



# Inspection of secure training centres

## **Inspection of Rainsbrook Secure Training Centre:**

**February 2015**

Inspection dates: 3-13 February 2015  
Lead inspector: Sheena Doyle HMI

**Age group:** 12-18

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## Inspection of secure training centres

### The inspection judgements and what they mean

1. All inspection judgements are made using the following four point scale.

Outstanding	There is substantial evidence that the cumulative requirements set out in the good and adequate grade descriptors are met or exceeded and also of highly effective or innovative practice that make a significant contribution to achieving the highest standards of care and outcomes for young people
Good	There is evidence that the cumulative requirements set out in both the good and adequate grade descriptors are met or exceeded and as a result outcomes for young people are good
Adequate	There is evidence that the cumulative requirements set out in the adequate grade descriptors are met and as a result outcomes for young people are adequate
Inadequate	There is evidence of a failure to meet the requirements of an adequate judgement and as a result outcomes for young people are inadequate.

### Overall effectiveness

2. The overall effectiveness of Rainsbrook secure training centre (STC) to meet the needs of young people is judged to be **inadequate**.

### Areas for improvement

3. In order to improve the quality of practice at Rainsbrook STC the Director should take the following action.

#### **Immediately:**

- The centre should ensure that all staff working with young people adhere to high standards of behaviour and fully comply with clear professional expectations and codes of conduct
- Ensure that nurses are present at all restraints as soon as practicably possible once response has been called
- ensure anti-ligature knives are fit for use and available at all times
- ensure that the incentives and sanctions scheme is applied consistently

- investigate and address the over-representation of certain groups in incidents involving force and restraint
- ensure all staff understand the difference between single separation and 'time out' and all instances of single separation are properly recorded
- the senior leadership team should make every effort to ensure the accuracy of data relating to violence and reduce the number incidents
- force should only be used as a last resort. All incidents involving force should be reviewed to learn lessons and continuously improve practice
- rename the tutorial room in education to accurately reflect its purpose and ensure it is appropriately furnished
- ensure young people regularly review the work they have completed in education so that they understand what they have achieved and what they need to do to improve further.

**Within three months:**

- review the centre's actions in relation to serious disciplinary matters. Ensure lessons are learnt for future practice, recruitment and effectiveness of current supervisory and whistleblowing arrangements
- review the effectiveness of the anti-bullying strategy and assess its impact on young people
- review the centre's performance data that is reported to the Local Safeguarding Children Board (LSCB) so that the Board is fully informed of all significant events at the centre including staffing issues
- provide effective interventions for young men regarding the risks of child sexual exploitation
- explore alternative means by which young people can keep in contact with their families and increase visits for young people who have few or none. This includes reviewing the visiting policy to ensure it is fair and incorporates the volunteer visitors' scheme
- where diversity monitoring identifies over-or-under-representation of a minority group, ensure the reasons are fully investigated, and where appropriate, policy, practice or processes are changed to remedy matters

- ensure staff supervision includes reflection of safeguarding issues, including safe working practices and whistleblowing
- ensure all reviews of practice result in 'SMART' action plans including the Safezone survey and the recent 'lessons learned' review.

**Within six months:**

- ensure that the primary nursing team receive clinical supervision and professional development so they can provide appropriate and timely care and treatment comparable to that available in the wider community
- health commissioners should ensure that a suitable electronic system for recording and monitoring health information is implemented
- improve the quality and use of learning resources in the classroom especially the use of information technology, reference books and materials
- ensure that recidivism reporting differentiates between re-offending and breaches of licence conditions in order to improve the centre's ability to measure the impact of its work with young people
- assess the impact of individual and group offending behaviour programmes and review and update accordingly
- ensure that all young people are allocated a mentor
- ensure the centre's telephone system is sufficient to handle incoming and outgoing calls.

**About this inspection**

4. This is a report following the unannounced inspection of Rainsbrook STC to the standards within the inspection framework published in October 2012. The report will be made public. The findings and recommendations should be used by the STC to improve practice and outcomes for young people. Progress in relation to areas for improvement will be considered during the next inspection.
5. The inspection considered key aspects of young people's experiences of living in this STC and the effectiveness of the support available to them. Inspectors scrutinised randomly selected case files, observed practice and met with young people. In addition, the inspection was informed by a survey of young people's views undertaken by researchers from Her Majesty's Inspectorate of Prisons. Of the 77 young people in the centre 54 responded to the survey, a 70% response rate. 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 used by the STC to inform its work with young people.

6. This inspection judged how well young people are supported to be 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-centred manner. Progress in education and skills development, improvements in health and well-being, and the effectiveness of case planning for young people to move on from the centre, either to other establishments, or back into the community, were also scrutinised.
7. The inspection team consisted of three Ofsted social care inspectors, two inspectors from Her Majesty's Inspectorate of Prisons (HMIP), one Ofsted HMI for learning and skills, and one inspector from the Care Quality Commission (CQC).
8. This inspection was carried out in accordance with Rule 43 of the Secure Training Centres 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.
9. 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. The CQC is also obliged to regulate registered health care providers under the Health and Social Care Act 2008. This enables Ofsted's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of his functions.
10. All inspections carried out by Ofsted, the CQC and HMIP contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture (OPCAT) and other Cruel, Inhuman or Degrading Treatment or Punishment. OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) which monitor the treatment of and conditions for detainees. HMIP is one of several bodies making up the NPM in the UK.

## **Service information**

11. Rainsbrook is one of three purpose-built secure training centres (STCs) and is situated near Rugby. The centre is managed by G4S and is designed to accommodate up to 87 male and female young people aged 12 to 18 years who meet the criteria for a custodial sentence or who are remanded to a secure setting. At the time of inspection

77 young people were in residence. Education is provided on site by G4S. Health services are also provided by G4S under a service level agreement together with appropriate access to community-based provision.

## **Overall effectiveness is inadequate**

12. The overall effectiveness of the centre is inadequate. There is a mixed picture with regard to how well young people are cared for and helped to moderate and improve their behaviour. Overall, management of behaviour at the centre over the past twelve months has deteriorated and it is concerning that data provided by the centre to inspectors during the inspection regarding the number of fights, assaults and injuries was inaccurate. Significantly more young people than in other STCs reported feeling threatened by other young people or experienced insulting remarks while at the centre.
13. Since the last inspection there have been serious incidents of gross misconduct by staff, including some who were in positions of leadership. Poor staff behaviour has led to some young people being subject to degrading treatment, racist comments, and being cared for by staff who were under the influence of illegal drugs. A finding of contraband DVDs in the centre is likely to be attributable to staff smuggling these in and raises a concern that young people were allowed to view inappropriate material they should not have been. It also raises a concern that some staff may have colluded with young people to elicit compliance by wholly inappropriate means. Senior managers are unable to reassure inspectors that this is not the case.
14. The full details of a number of very serious incidents have not been included to protect individual young people's confidentiality.
15. These examples of poor care have been compounded by poor decision-making by senior managers. This has led to delays in young people receiving essential medical diagnosis and treatment, and in referring matters for independent external scrutiny. In most cases reviewed senior managers took robust action in terms of dealing with inappropriate staff behaviour. Examples were seen where staff received supervisory advice or were disciplined or dismissed. In a few cases, there were unacceptable and inexplicable delays in removing staff from their role in caring for young people pending further investigation, or in the outcome being too lenient. However, notwithstanding the appropriate action taken in most cases, the volume of very poor staff behaviour warranting disciplinary measures is a serious concern and must have impacted negatively on young people in the centre.
16. A significant weakness in restraint practice in the centre is a divergence of views between the Director and healthcare managers. This is in relation to the role of healthcare staff in ensuring young people's wellbeing and safety is promoted during a restraint. The current status quo is that healthcare staff do not attend promptly after the response team has been called and this does not maximise young people's safety.



The different verbal and written accounts inspectors received of the current policy and practice in this area points to weak leadership and a concerning lack of stewardship to resolve such an important issue.

17. This discord between healthcare services and other centre senior managers has also contributed significantly towards poorer performance regarding young people's wellbeing and outcomes. On a number of occasions clear clinical advice was overruled by non-health qualified senior managers. Because of this one young person did not receive treatment for a fracture for approximately 15 hours. Our concern about this matter is exacerbated because it was not reported to the national 'Minimising and Managing Physical Restraint' (MMPR) panel for external medical review in a timely way in line with national policy guidelines. This is despite the fact that the injury had potentially occurred during a restraint. No clear and rational explanation for this has been provided to inspectors. We therefore continue to have concerns about the quality of senior management decisions on a few, but significant, occasions.
18. MMPR has also been used significantly as a means of managing young people who have a predisposition to self-harm. In examples seen by inspectors this has been appropriate to keep the young people safe. The centre however needs to assure itself that this does not become a normative or default response by staff to such issues and its use should be subject to particular scrutiny and governance.
19. There has been significant staff turnover at the centre during the past year, accounting for approximately 40% of the staff. This includes many long-serving members of staff, some in leadership roles. Most of the senior management team joined or returned over the past year in order to bring their experience and skills to improve the centre. Senior managers acknowledge that the relative inexperience of many more junior staff has presented major challenges in a number of areas. They express a reasonable view that the volume of inexperienced staff may have contributed to increased poor behaviour by young people. Newer staff are more likely to have less experience in enforcing consistent boundaries with young people and are likely to be less experienced in de-escalation behaviour management approaches which can help avoid the need for restraint. This has been confirmed by young people who are able to articulate the differential approaches of different staff. This lack of consistency also impacts on the application of the rewards and sanctions scheme. Inspectors saw instances where there were clear mismatches between the written entitlement of young people and what they were actually being permitted to have or do.
20. It is also important to note that senior managers can point to some benefits regarding the high turnover of staff. For example, we were informed that some long-served staff with entrenched ways of working were not receptive to new expectations of how to manage young people, such as the methods introduced by the mandatory MMPR techniques. Similarly, new staff do not have to 'unlearn' previous practice and can be upskilled in current best practice. It is clear to inspectors that the senior management

team appreciate the enormity of their task in developing and managing a competent workforce. There are appropriate plans in place to continue to develop and train all staff within the centre, particularly newer recruits.

21. There is generally good governance and scrutiny of MMPP incidents although there is too much focus on the holds used, and insufficient scrutiny and analysis of antecedent events, context and behaviours that preceded the restraint incident. A greater emphasis on these would provide the centre with opportunities to improve diversionary and de-escalation tactics, which would particularly benefit less experienced care staff. The head of care has a good track record elsewhere of using incident reviews. This includes detailed analysis of CCTV footage alongside the staff involved in an incident, in order to help them learn and develop alternative ways of managing behaviour. This is not yet embedded across the centre but there is a clear aspiration to do so which is to be welcomed.
22. Good progress has been made in other aspects of safeguarding. A suitably revised policy and external involvement in decision-making from local social workers and police about potential child protection concerns has been introduced. Strategy meetings are routinely held and there is good liaison with the local authority designated officer (LADO). Senior managers are involved in the LSCB and there is exchange of information about the centre's operations. However, this does not include details of the disciplinary action including dismissals that have taken place. As a result the Board is not able to scrutinise all aspects of the centre's functioning.
23. Senior managers have addressed most of the recommendations from the last inspection although a few are repeated because they have not been fully met. This includes an urgent need to ensure that healthcare staff have the appropriate training to deliver a sufficient range of care and treatment for young people. The use of 'time out' as distinctly different from 'single separation' remains an area of confusion within the centre and this requires urgent clarification.
24. The centre has experienced significant changes over the past year. Of particular note was the need to increase the number of bed spaces available to females due to the national reconfiguration of the juvenile secure estate. This was beyond the centre's control and required considerable reorganisation at short notice to meet the need. The changing demography was also affected by the admission of some young people with histories of prolific self-harm. The centre kept these young people safe which is to the credit of staff. The centre has made some efforts to learn lessons from the management of a young person with particularly complex needs. This learning was only partial and has not resulted in a clear measurable action plan to improve practice with similar young people in the future. Senior managers are aware of the different needs of male and female young people and the concomitant skills sets which are required to care for both groups equally well. This is informing the staff development programme adequately but managers acknowledge this is work in progress.

25. Despite the turbulence in staffing and management described above, it is to the credit of many current staff that inspectors observed mostly positive relationships between staff and young people across the centre. Behaviour was particularly well managed in education. The majority of staff impose appropriate boundaries with the young people and good respectful relationships are evident. Young people spoken to were generally positive about the staff in the centre and say that staff help them to improve their behaviour.
26. Health staff are hampered by the absence of an electronic patient recording system. This has been a significant shortfall for a number of years. An electronic system would enable the swift transfer of health information to and from community-based services about young people. It would also enable data analysis to determine whether the services provided are meeting the needs of the young people. Despite this shortfall, there is generally good information exchange between health staff and other disciplines in the centre.
27. Young people's achievements in education are good with their attendance being outstanding. The improvements in education have accelerated since the current headteacher arrived a few months ago, having a strong track record of improving education in another STC. Many young people have previously been out of school for long periods but learn to enjoy education while at the centre. Initial assessments are prompt and effective. Individualised programmes ensure young people make good progress from their starting points. Most achieve a good range of accredited qualifications appropriate to their level of ability and the range of qualifications has increased. Lessons are variable with some being very good indeed. Some are highly productive but others are insufficiently well planned and do not hold young people's attention.
28. The monitoring of young people's educational progress is very good and those who require more intensive support have individual and small group sessions. Behaviour in education is good overall and well-managed. Young people have good access to careers advice and guidance and opportunities to experience work-based learning opportunities.
29. Resettlement arrangements are constantly reviewed throughout a young person's stay in the centre. Resettlement staff are energetic and proactive in developing and maintaining links with community-based staff. Despite good efforts by centre staff there continues to be difficulties in securing appropriate services for young people promptly upon their release. This is often related to a lack of suitable accommodation and/or a definitive starting date at college or work placements. These uncertainties impact negatively on young people and the centre has identified particular cohorts who are more likely to reoffend. This analysis is commendable and is used to good effect to continuously improve the centre's approach to resettlement. Good use is made of a clear escalation policy where key matters are not being progressed swiftly enough.

30. The centre understands the importance of young people maintaining contact with their families and community-based professionals. Young people are allowed visits, and 87 engagement visits have taken place. More can be done to increase the flexibility and length of visits beyond minimum contractual requirements and this would assist resettlement. The current phone system within the centre appears insufficient to manage demand resulting in difficulties in making and receiving calls, with frequent instances of calls being 'dropped'. Other more creative ways of young people maintaining contact with external parties need to be considered and implemented. The centre should also monitor those young people who receive no or few visits from family members and seek to rectify this where possible and in the young person's best interests. Better use needs to be made of the developing volunteer visitors' scheme which is relatively unknown across the centre.
  
31. Performance monitoring arrangements are well embedded and improving, particularly with regard to more detailed analysis of behaviour management in relation to protected characteristics. Data analysis is beginning to be used increasingly well to inform service development and ensure that no individual or groups of young people are disadvantaged by reason of a protected characteristic. There are some areas where there is more to do to ensure particular groups of young people are not being inadvertently discriminated against.

## The safety of young people is inadequate

32. Since the last inspection there have been a significant number of serious staff disciplinary issues. Some staff have been disciplined because of their failure to protect young people adequately. Some of the most serious incidents are outlined here to provide a context for the judgement. The full details have not been included to protect individual young people's confidentiality.
33. One member of staff did not adhere to an established behaviour management regime with one young person with particularly complex needs. Therefore missing many opportunities to intervene and/or seek additional help, resulting in the young person self-harming.
34. A drug test found that a member of staff had been on duty and caring for young people while under the influence of illicit substances. This means that young people have been placed at potentially unacceptable risk. Other random drug tests have proved positive for cannabis use with staff members suspended promptly as a result.
35. In other serious incidents staff have colluded with young people or behaved extremely inappropriately with young people, causing distress and humiliation for them. Some serious incidents included staff in shift leadership roles.
36. In two cases tracked by inspectors, centre staff did not follow clinical advice that young people required hospital assessment, one of these decisions being made by the centre's Director. The Director advised at the end of the inspection that, on reflection, his decision had been incorrect. As a result a young person did not receive the prompt treatment required. In another instance the fact that there are different accounts of advice in centre records about the same event questions the validity and thoroughness of some records and also questions the effectiveness of multi-disciplinary work within the centre. It is a shortfall that healthcare staff did not escalate concerns about this which their records indicate was warranted.
37. Not all serious events have been referred externally as quickly as they should have been to relevant bodies such as the local safeguarding services and the national MMRP panel. In one serious incident there was a five day delay in the matter being referred to local safeguarding services and a six month delay in the national MMRP panel receiving the information. Another incident which should have led to a referral to the national MMRP panel was not. Delays in referrals being made, coupled with partial information contained in them is unacceptable. This inhibits external scrutiny of the centre's functioning and does not provide assurance that the centre takes all available steps to keep young people safe. The centre is currently subject to an investigation by the Prisons and Probation Ombudsman.

38. Overall in two of the eight cases of serious staff misconduct reviewed by inspectors there was delay in the centre taking appropriately robust safeguarding action, despite the availability of evidence that would support this. The incidents were unrelated and senior managers have not determined any theme or pattern underlying these issues. The seriousness of these issues has not prompted a deeper and wider review to explore why, for example, some staff did not 'whistleblow'. There has not been a 'deeper dive' to provide reassurance that the high number of serious incidents of staff misconduct are not indicative of a wider negative underlying staff culture. Without this reassurance it is not possible to be sure the centre is as safe as it can be for young people.
39. The STC provides performance information to the LSCB but this does not include data about staff disciplinary matters. This means the LSCB has not been able to effectively scrutinise or challenge the management of these issues or to measure the impact this has had on young people in the centre.
40. Action is taken to identify and address bullying behaviour. However this is not sufficiently effective as 56% of young people who responded to the survey conducted for this inspection said they had been the subject of insulting remarks from other young people in the centre. A further 28% said they had, at some point, felt intimidated or threatened by other young people. Not all the young people who spoke to inspectors felt safe from bullying. In two instances as a result of the matter being referred to the centre by inspectors, action was taken to separate young people and address bullying behaviour.
41. The centre has initiated some good reviews of current arrangements, for example the 'Safezone' initiative. This asks young people and staff to identify areas in the centre where they feel less safe. A separate 'lessons learned' review considered the management of a particularly difficult and troubled young person. However the opportunities to learn from these reviews are impeded as they are insufficiently analytical and have not led to clear, measurable action plans that show demonstrable positive impact on young people.
42. Young people routinely receive a dignity search on arrival which is appropriate and full searches are only undertaken where intelligence suggests this is necessary. Ninety six per cent of young people who responded to the survey undertaken for this inspection said they were treated with respect when they were searched. Although the level of searching is proportionate to risk, the environment for searches on admission does not promote a sense of privacy. The presence of a bed in the room may be unsettling for young people, particularly those with histories of abuse.
43. The blades of anti-ligature knives are not routinely checked or replaced after use, which could mean they are not fit for purpose when needed.

44. Insufficient attention is given to reflective practice in the supervision of staff. Supervision records are heavily focussed on compliance. There is no reference to safeguarding or whistleblowing issues in the supervision records seen by inspectors.
45. There is confusion amongst both staff and young people about the level of the incentives scheme new admissions are placed on. The incentives and sanctions policy states new admissions enter the scheme on a level below bronze, the lowest level, referred to as 'basic'. In practice, all young people are individually risk-assessed upon arrival. This informs which personal belongings and other items they can safely have in their rooms on their first night such as paper, pencils, and reading material. Practice is better and more child-centred than the 'blanket' approach set out in the policy which requires updating. During the inspection many young people commented that it would be better for new admissions to enter the scheme at the top rather than the bottom level. Young people would then experience the rewards of good behaviour and may be better motivated to retain these. We would encourage the centre to investigate this possibility to determine if this could have a positive impact on behaviour.
46. Young people's health needs are assessed on arrival at the centre and 99% of young people who responded to the survey confirmed they saw a doctor or nurse within 24 hours of admission. Vulnerable young people are managed by way of a suicide and self-harm reduction plan (SASH) which is appropriately based on individual risk assessments. These are reviewed regularly and amended in response to changing circumstances. Although practitioners discuss young people's SASH plans with them, this is not always clearly evidenced in the plan. Consultation forms, which are referred to in the SASH policy, have not been used to date but inspectors were advised that the centre has plans to introduce them. This would be a positive initiative.
47. Some persistent and thoughtful work was undertaken with one ex-trainee to manage their severe and complex needs. This was recognised and appreciated by the young person's youth offending team (YOT) worker and by the young person herself who expressed thanks to the centre via her YOT worker.
48. Inspectors saw examples of good communication between the centre's case workers and professionals in the community shortly after a young person's admission. A parent and YOT worker both told inspectors they had been pleased with the communication they received from centre staff.
49. In line with recommendations made at previous inspections, the centre's safeguarding policy has been revised and ratified by the LSCB. The centre now uses the local multi-agency referral form to refer safeguarding concerns to the multi-agency safeguarding hub (MASH). Single or joint investigations by children's social care and the police are undertaken where the threshold for this is met.

50. Appropriate arrangements are in place for referral to the LADO of allegations against staff or volunteers working in the centre. Due to capacity issues, the LADO has not been able to undertake an independent review of grumbles and complaints. There is now a LADO action plan and this work is planned for the future.
51. A robust system is in place to ensure handcuffs are only used when young people go out on mobility if there is a clearly identified risk. Inspectors saw evidence of risk assessments being appropriately amended to reflect young people's changing circumstances and behaviours.
52. The centre buildings provide a safe physical environment. An annual programme of desktop and 'live' contingency planning is in place which involves internal staff and external partner agencies. Lessons learned from similar exercises across the company's secure estate are shared; for example, in relation to water pressure being sufficient for fire tenders to use in the event of a fire.

## **The behaviour of young people is adequate**

53. The behaviour of young people is adequate. The centre has appropriate strategies in place to help young people address and improve poor behaviours with both support and challenge from staff. Throughout the inspection young people and staff commented that the high staff turnover during the previous year had impacted negatively on the consistency of behaviour management across the centre. While there is generally good oversight of behaviour management, inspectors found that some aspects require improvement. This includes the incentives and sanctions scheme and the recording of single separation, both of which are applied too variably by staff. The behaviour of young people observed was good in education and reasonably good elsewhere.
54. The centre maintains an impressive behaviour management database which enables staff to track and monitor the progress of individuals as well as identify patterns and trends. This had been used by managers to encourage the use of reparation rather than sanctions for minor incidents. This has been an increasing trend over the past six months from a very low base previously.
55. On admission young people are given a clear message from a variety of different sources about how they are expected to behave in the centre. Peer mentors meet all young people who arrive before bedtime and play an important role in helping them understand how the centre operates from a young person's point of view. Information about rules and routines are reinforced by early discussions young people have with staff as well as booklets and posters on display within the centre.
56. In our survey 95% of young people said staff treat them with respect. Feedback on behaviour is routinely available; 87% of young people said that staff let them know when their behaviour is good and 90% said they get into trouble if they do something



wrong. Most young people we spoke to in groups and individually said that staff treat them with respect and relationships are generally positive. Inspectors observed most interactions at a personal level to be reasonable, with first names used and conversations were polite.

57. Many members of staff including night staff on the residential units have detailed knowledge about the young people in their care and show a commitment towards their welfare. However, these positive relationships have to be seen in the context of a centre where young people have experienced several serious incidents of unacceptable staff behaviour since the previous inspection. This includes collusion with young people in the settling of debts, poor application of restraint, drug taking and racism. In some of these cases other staff present had not blown the whistle on their colleagues leading to delays in appropriate action being taken.
58. The daily morning meeting ensures 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 close and effective links between the TMMs and the weekly safeguarding meeting which further promotes good communication across the centre.
59. In our survey more young people than at other STCs said they had felt threatened by other young people or experienced insulting remarks while at Rainsbrook. Data provided by the centre regarding assaults, fights and injuries was incorrect and overstated levels of violence at the centre. It is concerning that senior managers did not challenge this data when it was fed back to them. During the previous six months there has been an average of 8 assaults per month which is high. Over the same period there were 27 fights. Records indicate that 53 injuries have been sustained by young people during violent incidents since the last inspection. This resulted in 25 young people requiring treatment within the centre and four more serious injuries that required hospital treatment. While the centre has a proportionate approach to violent incidents that differentiates between those that instigate violence and other who defend themselves the centre should take action and prioritise both improving the data and reducing the level of violent incidents over the next six months.
60. Young people generally have a good understanding about how the incentive scheme works and in our survey 76% regard it as fair. However nearly a third of young people said it did not encourage them to behave well. Inspectors found that while the differentials between the levels were significant, the scheme is applied inconsistently. We found examples of young people on the highest level who did not have items they should have while others on lower levels had some items they had not earned.

61. Young people earn points each day for the activities they take part in around the centre and this encourages positive behaviour. Their weekly total of points determines which level the young person will be on for the next seven days. Young people are able to appeal weekly decisions if they think they have been unfairly assessed. Appropriate support is in place for young people who struggle to earn points so they do not stay on the lowest level for long periods. This includes being taken off the scheme and working to a short term rewards plan. The plans seen by inspectors clearly linked an immediate reward to good behaviour.
62. The centre also encourages good behaviour and engagement in education through the 'unit of the week' competition. This remains an effective incentive and attracts additional benefits for those young people.
63. Since the previous inspection managers have been encouraging the use of reparation and mediation instead of sanctions to deal with poor behaviour, and there has been a rise in their use. Twelve months ago this was negligible but is now regarded as a more routine option although managers acknowledge there is more to do to embed this further amongst the staff group. It is positive that young people are encouraged to apologise both verbally and in writing to other young people and staff following conflict. The use of mediation to deal with conflicts between young people is now good as is the involvement of peer supporters in this process. For more serious or repeated poor behaviours, the sanctions imposed are loss of privileges for 24, 48 or 72 hours. These incidents are authorised, recorded clearly in unit logs, and subject to management oversight.
64. In our survey 40% of young people said they had been restrained at the centre. During the previous six months there has been an average of 36.7 restraints or use of force each month. Restraints are recorded as generally being of short duration at an average of just under three minutes. There has been no recorded use of pain inducing techniques since the previous inspection. Handcuffs have only been used twice, both times during the same incident, and their use was proportionate. Fifteen young people sustained injuries during a restraint or use of force during the past six months. Although young people always see a nurse following a restraint, nurses do not attend when the initial response is called, often waiting until they are specifically called. As a consequence, they are not usually present during incidents of restraint and this is a significant shortcoming.
65. While the majority of incidents reviewed are well recorded, broadly proportionate and de-escalated effectively, inspectors are not assured force is always used as a last resort. Of particular concern are two serious examples of poor practice during restraint. In both cases the centre identified deficiencies in the restraints from prompt retrospective reviews, but then inexplicably delayed taking urgent remedial actions. In one instance a member of staff was inappropriately allowed to continue working on a unit for two days after the footage was reviewed by managers.

66. The centre has looked after some extremely complex young people over the past twelve months and during the inspection inspectors saw examples of staff working well with those who need extra support. It is nevertheless concerning that 72 of the 166 restraints during the last six months were in response to self-harm. Not all of the lessons learnt relating to a review of the management one young person have been implemented by the centre which is a shortfall.
67. The governance arrangements for MMPR incidents are quality assured by a manager before being reviewed by the director, YJB monitor, and other senior managers at the weekly MMPR meeting. However these meetings are overly-focused on the correct application of individual holds. They do not pay enough attention to learning lessons from reviewing the events and interactions prior to restraints which could inform improved de-escalation techniques. The centre has started monitoring data relating to protected characteristics but has not yet investigated why some groups are over-represented in incidents where force is used. The introduction of individual de-escalation plans is showing early signs of having a positive impact on behaviour but it is not yet fully rolled out across the centre. To date two meetings have taken place to discuss the implementation individual de-escalation plans for all young people regardless of physical need and this is expected to be completed by the end of May.
68. In our survey the number of young people reporting they had an opportunity to speak to someone after restraint was higher than at other STCs at 89%. A restorative justice intervention form is also filled out with young people following any incident where force or restraint is used. This gives them an opportunity to think about the impact the incident had on both themselves and others. While many young people we spoke to could not remember filling out this form, they all remembered speaking with someone after an incident. After a restraint all young people have the opportunity to speak with an independent advocate but few take up this offer and the reason for this is worthy of further investigation by the centre.
69. In our survey 60% of young people said that a member of staff had made them stay in their room on their own because of something they did. The significant rise in the use of single separation in the two months prior to the inspection from around two per month to an average of nine per month reflect previous under-reporting. While young people are generally only separated for short periods of time, inspectors are still not assured that all instances of single separation are properly recorded. There remains confusion about the use of 'time out'. Some staff told us it is a form of punishment rather than an activity that young people can elect for when they want some private time on their own. Managers also presented a confused explanation on the use of single separation. This reduces confidence in the accuracy of reporting single separation.

## The well-being of young people is inadequate

70. Inspectors identified instances where nurses' clinical decisions were over-ruled by non-health centre staff. This delayed young people receiving appropriate care and treatment which could not be provided at the centre and presented significant risks to their health and welfare. These incidents were not escalated appropriately by healthcare professionals to ensure that appropriate action was taken and lessons were learned. Despite inspectors enquiring into these incidents in detail we were unable to obtain a coherent account or the rationale for the decisions that led to delayed care and treatment. This is a significant issue of concern.
71. Nurses do not routinely attend restraints promptly to promote the safety and welfare of young people, which is a serious shortfall. Managers in the centre have strongly divergent views about the requirement and timescales for nurses to attend such incidents. It is disappointing that the learning from a previous inspection recommendation in another STC, resulting in practice being amended so that nurses attend as soon as practicable after response has been called, has not influenced safe practice at this centre. The lack of consensus around the expectation for nurses' attendance at restraint incidents requires urgent resolution to ensure that young people are supported safely and appropriately.
72. Mental health nursing has been strengthened to more effectively support young people with emotional, mental health and learning disability needs. Nurses carry out thorough assessments and liaise with other mental health professionals to promote young people's emotional and mental health. Young people's physical, psychological and substance misuse needs are assessed by relevant teams using recognised assessment tools. These assessments inform individualised support plans that are reviewed by staff and monitored by managers. However the monitoring of health outcomes is constrained by the absence of an electronic system for recording, analysing and sharing young people's health information.
73. A recommendation from the last inspection has not been fully addressed to ensure that nurses are properly supported by training and clinical supervision. Mandatory training is consistently completed but training in supporting young people with low level emotional health problems has not taken place. There is a lack of clarity about the effective use of clinical supervision to promote nurses' confidence and competence to deliver care that meets young people's needs. The primary nursing team has not received recognised training to ensure that the care and treatment young people receive is comparable to that which is available in the wider community. For example, providing timely care and treatment for chronic medical conditions, minor illnesses and minor injuries without the need for young people to wait for a doctor to attend.

74. Good support is provided to young people to enable them to relax and sleep. There is a range of meetings where health and other centre staff jointly consider and review young people whose health and welfare needs are complex. For example, the multi-disciplinary 'healthy lifestyles group' is well attended and reviews the needs of young people to ensure that effective care and treatment is consistently offered. Prompt referrals are made for specialist support and assessment for young people with more complex health needs although there is currently a shortfall in meeting these needs. Young people who require it do not currently have access to a psychiatrist or a clinical psychologist. Nurses can obtain telephone advice from a psychiatrist but fortnightly clinics have not been provided since mid-December 2014. A mental health steering group intended to reinforce care pathways for young people had lapsed and some therapies, such as cognitive behavioural therapy, are not available to meet individuals' assessed needs.
75. Young people with substance misuse needs are supported to aspire to a healthy lifestyle. All young people complete a harm reduction session and other interventions are offered according to individual needs and motivational levels. The substance misuse team liaises with parents, carers and community workers to promote continuity and effectiveness throughout the young person's detention. Planning for release and the transfer of care to YOTs is based on the young person's care plan. An auricular acupuncture service being developed at the last inspection has not been implemented although inspectors were advised of plans to reintroduce this therapy.
76. There are positive and mutually respectful relationships between healthcare staff and young people. The feedback gathered by the centre from young people about their experience of health services is mainly positive, particularly in relation to access to healthcare professionals. Attractive and accessible health information is readily available and a successful 'health fayre' received positive reviews from young people. Young people's views influence the way that they are helped to improve their health. For example, young people are asked to complete a 'smiley face' comment card following health appointments. Disappointingly 26% of young people who responded to our survey stated that they had health needs that were not being met. The reasons for this require further exploration by the health team and centre.
77. Young people with less complex needs receive timely physical health, mental health and substance misuse care, based on clear plans that identify their needs. A GP visits daily and an optician and a dentist provide weekly clinics that are well attended. The dental room has been refurbished to a high standard within the available space. Young people whose needs are urgent are seen promptly and those who fail to attend appointments are followed up and encouraged to seek the care they need. Young people have safe access to appropriate medicines. They are supported to take prescribed medicines and manage some, such as skin creams, independently. Nurses are able to provide some medicines for minor ailments.

78. All young people are allocated a named nurse who remains constant regardless of any unit moves within the centre which is positive. Some health interventions are delivered flexibly outside of the educational day. For example, immunisation sessions are held at weekends. Despite this, there remains a backlog of young people who require immunisations but there are plans for this to be addressed.
79. Young people are encouraged to choose and eat a healthy diet that takes account of their needs and preferences. Meals are self-service with a salad bar and the option to safely take away food. Menus change weekly and are influenced by dietary needs and young people's suggestions and requests. Fresh fruit is provided daily, special diets are catered for and food allergies are taken into account. All these initiatives help to de-institutionalise mealtimes. The catering manager is accessible to young people and responds positively to general comments and individual requests. Young people with particular needs are offered one to one sessions to discuss healthy food choices. Monthly 'food forum' meetings are well attended by young people's representatives and these influence provision. Those young people for whom nutritional health is a concern are discussed at the healthy lifestyles meeting. Three young people on independent living programmes are well supported to shop for healthy food within their budget.
80. The centre is kept clean and good attempts have been made to lessen the institutional feel by decorating and furnishing the residential units differently. Young people are expected to keep their own rooms in a good condition and described cleaning and tidying them each morning, with more intensive cleaning taking place at weekends. Young people are able to personalise their rooms and inspectors saw an appropriate range of pictures and posters.
81. Independent living skills are monitored and encouraged, from daily personal hygiene to doing laundry, cleaning and cooking. Each young person has an assigned unit chore to complete each day which contributes to keeping communal areas in a good condition and supporting group living. A few paid jobs in the centre are available for young people on the highest level of the incentives scheme. Young people manage their pocket money and can choose what they want to buy or save each week. A young person with a job told us he was saving his earnings for his release in a few months' time.
82. A series of meetings within the centre contributes to effective information sharing about young people. However, not all meetings including the weekly TMMs which discusses all young people are multi-disciplinary. Despite this, unit staff know the young people well, indicating that information is disseminated appropriately. The centre's electronic case notes are updated regularly and provide a useful overview of the progress and needs of individual young people. Young people attend their reviews and are encouraged to participate.

83. Staff work through key work packs with young people. The packs are designed to meet identified needs and targets. A review of the key work packs is currently underway within the centre. Young people hold differing views on the value of the key work packs and while many said that they learnt from them, a few said they completed them only because they had to.
84. 'X-change' meetings continue to be held regularly and recent meetings have been chaired and minuted by young people who are elected by their peers. Managers and young people involved could describe changes that have been made as a result of the meetings but it is not clear how other staff and young people are kept informed of changes. Although information about the meetings as a forum is available in unit information packs, minutes of meetings were not available when inspectors checked during the inspection.
85. There are a good range of opportunities for young people to influence the life of the centre, for example, the MMR meeting, diversity meeting and food forum. A new forum for young women has also been established, and all young people are able to participate in unit meetings.
86. Complaint boxes and blank complaint forms are available on the residential units. The boxes are located in the main living area in full view of other young people and staff which may deter some young people from making written complaints although an increase in the number of complaints suggests greater confidence in the process. During 2014 there were 174 complaints submitted, an increase on the numbers reported at the previous inspection over a 12 month period. Processes to manage complaints are robust and the complaints sampled had been dealt with thoroughly. Those which contains concerns about staff are properly dealt with as allegations. Remedial action is taken when complaints are investigated and young people are talked to about the outcome by the investigating officer. Caseworkers also talk to the young person to make sure they understand and are happy with the outcome of their complaint. This can trigger another review of the complaint if the young person indicates they are not happy. Young people also receive a letter explaining the outcome to their complaint and this includes information on how to appeal if they remain dissatisfied. No appeals were submitted by young people in 2014. The independent Barnardos' advocates offer good support to young people who need help to make a complaint.
87. Information about the Prisons and Probation Ombudsman (PPO) is now available at the centre for young people, which is an improvement. Complaints management is quality assured by internal and external managers. Although an annual analysis of complaints is undertaken, a more frequent analysis would enable the centre to identify emerging trends and respond to them more quickly.

88. 'Grumbles' books, intended to enable young people to raise low level issues without needing to resort to the complaints process, are not readily available on the units, although each unit has one. In 2014 there were 111 grumbles and most were responded to promptly. A weekly audit ensures that any grumbles not responded to or dealt with satisfactorily are brought to the attention of senior managers.
89. The diverse needs of the majority of young people are recorded on admission and met. There is no mechanism to record young people who are from a Gypsy, Romany or Traveller background. Although the centre is aware of which young people are from this group and this matches the self-reporting by young people in our survey. Information about young people's protected characteristics is considered in various meetings to check if they are experiencing any unfair or differential access to services in the centre. However, there is no single meeting which analyses data about equality of access across the centre taking into account all protected characteristics and uses this to inform strategic decision and plans. For example, in relation to restraints, the centre monitors data relating to protected characteristics but the reasons why some groups are over-represented in incidents has not been interrogated and this is a shortfall.
90. Following a few months of declining attendance, the monthly diversity meeting was re-launched in January 2015 and is now chaired by a senior manager. It is too early to see the impact of this forum but initial minutes demonstrate a focus on improving understanding and promoting all aspects of diversity across the centre.
91. There were 21 racist discrimination complaints submitted in 2014, and none related to other areas of diversity. The racist incident discrimination form is being revised to incorporate other protected characteristics and its introduction needs to be expedited. The recording of, and response to, racist discrimination complaints continues to be appropriate. Most reported incidents relate to the use of racist language, and this is often addressed via a diversity and inclusivity key work pack. Sanctions and mediation are also used appropriately where possible. One member of staff has been dismissed for use of racist language since the previous inspection.
92. Young people for whom English is not their first language are supported to learn English in education. Some information has been translated but the welcome pack is still not written in child-friendly language. Translators and telephone interpreters have been used when needed for formal meetings or to ensure that a child understands what is happening at the centre.
93. Young people meet the chaplain soon after their arrival and those with a faith receive good spiritual support. The support provided by the small chaplaincy team is advertised well, as are religious festivals. Spiritual support is provided mainly by the Christian chaplain and the Imam, supplemented by ministers of other faiths when required. The centre responded appropriately when an assault was found to have been prompted by a young person actively recruiting other young people to their faith. Religious artefacts



and texts are available to young people. Pastoral support, including bereavement counselling, is offered to all young people, irrespective of their faith.

94. Ninety nine per cent of young people at the centre said it is easy to keep in touch with family and friends. This is better than reported at other STCs and much better than we found at the previous inspection. Young people have daily access to phones in private for incoming and outgoing calls. However, we heard from staff, young people, external professionals, and observed during the inspection that the switchboard sometimes does not seem able to manage the volume of calls. This means that some callers have to hold for a long time or make repeated efforts to get through and we saw and experienced calls dropping out unexpectedly. This hampers the ability of professionals, family and friends to keep in touch with young people.
95. A useful information pack is sent to parents when a young person arrives at the centre and caseworkers maintain contact with families during their child's time at the centre. Only 36% of young people said they had a visit at least once a week, significantly poorer than the 52% reported at other STCs. The centre's policy is that young people whose family live more than 50 miles from the centre can have a visit that is 30 minutes longer than those who lived closer to the centre. Remanded young people are entitled to visits of 15 minutes per day which can be 'rolled up' into a longer visit. This is essential as daily visits of 15 minutes are likely to be wholly impracticable for most families. Although travel time might be longer, there is a question of fairness for young people whose families live closer are deemed to need less time with them. Inspectors were advised that in practice, visits usually last longer than the minimum one hour, irrespective of where their visitors live. However the policy currently does not reflect this and insufficiently flexible to promote positive family contact and requires revision.
96. There is no formal monitoring of which young people do not receive visits from their family and there is a lack of knowledge among the staff in the centre about the volunteer visitors' scheme run by the chaplain. This means that those young people who receive few or no visits from family members are missing out on the opportunity to have a volunteer visitor.
97. The mother and baby unit provides good support to young people who are parents. Boys at the centre who are fathers are able to take part in parenting skills classes, and engagement visits have enabled these young people to put their new skills into practice.

## **The achievement of young people is good**

98. Young people enjoy their time in education and gain in confidence and self-esteem. Good emphasis is placed on encouraging young people to interact positively with adults and their peers, and to consider the actions and choices they make. Their participation

in all lessons is good overall and as a result most young people make significant and sometimes outstanding progress during their stay.

99. The range of activities support young people well to develop their skills and interests as independent learners, helping them to participate effectively in tasks, discussions and group activities. Young people mostly express positive attitudes to learning and the range and rates of achievements and awards gained demonstrates this well.
100. Attendance is consistently around 99% and this continues to be outstanding. Young people arrive at lessons punctually and movement between classes and buildings are well managed and efficient. Very few young people refuse to attend education. When they do appropriate work is sent to the residential unit which is closely monitored and supported by the learning support team.
101. Behaviour is generally good and young people have, in many cases, developed respectful and supportive relationships with their peers and with staff. Good relationships are developed and this contributes to a very positive learning environment. Teaching assistants work hard during lessons to support young people with their work and manage behaviour when necessary. Low level disruption and inappropriate comments from a minority are dealt with quietly and without fuss. 'Time out' is used effectively if a young person becomes distracted and in most instances they are returned back to class swiftly and in a more settled frame of mind. However, the room used for 'time out' is inappropriately named the 'tutorial room', is bare, devoid of furniture and display, and does not reflect the positive learning environment elsewhere in education. This is unsatisfactory.
102. All young people follow a core curriculum where mathematics, English, science, information computer technology (ICT) and Physical Education (PE) are prioritised. Further subjects such as humanities, drama, music, personal, social and health education (PSHE), library work, design technology, travel and tourism, food technology, etc., significantly enhance the timetable. There is now a clear focus across academic and practical subjects to improve functional skills in English and mathematics. Work has also taken place to provide greater challenge to more able learners particularly in English and mathematics, but this is less prominent in other subjects.
103. The qualifications framework has been reviewed and extended to promote progression and to provide additional support for young people's resettlement back into the community. As a result young people follow a broad range of qualifications from entry level to higher levels, including GCSEs for more able learners. The vocational offer has increased and the range of qualifications and awards now available are good, including NVQ accreditation and BTech awards in catering, hospitality, food technology, travel and tourism, information computer technology, sports leaders, and hair and beauty. The new Open College Network (OCN) award in vocational multi-skills equips young people with basic skills in painting and decorating, related awards in health and safety

at work, and building construction site safety. For the majority of learners progress is good and nearly all trainees leave Rainsbrook with a number of qualifications and improved ability in functional mathematics and English. This has improved since the last inspection. The focus on preparation for work has also improved since the last inspection. The vocational multi-skills programme and an entry to employment (E2E) course have been introduced to support resettlement. Both programmes are very popular with learners and are successful.

104. More able learners expressed concern that the level of challenge across subjects was insufficient. This was not supported in lessons observed where young people were given work at or above their ability. In the best lessons work was appropriately pitched to support learners of all abilities. For example, in a library lesson the teacher produced visually accessible materials for those learners with low reading ages and sequentially more complex text for competent readers. The centre has developed good partnership arrangements with two local secondary schools that currently provide weekly support for two groups; one in advanced mathematics and one for reading support.
105. Initial assessment and learning support arrangements continue to be very good. The assessment is thorough and most young people attend education ready to learn on the second day of arrival at the centre. The learning support assistant (LSA) team offers structured and targeted support to those young people with the most need and this work is valued highly. Young people enjoy these sessions and gain in self-confidence and ability as a result. Comprehensive data is recorded about each learner's initial assessment and on-going learning needs. The education welfare officer, also an LSA, makes every effort to obtain information on each young person's educational background and prior attainment. On departure progress and achievement data are also added to each young person's electronic record (E-Asset) to make sure information moves with them when they leave. The special educational needs (SEN) coordinator works closely and effectively with LSAs and the staff team to ensure those learners with special educational needs receive appropriate support.
106. Teaching and learning is good overall. Some outstanding teaching was observed, particularly in English. Good lessons are well planned, differentiated for a range of abilities, and use interesting activities and stimuli that keep young people engaged. The work is well supported by good quality, well designed teaching aids and resources. The pace of learning is appropriate and teachers make effective use of the time, having high expectations that young people will achieve tasks successfully and to a good standard. Marking and written feedback observed in some work files is clear, highlighting good work and effort, and identifies what is needed to make further improvements. It is not clear, however, when young people are able to review these comments. Learners are given a range of opportunities to develop their skills in functional English and mathematics. In all lessons young people receive regular verbal praise and encouragement for their contributions in lessons and have good opportunities to develop their speaking and listening skills across the curriculum.

107. In weaker lessons work is not sufficiently well targeted or planned for different abilities. Too little attention is given to the standard of work produced, such as the quality and care taken, accuracy and effort. Too often young people have limited access to good resources to extend their knowledge and to develop independent learning skills. Teachers use worksheets excessively which are often uninspiring and difficult to read. When used, electronic boards enrich and enliven lessons well, but generally, these are under-utilised.
108. Monitoring and tracking individual progress and achievement is good. Data analyses are used effectively to adapt individual learning targets and inform curriculum planning. All young people have an individual education plan and learning pathway plan which are reviewed in weekly staff meetings and in tutorial sessions with young people. However these tutorials are not sufficiently effective; young people cannot readily explain their individual targets and what they need to do to improve. In addition they do not have regular access to their work files in core subjects particularly, so cannot check and discuss comments or make adjustments and improvements. Those studying external qualifications with specific work files were in a much better position to review and keep track of their own progress.
109. The education manager has reviewed the observation of teaching and learning which is implemented on an annual basis. This is acknowledged to be too infrequent and is under review. Learning walks are made regularly by senior staff to check on the quality of teaching and levels of participation across education. The centre has plans for improved links between local schools and professional teaching networks to increase opportunities for work experience for learners as well as to extend continuous professional development for the staff but this is not yet fully implemented. The capacity for staff to attend external training is limited. However, as part of a cluster of STCs, opportunities for sharing good practice and developing joint approaches in subject areas have increased, and in-house training is provided to meet need. For example, the LSA team has recently undertaken training on autism. Staff work hard and support each other well. Given the significant changes to staffing and timetabling, morale is good.
110. Accommodation is well maintained. Classrooms, vocational areas and corridors throughout education are decorated with relevant displays which reflect the curriculum. Examples of young people's work and achievements are displayed in work spaces and corridors including 'student of the week' and 'unit of the week' announcements. Access to ICT is limited to one room, with some laptops available for use in other classrooms but equipment is dated and unreliable, and does not support learning sufficiently well. Access to the internet is not yet available and equipment does not mirror significant advances made elsewhere in the young people's secure estate. Generally there are too few interesting and stimulating resource materials accessible to young people in classrooms. The quality of resources in vocational areas is better. Health and safety is

given high priority particularly in these areas and young people understand issues of safety and work safely in practical lessons.

111. The library has been recently restocked and re-organised and is now used very effectively to promote reading and literacy. New supplies of fiction and non-fiction resources have been ordered and young people have been involved in selecting books of their choice. Good attention has been given to ensuring books are age and ability appropriate and reflect equality and cultural diversity well.
112. Joint working between the enrichment team, resettlement and education staff is very good. A broad range of enrichment activities are available to young people in evenings and at weekends, which enhance their learning and skills development. Many activities are accredited through award schemes such as the Duke of Edinburgh Award Scheme and sports leader's awards. Young people who become involved enjoy the experiences and achieve well.
113. Access to independent careers information, advice and guidance is good. The focus on preparation for transition to training and employment has improved. The range of work experience and training opportunities continues to increase which helps young people develop their interpersonal, communication and social skills as well as supporting their preparation for moving on. Several young people are currently on work experience placements within the unit and the use of local business and community placements are increasing. Each placement is closely monitored and when successfully completed enable individuals to achieve an OCN work experience award. Two young people are currently working towards their NVQ level 1 in catering and hospitality on-site within the privately managed kitchens.

## **The resettlement of young people is good**

114. Planning for the resettlement of young people starts from the point of admission to the centre. All young people are allocated a case worker who develops, coordinates and ensures all aspects of plans for young people are considered and delivered where possible. Plans have a clear focus on preparing young people to return to the community or for transfer to another secure establishment. Young people, parents and professionals generally speak positively about the work of the centre with regard to resettlement.
115. Initial reviews ensure that all known information is shared and collated to inform planning. They are well-attended by relevant people such as parents, education, health and care staff as well as external YOT staff and social workers. Sentence training plans set out the individual needs of young people, focusing on relevant matters including life and self-care skills, accommodation and addressing offending behaviours. Young people are fully involved in formal reviews and their views are always considered and included in their plans for resettlement. Reviews observed by inspectors were well managed.

116. Centre staff recognise the importance of positive support networks in resettling young people back into the community and providing on-going stability. Engagement visits, which enable more interaction to take place between the young people and their visitors, are available where appropriate and are sufficiently private. They continue to be used to help young people rebuild difficult family relationships. For those young people at the centre who do not receive visits, or only infrequent visits, more creative means are required to enable them to maintain contact with their family. For example, through the use of video or audio computer software programmes and emails.
117. An assessment of young people's needs on admission and subsequent development of sentence training plans identifies specific work and programmes to address individual needs and offending behaviours. A range of key work packs, specialist interventions and offending behaviour programmes gives young people the opportunity to reflect on and address the reasons that brought them to the centre. This includes associated matters such as health and wellbeing issues, alcohol and substance misuse. Young people who exhibit sexually harmful behaviour have work undertaken with them to address this behaviour. Group work sessions are now provided for young women who are at risk of child sexual exploitation. This is a positive introduction; however there is no provision for young men who may also be at risk.
118. All young people have their knowledge and competence assessed early in their placement with regard to independent living and life skills. Work is planned and undertaken with them, taking into account their length of sentence. This ensures they have basic self-care skills and develop wider knowledge to support their capacity for independent living and adulthood. Programmes include: undertaking basic household chores, personal hygiene, budgeting, cooking and writing applications for jobs or training placements.
119. There are some good opportunities for young people to develop work experience, engage in vocational activities, and to undertake restorative projects. For example, young people have worked in the centre's canteen and kitchen attaining work experience and achieving relevant qualifications. Mobility is used to support this area of work and to provide young people with positive opportunities that support reintegration and resettlement. Overall, the use of mobility in the last 12 months for resettlement has reduced slightly, though recently there has been an increase to support young people's reintegration back into the community. The development of more opportunities for work and vocational experience for young people remains a priority area for the centre.
120. There are good links and liaison with relevant professionals, agencies and services. Final reviews held before a young person leaves the centre ensure that all matters are addressed and communicated to support a smooth transition. In particular, that support is in place for young people in the community. This includes any on-going health assessments or treatment that the young person requires.

121. Early into a young person's sentence, caseworkers ensure that suitable accommodation or placements upon release are identified. Where this is not the case, centre staff remind relevant agencies and authorities of their responsibilities and escalate this where appropriate to secure a positive outcome for young people. The centre has a 'leavers programme' which is co-ordinated by the case worker. This lists all the tasks and objectives to be completed and achieved before the young person leaves. All departments at the centre contribute to finalising any outstanding matters. Young people receive a 'moving on book' when leaving the centre and this contains helpful advice and guidance on living independently.
122. The centre continues to ensure that where young people require multi-agency public protection arrangements (MAPPA) on release into the community that the responsible YOTs are made aware and relevant processes are put in place.
123. The centre works hard to collect information on how well young people have settled back into their communities. However the centre's capacity to track young people is limited because of factors beyond its control, and is largely only possible if they are subject to licence conditions overseen by YOTs. Data on reoffending and breaches of licence conditions is gathered on a quarterly basis and reported internally, but it is partial and cannot reflect the full trajectory of all young people who return to the community from the centre.
124. The centre's recidivism reports do not differentiate between re-offending and breaches of licence conditions that are not offences. This does not help the centre to accurately report re-offending rates to the best of its ability and robustly analyse the impact of their work with young people. The analysis and evaluation of the data that is collected is now starting to be used by the centre to make positive changes in practices. For example, the most recent analysis found that gang-affiliated young people have a higher recidivism rate. This analysis has been used well to commission group work for this cohort while they are in the centre to have a better impact on their offending behaviour. The analysis also found a correlation between uncertainty about start dates for education/employment places and higher recidivism. As a result the centre is now more proactive with external agencies to confirm start dates and provide young people with clear plans. These are good examples illustrating the benefits of analysing young people's subsequent progress in the community.
125. The centre does not currently assess the impact of the offending behaviour programmes or group work that young people experience. This means that the centre is unable to identify the impact of the programmes they are delivering for young people and is a shortfall.
126. A mentoring programme, intended to build relationships which continue post-release, has very recently been introduced for young women. This is a positive introduction

**Inspection of secure training centres**  
**Rainsbrook secure training centre**

although it is too early to see its impact. There is no equivalent programme for young men and this needs rectifying.



## Record of main judgements

<b>Rainsbrook secure training centre</b>	
Overall effectiveness	Inadequate
The safety of young people	Inadequate
The behaviour of young people	Adequate
The well-being of young people	Inadequate
The achievement of young people	Good
The resettlement of young people	Good



**RAINSBROOK STC**

**SUMMARY OF QUESTIONNAIRES AND INTERVIEWS**

**03 FEBRUARY 2015**

## Introduction

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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, Ofsted and CQC 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

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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 03 February 2015, the population of young people at Rainsbrook STC was 77. All young people at the time of the survey were aged between 13 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, 12 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.

If a young person indicated child protection concerns in the survey, these were followed up with the young person before we left the establishment to ensure their safety. This occasionally resulted in allegations being refuted or withdrawn. However, in these circumstances we do not amend the original survey responses on the basis that the responses given reflected the young person's perceptions at the time when it was initially completed. The survey provides a valid and confidential route for the young person to volunteer information.

### Response rates

In total, 54 young people completed and returned their questionnaires. This represented 70% of children and young people in the establishment at the time. The response rate from the sample was 70%.

Eleven young people refused to complete a questionnaire, four questionnaires were not returned and eight were returned blank.

Unit	Number of completed survey returns
Everdon	3
Kilsby	2
Braunston	5
Welton	1
Nethercote	5
Thurlaston	3
Dunchurch	6
Sawbridge	4
Foxtton	5

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Hinckley	5
Oadby	3
Gilmorton	2
Chadlington	2
Ledwell	8

### 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 significant<sup>1</sup> 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 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 three secure training centres since April 2014.
- The current survey responses from Rainsbrook in 2015 compared with the responses of young people surveyed at Rainsbrook in 2013.
- A comparison within the 2015 survey between the responses of young women and young men.
- A comparison within the 2015 survey between the responses of white young people and those from a black and minority ethnic group.
- A comparison within the 2015 survey between the responses of young people who have been in local authority care (looked after) and those who have not.

### Summary

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

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

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.

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<sup>1</sup> 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.



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**

		2015 Rainsbrook STC	STC comparator	2015 Rainsbrook STC	2013 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				
<b>Number of completed questionnaires returned</b>		<b>54</b>	<b>149</b>	<b>54</b>	<b>68</b>
<b>SECTION 1: ABOUT YOU</b>					
1.2	Are you aged under 16?	25%	29%	25%	31%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	31%	36%	31%	44%
1.4	Are you Muslim?	6%	14%	6%	14%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	15%	4%	14%
1.6	Are you a British citizen?	99%	95%	99%	94%
1.7	Do you have a disability?	17%	24%	17%	23%
1.8	Have you ever been in local authority care?	57%	50%	57%	
<b>SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS</b>					
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	96%	92%	96%	94%
2.2	When you arrived at the centre were you searched?	100%	97%	100%	98%
2.3	Did staff explain why you were being searched?	88%	85%	88%	83%

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2.4	When you were searched, did staff treat you with respect?	96%	94%	96%	92%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	99%	91%	99%	95%
2.6	Did anybody talk to you about how you were feeling?	81%	78%	81%	78%
2.7	Did you feel safe?	85%	88%	85%	85%
<b>SECTION 3: DAILY LIFE</b>					
3.1	In your first few days here were you told everything you needed to know about life at the centre?	78%	80%	78%	
If you had a problem, who you would turn to?					
3.2a	No-one	18%	12%	18%	9%
3.2b	Teacher/Education staff	12%	6%	12%	5%
3.2c	Key worker	35%	20%	35%	33%
3.2d	Case worker	35%	33%	35%	22%
3.2e	Staff on the unit	55%	46%	55%	42%
3.2f	Another young person here	31%	18%	31%	17%
3.2g	Family	48%	58%	48%	65%
3.2h	Advocate	12%	11%	12%	8%
3.3	Do you have a key worker on your unit?	95%	84%	95%	88%
For those who said they had a key worker:					
3.4	Does your key worker help you?	84%	88%	84%	
3.5	Do most staff treat you with respect?	95%	93%	95%	89%
3.6	Can you follow your religion if you want to?	68%	71%	68%	75%
3.7	Is the food here good/ very good?	28%	37%	28%	36%
3.8	Is it easy to keep in touch with family or carer outside the centre?	99%	87%	99%	86%
3.9	Do you have visits from family, carers or friends at least once a week?	36%	52%	36%	
<b>SECTION 4: BEHAVIOUR</b>					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	68%	76%	68%	

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4.2	Do you think the incentives and sanctions scheme is fair?	76%	63%	76%	66%
4.3	If you get in trouble, do staff explain what you have done wrong?	90%	84%	90%	91%
4.4	Do most staff let you know when your behaviour is good?	87%	78%	87%	82%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	60%	51%	60%	
4.6	Have you been physically restrained since you have been here?	40%	36%	40%	34%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	89%	65%	89%	69%
<b>SECTION 5: HEALTH SERVICES</b>					
5.1	If you feel ill, are you able to see a doctor or nurse?	94%	91%	94%	83%
5.2	Do you think that the health services are good here?	61%	57%	61%	55%
5.3	Do you have any health needs which are not being met?	26%	29%	26%	
<b>SECTION 6: COMPLAINTS</b>					
6.1	Do you know how to make a complaint?	99%	98%	99%	94%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	69%	68%	69%	70%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	12%	14%	12%	16%
<b>SECTION 7: EDUCATION AND ACTIVITIES</b>					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	54%	51%	54%	54%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	73%	67%	73%	66%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	72%	66%	72%	73%
7.4	Do you think your education here will help you once you leave?	76%	66%	76%	67%
7.5	Have you been able to learn any 'life skills' here?	87%	81%	87%	84%
7.6	Are you encouraged to take part in activities outside education/ training hours?	88%	85%	88%	86%



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7.8	Do you know where you will be living when you leave the centre?	72%	69%	72%	69%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	68%	59%	68%	64%
<b>SECTION 8: SAFETY</b>					
8.1	Have you ever felt unsafe here?	28%	22%	28%	31%
8.2	Do you feel unsafe at the moment?	8%	7%	8%	9%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	56%	32%	56%	
8.4b	Physical abuse?	31%	19%	31%	
8.4c	Sexual abuse?	5%	2%	5%	
8.4d	Feeling threatened or intimidated?	28%	13%	28%	
8.4e	Shout outs/yelling through windows?	44%	28%	44%	
8.4f	Having your canteen/property taken?	12%	7%	12%	
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	12%	8%	12%	
8.5b	Your religion or religious beliefs?	2%	1%	2%	
8.5c	Your nationality?	2%	3%	2%	
8.5d	Your being from a different part of the country than others?	16%	4%	16%	
8.5e	Your being from a Traveller community?	2%	3%	2%	
8.5f	Your sexual orientation?	5%	1%	5%	
8.5g	Your age?	7%	3%	7%	
8.5h	You having a disability?	2%	2%	2%	
8.5i	You being new here?	18%	10%	18%	
8.5j	Your offence or crime?	16%	9%	16%	

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<b>8.5k</b>	Gang related issues or people you know or mix with?	<b>15%</b>	<b>8%</b>	<b>15%</b>	
<b>8.5l</b>	About your family or friends?	<b>10%</b>	<b>10%</b>	<b>10%</b>	
<b>8.5m</b>	Drugs?	<b>0%</b>	<b>6%</b>	<b>0%</b>	
<b>8.5n</b>	Medications you receive?	<b>0%</b>	<b>1%</b>	<b>0%</b>	
<b>8.5</b>	Your gender?	<b>2%</b>	<b>1%</b>	<b>2%</b>	
Have you experienced any of the following from staff here?					
<b>8.7a</b>	Insulting remarks?	<b>19%</b>	<b>17%</b>	<b>19%</b>	
<b>8.7b</b>	Physical abuse?	<b>10%</b>	<b>4%</b>	<b>10%</b>	
<b>8.7c</b>	Sexual abuse?	<b>0%</b>	<b>3%</b>	<b>0%</b>	
<b>8.7d</b>	Feeling threatened or intimidated?	<b>10%</b>	<b>9%</b>	<b>10%</b>	
<b>8.7e</b>	Having your canteen/property taken?	<b>5%</b>	<b>8%</b>	<b>5%</b>	
For those who have indicated any of the above, what did it relate to?					
<b>8.8a</b>	Your race or ethnic origin?	<b>2%</b>	<b>6%</b>	<b>2%</b>	
<b>8.8b</b>	You religion or religious beliefs?	<b>2%</b>	<b>5%</b>	<b>2%</b>	
<b>8.8c</b>	Your nationality?	<b>2%</b>	<b>2%</b>	<b>2%</b>	
<b>8.8d</b>	Your being from a different part of the country than others?	<b>0%</b>	<b>2%</b>	<b>0%</b>	
<b>8.8e</b>	Your being from a Traveller community?	<b>0%</b>	<b>1%</b>	<b>0%</b>	
<b>8.8f</b>	Your sexual orientation?	<b>0%</b>	<b>2%</b>	<b>0%</b>	
<b>8.8g</b>	Your age?	<b>2%</b>	<b>5%</b>	<b>2%</b>	
<b>8.8h</b>	You having a disability?	<b>0%</b>	<b>3%</b>	<b>0%</b>	
<b>8.8i</b>	You being new here?	<b>2%</b>	<b>3%</b>	<b>2%</b>	
<b>8.8j</b>	Your offence or crime?	<b>0%</b>	<b>5%</b>	<b>0%</b>	
<b>8.8k</b>	Gang related issues or people you know or mix with?	<b>5%</b>	<b>2%</b>	<b>5%</b>	
<b>8.8l</b>	About your family or friends?	<b>0%</b>	<b>4%</b>	<b>0%</b>	
<b>8.8m</b>	Drugs?	<b>0%</b>	<b>3%</b>	<b>0%</b>	
<b>8.8n</b>	Medications you receive?	<b>0%</b>	<b>3%</b>	<b>0%</b>	

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<b>8.8o</b>	Your gender?	<b>0%</b>	<b>1%</b>	<b>0%</b>	
<b>8.8p</b>	Because you made a complaint?	<b>2%</b>	<b>4%</b>	<b>2%</b>	
<b>8.10</b>	If you were being bullied or 'picked on', would you tell a member of staff?	<b>54%</b>	<b>54%</b>	<b>54%</b>	<b>52%</b>

**Secure Training Centre Survey**

**Section 1: Questions about you**

		Male					Female		
<b>Q1.1</b>	Are you?	42 (78%)					12 (22%)		
<b>Q1.2</b>	How old are you?	12 0 (0%)	13 1 (2%)	14 0 (0%)	15 12 (23%)	16 15 (29%)	17 22 (42%)	18 2 (4%)	
<b>Q1.3</b>	What is your ethnic origin?								
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i> .....	32 (59%)							
	<i>White - Irish</i> .....	4 (7%)							
	<i>White - Other</i> .....	1 (2%)							
	<i>Black or Black British - Caribbean</i> .....	6 (11%)							
	<i>Black or Black British - African</i> .....	0 (0%)							
	<i>Black or Black British - other</i> .....	0 (0%)							
	<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> .....	1 (2%)							
	<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 (7%)							
	<i>Mixed heritage - White and Black African</i> .....	1 (2%)							
	<i>Mixed heritage - White and Asian</i> .....	0 (0%)							
	<i>Mixed heritage - other</i> .....	3 (6%)							
	<i>Arab</i> .....	0 (0%)							
	<i>Other ethnic group</i> .....	0 (0%)							
<b>Q1.4</b>	What is your religion?								
	<i>None</i> .....	24 (48%)							
	<i>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</i> .....	23 (46%)							
	<i>Buddhist</i> .....	0 (0%)							
	<i>Hindu</i> .....	0 (0%)							
	<i>Jewish</i> .....	0 (0%)							
	<i>Muslim</i> .....	3 (6%)							
	<i>Sikh</i> .....	0 (0%)							
	<i>Other</i> .....	0 (0%)							
<b>Q1.5</b>	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes 2 (4%)		No 52 (96%)					
<b>Q1.6</b>	Are you a British citizen?	Yes 53 (98%)		No 1 (2%)					
<b>Q1.7</b>	Do you have a disability? Do you need help with any long term physical, mental or learning needs?	Yes 9 (17%)		No 44 (83%)					

		Yes	No
<b>Q1.8</b>	Have you ever been in local authority care (looked after)?	31 (57%)	23 (43%)

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

		Yes	No	
<b>Q2.1</b>	On your most recent journey to this centre, did you feel that staff looked after you well?	51 (96%)	2 (4%)	
		Yes	No	Don't remember/ Not applicable
<b>Q2.2</b>	When you arrived at the centre were you searched?	53 (100%)	0 (0%)	0 (0%)
		Yes	No	Don't remember/ Not applicable
<b>Q2.3</b>	Did staff explain to you why you were being searched?	47 (89%)	5 (9%)	1 (2%)
		Yes	No	Don't remember/ Not applicable
<b>Q2.4</b>	When you were searched, did staff treat you with respect?	51 (96%)	2 (4%)	0 (0%)
		Yes	No	Don't remember/ Not applicable
<b>Q2.5</b>	Did you see a doctor or nurse before you went to bed on your first night here?	52 (98%)	1 (2%)	
		Yes	No	Don't remember/ Not applicable
<b>Q2.6</b>	On your first night here, did anybody talk to you about how you were feeling?	43 (81%)	10 (19%)	
		Yes	No	Don't remember/ Not applicable
<b>Q2.7</b>	Did you feel safe on your first night here?	44 (85%)	8 (15%)	

### Section 3: Daily life

		Yes	No	I don't know
<b>Q3.1</b>	In your first few days here were you told everything you needed to know about life at the centre?	42 (78%)	8 (15%)	4 (7%)
<b>Q3.2</b>	If you had a problem, who would you turn to? ( <i>Please tick all that apply</i> )			
	<i>No-one</i> .....			9 (17%)
	<i>Teacher/ Education staff</i> .....			6 (12%)
	<i>Key worker</i> .....			18 (35%)
	<i>Case worker</i> .....			18 (35%)
	<i>Staff on your unit</i> .....			29 (56%)
	<i>Another young person here</i> .....			16 (31%)
	<i>Family</i> .....			25 (48%)
	<i>Advocate</i> .....			6 (12%)
	<i>Other</i> .....			6 (12%)

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		Yes	No
<b>Q3.3</b>	Do you have a key worker on your unit?	50 (94%)	3 (6%)
		<b>I don't have a key worker</b>	
<b>Q3.4</b>	Does your key worker help you?	3 (6%)	41 (79%) 8 (15%)
			<b>I don't have a key worker</b>
<b>Q3.5</b>	Do <b>most</b> staff treat you with respect?	50 (94%)	3 (6%)
			<b>I don't want to/ I have no religion</b>
<b>Q3.6</b>	Can you follow your religion if you want to?	36 (68%)	0 (0%) 17 (32%)
<b>Q3.7</b>	What is the food like here?		
	<i>Very good</i> .....		1 (2%)
	<i>Good</i> .....		14 (27%)
	<i>Neither</i> .....		16 (31%)
	<i>Bad</i> .....		11 (21%)
	<i>Very bad</i> .....		10 (19%)
<b>Q3.8</b>	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	52 (98%)	1 (2%)
<b>Q3.9</b>	How often do you have visits from family, carers and friends?		
	<i>I don't get visits</i> .....		11 (21%)
	<i>Less than once a week</i> .....		23 (43%)
	<i>About once a week</i> .....		19 (36%)
	<i>More than once a week</i> .....		0 (0%)

**Section 4: Behaviour**

		<b>I don't know what the scheme is</b>	
<b>Q4.1</b>	Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	0 (0%)	36 (68%) 17 (32%)
			<b>I don't know what the scheme is</b>
<b>Q4.2</b>	Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	0 (0%)	38 (76%) 12 (24%)
<b>Q4.3</b>	If you get in trouble, do staff explain what you have done wrong?		44 (90%) 5 (10%)
<b>Q4.4</b>	Do most staff let you know when your behaviour is good?		45 (87%) 7 (13%)

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		Yes	No
<b>Q4.5</b>	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)	31 (60%)	21 (40%)
<b>Q4.6</b>	Have you been physically restrained since you have been here? (you may have heard it called MMPR)	20 (39%)	31 (61%)
<b>Q4.7</b>	Were you given a chance to talk to somebody about the restraint afterwards?	<b>Not been restrained</b> 31 (62%)	Yes 17 (34%) No 2 (4%)

**Section 5: Health Services**

		Yes	No	I don't know
<b>Q5.1</b>	If you feel ill are you able to see a doctor or nurse?	47 (94%)	3 (6%)	0 (0%)
<b>Q5.2</b>	What are the health services like here?	Good 29 (62%)	Bad 10 (21%)	I don't know 8 (17%)
<b>Q5.3</b>	Do you have any health needs which are not being met?		Yes 13 (26%)	No 37 (74%)

**Section 6: Complaints**

		Yes	No
<b>Q6.1</b>	Do you know how to make a complaint?	52 (98%)	1 (2%)
<b>Q6.2</b>	Are complaints dealt with fairly?	<b>I have not made one</b> 26 (51%)	Yes 17 (33%) No 8 (16%)
<b>Q6.3</b>	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?		Yes 6 (12%) No 46 (88%)

**Section 7: Questions about education, training and activities**

		Yes	No	I don't know
<b>Q7.1</b>	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)	28 (54%)	11 (21%)	13 (25%)
<b>Q7.2</b>	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 37 (73%)	No 14 (27%)
<b>Q7.3</b>	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?		Yes 37 (71%)	No 15 (29%)

		Yes	No
<b>Q7.4</b>	Do you think your education/ training here will help you once you leave the centre?	38 (76%)	12 (24%)
<b>Q7.5</b>	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	45 (87%)	7 (13%)
<b>Q7.6</b>	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	46 (88%)	6 (12%)
<b>Q7.8</b>	Do you know where you are going to be living when you leave the centre?	34 (72%)	13 (28%)
<b>Q7.9</b>	Have you done anything here to make you less likely to offend in the future?	<b>Not sentenced</b> 6 (13%)	28 (60%) 13 (28%)

### Section 8: Questions about safety

		Yes	No
<b>Q8.1</b>	Have you ever felt unsafe here?	15 (29%)	37 (71%)
<b>Q8.2</b>	Do you feel unsafe at the moment?	4 (8%)	47 (92%)
<b>Q8.3</b>	In which areas have you ever felt unsafe? (Please tick all that apply)		
	<b>Never felt unsafe</b> .....		37 (73%)
	<i>Everywhere</i> .....		3 (6%)
	<i>Admissions room</i> .....		1 (2%)
	<i>In single separation</i> .....		2 (4%)
	<i>At the gym</i> .....		2 (4%)
	<i>Outside areas/ grounds</i> .....		2 (4%)
	<i>Corridors</i> .....		3 (6%)
	<i>Dining room</i> .....		4 (8%)
	<i>At education/ training</i> .....		4 (8%)
	<i>At religious services</i> .....		1 (2%)
	<i>At health services</i> .....		1 (2%)
	<i>In the visits area</i> .....		1 (2%)
	<i>On your unit</i> .....		6 (12%)
	<i>In your room</i> .....		1 (2%)
	<i>Other</i> .....		2 (4%)
<b>Q8.4</b>	Have you experienced any of the following from <b>young people</b> here? (Please tick all that apply)		
	<i>Insulting remarks about you</i> .....		24 (56%)
	<i>Physical abuse (being hit, kicked or assaulted)</i> .....		13 (30%)
	<i>Sexual abuse</i> .....		2 (5%)
	<i>Feeling threatened or intimidated</i> .....		12 (28%)
	<i>Shout outs/ yelling through windows about you</i> .....		19 (44%)
	<i>Having your property taken</i> .....		5 (12%)
	<i>Other</i> .....		3 (7%)
	<b>Not experienced any of these things</b> .....		13 (30%)



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<b>Q8.5</b>	If yes, what was it about? (Please tick all that apply)		
	<i>Your race or ethnic origin</i> .....	5	(12%)
	<i>Your religion/religious beliefs</i> .....	1	(2%)
	<i>Your nationality</i> .....	1	(2%)
	<i>Being from a different part of the country to others</i> .....	7	(16%)
	<i>Being from a traveller community</i> .....	1	(2%)
	<i>Your sexual orientation</i> .....	2	(5%)
	<i>Your age</i> .....	3	(7%)
	<i>Having a disability</i> .....	1	(2%)
	<i>You being new here</i> .....	8	(19%)
	<i>Your offence/ crime</i> .....	7	(16%)
	<i>Gang related issues/ people you know or mix with</i> .....	6	(14%)
	<i>About your family or friends</i> .....	4	(9%)
	<i>Drugs</i> .....	0	(0%)
	<i>Medication you receive</i> .....	0	(0%)
	<i>Your gender</i> .....	1	(2%)
	<i>Other</i> .....	4	(9%)
<b>Q8.7</b>	Have you experienced any of the following from <b>staff</b> here? ( <i>Please tick all that apply</i> )		
	<i>Insulting remarks about you</i> .....	8	(20%)
	<i>Physical abuse (being hit, kicked or assaulted)</i> .....	4	(10%)
	<i>Sexual abuse</i> .....	0	(0%)
	<i>Feeling threatened or intimidated</i> .....	4	(10%)
	<i>Having your property taken</i> .....	2	(5%)
	<i>Other</i> .....	1	(2%)
	<b>Not experienced any of these things</b> .....	30	(73%)
<b>Q8.8</b>	If yes, what was it about? (Please tick all that apply)		
	<i>Your race or ethnic origin</i> .....	1	(2%)
	<i>Your religion/religious beliefs</i> .....	1	(2%)
	<i>Your nationality</i> .....	1	(2%)
	<i>Being from a different part of the country to others</i> .....	0	(0%)
	<i>Being from a traveller community</i> .....	0	(0%)
	<i>Your sexual orientation</i> .....	0	(0%)
	<i>Your age</i> .....	1	(2%)
	<i>Having a disability</i> .....	0	(0%)
	<i>You being new here</i> .....	1	(2%)
	<i>Your offence/ crime</i> .....	0	(0%)
	<i>Gang related issues/ people you know or mix with</i> .....	2	(5%)
	<i>About your family or friends</i> .....	0	(0%)
	<i>Drugs</i> .....	0	(0%)
	<i>Medication you receive</i> .....	0	(0%)
	<i>Your gender</i> .....	0	(0%)
	<i>Because you made a complaint</i> .....	1	(2%)
	<i>Other</i> .....	3	(7%)
<b>Q8.10</b>	If you were being bullied or 'picked on', would you tell a member of staff?	Yes	No
		27	23
		(54%)	(46%)

**Thank you**