

Inspections of secure training centres

Inspection of Oakhill Secure Training Centre

Report published: 24 March 2016

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

Inspection dates: 3 – 13 November 2015

Lead inspector: Janet Fraser, HMI

Age group: 12-18

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Overall effectiveness	Good
<p>Since the last inspection overall effectiveness of the centre has continued to be good, almost all of the recommendations made have been effectively addressed. Senior manager's focus on improving the stability of the staff group has reduced turnover. Improved communication between senior managers and staff, through engagement days and briefings, has promoted important policies which support young people's wellbeing and safety. Inspectors saw this having a positive impact on young people.</p> <p>Young people mostly feel safe while in Oakhill. Arrangements for the first night are good and young people are supported sensitively to settle in. Staff have a good awareness, through the Safezone survey, of where young people feel less safe and have been given guidance to manage this. Plans to increase the use of CCTV and body worn cameras will help address young people's concerns about those areas of the centre currently without CCTV.</p> <p>Young people understand the incentive scheme and they told inspectors staff apply it fairly. Since the last inspection the number of fights and assaults has continued at a similar level. They have however generally been of a lower level than those seen in the months before the last inspection. There are good arrangements for the oversight of restraint, sanction and the use of force. These are only used when necessary and in line with policy and guidance. Young people are mostly subject to single separation or separation on the residential units where it is needed to prevent harm to them or others. However inspectors saw one incident where this was not the case. Not all incidents are recorded fully and inspectors were not assured young people in these circumstances have sufficient opportunity for outdoor exercise.</p> <p>Young people appreciate the improvements to their privacy. Staff treat the young people's rooms more as their home and personal space. Young people welcome the opportunity to spend more time in their rooms without becoming isolated. Young people know how to make a complaint and these are managed well. Their views are sought through meetings, surveys and focus groups. As a result changes to some practices in the centre have been made. However there is limited opportunity for young people to contribute to the personalisation and design of the residential units.</p> <p>Progress has been made in ensuring safeguarding arrangements are safe and in line with statutory guidance. Young people are now visited by social workers from Milton Keynes children's social care when safeguarding investigations are necessary. The centre continues to have good relationships with external agencies including children's social care, the police and the Local Safeguarding Children Board (LSCB). External agencies make a positive contribution to the scrutiny of practice in the centre, attending a range of meetings as well as contributing to quality assurance processes, viewing CCTV of the use of force and dip sampling complaints. The LSCB has conducted a thorough review of the use of force in the centre. The review included young people and staff and concluded force is used appropriately and proportionately. Reporting arrangements to the LSCB have been strengthened since the last inspection. This increases the Board's ability to scrutinise performance and practice in the centre. The education department has strengthened links with</p>	

external agencies. These positive relationships underpinned successful partnership working to use temporary release on licence (ROTL) to support a young person in continuing their education.

Those young people who are not visited by friends or family can now benefit from visits from a volunteer. Other methods by which young people can keep in contact with family and friends have not been fully developed.

Young people make good progress in their education while they are in Oakhill. Most teaching is good but further work is needed to ensure all lessons are consistently good. Improvement is needed in the arrangements for education for those young people who do not attend.

Improvements have been made to the tracking of young people when they leave the centre. The centre has made good use of this information to analyse why young people reoffend. This has led to new initiatives to address this.

Young people are not being supported sufficiently well to benefit fully from completing key-work sessions. They do not have suitable spaces to complete the work and staff do not always work alongside young people when they are completing key-work packs.

Young people have access to a good range of health services and generally are positive about the care they are given. Good arrangements are in place in relation to substance misuse and sexual offender programmes. There is a delay in providing specialist interventions in relation to knife crime. Although there has been improvement in the cleanliness of the dental clinic since the last inspection it is not yet sufficiently clean and this recommendation is repeated.

Quality assurance and performance management arrangements vary in their effectiveness in monitoring and improving practice. Not all records seen during this inspection are sufficiently detailed. Managers have signed off some records where detail is missing. Across the centre data is not consistently used in a sufficiently analytical way to understand or improve performance. The centre does not have a diversity strategy specific to the needs of young people in Oakhill. Supervision is not consistently sufficiently regular or thorough.

Recommendations

Immediately:

- Improve the detail in records on the use of handcuffs, and record whether young people are seen by a health professional on return to the centre and that young people's views are recorded at the end of child protection investigations. (paragraphs 4,14, pages 9,11)
- Improve the oversight of both single separation and separation on living units; all instances should be recorded and the centre should ensure that

all young people subject to these arrangements have sufficient daily access to outdoor exercise. (paragraph 35, page 15)

- Ensure that there is a robust risk assessment in place for access to the defibrillator during dental sessions, access is timely and that the dental suite is cleaned to a sufficient standard to help minimise any cross infection which may put young people at risk. (paragraph 69, page 22)
- Ensure that the temperature of the medication fridge is monitored and that staff carry out observations and interact appropriately with young people when administering medication. (paragraph 71, 23)
- Ensure all relevant information is sought and considered as part of the assessment of each young person's needs and circumstance. (paragraph 83, page 25)
- Review the arrangements for key-work sessions to ensure these can be completed regularly in sufficient privacy and quiet to enable young people and that key workers support young people to complete this work. Ensure the quality of individual key-working programmes are robustly monitored and evaluated. (paragraph 46, page 17)
- Ensure young people receive programmes of intervention that address their index offences and associated issues; in particular knife crime. (paragraph 85, page 23)

Within three months:

- Improve the quality of record keeping. In particular the recording of the rationale and risk assessment made in relation to suspension or change of duties for staff that have had allegations made against them. (paragraph 4, page 9)
- Implement the planned work to investigate and address the over-representation of certain groups in violence, sanctions single separation, force and restraint. (paragraph 98, page 28)
- Ensure the centre's own procedures to escalate concerns regarding the lack of resettlement resources, notably accommodation, are followed. (paragraph 81, page 28)
- Increase the opportunities for young people to be involved in the decoration of their residential units. (paragraph 38, page 16)
- Expand the variety of methods by which young people can keep in contact with their families. (paragraph 49, page 18)
- Consider further introducing a suitable electronic system for recording and monitoring health information. (paragraph 75, page 24)

- Ensure supervision for all staff is regular, recorded and provides opportunity for professional reflection. (paragraph 75, page 24)
- Continue to improve the quality of teaching to ensure that all teaching is at least good. Critically review the arrangements for supporting the education of young people absent from education but being educated on residential units. (paragraphs 59, 97, pages 20, 28)

Within six months:

- Develop a diversity strategy specific to Oakhill that all departments of the centre can contribute to. Investigate, and if appropriate address, the reasons for over-or-under-representation of groups of young people in some of the centre's activities and survey responses to prevent any possible discrimination. (paragraph 42, page 16)
- Continue to develop and implement awareness raising and interventions work with young people who are at risk of, or who have been subject of, child sexual exploitation. (paragraph 6, page 10)
- Ensure that training to support the roll out of new information and learning technology resources concentrates on improving teaching and learning. (paragraph 62, page 21)
- Improve the consistency of performance management and quality assurance across the centre, including the use of data in order to identify better where managers need to take remedial action. (paragraph 98, page 28)
- The Youth Justice Board should consider undertaking a review into the late arrivals of young people to the centre to identify what actions can be taken to address the current trend. (paragraph 7, page 10)

Service information

Oakhill Secure Training Centre (STC) is one of three functioning purpose-built secure training centres. All are currently managed by G4S Care and Justice Services Limited. Oakhill STC is situated near Milton Keynes. The STC offers secure accommodation for up to 80 young men aged between 12 and up to 18 years who have been sentenced or remanded to custody. Health care is provided by G4S under a service level agreement with appropriate access to community based services. Education is provided on-site by G4S. At the time of the survey of young people during the first week of this inspection 76 young men were resident at the centre.

Inspection findings

The safety of young people	Good
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1. In our survey, 89% of the young people who responded felt safe at the time of the inspection. All young people who said they did not feel safe were spoken to by inspectors in private. No safeguarding concerns were identified as a result. During the inspection young people were observed for the most part to be happy and relaxed with staff members and each other.
2. When bullying occurs staff challenge and manage it well. The centre has a well-established system for reporting any concerns. This leads to opening tracking logs and staff monitoring interactions closely. Since January 2015, 38 bullying tracking logs have been opened and eight full bullying logs. These are reviewed by a multi-disciplinary team to assess what interventions are needed. Strategies are devised and implemented to help keep young people safe. Young people who are victims are provided with support and work is undertaken with perpetrators to develop awareness of the effects of their behaviour on others.
3. The centre has formally reviewed the 'Safezones' initiative on two occasions since the last inspection. Young people and staff have been asked their views, via surveys, how safe they feel different areas of the centre are. The result of the latest survey showed that there are two main places that young people feel are less safe because there is no closed-circuit television (CCTV) in these areas. Centre managers have raised this with the Youth Justice Board and plans are in place to install additional CCTV cameras. In the meantime, staff are aware of the results of the Safezone survey and understand the actions required to help young people feel safe and reassured.
4. Child protection processes have improved since the last inspection. Concerns are referred in a timely manner to the local authority multi-safeguarding hub (MASH) and local authority officer as appropriate. Single or joint investigations are now undertaken by the local authority children's social care department and the police where the threshold for this is met. Matters that do not meet this threshold are referred back to the centre for internal investigation. Investigations are thorough and, in cases sampled for this inspection, led to appropriate and proportionate action. Most records are detailed, well-kept and demonstrate that procedures are followed. Where allegations are made against staff centre managers do not formally record the reasons that underpin decisions to suspend a staff member, or change their duties during the investigation. Recording relating to young people's views about the outcomes of investigations is inconsistent and does not always make clear in all cases whether they agree with findings or are satisfied with the investigation.

5. Centre managers undertake periodic analysis of allegations against staff. Managers have taken appropriate actions as a result of this to help to improve the safety of young people.
6. The large majority of staff who work with young people have received child sexual exploitation awareness training. This is now also included in the initial training course for all new staff. Currently, a small number of significant staff have not yet had this important training. Staff assess and identify young people at risk or who have been the subject of child sexual exploitation. Awareness raising sessions with young people are being piloted. The centre have plans to further develop this work so it is available to all young people in due course to help them to stay safe on return to the community.
7. A number of young people continue to be admitted to the centre very late. Since January 2015 39 young people have arrived after 9pm, some arrive after midnight and one young person arrived at 02.45am. Centre managers continue to regularly raise this with the Youth Justice Board (YJB), who commission the transport and escort service.
8. In our survey 86% of young people said they had been looked after well during their journey to the centre. Two young people stated, 'The trip was safe, the staff transporting me to the centre did a good job of preparing me for what awaited me' and, 'My trip was good; the people that brought me were nice.'
9. The admission procedure for all young people is well-established. Young people are treated as sensitively as possible. Initial assessments are carried out to identify individual needs, including any immediate health needs. Young people spend time with staff who talk with them about what to expect and help them to settle in, they also benefit from meeting other young people who are peer mentors. In our survey, 88% of young people reported feeling safe on their first night in the centre. Good efforts are made to allow young people to make a telephone call to someone important to them and they are offered a hot meal. Young people are allowed items in their room on their first night, such as a book and radio. This is subject to a recorded risk assessment.
10. Dignity searches are routinely used upon admission and when a young person returns from any visit out of the centre; for example, a court appearance. Full searches of young people continue to be the exception. Decisions to carry out full searches are based on clear intelligence that indicate it is necessary for safety or security reasons. A duty director's authorisation is required and clear records are kept of all decisions made. Since January 2015; 14 full searches have taken place all of which have been appropriate.
11. The policy and procedure for suicide and self-harm has been reviewed since the last inspection. The revised document now reflects practice and promotes a more individual approach. Assessments of young people's vulnerability and risk of suicide and self-harm are undertaken upon admission. Plans are quickly developed and shared with all relevant staff. Multi-disciplinary meetings are held where required; for example if risks

increase. Weekly safeguarding meetings consider all vulnerable young people and ensure there are appropriate strategies to help keep them safe. Where risks are deemed significant, a detailed plan and log are kept and anti-ligature clothing may be used. A sensitive approach is taken where this is the case that promotes young people's dignity and emotional needs. Records show the rationale for the decision, regular review and oversight by relevant professionals. It is positive there have been no serious self-harm since the last inspection with most incidents of a low-level.

12. All custody officers are individually issued with anti-ligature knives. These are carried securely on their person. Where anti-ligature knives are used this is recorded and the knife stored with other relevant documents and evidence. A new knife is issued to ensure it is in good condition if needed again.
13. The centre has appropriate arrangements in place for implementing the 'Prevent' agenda and for compliance with the Counter-Terrorism and Security Act 2015. There are links with the police counter-terrorism team and procedures in place whereby multi-disciplinary meetings can be quickly arranged to share information and take relevant actions. Three staff have completed facilitators training to deliver awareness sessions to all staff. To date, approximately 40 staff have received this training with three further sessions planned. The initial training course for new staff has been reviewed and now incorporates the risks relating to radicalisation.
14. Since January 2015; 56% of young people leaving the centre on a medical mobility have been handcuffed. Records of handcuff use are not well kept. In some examples seen by inspectors, records are insufficiently detailed. For example, they did not show whether handcuffs were removed when young people were seen by a medical professional in line with the recorded plan. In two cases reviewed, there were no records to show that the young person had been seen by a health professional on their return to the centre as stated in the centre's policy.
15. The centre's physical environment appears safe. There are a number of contingency plans that show actions to be taken if there is an incident or a risk to the safety or security of the centre. There are well-established links with local services such as the fire authority. Joint live and desktop exercises are carried out regularly to test these plans. Learning from each test or live exercise is recorded and has led to improvements in practice
16. The security intelligence reporting system (SIRs) continues to be well used and is embedded in practice. Staff are familiar with the system and this means they have a clear avenue for reporting any concerns about security or safety to relevant managers. All reports are quickly reviewed and acted on appropriately. SIRs are regularly analysed to identify any trends, themes or patterns that require further action. Inspectors saw an example where this had led to the implementation of a plan which improved safety and security.

17. Good arrangements are in place to prevent contraband articles from being brought into the centre. Random and very regular searching of staff, professionals and other visitors, including searches of vehicles are undertaken. Nothing of concern has been found during these searches since the last inspection.

Promoting positive behaviour	Good
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18. Good relationships between staff and young people are the foundation of effective behaviour management. During this inspection we found evidence to suggest that relationships while still reasonably good were not as positive as they were at the last inspection. In our survey 80% of young people reported staff treat them with respect compared to 94% at the previous inspection and 92% at other secure training centres (STCs). It was also notable that only 33% of young people said they would turn to unit staff if they had a problem compared to 54% in other STCs. Our observations of staff were mainly positive. Staff were dealing with potentially challenging situations well and reacting proportionately to different levels of poor behaviour.
19. Young people's behaviour is mostly good on the living units and in education. At the previous inspection we found Oakhill had experienced a difficult summer with a spike in incidents of violence and poor behaviour. While the number of incidents fell from the very high levels seen in summer 2014 they have not returned to lower level they were previously. This means that levels of violence, use of force, single separation and sanctions during the previous six months has been relatively high. Much of this inappropriate behaviour is perpetrated by a minority of young people who are involved in repeated incidents of violence. These young people are managed through behaviour management plans which are tailored to their individual needs. In most cases this approach is effective but there a small number of young people that continue to cause disruption at Oakhill.
20. The centre's monitoring of behaviour shows that young people from a black and ethnic minority background (BME) are more likely to be involved in incidents of violence and physical restraints. They are also more likely to receive sanctions and be subject to single separation than their white counterparts. The centre has plans to investigate this however it is too early to assess the impact of this work.
21. The do not mix list continues to be used frequently to ensure the safety of individuals by keeping them apart. Active efforts are made to try to reduce conflicts between young people by carrying out mediation with groups or individuals. However this continues to have an impact on other aspects of centre routine including access to activities and the dining hall.
22. On arrival young people are informed of the centre rules and the expectations of their behaviour by staff, peer mentors and in writing.

These rules are clear and fair and young people we spoke to said that most staff are consistent in applying the rules.

23. Young people are initially placed on the lowest level of the incentive scheme and work their way up. It is positive that allowances are made to accommodate the needs of new arrivals. On their first night young people are offered a radio which they keep during their time on the bronze level. This makes their regime similar to that of the silver level of the scheme. This positive practice is not reflected fully in the policy.
24. The incentives scheme continues to operate well. It is appropriately focused on rewarding good behaviour and young people told inspectors that they wanted to move up to the higher levels. Behaviour is assessed in all areas of the centre and points are awarded from nil for non-compliance to 4 for outstanding behaviour. The level of the incentive scheme young people are on is reviewed each week by averaging out the points awarded during the previous seven days. While this seems complicated, all the young people spoken to understood it. They could explain aspects of the scheme including the weighting of education points, that account for 25% of the average and the additional expectations needed in order to move up to the highest levels. These include not being subject to the do not mix list and regular participation in group activities and communal dining.
25. Specific plans are put in place for those young people who struggle to move up the levels. These can include short term rewards and in most cases ensure young people do not spend excessive periods of time on the lowest level. Inspectors saw evidence of staff working with young people to implement a behaviour plan for a unit. This was good practice and resulted in significant improvements in the behaviour of several young people all of whom reached the higher levels of the incentive scheme.
26. In our survey 75% of young people reported that the scheme encouraged them to behave well. At the time of the inspection more than half the population were on the higher levels and only four young people were on the lowest. However fewer young people reported staff let them know when their behaviour is good than we have found at other STCs.
27. In addition to the incentives scheme the centre continues to run regular and ad hoc communal competitions with prizes to encourage good behaviour including education unit of the week.
28. Appropriate sanctions are used that differentiates between poor behaviours. More serious misbehaviour results in the loss of all privileges for up to 72 hours. This is reviewed each day and is reduced in response to good behaviour. Oversight of sanctions is good and recorded well. However use of restorative reparation is low. We noted confusion amongst duty operational managers (DOMs), residential managers and custody officers about the level of the incentives scheme young people return to following a loss of privilege. Although inspectors saw examples of this being reviewed on a case by case basis, most members of staff

and young people spoken to, said young people are automatically demoted to the lowest level.

29. In the six months prior to the inspection there were an average of 3.3 fights between young people and 13 assaults on young people each month. This is a slight increase in frequency since the previous inspection. Much of this violence was low level but one young person required hospital treatment following an assault by another young person. Over the same period there was an average of eight assaults on staff each month resulting in two serious injuries.
30. Use of force and restraint has continued at the relatively high average of 35 a month. The documentation and CCTV footage we reviewed demonstrated that force is initiated appropriately in order to prevent injury to young people or staff. In most incidents restraint is used for short periods of time before staff deescalate the situation. The centre has worked with staff to reduce the number of incidents that result in young people being restrained in their rooms. Evidence was seen of staff releasing holds and allowing young people to walk into their room in nearly all incidents where it was possible to do so.
31. Oversight of use of force and restraint is good. All incidents are reviewed and referred for external oversight if required. Any poor practice and learning points are identified and addressed both with individuals, and where patterns emerge, with the whole staff group. The centre plan improvements to CCTV coverage and the use of body worn cameras which also record audio.
32. Health staff are called to each incident to ensure that young people's health is unimpaired during use of force and physical restraint. Medical assessments of the young people involved are completed after each incident. Those young people who have a medical condition that could be exacerbated by the use a restraint technique have restraint handling plans (RHP) in place. Residential and response staff spoken to know which young people had a RHP in place and were able to outline the key parts of specific plans.
33. Despite only 50% of young people reporting that someone spoke to them after a restraint we found that all young people subject to use of force or restraint are interviewed by a duty operational manager and referred to the independent advocacy service. Any concerns raised by young people are followed up and they are kept fully informed of action taken. Young people spoken to were confident in expressing their version of the incidents. If the same young person is involved in multiple incidents during a short period of time a strategy meeting is held and a plan put in place.
34. It is positive that despite dealing with some very challenging behaviour pain inducing techniques have not been used.
35. In our survey 63% of young people reported staff had made them stay in their room away from other young people because of something they did. This is higher than we have found at other STCs. Separation from

normal location is used in two ways at Oakhill. The first is single separation where young people are confined to their room to prevent them from causing significant harm to themselves, to others or to prevent significant damage to property. Single separation was used an average of seven times a month over the previous six months. Records demonstrated it was generally initiated proportionately and ceased when a young person had calmed down. Staff and young people are clear about the difference between single separation and the use of time out where a young person elects to spend time away from other young people. However inspectors saw one young person who was locked in his room after refusing education which was both inappropriate, as the young person was not posing a threat to other people or property, and not recorded as single separation.

36. In cases where young people are unable to mix with others on their unit they are separated from other young people but are not confined to their rooms. This separation takes place in small association rooms usually reserved for those on the highest levels of the incentives scheme. A member of staff remains with the young person and a reintegration plan is put in place immediately. This usually includes undertaking mediation, mixing with others in small groups and attending education. While this arrangement is used infrequently the number of young people subject to this form of separation is not collated, neither is the average length of stay. Inspectors could not be assured that the two young people subject to these arrangements at the time of the inspection were offered daily access to exercise in the open air.

The care of young people	Requires improvement
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37. Good information about the centre is available to young people on arrival, including a useful DVD. An introductory booklet given to young people provides them with useful information but contains some language that is not child-friendly. There is no information readily available for young people who do not understand English. The use of other young people as peer mentors as part of the settling in process is good.
38. All young people have their own rooms with integral toilets and showers and are expected, and encouraged, to keep their rooms and communal areas clean and tidy. Young people have daily chores to do and are given help to learn how to do these and to develop independent living skills such as using a washing machine or vacuum cleaner and cooking for themselves. Communal living areas have been refurbished but some units are more "homely" than others. Young people were not involved in individualising the décor of their communal living space. Since the last

inspection increased attention has been given to the condition of the units. The health and safety issues highlighted in the previous inspection are now addressed.

39. Young people now have more opportunity to spend some private time in their rooms than was previously the case. This is appreciated by the young people spoken to during this inspection. Staff now place more emphasis than previously on bedrooms being young peoples' "home" while at Oakhill. They give appropriate warning before opening a bedroom door or looking through an observation panel. Too many observation panels were obscured by young people with makeshift curtains or sheets of paper, which could present a safety issue.
40. In our survey nearly all young people knew how to make a complaint, and just over half of those who had made a complaint thought it had been dealt with fairly which is similar to the previous inspection. All units have blank complaints forms readily available to young people and additional boxes have been installed on the units to give young people more privacy if they wish to submit a complaint. Grumbles books', in which lower level issues can be raised for resolution, are accessible on the living units. These are used more on some units than others. Grumbles are responded to appropriately. Independent advocates help young people who need to make a complaint and provide individual support as needed.
41. Between January and the end of October 2015; 171 complaints were made. Complaints reviewed during this inspection had been dealt with properly. Young people are spoken to twice about the outcome of their complaint, initially by the manager who investigated the complaint and then by their caseworker. Young people are given advice on how to appeal if they are unhappy with the outcome of their complaint. Eight appeals have been made in 2015 so far, changes were made to the original outcome in four of them. Overall, complaints are managed well and there is appropriate quality assurance which includes external scrutiny by the including by the Local Authority Officer responsible for investigating allegations and the independent advocacy service.
42. There is no local strategy or underpinning action plan in relation to young people's needs arising from diversity. There is scope to develop data analysis further with, for example, more focus on disability. There is input from across the centre to progressing diversity work, but attendance at monthly diversity group meetings is not consistent and not all protected characteristics receive the same degree of attention. In general the identified needs of individual young people are well met. Monthly themes are identified for the centre to highlight, for example

Diabetes week and the Chinese New Year. Some useful links have been made with external groups to offer support to specific groups of young people, including those from a Traveller background.

43. At the time of this inspection there were no young people who did not speak English in the centre. However there is no guidance for staff on the support to be offered on the few occasions when a non-English speaker is admitted. Some translated materials are available, for example complaints forms in a variety of languages. Telephone interpretation services are available to, and known by, staff and we were told that interpreters have been used when parents do not speak English. The information pack for parents/carers had been translated into another language for a family who needed it.
44. In our survey 80% young people said staff treated them with respect. This is fewer than we have found at other STCs at 92%, and at Oakhill previously at 94%. Young people from a black and minority ethnic background were particularly negative with only 60% compared to 92% of white young people reporting they were treated with respect. We observed some very good interactions between staff and young people and a good understanding of the needs of the young people. In contrast we also saw some low level poor behaviour such as swearing by young people going unchallenged, and a few staff swearing in front of, but not at, young people.
45. In our survey 67% of young people said they would tell a member of staff if they were being bullied or picked on. This is a significant improvement on the previous inspection of Oakhill where 43% of young people said they would tell a member of staff. As at the previous inspection, most young people know their keyworker and the majority feel that their key worker tries to help them.
46. The quality of some key-work is poor. Some sessions seen by inspectors took place in noisy, busy environments that were not conducive to effective learning or for young people sharing any issues that might be troubling them. Some young people told inspectors they complete their key-work packs on their own without any support from staff. Some records seen during the inspection suggested that this was the case. Unsurprisingly, some young people said they only completed their key-work packs because they had to and did not find them particularly useful.
47. Young people are now given a poster for their bedroom that contains their individual targets. These are discussed at planning review meetings. Young people attend their planning reviews and are encouraged to put

their views forward. However only half of young people said they knew they had a plan that sets out targets for them to achieve. Information sharing within the centre about young people is achieved through a number of meetings which include multi-disciplinary involvement. Planning for when young people move on from the centre starts early, with assessment of needs starting on admission. Young people and their families/carers are encouraged to be fully involved in the planning and review progress.

48. Caseworkers are the first point of contact for families and carers. They keep parents/carers informed of notable incidents and events during a young person's stay at the centre including regular phone calls if requested. However, we heard from some families and external professionals that the level of contact is variable and that they would have liked more information from the centre on young people's progress, including in addressing identified offending behaviour needs.
49. It is pleasing to see that the premium rate phone line which families previously had to use to contact the centre to has been replaced. Current arrangements enables calls to be made to the centre at the cheapest possible cost, one parent spoken to during this inspection welcomed this change. In our survey 80% of young people said that it was easy to keep in contact with family or carers. All have telephones in their rooms and young people are given four pounds of phone credit each week. They can add more to this from any monies sent in to them and family/friends can call them between set times each day. Young people can send three letters free of charge each week, but other means of keeping in touch with family, such as via online calls, are not available.
50. Just over half of young people, similar to other STCs, reported in the survey having a visit from family, carer or friends at least weekly. Case workers make contact with the families of young people who do not receive visits to identify why, and to try and assist, in arranging visits. A small number of young people said they did not receive any visits. A volunteer visitors' scheme has been put in place by the chaplain to offer visits to young people in this position. Caseworkers do what they can to encourage family support and visits.
51. It is inappropriate that the length of a visit is determined by how far the visitors have travelled with those travelling longer distances having lengthier visits. This does not, for example, take into account the strength or quality of the existing relationship between the young person and their family or the frequency with which visitors are able to visit. Good use is being made of engagement visits, which take place in the

youth club and of specialist engagement visits at which up to three families have a visit in the youth club at the same time. These help to build family ties, and while the centre does not offer any family support work, it can provide facilities for external youth offending services (YOS) to carry out the work on-site.

52. Arrangements for faith observance are appropriate although young people were less positive in the survey than was previously the case about being able to observe their religion. Mixing issues prevent some young people taking part in group worship, but the chaplain is accessible to all young people and visible around the centre, as too is the Muslim Imam who is on-site twice each week. Religious leaders of other faiths are available when needed to meet the needs of the young people. Support is available to all young people from the chaplain irrespective of their faith.

The achievement of young people	Good
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53. Young people are able to access an appropriate range of subjects including mathematics, PE, drama, science, humanities and English. They achieve well and make good progress during their time at the centre. GCSE pass rates in English and mathematics have improved over the last two years and those with poor literacy and numeracy scores on entry make marked progress. The majority involve themselves in enrichment activities such as health fairs, work experience and arts competitions. Opportunities to act as mentors or host guests, including students from a neighbouring school, enable them to practise the social skills necessary to improve their chances of resettlement. A minority struggle to cope with the classroom environment which limits their learning.
54. Overall teaching is good, but a minority of sessions require improvement. In the best instances, teachers establish a constructive classroom environment and good rapport with young people. They explain tasks clearly and, where appropriate, link with previous lessons to help young people consolidate learning. Simple but effective strategies such as learning about and referencing their interests, tailoring questions to the needs of individuals and checking for understanding are used to ensure that all young people are involved. PowerPoint presentations are well chosen but used sparingly and teachers stretch the more able by, for example, encouraging extended writing.
55. Characteristically, the weaker sessions were cluttered and rushed. Teachers too readily assumed that young people had understood before moving on or failed to set sufficiently interesting tasks. As a result some young people switched off, sometimes distracting others. Written tasks

were set without enough time to complete them, undermining their value. In a minority of sessions, personal searches of young people undertaken by care officers towards the end of the session interrupted the flow of the lesson. This invariably had a negative impact on teaching and learning.

56. Increased emphasis is being placed upon developing young people's employability skills and aspirations in areas such as catering, horticulture, hair and beauty and sport. As well as bolstering the range of vocational courses, managers continue to introduce relevant initiatives such as job application and CV writing drop-in sessions, mock interviews conducted by staff from national companies and mobility visits to construction sites. Young people receive these well.
57. Education managers and staff readily introduce fresh ideas to the curriculum and keep qualifications under review to ensure their relevance. Cross curriculum links are good, for example across personal, social and health education and BTEC sport and leisure. Creative use has been made of release on temporary licence (ROTL) to support one young person's education. Much has been learned from the planning and partnership work involved in this. However the curriculum is not always sufficiently flexible to accommodate the few young people with longer sentences, who complain of repetition.
58. Young people are receptive to individual support provided by education staff generally. Teachers conduct one-to-one literacy support sessions well, with young people making good progress in their speaking, listening and literacy. In-class learning support assistants are effective and unobtrusive.
59. Arrangements for those young people who do not attend education are offered alternative support on the residential units. Staff make a good effort to ensure young people attend, but the learning resource packs provided, and level and nature of teacher support provided while on the units have limited value. Those young people who remain on the unit, are recorded as present in education, in line with Youth Justice Board criteria. In reality, they do not receive an equivalent level of education or social interaction.
60. Initial assessments are carried out promptly and identify in good detail young people's needs in respect of literacy and numeracy levels and their previous educational experience. Teaching and support staff are alert to these needs and to additional obstacles to learning such as dyslexia which emerge. Regular reviews are carried out to ensure that young people are making progress and undertaking the most appropriate subjects.
61. The special education and educational welfare team goes to significant lengths to form links with a young person's previous education provider to ease transition and support eventual progression. Where an education, health and care plan (EHC) or statement of educational needs (SEN) is in place, the centre generally succeeds in establishing a productive link with a young person's school, but otherwise success is

limited. There are a few instances where head teachers work highly effectively with the centre in order to ease young people's return to school. Such instances act as models of good practice. Education staff also work well with the centre's resettlement team and the external guidance provider in securing positive destinations for young people. Collectively, they are broadening the range of progression routes including to apprenticeships, training or further education. In 2014-2015, 25 of the 92 young people (27%) were deemed as not in education, employment or training (NEET) on release at 16. While an improvement on previous years, this remains a matter of concern.

62. Teaching resources are good. Classrooms and workshops are bright and well equipped. Insufficient opportunities are taken to involve young people in the production of displays. The centre is part way through the roll out of new information and learning technology (ILT), including tablet computers, for use in the classroom. These enable teachers to upload and adapt lessons and presentations. Controlled access to the internet supports young people's CV writing, research and job search. Young people have responded positively to these developments which enable them to work independently and develop multi-media skills relevant to the work place. Staff training has been provided but, at this early stage, most teachers are insufficiently confident and knowledgeable in applying the new technology to support learning.
63. Managers have made good progress in tackling previous inspection recommendations, particularly in respect of teaching learning and assessment. New and productive links have been developed with the local authority school improvement service whose staff have worked with centre managers to carry out joint teaching observations and support improvement in mathematics. New staff are well-supported. Staff training in relation to extremism and radicalisation is planned but staff have yet to consider their practice within education.
64. Managers' self-evaluation reports and departmental development plans are insufficiently evaluative and have too few informed targets against which progress can be monitored. Data does not sufficiently convey comparative progress.

The health of young people	Requires improvement
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65. Young people have access to a good range of age appropriate services such as substance misuse, immunisation clinics, optician and sexual health services. These are delivered by a core team of staff including regular bank staff. Waiting times for services are good. Health staff have a good understanding of the needs of the young people they work with and generally engage well with them. In our survey 54% of young people said that healthcare services are good 92% said they can see a nurse or GP if they are ill which is higher than the comparator and at the previous inspection. However no health needs assessment to support

this has been completed since 2011. This means the service cannot be sure it is meeting the needs of all young people.

66. Young people have an initial health assessment on their arrival by means of a nationally recognised assessment called the Comprehensive Health Assessment Tool (CHAT). Care plans are put in place immediately where issues are identified. Further sections of the CHAT covering physical and mental health, neuro-disability and substance are also completed and generally within expected timescales. Staff do not record where a child or young person refuses to engage to complete the assessments. There is good contact with families and other agencies, such as nurse specialists and Child and Adolescent Mental Health Services (CAMHS) to obtain further information about the needs of the children and young people.
67. Information from these assessments is used to develop care plans, however these are often generic. Where specific needs are identified a specialised care plan is not always put in place. Where there is a specific care plan it does not always contain sufficient detail and is not always clear if it has been reviewed regularly. Some of the records we looked at lacked detail and not all information in different records correlated. However staff we spoke with had good knowledge of young people, what the concerns were and what action they needed to take.
68. The psychology department has carried out good work around sexualised behaviour to increase awareness and help with the management of any identified concerns. Eight young people were either on remand or sentenced for sexually harmful behaviour in 2015.
69. Infection control has improved since the last inspection. Cleaning schedules are now in place and these are checked and signed by a manager to confirm they are happy with the cleanliness. However, the dental suite is not clinically clean and this poses a risk of cross infection. Some cleaning processes are insufficiently rigorous; the temperature of the water used in the decontamination process is not measured and instruments that have been through the decontamination process have to be moved to be inspected to an area that may not be sterile. There is a lack of clarity between G4S Forensic and Medical Services (UK) Limited and the dentist providing the service in relation to their roles and responsibilities. A service level agreement was only established in September 2015 even though the dentist has provided the service for a significant period of time. A defibrillator is available and the dentist checks it is present at the start of each dental clinic. There are, however, five locked doors between the clinic and where the defibrillator is stored. This could lead to delay in the defibrillator being available for use in an emergency.
70. There is now a clear service specification and referral pathway in place for substance misuse services. Quarterly reports are now being produced which show that interventions are timely. Substance misuse workers now complete all one to one sessions with young people. Auricular acupuncture has been introduced by substance misuse team and a

newsletter developed to help increase awareness of issues and promote the services on offer. There is a good relationship between the commissioners and the substance misuse team.

71. Regular audits are undertaken including on medication management. Generally necessary action is taken in response to audit findings however the audit had not identified that the temperature of the medication fridge is not checked so staff cannot be sure of the efficacy of the medication stored in it. Not all young people are adequately spoken to or fully observed during the administration of medication. This could allow the risk of medication potentially being diverted.
72. The team has a good balance of different health disciplines and all practitioners have up to date registrations with the Nursing and Midwifery Council (MNC). Supervision occurs on a regular basis and staff say they feel very well supported. There is evidence of regular team meetings but no operational team meeting for the wider health team. Annual Employment Development Review's (EDRs) have not been completed for all staff. Training records are not up to date and are not being monitored proactively. Not all mandatory training is in date. Some staff have not completed training in Child Sexual Exploitation.
73. It was positive that nurses are supported to develop in areas of work such as prescribing medication and the continued good work around the Fatherhood Group. However, this had not been informed by a training needs analysis which would help ensure that all staff have the necessary skills to ensure that services comparable with the community are being delivered. Inspectors observed good interaction and communication across the wider healthcare department and also with the centre. This included attending relevant meetings such as safeguarding, resettlement and the Specialist Intervention Meeting (SIM) which helped to ensure a holistic approach to helping to meet the needs of young people. Health staff attend review meetings where appropriate or provide written information to give an update on any issues or concerns.
74. Feedback from young people is regularly sought through periodic health questionnaires and also when they leave the centre. Feedback from young people about their experience of healthcare is very positive; particularly about contact with their named nurse, GP, optician, mental health services and the dentist. Twice yearly health fayres provide a range of information to help young people develop awareness about their health. Health staff do not routinely attend the X-Change meetings where young people meet with the centre to discuss their issues. This is a missed opportunity to gather further information and answer questions about the services provided.
75. An electronic patient record system is not yet in place to ensure that young people's information is accessible. Data could be more effectively shared between departments both internally and externally, this would assist staff to ensure the needs of young people are met.
76. In a survey conducted by the catering provider in May 2015; 72% of young people rated catering overall as very good, good or satisfactory.

In our survey only 4% of black and other ethnic minority young people, compared to 35% of white young people, rated the food as good or very good. Although this has been identified in previous inspections the ethnicity of young people is not analysed in the survey completed by the catering provider.

77. Young people are regularly asked for their views and suggestions to influence menus and supported where they have specific dietary requirements. Where there have been specific concerns a meeting with the catering manager and the young people has taken place to help resolve the issues. Menus were on display and they indicated foods which were Halal, vegetarian or healthier options or where foods had been requested by the food forum. There is literature on display to promote good health promotion and nutrition. A coffee shop has been established which allows young people to obtain relevant qualifications and practical experience as a barista.

The resettlement of young people	Requires improvement
<p>78. Planning for the release or transfer of young people begins at the point of admission and remains a priority throughout their time at the centre. Initial needs assessments normally consider all available information and inform individual sentence planning. Sentence plans generally take account of offending behaviour, family situations, levels of risk and vulnerability and emotional needs. This is particularly relevant in terms of considering future accommodation and education or training options.</p> <p>79. Arrangements to manage young people subject to Multi Agency Public Protection Arrangements (MAPPA) are clear. Young people are identified at an early stage and case managers liaise with youth offending services to ensure community safety plans are integral to resettlement preparation.</p> <p>80. Young people are now given their own versions of sentence and resettlement plans. They are well supported to complete these with help from staff and their families. This allows young people opportunities to contribute to target setting and planning for their release. Such an approach enables them to gain insight and invest in plans concerning them. Young people spoken to by inspectors said they understood these plans and felt involved in their development. Reviews involve young people and provide them with considerable opportunity to say how they feel and contribute to the decision making process. Staff facilitate these meetings with confidence and knowledge and promote the needs of young people throughout.</p> <p>81. New processes have been developed to escalate concerns where young people do not have appropriate resettlement plans in place. This procedure is not consistently applied. Inspectors saw one example where no challenge was made until two weeks before the young person's</p>	

release date despite there being no suitable accommodation identified. This means that not all young people benefit from the same level of support, anxieties are raised and opportunities may be missed to identify appropriate community resources at an early stage of planning. Despite this no young people have been released without accommodation being identified for them.

82. The resettlement manager now facilitates resettlement meetings. This has improved the identification of potential problems in transition plans and provides guidance to caseworkers on challenging delays. This approach has helped to ensure that young people receive the services they are entitled to, notably those in the care of their local authority.
83. In many instances caseworkers are proactive at chasing youth offending services and local authorities to ensure all documents are in place. However there were examples seen by inspectors where some key documents were missing. Several files did not contain pre-sentence reports and some looked after child paperwork was missing, despite the young people being at the centre for several months. Although initial efforts to obtain such information are made, they are not systematically pursued. This means sentence planning and review may fail to take account of crucial information. Where this is the case assessments cannot provide an accurate picture of the needs of young people.
84. Caseworkers compile appropriate plans that take account of index offences and associated issues. These inform individual intervention strategies including matching to group work and individual programmes. Caseworkers are responsible for overseeing the completion of targets and referring young people to the specialist intervention team when required. For instance young people convicted of sexual offences will be referred to the psychology team who undertake the relevant assessments and interventions.
85. A small number of young people have had to wait a considerable period of time before receiving specialist interventions in relation to knife crime. Inspectors saw examples of young people waiting upwards of six months without any direct work completed these young people and are soon to be released. In addition two examples where young people had not been referred for intervention. This means not all young people have their most concerning behaviours and attitudes challenged and addressed in a timely manner. These shortfalls also miss windows of opportunity for young people to learn, take responsibility and reduce their risks of committing similar offences in the future.
86. The quality of key-working interventions and recording is mixed. There are a range of offending behaviour programmes; 36 in total. These include anger management, conflict resolution and peer pressure work packs. A review as to the suitability of these packs has recently led to the revision of a small number of them. Examples of the revised packs seen by inspectors were user friendly. Although residential unit staff have received training in the delivery of key-work sessions the quality of this work, including the evaluation of the sessions, is inconsistent.

Caseworkers monitor the completion of the key-working programme but inspectors did not see evidence of any challenge where the quality of the work completed was poor.

87. The enrichment programme provides young people with a variety of opportunities to improve and develop their personal, social and vocational skills. Effective links are in place between the centre and community based schemes. Groups visiting and engaging young people include street art, dance, rap, drama and a charity for dogs. Involvement with the charity is well established and provides young people with a six week course that involves learning key aspects of dog care and training alongside developing empathy, respect and responsibility.
88. The low ropes course is now used as a stepping stone to accessing community based projects. Mobility undertaken include community reparation, work experience and reintegration. Young people on any level of the incentive scheme are able to attend college interviews or visit potential accommodation options. Young people on higher incentive levels assist at local food banks and help to clear up areas of natural beauty and historical significance.
89. The resettlement team work closely with their education colleagues to identify and plan suitable education, training and employment options. In the best examples this has led to young people receiving visits from schools and colleges which has helped them maintain their placements and provided them with consistency.
90. In house opportunities for work experience include catering and assisting the maintenance team giving young people useful experience and improving their employability on release. Opportunities are also taken to utilise mobility so young people can visit prospective placements. Despite these efforts the number of young people leaving without an education or training placement or employment remains a concern. Between January and March this year 36% of young people released had no provision in place. The continued development of resettlement consortiums and their increased involvement with the centre is a positive move and one which aims to better match young people with community based options.
91. The centre tracks the progress of young people following their release. Greater emphasis on the importance of gathering such information has resulted in a higher number of responses from youth offending services than in previous years. This allows better analysis of levels of recidivism and understanding of the reasons that contribute to further offending. This information has been used productively to inform the development of intervention and support programmes. For example in creating a group programme to address breaching orders and by improving the focus on helping young people establish better relationships with their families and carers.
92. The centre's most recent findings show the level of re-offending is lower than the national average.

The effectiveness of leaders and managers	Good
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93. The centre benefits from having an experienced Director who has been in post for three years, is appropriately qualified and experienced. A stable senior management team is in place which has been further strengthened by the appointment of a permanent head of care in January this year. The introduction of a senior management away day has provided an effective forum for managers to explore the strengths and areas for development in the centre. Senior managers are visible to both staff and young people. Some young people spoken to by inspectors were clear they could speak to the Director and able to describe conversations with senior staff.
94. The vast majority of the recommendations made at the last inspection have been responded to effectively. Shortfalls remain in relation to the cleanliness of the dental suite and the review and use of key-work packs. Contractors and others now know where the defibrillator is stored. There are though five locked doors between the dental suite and where the defibrillator is stored which could cause delay in accessing it if needed.
95. Arrangements for clear communication are in place between senior managers and staff. This includes staff engagement days held for the first time in May this year. These were welcomed by staff with 86% of them rating the day as 'fantastic'. Appropriate priority has been given to communicate policies promoting young people's well-being and safety, including those identified by young people as important. Inspectors have seen the impact of this on staff practice as a result, for example staff waiting after knocking before entering young people's rooms, and, in the increase of restraint holds being removed at the doorway of young people's rooms.
96. Good relationships are in place between the centre's management and external agencies such as children's social care, the police and the Local Safeguarding Children Board (LSCB). Prompt and appropriate action is taken if staff standards of behaviour fall below expected standards. Incidents are referred to the local safeguarding hub and or the local authority's designated officer when necessary. Internal investigations reviewed during this inspection were rigorous and led to proportionate and appropriate actions. Safeguarding arrangements have been strengthened since the last inspection. Social workers from the local authority now visit young people in the centre where safeguarding investigations are required, in line with statutory guidance. This increases the independence and transparency of such enquiries.
97. Inspectors saw some very good examples of quality assurance being used effectively. For example the review of CCTV footage of restraint.

Staff involved receive individual feedback, training or guidance as a result. Other quality assurance arrangements are insufficiently robust and do not always lead to improvements in practice. Inspectors saw poor arrangements in relation to the completion of working packs that have not led to practice being challenged and improved. Supervision arrangements in the resettlement team are poor and shortfalls in relation to some offender behaviour work have not been addressed.

98. Appropriate analysis of data has led senior leaders to identify young people from BME backgrounds are over represented in restraints and sanctions. They have undertaken work to understand this and reassure themselves that restraint or sanctions are being properly applied. An outside agency has been commissioned to work with this group of young people to determine the underlying causes of their behaviour and staff with strategies to work with these young people. There is further work to do to ensure all young people's diverse needs are fully understood and promoted. Although some data is used well to understand and improve performance, it is not consistently used across the centre in a sufficiently analytical way to scrutinise and influence practice.
99. Opportunities and expectations in relation to training have been strengthened since the last inspection. All new staff complete a seven and a half week initial training programme which now includes information on child sexual exploitation. There is a broad range of training on offer to existing staff. Staff rotas include a training shift every three weeks on average which facilitates attendance. A variety of approaches to promote development are used including training days within the training centre, 'learning circles' held during the afternoon staff handover, and online training opportunities.
100. Attention is given to important training issues such as safeguarding and child sexual exploitation. The centre makes good use of multi-disciplinary training provided by the LSCB. A good proportion of the centre's workforce has completed core safeguarding training. Professional qualifications are promoted and supported.
101. 'X-change' meetings are used effectively to consult young people about the centre and how it is run. Young people regularly make suggestions and requests at these meetings some of which have resulted in changes being made. Not all departments routinely attend these meetings and their effectiveness could be further improved by wider attendance. Focus groups and surveys are used well to inform planning. Changes have been made as a result for example in identifying where children feel less safe and reviewing staff guidance in relation to these areas, changing the food provided for young people fasting during Ramadan and improving young people's privacy in their bedrooms.
102. Young people's individual needs are usually well met in the centre. Some good work has been completed in one residential unit to improve young people's understanding of the system of sanctions and rewards leading to all of the young people progressing further on the regime.

103. Residential unit's records show supervision happening at regular intervals with clearly record tasks and expectations of staff. Supervision is also used to give staff feedback on their practice following the review of CCTV footage of their interaction with young people on the units. Good practice is recognised and guidance is given where shortfalls in practice are identified. Supervision records seen of the resettlement workers require improvement. Supervision is insufficiently frequent, records are not routinely typed, lack detail and evidence of reflective practice.
104. New monthly meetings have been introduced chaired by the organisation's Director of children's services to strengthen oversight and challenge from external managers and promote consistency of practice across STCs. Examples of impact have been seen during this inspection with learning from other inspections applied at the centre.
105. Improvements have been made since the last inspection in the understanding of the entitlements of young people who are looked after. Independent Reviewing Officers from Milton Keynes attended a resettlement team meeting to advise on this. Case workers were observed during this inspection to advocate on behalf of individual young people in relation to their home local authority's responsibilities. An escalation policy has been developed but is not followed in all cases and therefore is not yet leading to improved access to services for all young people.
106. Since the last inspection a special educational needs coordinator has been employed (SENCO). This is a positive move to ensure all young people's educational needs are understood and met.
107. Effective arrangements are in place for external oversight of practice and procedure in the centre. Officers including the designated officer for allegations, Local Safeguarding Children Board (LSCB) business manager, social workers and officers from the local police protection unit attend safeguarding, use of force and professional forum meetings. Improvements have been made in the conduct of child protection investigations with social workers from Milton Keynes children's services now visiting young people in the centre in line with statutory guidance.
108. There has been a concerted focus on staff recruitment and retention since the last inspection. The recruitment process has been reviewed and strengthened with new arrangements in place to support staff in the early days of their career. Stability in the staff team has improved considerably with turnover reducing from 42.3% in 2014, to 29.4% from January-November 2015.
109. Senior managers are aware of their responsibilities in relation to legislation including child sexual exploitation and the Prevent agenda. Staff, including residential staff, have been trained on potential indicators of radicalisation and two young people have been referred to the relevant authorities where concerns in relation have been identified. Appropriate attention has been given to raising staff awareness in relation to young people who have suffered or are vulnerable to sexual

exploitation and staff were able to describe the impact of the training they had received to inspectors.

110. The Director is an active and committed member of the LSCB and has been proactive in providing the Board with information to support scrutiny. A section 11 safeguarding audit has been completed and a set of key performance indicators (KPIs) has been agreed which will be reported to the Board as part of a multi-agency data set. This is a new development and is yet to demonstrate impact.
111. The centre makes good use of learning, including that from other inspections, to build on outcomes and improve young people's experience.

About this inspection

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of 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.

Joint inspections involving Ofsted, Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) are permitted under paragraph 7 of Schedule 13 to the Education and Inspection Act 2006. This enables Ofsted's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of his functions.

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

The inspection was unannounced. It was carried out by seven inspectors comprising two from HMIP, four from Ofsted and one from the CQC. The inspection was informed by a survey of young people's views undertaken in the first week of the inspection by three senior researchers from HMIP. Of the 76 young people in the centre 49 responded to the survey, a 70% response rate.

All inspectors drew keys and accessed all parts of the centre. The inspection team considered key aspects of young people's experience of living in the STC and the effectiveness of the support available to them. Inspectors observed practice and spoke with young people. Inspectors also spoke with former trainees, their parents and carers, frontline staff, managers, the Youth Justice Board (YJB) monitor, the Local Authority

Designated Officer (LADO) and other key stakeholders including the advocacy service provider. In addition, inspectors analysed performance data, reports and other management information available within the STC.

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

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

An additional focussed unannounced inspection was conducted in February 2016. The inspection was undertaken following allegations about the care and mistreatment of young people in Medway STC, a centre also run by G4S. The purpose of the inspection was to provide additional scrutiny of the safety of young people and the management governance of the centre. The report of that inspection is published as addendum to this report.

Addendum report to the Oakhill Secure Training Centre (STC) inspection report of November 2015

Introduction

1. A full inspection of Oakhill STC was completed in November 2015. The inspection judged the overall effectiveness of the centre as good. The inspection report was due to be published on 11 January 2016. Shortly before the publication of the report we were made aware of allegations of abuse and falsification of records at Medway STC, a centre also run by G4S. Consequently publication of the report was postponed. As a result of the allegations in relation to Medway STC, an additional inspection of Oakhill was undertaken on 9 and 10 February 2016 in relation to the arrangements for the safety of young people and the managerial oversight and governance at the centre.
2. A team of seven inspectors from Ofsted, HMIP and CQC, undertook a focused unannounced inspection. This included: confidential individual interviews with young people and staff. Inspectors chose a sample of staff and young people and also spoke to any young person who asked to see them. Interviews included residential, education, health care, and the chaplain and night staff. Inspectors also spoke to senior managers and the advocacy service. A total of 26 young people and 31 staff were spoken to during the inspection. In addition inspectors reviewed closed circuit television (CCTV) footage of 42 incidents of restraint and the accompanying records, security and intelligence reports and declarations to the youth justice board (YJB).
3. The judgements of the inspection undertaken in November 2015 remain with the following additional findings and recommendations.

Context

4. Since the last inspection the director of the centre has left and the newly appointed deputy director is acting as interim director. The post of head of safeguarding has been re-established. The use of body worn cameras is currently being rolled out in the centre. Cameras were issued to duty operational managers (DOMs) first with other staff groups being issued cameras throughout February. Oakhill is running at nearly full capacity with 74 of the 80 beds occupied at the time of this inspection. As Medway STC has not taken any new admissions since early January more young people who cannot mix, due to issues such as gang affiliation, as well as a number with severely complex and challenging behaviour have been admitted to Oakhill.
5. There has been an increase in the number of restraints since the last inspection in November 2015. The number of fights and assaults by young people on other young people continue at a similar level but the number of assaults on staff rose to 22 in January 2016. This

includes three incidents that resulted in serious injury to staff. There is a significant rate of staff turnover, 33%, during 2015.

6. A large number of staff told inspectors morale has been affected by the allegations made in relation to Medway. Both staff and young people described this as having a negative impact on relationships between staff and young people. Some staff report having less confidence to challenge and manage young people when they behave inappropriately. Staff perceive there has been an increase in the number of false allegations made against them, both staff and young people describe young people making threats that they will make false allegations. This adds to pressure on staff. Staff spoken to by inspectors, said they were shocked at the scenes shown in the BBC Panorama programme and they had never witnessed similar behaviour at Oakhill.
7. The interim director and other key senior managers are described by young people and staff as visible and approachable. They have confidence that issues or concerns raised with them are taken seriously. This confidence does not extend to all managers in the centre. Some staff told inspectors a small number of managers do not deal robustly with all concerns raised with them. The reporting process where staff have concerns about conduct or practice in the centre is not sufficiently robust. Reports written by staff pass through layers of managers before being seen by senior managers, this means reports submitted by staff could be disregarded with no record of their submission. Staff are not therefore confident everything they report is thoroughly investigated. This has led to staff losing confidence in the processes to deal with poor practice. Senior managers are aware of this and have plans in place to change the process. Young people understand how to make a complaint. However the complaints boxes are opened by operational managers who may be the subject of complaints. This was of concern as a minority of young people and some staff expressed unease about the conduct of some operational managers. The arrangement therefore reduces robustness of the complaints process and the confidence young people have in it.

Behaviour and the use of force.

8. The atmosphere in the centre was calm during this inspection. Mixing issues are complex and the 'do not mix' list is mostly used effectively to ensure the safety of young people by keeping them apart. However in two instances seen by inspectors staff failed to keep young people apart leading to fights. Managing the movement of children into education and between classes also took time and inevitably impacted on learning time.
9. Levels of use of force and restraint have risen since November and are high; the centre recorded 50 incidents in January 2016. Inspectors reviewed documentation and CCTV footage, where available, for 42 incidents which occurred in the four weeks prior to

the inspection. In the large majority of cases force was used appropriately to prevent injury to young people or staff. In two incidents inappropriate restraint techniques were used. In two other incidents restraints were initiated in response to non-compliance. These related to moving young people from one area of the centre to another when they were refusing to do so. This is not acceptable. It is positive that most restraints are successfully de-escalated and holds are released in communal areas so that restraint does not continue into bedrooms which are outside the view of CCTV cameras. It is positive that despite dealing with some very challenging behaviour pain inducing techniques are not used in Oakhill.

10. In a small number of cases CCTV footage showed poor behaviour management and lack of engagement by staff. This led to behaviour escalating and young people being restrained when it could have been avoided. Three young people spoke of being 'wound up' by staff prior to being restrained. This was also reflected in some records of debriefs following restraint. In some incidents viewed, there was no evidence of young people's behaviour being discussed with them once the incident had been de-escalated. Quality assurance measures, which involve senior managers, the Youth Justice Board (YJB) monitor and representatives of external agencies, are generally effective in identifying learning from the application of restraints but there is less focus on the incident leading up to restraint. This means opportunities are missed to identify poor or good practice, or lack of engagement with young people, by a small number of staff.
11. Records of incidents, and discussion with young people and staff, supported the description of incidents on the CCTV footage reviewed by inspectors. There was no indication of any falsification of these records.

Safety and relationships

12. The very large majority of young people spoken to during this inspection feel safe in Oakhill. As in previous inspections they feel less safe where there are no cameras, for example in stairwells and classrooms. Nearly all young people said bullying is not a significant issue at Oakhill. Some staff spoken to by inspectors were unaware of the Safezones survey. They are therefore unaware of where children feel less safe and how to reduce risk in these areas. Young people and staff describe relationships as largely positive in the centre. Young people described some staff as 'amazing' and gave examples of caring approaches, such as young people being helped to deal with their distress on admission to the centre.
13. Both staff and young people describe inconsistent application of rules and boundaries by a small number of staff. This is generally considered to be the result of anxiety about challenging young people or deliberately turning a blind eye for 'a quiet shift' rather than favouritism or victimisation of young people. This undermines those

staff seeking to apply centre policies and procedures appropriately and risks the development of a more widespread unhealthy culture. Some young people also expressed concern that some staff discuss offences committed with other young people, undermining professional boundaries and confidentiality.

14. Staff and young people describe bad language and swearing as an everyday occurrence across a wide range of staff. Language is not used aggressively but is part of everyday conversation. This is unprofessional, unacceptable and as one young person said, does not provide young people with good role models.
15. The metal covers to the viewing panels on young people's bedroom doors are in many cases faulty. This means they cannot be closed and sit at an angle to the door. This presents a hazard especially if a young person is being restrained in a corridor near a faulty cover.
16. Although minimum staffing levels have been maintained, pressures on staffing resulting from vacancies, absence or young people requiring 1:1 or 2:1 staffing, is having a potential impact on the safety of young people and staff. Inspectors were told of examples of one member of staff working with up to seven young people. This can also prevent or delay young people's involvement in clubs or other activities.
17. Staffing pressures have also led to staff moving frequently between units. This affects the quality of relationships between young people and staff, reduces the opportunity for key workers to work with their young people and increases the risk of miscommunication between staff groups about the young people in their care. Both young people and staff considered stability within their staff team to be an important factor in developing positive relationships and providing good quality care.

The effectiveness of leaders and managers.

18. Senior managers know the centre well and quality assurance systems are in place which are effective in safeguarding most young people. This inspection found no evidence of falsification of records. However, weaknesses in the reporting systems create the risk that complaints by staff or young people may not come to the attention of the senior team.
19. A small number of managers and staff's behaviour sometimes falls below acceptable standards. Senior managers are aware of this and had, prior to this inspection, taken action to address this. In the year so far, three members of staff have been dismissed for inappropriate conduct, and two did not complete their probationary period. In addition action is being taken to promote a positive and transparent culture in the centre by reviewing the security and intelligence reporting system and improving performance of a small number of managers and staff.

20. Supervision does not take place on a regular basis across the centre with missed opportunities to consider and share learning and good practice. This impacts on the opportunity to reflect and develop. Incidents had been identified as part of monitoring of restraints and CCTV but it was not clear in some cases that practice, lack of engagement and general lack of awareness had been discussed with staff involved.
21. The interim director has an appropriate focus on staff recruitment and retention. The number of training courses planned for new staff this year has increased from two to four, recruitment outside the immediate area of the centre is being trialled to increase the number of applicants.

Conclusion

22. Most young people reported feeling safe at Oakhill but say this would improve further if there was CCTV in areas such as stairwells. Relationships with staff are in the main positive, young people speak warmly about many staff. The large majority of restraints are only used if needed to protect staff or young people and are applied correctly. Internal systems are effective in identifying where this is not the case and action is taken to address this.
23. Senior managers are visible and approachable. Staff have confidence in them but the system to report incidents, including those relating to staff conduct, practice and complaints, is insufficiently robust and staff do not have confidence in it. A small number of staff and managers are not consistent in the way they engage with young people, or in the way respond to young people's negative behaviour. During this visit, inspectors did not find any evidence that this was the result of collusive, malicious behaviour by staff.

Recommendations

- G4S should continue with the roll out of body worn cameras.
- The YJB should install CCTV cameras in communal areas in the centre without coverage, such as stairwells.
- All staff should be made aware of the findings of the Safezones survey.
- Senior managers should ensure appropriate staffing levels are in place throughout the centre. Policies and practice in relation to behaviour management should be applied consistently.
- Faulty reviewing panel door covers should be repaired or replaced.
- Senior managers should ensure that processes for reporting concerns about practice or conduct are fit for purpose. They should be

confidential, auditable and incorporate mechanisms to ensure that appropriate reports get to senior managers. Complaints made by young people should be collected and recorded by non-operational staff.

- Review of restraints should include incidents leading to the application of restraint to identify learning in relation to behaviour management and staff engagement with young people.



Oakhill STC

Summary of questionnaires and interviews

03 November 2015

Introduction

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

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

Survey Methodology

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

Selecting the sample

At the time of the survey on 03 November 2015, the population of young people at Oakhill STC was 76. All young people at the time of the survey were aged between 14 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, 7 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, 51 young people completed and returned their questionnaires. This represented 67% of children and young people in the establishment at the time.

Two young people refused to complete a questionnaire, 17 questionnaires were not returned and six were returned blank.

Unit	Number of completed survey returns
Oak	5
Hazel	6
Ash	8
Sycamore	6
Beech	4
Elm	5
Willow	3
Maple	5
Cedar	4
Rowan	5

Comparisons

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from Oakhill 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 two secure training centres since April 2014.
- The current survey responses from Oakhill in 2015 compared with the responses of young peoples surveyed at Oakhill in November 2014.
- 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 consider themselves to have a disability and those who do not consider themselves to have a disability.

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

- A comparison within the 2015 survey between the responses of young people who have been in local authority care and those who have not been in local authority care.

Summary

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

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

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

Secure Training Centre Surveys

Section I: Questions about you

Q1.1	Are you?	Male					Female	
		50 (100%)					0 (0%)	
Q1.2	How old are you?	12	13	14	15	16	17	18
		0 (0%)	0 (0%)	5 (10%)	16 (32%)	19 (38%)	8 (16%)	2 (4%)
Q1.3	What is your ethnic origin?							
	White - British (English/Welsh/Scottish/Northern Irish)							30 (59%)
	White - Irish							1 (2%)
	White - Other							3 (6%)
	Black or Black British - Caribbean							5 (10%)
	Black or Black British - African.....							4 (8%)
	Black or Black British - other.....							2 (4%)
	Asian or Asian British - Indian							1 (2%)
	Asian or Asian British - Pakistani							0 (0%)
	Asian or Asian British - Bangladeshi							0 (0%)
	Asian or Asian British - Chinese							0 (0%)
	Asian or Asian British - other.....							0 (0%)
	Mixed heritage - White and Black Caribbean.....							2 (4%)
	Mixed heritage - White and Black African							0 (0%)
	Mixed heritage - White and Asian							0 (0%)
	Mixed heritage - other							2 (4%)
	Arab							0 (0%)
	Other ethnic group							1 (2%)
Q1.4	What is your religion?							
	None.....							25 (50%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)							17 (34%)
	Buddhist.....							0 (0%)
	Hindu.....							0 (0%)
	Jewish.....							0 (0%)
	Muslim.....							6 (12%)
	Sikh							0 (0%)
	Other							2 (4%)
Q1.5	Do you consider yourself to be Gypsy/Romany/Traveller?						Yes	No
							4 (8%)	45 (92%)
Q1.6	Are you a British citizen?						Yes	No
							47 (94%)	3 (6%)
Q1.7	Do you have a disability? Do you need help with any long term physical, mental or learning needs?						Yes	No
							12 (24%)	37 (76%)

Q1.8	Have you ever been in local authority care (looked after)?	17 (35%)	32 (65%)
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Section 2: Questions about your trip here and first 24 hours in this centre

Q2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	Yes 42 (86%)	No 7 (14%)
Q2.2	When you arrived at the centre were you searched?	Yes 48 (94%)	No 2 (4%) Don't remember/ Not applicable 1 (2%)
Q2.3	Did staff explain to you why you were being searched?	Yes 34 (67%)	No 10 (20%) Don't remember/ Not applicable 7 (14%)
Q2.4	When you were searched, did staff treat you with respect?	Yes 41 (80%)	No 4 (8%) Don't remember/ Not Applicable 6 (12%)
Q2.5	Did you see a doctor or nurse before you went to bed on your first night here?	Yes 44 (86%)	No 7 (14%)
Q2.6	On your first night here, did anybody talk to you about how you were feeling?	Yes 25 (50%)	No 25 (50%)
Q2.7	Did you feel safe on your first night here?	Yes 42 (88%)	No 6 (13%)

Section 3: Daily life

Q3.1	In your first few days here were you told everything you needed to know about life at the centre?	Yes 32 (63%)	No 11 (22%)	I don't know 8 (16%)
Q3.2	If you had a problem, who would you turn to? <i>(Please tick all that apply)</i>			
	No-one.....			9 (18%)
	Teacher/ Education staff.....			4 (8%)
	Key worker.....			13 (27%)
	Case worker.....			20 (41%)
	Staff on your unit.....			16 (33%)
	Another young person here.....			5 (10%)

Family	26 (53%)
Advocate.....	4 (8%)
Other	6 (12%)

		Yes	No
Q3.3	Do you have a key worker on your unit?	45 (90%)	5 (10%)

		I don't have a key worker	Yes	No
Q3.4	Does your key worker help you?	5 (11%)	33 (73%)	7 (16%)

		Yes	No
Q3.5	Do most staff treat you with respect?	41 (80%)	10 (20%)

		Yes	No	I don't want to/ I have no religion
Q3.6	Can you follow your religion if you want to?	30 (59%)	1 (2%)	20 (39%)

Q3.7	What is the food like here?		
	Very good		1 (2%)
	Good		12 (24%)
	Neither		12 (24%)
	Bad.....		13 (25%)
	Very bad		13 (25%)

		Yes	No
Q3.8	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	41 (80%)	10 (20%)

Q3.9	How often do you have visits from family, carers and friends?	
	I don't get visits.....	9 (18%)
	Less than once a week	13 (27%)
	About once a week.....	24 (49%)
	More than once a week	3 (6%)

Section 4: Behaviour

		I don't know what the scheme is	Yes	No
Q4.1	Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	0 (0%)	38 (75%)	13 (25%)

		I don't know what the scheme is	Yes	No
Q4.2	Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	0 (0%)	31 (62%)	19 (38%)

Yes No

Q5.2	What are the health services like here?	Good 27 (54%)	Bad 17 (34%)	I don't know 6 (12%)
Q4.3	If you get in trouble, do staff explain what you have done wrong?			37 (76%) 12 (24%)
Q4.4	Do most staff let you know when your behaviour is good?		Yes 31 (62%)	No 19 (38%)
Q4.5	Have staff ever made you stay in your room away from the other young people because of something you did? (this could include having things removed from your room such as pictures or bedding)		Yes 32 (63%)	No 19 (37%)
Q4.6	Have you been physically restrained since you have been here? (you may have heard it called MMPR)		Yes 18 (35%)	No 33 (65%)
Q4.7	Were you given a chance to talk to somebody about the restraint afterwards?	Not been restrained 33 (65%)	Yes 9 (18%)	No 9 (18%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a doctor or nurse?	Yes 46 (92%)	No 3 (6%)	I don't know 1 (2%)
Q5.3	Do you have any health needs which are not being met?		Yes 8 (16%)	No 42 (84%)

Section 6: Complaints

Q6.1	Do you know how to make a complaint?		Yes 49 (98%)	No 1 (2%)
Q6.2	Are complaints dealt with fairly?	I have not made one 21 (44%)	Yes 15 (31%)	No 12 (25%)
Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?		Yes 7 (14%)	No 43 (86%)

Section 7: Questions about education, training and activities

Q7.1	Do you have a care plan that sets out targets for you to achieve while in custody? (this might be called a training, sentence or remand plan)	Yes 25 (50%)	No 12 (24%)	I don't know 13 (26%)
			Yes	No

Q7.2	Since you have been here have you been given any advice about training or jobs that you might like to do in the future?	32 (64%)	18 (36%)
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?	Yes 30 (60%)	No 20 (40%)
Q7.4	Do you think your education/ training here will help you once you leave the centre?	Yes 28 (57%)	No 21 (43%)
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 41 (84%)	No 8 (16%)
Q7.6	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	Yes 42 (84%)	No 8 (16%)
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 32 (71%)	No 13 (29%)
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 5 (11%)	Yes 24 (51%) No 18 (38%)

Section 8: Questions about safety

Q8.1	Have you ever felt unsafe here?	Yes 12 (24%)	No 37 (76%)
Q8.2	Do you feel unsafe at the moment?	Yes 5 (11%)	No 42 (89%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe	37 (76%)	
	Everywhere.....	5 (10%)	
	Admissions room	0 (0%)	
	In single separation	0 (0%)	
	At the gym.....	0 (0%)	
	Outside areas/ grounds.....	0 (0%)	
	Corridors.....	0 (0%)	
	Dining room	0 (0%)	
	At education/ training	0 (0%)	
	At religious services	0 (0%)	
	At health services	0 (0%)	
	In the visits area	0 (0%)	
	On your unit.....	4 (8%)	
	In your room	1 (2%)	
	Other	3 (6%)	
Q8.4	Have you experienced any of the following from young people here? (Please tick all that apply)		

Insulting remarks about you	18 (40%)
Physical abuse (being hit, kicked or assaulted)	13 (29%)
Sexual abuse	1 (2%)
Feeling threatened or intimidated	12 (27%)
Shout outs/ yelling through windows about you	16 (36%)
Having your property taken	7 (16%)
Other	6 (13%)
Not experienced any of these things	13 (29%)

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

Your race or ethnic origin	3 (7%)
Your religion/religious beliefs	2 (4%)
Your nationality.....	3 (7%)
Being from a different part of the country to others	2 (4%)
Being from a traveller community	0 (0%)
Your sexual orientation	1 (2%)
Your age	2 (4%)
Having a disability	0 (0%)
You being new here.....	4 (9%)
Your offence/ crime.....	4 (9%)
Gang related issues/ people you know or mix with	4 (9%)
About your family or friends	5 (11%)
Drugs	4 (9%)
Medication you receive	0 (0%)
Your gender.....	0 (0%)
Other	11 (24%)

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

Insulting remarks about you.....	5 (11%)
Physical abuse (being hit, kicked or assaulted)	6 (13%)
Sexual abuse.....	0 (0%)
Feeling threatened or intimidated.....	5 (11%)
Having your property taken	6 (13%)
Other	2 (4%)
Not experienced any of these things	29 (64%)

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

Your race or ethnic origin	2 (4%)
Your religion/religious beliefs	0 (0%)
Your nationality.....	0 (0%)
Being from a different part of the country to others	0 (0%)
Being from a traveller community	1 (2%)
Your sexual orientation	0 (0%)

<i>Your age</i>	0 (0%)
<i>Having a disability</i>	0 (0%)
<i>You being new here</i>	1 (2%)
<i>Your offence/ crime</i>	1 (2%)
<i>Gang related issues/ people you know or mix with</i>	0 (0%)
<i>About your family or friends</i>	1 (2%)
<i>Drugs</i>	1 (2%)
<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%)

	Yes	No
Q8.10 If you were being bullied or 'picked on', would you tell a member of staff?	29 (67%)	14 (33%)



Survey responses from children and young people: Oakhill 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

	Any percentage highlighted in green is significantly better	2015 Oakhill	STC comparator	2015 Oakhill	2014 (Nov) Oakhill
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in young people's background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		51	116	51	51
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	42%	23%	42%	36%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	33%	41%	33%	43%
1.4	Are you Muslim?	12%	16%	12%	16%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	18%	8%	16%
1.6	Are you a British citizen?	95%	92%	95%	95%
1.7	Do you have a disability?	25%	23%	25%	30%
1.8	Have you ever been in local authority care?	34%	44%	34%	57%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS					
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	86%	91%	86%	94%

2.2	When you arrived at the centre were you searched?	95%	95%	95%	99%
2.3	Did staff explain why you were being searched?	67%	82%	67%	79%
2.4	When you were searched, did staff treat you with respect?	80%	88%	80%	94%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	87%	84%	87%	99%
2.6	Did anybody talk to you about how you were feeling?	50%	77%	50%	68%
2.7	Did you feel safe?	88%	86%	88%	92%
SECTION 3: DAILY LIFE					
3.1	In your first few days here were you told everything you needed to know about life at the centre?	63%	76%	63%	77%
If you had a problem, who you would turn to?					
3.2a	No-one	18%	12%	18%	16%
3.2b	Teacher/Education staff	8%	13%	8%	5%
3.2c	Key worker	26%	32%	26%	27%
3.2d	Case worker	41%	35%	41%	27%
3.2e	Staff on the unit	33%	54%	33%	31%
3.2f	Another young person here	10%	21%	10%	16%
3.2g	Family	53%	53%	53%	69%
3.2h	Advocate	8%	12%	8%	10%
3.3	Do you have a key worker on your unit?	91%	93%	91%	87%
For those who said they had a key worker:					
3.4	Does your key worker help you?	83%	90%	83%	92%
3.5	Do most staff treat you with respect?	80%	92%	80%	94%
3.6	Can you follow your religion if you want to?	59%	72%	59%	77%
3.7	Is the food here good/ very good?	25%	37%	25%	23%
3.8	Is it easy to keep in touch with family or carer outside the centre?	80%	90%	80%	76%
3.9	Do you have visits from family, carers or friends at least once a week?	55%	55%	55%	50%

SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	75%	82%	75%	71%
4.2	Do you think the incentives and sanctions scheme is fair?	62%	68%	62%	58%
4.3	If you get in trouble, do staff explain what you have done wrong?	75%	84%	75%	83%
4.4	Do most staff let you know when your behaviour is good?	62%	83%	62%	68%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	63%	43%	63%	58%
4.6	Have you been physically restrained since you have been here?	36%	24%	36%	40%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	50%	78%	50%	57%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	92%	94%	92%	85%
5.2	Do you think that the health services are good here?	54%	48%	54%	53%
5.3	Do you have any health needs which are not being met?	16%	34%	16%	25%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	99%	96%	99%	98%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	55%	74%	55%	53%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	14%	20%	14%	17%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	50%	41%	50%	44%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	64%	78%	64%	55%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	60%	70%	60%	55%
7.4	Do you think your education here will help you once you leave?	58%	68%	58%	53%

7.5	Have you been able to learn any 'life skills' here?	84%	85%	84%	71%
7.6	Are you encouraged to take part in activities outside education/training hours?	84%	88%	84%	77%
7.8	Do you know where you will be living when you leave the centre?	72%	73%	72%	62%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	57%	69%	57%	32%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	25%	21%	25%	31%
8.2	Do you feel unsafe at the moment?	10%	10%	10%	9%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	40%	32%	40%	33%
8.4b	Physical abuse?	28%	17%	28%	23%
8.4c	Sexual abuse?	2%	2%	2%	6%
8.4d	Feeling threatened or intimidated?	27%	15%	27%	15%
8.4e	Shout outs/yelling through windows?	36%	24%	36%	29%
8.4f	Having your canteen/property taken?	15%	7%	15%	12%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	6%	11%	6%	8%
8.5b	Your religion or religious beliefs?	5%	6%	5%	2%
8.5c	Your nationality?	6%	8%	6%	6%
8.5d	Your being from a different part of the country than others?	5%	11%	5%	8%
8.5e	Your being from a Traveller community?	0%	4%	0%	2%
8.5f	Your sexual orientation?	2%	2%	2%	0%
8.5g	Your age?	5%	4%	5%	8%
8.5h	You having a disability?	0%	5%	0%	2%
8.5i	You being new here?	9%	14%	9%	12%

8.5j	Your offence or crime?	9%	13%	9%	8%
8.5k	Gang related issues or people you know or mix with?	9%	6%	9%	12%
8.5l	About your family or friends?	10%	14%	10%	8%
8.5m	Drugs?	9%	7%	9%	10%
8.5n	Medications you receive?	0%	2%	0%	2%
8.5	Your gender?	0%	3%	0%	2%
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	10%	18%	10%	20%
8.7b	Physical abuse?	13%	7%	13%	9%
8.7c	Sexual abuse?	0%	5%	0%	7%
8.7d	Feeling threatened or intimidated?	10%	11%	10%	9%
8.7e	Having your canteen/property taken?	13%	6%	13%	18%
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	5%	8%	5%	7%
8.8b	Your religion or religious beliefs?	0%	7%	0%	7%
8.8c	Your nationality?	0%	3%	0%	2%
8.8d	Your being from a different part of the country than others?	0%	6%	0%	2%
8.8e	Your being from a Traveller community?	2%	3%	2%	0%
8.8f	Your sexual orientation?	0%	5%	0%	0%
8.8g	Your age?	0%	3%	0%	11%
8.8h	You having a disability?	0%	5%	0%	7%
8.8i	You being new here?	2%	5%	2%	2%
8.8j	Your offence or crime?	2%	4%	2%	7%
8.8k	Gang related issues or people you know or mix with?	0%	5%	0%	2%
8.8l	About your family or friends?	2%	6%	2%	2%
8.8m	Drugs?	2%	5%	2%	7%

8.8n	Medications you receive?	0%	3%	0%	2%
8.8o	Your gender?	0%	5%	0%	0%
8.8p	Because you made a complaint?	2%	5%	2%	2%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	67%	59%	67%	43%