



Medway Secure Training Centre

HMPPS Youth Custody Service
Sir Evelyn Road
Rochester
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Pilot Inspection

This inspection was carried out using draft guidance to test the proposals¹ for a new joint inspection framework for secure training centres. The new inspection framework, taking account of the learning from this pilot inspection and feedback from the online consultation, will be published in April 2019.

Information about this secure training centre

Medway Secure Training Centre is operated by Her Majesty's Prison and Probation Service. The centre provides accommodation for up to 67 male and female children aged 12 to 18 years who are serving a custodial sentence or who are remanded to custody by the courts.

Education is provided onsite by Nacro. Healthcare services are provided onsite by the Central and North West London NHS Foundation Trust. The commissioning of health services at this centre is the statutory responsibility of NHS England, under the Health and Social Care Act 2012.

¹ www.gov.uk/government/consultations/proposed-changes-to-joint-inspections-of-secure-training-centres

Inspection dates: 3–7 December 2018

Overall experiences and progress of children and young people, taking into account	Requires improvement to be good
How well children and young people are helped and protected	Requires improvement to be good
The quality of education and related learning activities	Good
The health of children and young people	Good
The effectiveness of leaders and managers	Requires improvement to be good

Date of last inspection: 26 February–21 March 2018

Overall judgement at last inspection: Requires improvement to be good

Recent inspection history

Inspection date	Inspection type	Inspection judgement
6–10 March 2017	Annual	Inadequate
19–24 June 2016	Annual	Inadequate
26 February – 21 March 2018	Annual	Requires Improvement to be good

What does the secure training centre need to do to improve?

Recommendations

Immediately

- The use of force and restraint complies with the secure training centre rules. Neither are deployed in response to children’s passive non-compliance.
- Deliberate pain-inducing techniques are not used on children at any time.
- All duty governors complete safeguarding awareness training relevant to their role and decision-making responsibilities.
- The Youth Custody Service ensures that children do not arrive late at the centre.

Within three months

- All use of force is reviewed by expert staff immediately after each incident, so that learning points can be raised with staff involved in order to improve their practice.
- Children's propensity to bully others is reduced and their awareness of its unacceptable nature is increased. Victims receive good support.
- Staff are confident in enforcing rules, and they appropriately challenge children's unacceptable behaviours.
- The behaviour modification strategy is implemented consistently.
- Records of full searches include sufficient evidence to justify this level of search.
- Internal safeguarding and child protection procedures comply with the most recent statutory guidance and legislation.
- Sentence and remand planning and review meetings include the perspective of custody support plan (CusP) officers in order to maximise fully integrated planning.
- Complaints records explain what actions have been taken in respect of each complaint, when and what the child has been told about the investigation, and what the outcomes and next steps are.
- The educational ICT framework includes qualifications for children and access is maximised across the centre for educational purposes.
- Disruptive behaviour is minimised in classrooms. The de-escalation areas are suitably furnished/decorated in order to reduce children's stress and anxiety.
- The impact of authorised and unauthorised absences on learning and behaviour for all children continues to be minimised. The profile of reading and literacy across the centre is increased.

Within six months

- The rooms in the health and well-being centre are decorated in order to enhance its therapeutic impact. The living areas are homely, and the locks are easy to use.
- Those children who are suitable and able to are managing their own medicines.

Inspection judgements

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

1. The admissions unit, where children first arrive, is a pleasant environment in which children are helped to feel at ease and are seen promptly by custody, health and casework staff. Peer mentors assist the settling-in process. Too many children continue to arrive late for admission and this is a matter of concern in all the secure

training centres. Of the 56 children admitted between June and November 2018, 10 arrived after 9pm, which impedes effective admission. Commissioning of transport services is the responsibility of the Ministry of Justice and oversight of these services is provided by the Youth Custody Service. Reducing late admissions was a recommendation at the last inspection and this has not been achieved.

2. Case managers access detailed information about children prior to or at admission. They use this information well to inform assessments of the child's needs and vulnerabilities, including any risks they pose to themselves and/or others. Staff understand risk and how to assess this better than at the last inspection, and plans are in place to train more staff. There is good support for children whose first language is not English, with language cards and access to translation and interpretation services.
3. The experiences of children at the centre are variable. Living units are not homely and most have bare walls and marked paintwork. Some bathrooms are of a poor standard. Children receive inconsistent support to develop positive social skills and behaviour. For example, while children have generally positive relationships with staff, poor behaviour, such as swearing and wearing trousers too low, is not always challenged.
4. Most children have experienced the use of force or physical restraint. High numbers of violent child-on-child incidents continue to occur, although this has reduced since the last inspection. Other than separation, little is done to protect children from bullying. The number of reported incidents of bullying shows that this remains a problem.
5. Some children are making good overall progress. Staff understand why some do not make progress, and have appropriate plans in place to address this. Plans are reviewed regularly at effective meetings that involve relevant people and professionals. These would benefit from better attendance and input from CuSP officers who know the child well.
6. Diversity is promoted and issues surrounding diversity are managed well. Careful data analysis enables trends or patterns to be identified, and appropriate action is taken. The importance of respecting diversity among both staff and children is supported by regular awareness days and staff newsletters. The chaplain has good relationships with the children, and different faith leaders meet the children's spiritual needs. Bereavement counselling is available when required.
7. There is good joint working by staff from all disciplines across the centre. The weekly enhanced support services meeting enables multi-disciplinary discussion and planning for children with complex needs. Better and more routine sharing of information between CuSP officers and case managers is required to ensure fully joined-up care.
8. The role of CuSP officers, who are expected to meet with their allocated child(ren) each week to develop their relationship and check on the child's progress, is working

better than at the last inspection. The regularity of meetings has improved, but remains variable. In October, 54% of expected meetings took place; this increased to 77% in November 2018. Records of these meetings are also variable in terms of detail and quality. Records are not uploaded onto the electronic system that external youth offending team staff can access. This would enable responsible external staff to read about children's progress between meetings.

9. Children are able to express their views about the running of the centre via regular youth council meetings and their views are responded to. For example, recent petitioning about the venue for family visits led to a change in venue and more positive views about the quality of the visits.
10. Arrangements for family visits are suitably flexible and maximise family contact. Visits can be extended, and visits for specific circumstances or needs are arranged. Regular family days are extremely popular. One parent said that they 'had an amazing experience and found all the staff so friendly and helpful'. Children who have limited or no family contact are offered a volunteer correspondent.
11. Children know how to complain. The complaints process has recently been revised and now sets out the expectation that staff will discuss a child's complaint with them, then explain what has happened, and finally, explain the outcome. It is too soon to judge the impact of the revised procedure, although early signs are promising. The complaints records kept since the last inspection show that record-keeping and the quality assurance of complaints has been inconsistent. They do not show that every complaint has been fully investigated and acted on.
12. Children benefit from a wide range of quality activities and enrichment opportunities, many in partnership with specialist external providers who run sessions at the centre. This includes football coaching, boxing and indoor rowing. Sustainability is developing, with more centre staff becoming qualified to deliver specialist activities, and plans are in place to enter children into competitive events. Where possible, children gain formal accreditation for achievements.
13. Children are helped to stay out of trouble in the future. Offending behaviour interventions take place with all eligible children. Additional specialised interventions are put in place, for example, for children with harmful sexual behaviours. It is positive that a programme for children serving short sentences has been introduced as this represents a significant proportion of the cohort.
14. The identification and tracking of children eligible for multi-agency public protection arrangements (MAPPA) have improved since the last inspection. This ensures that release planning, including temporary release, takes account of risky behaviour.
15. Resettlement is supported well. Resettlement plans are developed from the point of admission and progressed throughout the child's stay. Good use is made of temporary release to support resettlement. Youth workers help children prepare for

their next steps. Independent living skills are developed by children learning about, for example, budgeting and banking, in lively, engaging sessions.

16. The needs of children who will transfer to an adult secure facility are considered well. Preparation includes, for example, enabling children to meet with staff in the receiving prison to forge relationships and make sure that they know what to expect.
17. Local authorities are challenged when they are not meeting their obligations to children, for example when suitable accommodation is not identified until, or near to, a child's release date. External organisations assist in putting pressure on responsible authorities to meet children's needs in a timely manner. In a review meeting observed, there was good advocacy and support for a child to ensure that their needs and anxieties about their release plan were fully understood and agreed by external agencies.
18. The support that looked after children receive from their responsible local authorities is variable. Looked after reviews generally take place, although one scheduled during the inspection was cancelled because the independent reviewing officer failed to arrive without notice. Of three children from the same local authority, only one is receiving any financial support. The positive impact of the social worker in the case management team noted at the last inspection has not been maintained as this post is currently vacant.

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

19. Managers and staff are committed to the continuing development of robust safety, security and safeguarding arrangements. Since the last inspection, they have developed more competency in recognising risk factors that affect children's safety, including child sexual exploitation, health and safety risks, self-harm and radicalisation. Partnership working between senior managers, staff, children, their families and external agencies is mostly effective in reducing harm.
20. The safeguarding team works well with other specialist teams in the centre to identify children's risks at the point of admission. These risks are then communicated effectively to operational staff. Regular multi-disciplinary reviews of children's risks mean that strategies to protect children from harm are up to date and relevant to their needs.
21. There has been a recent increase in bullying. The response to bullying is generally to impose restrictive plans that minimise children's interaction with their peers, or to draft an adapted version of the challenge support intervention plan (CSIP) used in other prison establishments. The plans reviewed by inspectors are too superficial and do not reflect children's specific behaviours. Plans are not updated well enough.

There is limited effort to challenge bullying behaviour and to help children understand that this is unacceptable.

22. Safeguarding staff and case managers have recently begun to work together to try to support children who are victims of bullying. This includes running individual sessions to build self-esteem and confidence and provide advocacy and mediation. This is a welcome initiative, but it is too early to judge its impact.
23. Staff use 'assessment, care in custody and teamwork' (ACCT) plans to effectively support and protect children who self-harm. The plans are comprehensive, regularly reviewed by the safeguarding team, and include all available observations and analysis. This encourages consistent staff practice that promotes children's safety. ACCT plans are regularly reviewed alongside the children who are the subject of them. The ongoing need for the plan, and the child's views about its effectiveness, are carefully considered.
24. Allegations about staff inconsistencies in the application of the behaviour modification strategy, which includes the incentive scheme, have increased since the last inspection. Managers acknowledge that there are differences in the ways that staff apply boundaries and expectations across the centre, attributing this in no small part to the relative inexperience of many custody officers. Managers recognise the reluctance of some newer staff to challenge children's unacceptable behaviours, and the pressure that this places on more experienced staff. While the cause of variable practice is noted, it remains the case that children are experiencing inconsistent oversight of the enforcement of acceptable behaviour and boundaries.
25. All safeguarding concerns are promptly shared with the designated officer in the local authority and other relevant partner agencies. The internal safeguarding and child protection procedures are out of date and require updating to reflect recent statutory guidance. Duty governors have not undergone local authority designated officer awareness training, which would enhance their understanding of safeguarding arrangements.
26. Records of safeguarding referrals include up-to-date chronologies, which is an improvement. They show that children are regularly updated on the progress of their safeguarding issue, and this reassures them that the matter has not been forgotten or dismissed.
27. The behaviour modification strategy, which links incentives to positive behaviour, offers daily, weekly and communal rewards for good behaviour. Its impact is limited because of inconsistency of application. Children say that staff vary over when they will not give rewards, such as access to television. In our survey, few children reported that the incentives scheme was fair or that it encouraged them to change their behaviour.
28. It is positive that the number of assaults on children has reduced since the last inspection. However, violent incidents, the overwhelming majority of which are

spontaneous and relate to relatively minor disputes, occur frequently. There have been approximately 120 acts of violence over the last six months. Around half were assaults on, or fights between, children; half were assaults on staff. Because staff mostly intervene quickly to prevent violence escalating further, few incidents result in injuries that require medical treatment.

29. There have been approximately 330 incidents involving force in the previous six months. Over 80% of these involve the use of minimising and managing physical restraint (MMPR) holds. The recent recruitment of MMPR coordinators means that oversight of the use of force has improved since the last inspection. However, there are 90 incidents dating back three months that have not been quality assured. This lack of timely oversight undermines other aspects of governance, including the weekly restraint minimisation meetings (RMM). In a sample of one week in September 2018, inspectors found four incidents that should have been reviewed during the RMM but had not been. This means that senior managers cannot be assured that the use of force is always proportionate, or necessary, in order to prevent harm to children.
30. Force is used appropriately in response to acts of violence or self-harm. Some staff lack confidence in applying the techniques and fail to gain control of an incident quickly enough. As a result, some restraints are taking too long to resolve. Incident management also requires improving; there is a need to better coordinate all the staff involved in each restraint in order to ensure children's safety.
31. Inspectors are concerned about the use of restraint in response to passive non-compliance. This is poor practice and not in accordance with the secure training centre rules. Restraint is used frequently when children refuse to go to bed, and inspectors also saw other examples of non-compliance during the day. Senior managers state that these restraints are always authorised by a duty governor. However, there is no evidence of this other than in the week prior to the inspection.
32. Another matter of concern is that the centre staff continue to deliberately use techniques that inflict pain on children in order to gain compliance. These techniques were used on 10 occasions over the previous six months. Inflicting pain was sometimes ineffective, and inspectors saw one occasion where an act of passive non-compliance resulted in a prolonged restraint and a pain-inducing technique was used. Deliberately inflicting pain significantly compromises children's safety and welfare.
33. Children have been separated from their peers about 120 times over the last six months, mostly after violent incidents or altercations that ended in restraint. However, separation is appropriately authorised by centre managers and for an average time of 62 minutes, which is proportionate to the behaviours that triggered the separation.
34. The searching of children and their environments is proportionate to known risks and/or intelligence-led information. Managers are clear that children are only subject to a full search if the level of concern about their safety justifies this, and due regard

is paid to their privacy. However, records of these searches do not always include sufficient detail to enable cross-referencing to intelligence reports, which would justify the level of the search.

35. Intelligence information is collated well. The electronic system enables all staff to easily raise any security or safety concerns. Security managers frequently interrogate intelligence data and identify patterns and trends. They swiftly adjust security procedures accordingly. Arrangements between the centre and the local emergency services to ensure the safety of all at the centre in an emergency are robust. Regular live and desktop exercises are run to ensure emergency plans are effective.

The quality of education and related learning activities: good

36. Significant improvements have been made since the last inspection. Provision of information computer technology (ICT) for children has increased and the internet is accessed to enhance the curriculum offer. The education provider continues to work diligently to rectify continuing ICT shortfalls. As a result, the quality of teaching and learning has improved, and children's work is beginning to reflect a more contemporary curriculum. The development of an ICT qualification is underway. Delays in the previous management company authorising access to specific websites remain a frustration and are stalling development in some curriculum areas.

37. The initial assessment of children is swift, well managed and thorough. Children receive a programme of learning that takes account of their specific needs. Good attention is paid from the outset to potential routes into training and employment opportunities when they move on, identifying the most suitable vocational learning pathways.

38. Children with special educational needs and education, health and care plans receive timely and effective additional support. These children respond well to the targeted sessions provided to them, and they make expected or better than expected progress in education. Joint work between education and healthcare staff ensures prompt and effective support for children with specific learning needs.

39. Children receive a broad and balanced curriculum offer with an appropriate focus on English and mathematics. Vocational pathways have been extended and provide work-related opportunities for children to gain experience and job-related qualifications. English and mathematics are embedded well in horticulture, ICT and art, but are not as embedded in other parts of the curriculum.

40. Consideration of reading and literacy is weaker generally. Good attention is paid across the curriculum to equality and diversity. Targeted work has been delivered in English, for example, in order to address radicalisation and the threat of terror from extremist groups.

41. Most children arrive with low levels of ability in English and mathematics, but the strong focus on these areas enables them to improve from their starting points. Achievements in English and mathematics are above the national benchmarks for post-16 and further education providers. Children do well in achieving vocational qualifications at level 1, and in some cases at level 2, in many pathways.
42. The quality of teaching and learning has improved, assisted by comprehensive training and regular classroom observations. Team teaching and coaching are now regular features and contribute to more consistent practice, for example, in teaching and behaviour management. Children experience well-planned lessons and access a wider range of resources and information through controlled internet access. Teachers use a variety of resources to sustain interest and encourage curiosity. In the most successful lessons, children are drawn into lively debate and activities, watch interesting video clips, and read informative handouts. They are expected to concentrate and complete their work.
43. The progress children make is closely tracked, and gaps and trends are accurately identified between different groups of learners. This enables education staff to adjust their plans so that all children make progress. Teachers set appropriate but challenging targets so that children are encouraged to work hard and exceed expectations. Marking and feedback has improved. Most children take pride in their work and respond positively to encouragement and constructive feedback. Children can describe the progress they are making and the qualifications they have achieved or are working towards. They work safely in vocational areas and understand the importance of health and safety in workplace settings.
44. Relationships between education staff and children are generally good. However, poor behaviour of and inappropriate language used by a minority of children are prolific at times. These behaviours are mostly effectively challenged by education staff. When poor behaviour escalates, custody officers intervene swiftly to minimise disruption. Time out in de-escalation rooms is intended to help children calm down before they return to class. However, the de-escalation rooms are sparse and shabby, in sharp contrast to the rest of the education centre, and do not promote calming as well as they could.
45. The behaviour modification strategy is working reasonably well for most children in education. They understand the scheme and how to 'make good' any poor feedback they receive throughout the day. However, for a minority of children, the concept is challenging. Some children who receive negative feedback in one lesson bring their anger and disappointment to subsequent lessons. This frequently leads to an escalation in poor behaviour and disrupts the whole class.
46. Attendance at 91% over the last year has improved since the last inspection and is good. This is rigorously scrutinised by managers each day to maintain good attendance. Most children enjoy their time in education and participate well. However, lessons are interrupted for court and other welfare appointments. These

are often unavoidable but what cannot be underestimated is the daily impact on teaching and learning for most children by, for example, unhelpful distractions from work by those leaving and those remaining, and the inevitable reduction in class size, often down to one or two learners.

47. Swift action is taken by senior managers to address non-attendance by a small but persistent group of children who regularly refuse, or who are not settled enough to attend, formal education. Collaboration between education and residential staff is having some success. For example, personalised interventions by the senior pastoral lead and other education staff ensure support and daily interactions with these children.
48. Resettlement and transition work by education staff is highly effective. Children engage well in careers interviews. Successful engagement with local businesses has extended the opportunities available to children eligible for temporary release. More work experience opportunities are available onsite, for example in the kitchens, on the residential units, and in the garden. These are popular and build confidence and skills. A wide range of creative enrichment activities benefit children and they are often educationally focused. Family days enable parents and carers to have formal discussions about their children's education, which they value.
49. The new head of education brings strong and enthusiastic leadership. Management oversight, support and challenge from external partners are effective. Education staff receive comprehensive training and opportunities for professional development. They are effusive about the support and guidance they receive. They remain motivated, despite significant uncertainty about the future for them at the centre. There are joint training opportunities with residential staff, and these have improved mutual understanding and communication across the centre. The role of an education champion in each of the residential units has been established, but it is too soon to judge its impact. Joint work in classrooms has yet to develop.

The health of children and young people: good

50. The health and well-being centre is a large, clean environment in which the fully integrated multi-disciplinary health team delivers safe and effective care to children. Children have access to a range of age-appropriate services, including an art therapist and a speech and language therapist. Staff are onsite throughout the waking day. Experienced and suitably skilled staff deliver a flexible primary health service that is responsive to children's needs. Access is swift, and children do not have to wait to see the GP, dentist, optician or other visiting specialists. A weekly GP session is held by either a male or female GP, and more surgeries are held if required.
51. Sufficient numbers of centre staff to escort children mean that attendance for appointments in the health centre continues to improve. Healthcare staff follow up all

children who refuse or are unable to attend by visiting them on the units. Children who require these can attend external healthcare appointments without delay.

52. Children with lifelong conditions are closely monitored and helped to stay healthy. Personalised care plans support consistency of care, reflect the child's current needs, and adhere to national clinical guidance.
53. Medicines management is robust, with regular audits and quarterly medicines management meetings. This helps ensure safe and appropriate administration. Children do not manage their own prescribed medication apart from inhalers and creams. Discussions are underway with a view to enabling those children who are able and suitable to manage more of their own medicines in the future, encouraging personal responsibility.
54. Initial Comprehensive Health Assessment Tools (CHATs) are undertaken promptly with children on their arrival. Follow-up CHAT assessments are also prompt. This ensures that children's physical and mental health needs are identified and met. Where appropriate, effective information-gathering from community services helps continuity of care and better informs the support each child requires.
55. Healthy lifestyle choices are informed by national health promotion initiatives tailored to meet the needs of children. Twice-yearly health fairs encourage children to think about and discuss their health. Staff from the kitchen, the gym and healthcare jointly encourage children to exercise and enjoy a balanced diet.
56. Children have prompt access to a range of psychiatric, psychological and substance misuse interventions. Therapists' caseloads are low and manageable. Inspectors saw much effective joint work with education staff and case managers to improve children's outcomes and manage their risks. Children convicted of sexually harmful behaviour, those at risk of child sexual exploitation, and those displaying sexually inappropriate behaviour are well supported through one-to-one and group interventions. Liaison with external health providers and other agencies ensures that children benefit from continuity of care and support when they leave the centre.
57. Electronic clinical records are of good quality. Care plans are personalised, clear and reviewed appropriately. Healthcare complaint forms are widely available. Complaints are rarely made by children. However, responses are polite, timely and fully address the concerns raised.
58. The healthcare service is well led, and all staff have regular clinical and managerial supervision. Training and development opportunities are good. Governance arrangements are robust and help support and improve service delivery. Risk registers are closely monitored, and incidents are fully investigated. Lessons learned are shared to help keep children safe.
59. Children are positive about the food, which is sufficient and of good quality. Cultural and religious needs are respected. Kitchen staff are aware of all known food allergies

and take care accordingly. There is a four-weekly menu rota which is regularly enhanced, for example by the addition of homemade soup on cold days. Children can make menu suggestions through the youth council. The catering manager is effective and passionate about providing a good varied diet for children, and understands the importance of food for them. Children can dine communally in a relaxed, positive and respectful environment.

60. The healthcare team staffing complement meets the needs of all the children at the centre. Regular bank staff cover for any vacant posts. The NHS's integrated care model, 'secure stairs', which is designed to improve the psychological well-being of children in custodial settings, is at an advanced stage of implementation. When finalised, it is expected to increase the staffing complement further and provide more opportunities for children's mental health needs to be met.
61. Some efforts have been made to improve the environment and atmosphere of the centre through artwork being added to the walls and healthcare promotion materials displayed on notice boards. However, the area remains too bare of furnishings and decoration.

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

62. Senior leaders are visible and have clear expectations for children at the centre. Children's intrinsic vulnerabilities and risky behaviours are well understood. Each child is carefully assessed on their admission. Support plans are individualised and sufficiently detailed. Incidents of violence and fights are high, although the picture has improved since the last inspection. There was highly effective contingency planning for the day when the centre had a planned power outage during the inspection.
63. It remains a notable and positive feature of the centre that children are not segregated automatically because of external risk factors, such as gang membership. Children walk together to and from the dining room, for example, eating communally. This gives them a more normalised experience. Inevitably, it also creates opportunities for conflict and flashpoints to occur, but prompt actions by staff often pre-empt physical responses and de-escalate conflicts quickly. Children are helped by the more experienced custody officers to discuss their reactions and to consider better ways to manage peer disagreements.
64. Senior staff oversee the work of junior staff more rigorously than at the time of the last inspection, but there is room for further improvement. For example, there is better oversight of ACCT plans, leading to increasing completion rates. In contrast, while there has recently been more oversight of complaints, the records do not show thorough enough responses.

65. Support has been provided to staff following the announcement that the centre is scheduled to close in 2020. Despite this announcement, it is to the credit of the governor and his leadership team that morale and workforce stability have not been adversely affected. The workforce at the centre provides a good staff-to-child ratio. The centre has successfully overcome previous recruitment difficulties and is almost fully staffed. Staff sickness rates have reduced. A wide range of suitable training programmes are available to all staff and managers, supporting continuing professional development.
66. Because of the successful recruitment, the proportion of experienced custody officers to those who are inexperienced has changed, and each shift includes more inexperienced officers. This has led to several concerns, which are well understood by the governor and his team. The key challenge is helping new custody officers develop confidence and skills in reinforcing expected standards, thereby achieving better consistency across the centre. Key challenges include tackling inappropriate play fighting, which often begins benignly but can quickly escalate into more serious physical conflict, and staff establishing suitable personal boundaries between themselves and the children, as well as bullying among the children. Awareness of these priority areas is positive, but consistency of practice has not yet been achieved.
67. It is concerning that children who are bullying and those who are being bullied experience similar consequences, such as separation from their peers, albeit for different reasons. There are insufficiently robust interventions to reduce bullying behaviour. Safeguarding arrangements have improved since the last inspection. All incidents are referred to external safeguarding agencies and this transparency helps to continuously improve practice in the centre. It is a shortfall that duty governors have not completed the local authority designated officer awareness training course.
68. The behaviour modification strategy is fit for purpose and is orientated towards encouraging good behaviour; children can 'start afresh' each day. Its key weakness remains that it is not consistently implemented by staff and, because of this, is not always having the desired impact of improving behaviour.
69. The standard of the physical environment is variable, and the living units are not homely. Communal living areas contain suitable furniture but largely bare walls and marked paintwork. Healthcare and education benefit considerably from refurbished facilities. Some of the door locks remain difficult to use and the planned re-lock was halted once the centre's future closure was announced. Locks that are difficult to use could impact on the speed that staff can reach children in urgent situations.
70. Some children are accumulating large numbers of products in their bedrooms, such as snacks and drinks, and the reasons why have not been explored with each of these children. The potential for products being obtained through coercing other children, or stockpiling being used to demonstrate status among the peer group, has not been determined.

71. Joint work between staff from different professional disciplines across the centre has improved since the last inspection. Good efforts are made to ensure that background information about each child is gathered and this is used well to ensure the multi-disciplinary services in the centre can meet the child's needs.
72. Tenacious efforts are made to ensure that children who are released into the community have suitable discharge accommodation. Planning begins early and is thorough for those who will transition to an adult prison.
73. Disciplinary measures are used appropriately in the workforce, for example in addressing extensive long-term sickness and conduct issues.

Information about this inspection

Inspectors looked closely at the experiences and progress of children. Inspectors considered the quality of work and the differences made to their lives. They watched how staff work with children and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and their families, and other relevant professionals and agencies. In addition, the inspectors have tried to understand what the secure training centre knows about how well it is performing, how well it is doing and what difference it is making for the children it is trying to help, protect and look after.

This inspection was carried out using draft guidance to test the proposals for a new joint inspection framework for secure training centres.

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

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Lead inspector

Sheena Doyle, Her Majesty's Inspector, Ofsted

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