.....</i>	3 (7%)
<i>Your offence/ crime</i>	2 (5%)
<i>Gang related issues/ people you know or mix with.....</i>	3 (7%)
<i>About your family or friends</i>	3 (7%)
<i>Drugs</i>	3 (7%)
<i>Medication you receive</i>	2 (5%)
<i>Your gender.....</i>	3 (7%)
<i>Because you made a complaint.....</i>	3 (7%)
<i>Other</i>	3 (7%)

Q8.10		Yes	No
If you were being bullied or 'picked on', would you tell a member of staff?		33 (67%)	16 (33%)



Survey responses from children and young people: Rainsbrook STC 2015

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

Key to tables

		Rainsbrook STC 2015	STC comparator	2015 (September) Rainsbrook STC	2015 (February) Rainsbrook STC
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in young people's background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		51	116	51	54
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	21%	31%	21%	25%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	35%	45%	35%	31%
1.4	Are you Muslim?	13%	18%	13%	6%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	18%	17%	18%	4%
1.6	Are you a British citizen?	91%	94%	91%	99%
1.7	Do you have a disability?	19%	28%	19%	17%
1.8	Have you ever been in local authority care?	43%	51%	43%	57%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS					
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	91%	93%	91%	96%
2.2	When you arrived at the centre were you searched?	90%	99%	90%	100%
2.3	Did staff explain why you were being searched?	76%	83%	76%	88%

2.4	When you were searched, did staff treat you with respect?	82%	94%	82%	96%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	91%	88%	91%	99%
2.6	Did anybody talk to you about how you were feeling?	75%	74%	75%	81%
2.7	Did you feel safe?	88%	88%	88%	85%
SECTION 3: DAILY LIFE					
3.1	In your first few days here were you told everything you needed to know about life at the centre?	75%	76%	75%	78%
If you had a problem, who you would turn to?					
3.2a	No-one	9%	16%	9%	18%
3.2b	Teacher/Education staff	24%	5%	24%	12%
3.2c	Key worker	47%	24%	47%	35%
3.2d	Case worker	48%	25%	48%	35%
3.2e	Staff on the unit	60%	41%	60%	55%
3.2f	Another young person here	24%	18%	24%	31%
3.2g	Family	53%	60%	53%	48%
3.2h	Advocate	14%	10%	14%	12%
3.3	Do you have a key worker on your unit?	88%	92%	88%	95%
For those who said they had a key worker:					
3.4	Does your key worker help you?	96%	89%	96%	84%
3.5	Do most staff treat you with respect?	95%	92%	95%	95%
3.6	Can you follow your religion if you want to?	67%	77%	67%	68%
3.7	Is the food here good/very good?	37%	30%	37%	28%
3.8	Is it easy to keep in touch with family or carer outside the centre?	89%	83%	89%	99%
3.9	Do you have visits from family, carers or friends at least once a week?	50%	54%	50%	36%
SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	83%	77%	83%	68%

4.2	Do you think the incentives and sanctions scheme is fair?	71%	63%	71%	76%
4.3	If you get in trouble, do staff explain what you have done wrong?	83%	84%	83%	90%
4.4	Do most staff let you know when your behaviour is good?	81%	77%	81%	87%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	39%	52%	39%	60%
4.6	Have you been physically restrained since you have been here?	23%	32%	23%	40%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	78%	68%	78%	89%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	97%	89%	97%	94%
5.2	Do you think that the health services are good here?	54%	48%	54%	61%
5.3	Do you have any health needs which are not being met?	26%	33%	26%	26%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	95%	99%	95%	99%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	76%	62%	76%	69%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	23%	17%	23%	12%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	30%	47%	30%	54%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	79%	65%	79%	73%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	74%	61%	74%	72%
7.4	Do you think your education here will help you once you leave?	69%	61%	69%	76%
7.5	Have you been able to learn any 'life skills' here?	84%	79%	84%	87%

7.6	Are you encouraged to take part in activities outside education/training hours?	87%	83%	87%	88%
7.8	Do you know where you will be living when you leave the centre?	75%	67%	75%	72%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	71%	52%	71%	68%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	22%	25%	22%	28%
8.2	Do you feel unsafe at the moment?	12%	9%	12%	8%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	35%	31%	35%	56%
8.4b	Physical abuse?	19%	19%	19%	31%
8.4c	Sexual abuse?	4%	3%	4%	5%
8.4d	Feeling threatened or intimidated?	17%	13%	17%	28%
8.4e	Shout outs/yelling through windows?	32%	23%	32%	44%
8.4f	Having your canteen/property taken?	11%	8%	11%	12%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	15%	7%	15%	12%
8.5b	Your religion or religious beliefs?	12%	2%	12%	2%
8.5c	Your nationality?	15%	4%	15%	2%
8.5d	Your being from a different part of the country than others?	23%	4%	23%	16%
8.5e	Your being from a Traveller community?	6%	2%	6%	2%
8.5f	Your sexual orientation?	4%	0%	4%	5%
8.5g	Your age?	9%	4%	9%	7%
8.5h	You having a disability?	6%	3%	6%	2%
8.5i	You being new here?	19%	11%	19%	18%

8.5j	Your offence or crime?	15%	9%	15%	16%
8.5k	Gang related issues or people you know or mix with?	6%	9%	6%	15%
8.5l	About your family or friends?	14%	11%	14%	10%
8.5m	Drugs?	12%	6%	12%	0%
8.5n	Medications you receive?	4%	1%	4%	0%
8.5	Your gender?	6%	1%	6%	2%
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	19%	19%	19%	19%
8.7b	Physical abuse?	13%	5%	13%	10%
8.7c	Sexual abuse?	6%	4%	6%	0%
8.7d	Feeling threatened or intimidated?	13%	9%	13%	10%
8.7e	Having your canteen/property taken?	6%	10%	6%	5%
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	6%	7%	6%	2%
8.8b	You religion or religious beliefs?	4%	7%	4%	2%
8.8c	Your nationality?	4%	2%	4%	2%
8.8d	Your being from a different part of the country than others?	10%	2%	10%	0%
8.8e	Your being from a Traveller community?	4%	1%	4%	0%
8.8f	Your sexual orientation?	6%	1%	6%	0%
8.8g	Your age?	4%	6%	4%	2%
8.8h	You having a disability?	6%	4%	6%	0%
8.8i	You being new here?	6%	2%	6%	2%
8.8j	Your offence or crime?	4%	5%	4%	0%
8.8k	Gang related issues or people you know or mix with?	6%	2%	6%	5%
8.8l	About your family or friends?	6%	3%	6%	0%

8.8m	Drugs?	6%	4%		6%	0%
8.8n	Medications you receive?	4%	2%		4%	0%
8.8o	Your gender?	6%	1%		6%	0%
8.8p	Because you made a complaint?	6%	2%		6%	2%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	67%	47%		67%	54%