

INSPECTION OF OAKHILL SECURE TRAINING CENTRE

June 2006

COMMISSION FOR SOCIAL CARE INSPECTION

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June 2006

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Summary

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- 1.1 This, the fourth inspection of Oakhill STC took place over a three-day visit to the Centre. The inspection team comprised three CSCI inspectors and two inspectors from HMI OFSTED.

Overall assessment

- 1.2 The inspection concluded that changes in the senior management team and the wider workforce, the relocation of responsibilities within the organisational structure and the increase in the number of children and young people accommodated at the Centre had slowed down the pace of development at Oakhill in the period since the unannounced inspection in November 2005.
- 1.3 The introduction of improved recruitment procedures and a more rigorous and systematic approach to the management of personnel through the investigation and disciplinary processes had resulted in a noticeably greater degree of stability among care staff working directly with children and young people.
- 1.4 There had been sustained progress in the development of policy and practice in the safeguarding and protection of children and young people. The involvement of external agencies in these developments, in terms of managing the child protection referral and joint decision-making processes had resulted in better communication and improving practice. The plan to provide safeguarding training for the senior management team had yet to take place. A one-day event was provisionally scheduled for September 2006. The management of child protection and the safeguarding of children and young people at Oakhill will be an area of interest in future inspections.
- 1.5 The progress made in improving safeguarding practice had been achieved within existing resources and was reliant on the skills and motivation of a particular manager. Inspectors were concerned about the fragility of the current management arrangements for safeguarding people. It was evident that as a consequence of the shift of responsibilities within the management team a key area of work for the Centre, tackling offending behaviour was becalmed with no obvious solution in sight for resolving this problem.
- 1.6 The operational separateness of key services, healthcare, substance misuse, education, professional services and catering was quite striking although in fact only the education and health care services were

subcontracted by GS4. Staff from these services interviewed during the inspection referred to their service as being separate organisationally from the management of the Centre. Although difficult to pin down, these circumstances were due, at least in part, to the nature of the commercial relationship as expressed in the respective service level agreements and contracts for each service. There was considerable scope for the development of integrated services at the Centre, which have as their priority the needs of children and young people.

- 1.7 The fault line, which ran through all aspects of practice of the Centre, was inconsistency. There were examples of staff working effectively within the limitations of the environment and producing a good, reliable standard of work; there was also evidence of habitual poor practice, which directly affected the quality of service to children and young people.
- 1.8 Although operational for relatively short period there was evidence that poor practice at Oakhill was becoming institutionalised and in some instances resistant to change and the influence of managers.
- 1.9 The report of the unannounced inspection in November 2005 concluded “the loss of experienced managers and the introduction of people new to Oakhill will take time to bring about the intended changes and improvements to the quality of service at the Centre”. In the brief period since that was written a new director had been appointed, and there had been further changes in management responsibilities, the deployment of staff and increase in the number of children and young people accommodated.
- 1.10 Inspectors concluded that while there had been improvements in the quality of service to children and young people, there was evidence that key areas of work were not advancing in line with the aspirations of the Centre's managers and the standards required by policy and established models of the good practice.

Reading the remainder of this report

- 1.11 This report is set out in a way to enable the reader to have an understanding about every aspect of the inspection:
 - Chapter 1 is a summary of the key themes which have emerged from the inspection;
 - Chapter 2 provides a list of the recommendations we have made;
 - Chapter 3 sets out the context in which the secure training centre is operating; and
 - Chapter 4 and each subsequent chapter detail the evidence, which led us to our conclusions and recommendations.

- Chapter 8 recommendations relating to education and vocational training have been provided by HMI Ofsted.

Recommendations

2

Statement of Purpose

- 2.1 The director should review the statement of purpose to ensure its relevance to the wide audience for whom it is intended.
- 2.2 The director should ensure that priority is given to ensuring the routine involvement of parents and carers in the assessment, planning and review processes for children and young people.

Management and Staffing

- 2.3 The director should, as a priority, establish a protocol for the sharing of information between the professional disciplines and staff groups at the Centre.
- 2.4 The director should ensure that the review of the Initial Training Course (ITC) achieves a better balance between the amount of time committed to practical matters and the development of models of good practice.
- 2.5 The director should ensure that managers give priority to the formal supervision of staff, particularly those inexperienced or newly appointed.
- 2.6 The director should review residential service manager's span of control to ensure that they have the capacity to deliver the required level of service.
- 2.7 The director should review the current management arrangements for the supervision of the head of the substance misuse service

Assessment, Planning and Review

- 2.8 The director should review the need at the Centre of the security dog and handler.
- 2.9 The director should ensure that handling strategies are developed for those children and young people who present a serious threat to other children and young people and staff at the Centre.
- 2.10 The director should ensure that responsibility for case management is clearly defined within the staffing structure.

Care of Children and young people

- 2.11 The director should ensure that staff comply with the requirement to consult parents and carers ahead of making decisions that affect the lives of children and young people.
- 2.12 The director should as a priority establish and information sharing a protocol for all staff providing a service to children and young people at the Centre.
- 2.13 The director should review the planning, organisation and staffing of the activities programme.
- 2.14 The director should immediately cease the practice of limiting children and young people's access to underwear and books as part of the rewards and sanctions.
- 2.15 The director should restate the guidance on the single separation of children and young people and closely monitor and audit the practice of managers and staff.
- 2.16 The director should ensure that the management of complaints retains the confidence of the children and young people for whom it is intended.
- 2.17 An effective means should be developed for consulting with children and young people about the provision of food at the Centre.
- 2.18 The director should ensure that catering services at the Centre is resourced to meet the special dietary needs of individuals and groups of children and young people.
- 2.19 The director should ensure that children and young people in the Centre have access to a Minister of their own faith when required

Education and Vocational Training (Ofsted)

- 2.20 Develop and implement a behaviour management policy, which includes the rewards and sanctions system, and monitor its application rigorously
- 2.21 Further develop the quality assurance and lesson observation systems to focus on key issues such as the management of behaviour, lesson planning and use of learning resources
- 2.22 Further develop the curriculum to provide more stimulation, relevance and interest
- 2.23 Improve the co-ordination of movements so as to reduce the loss of teaching time and improve poor behaviour between lessons

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- 2.24 Develop the accommodation, including the library, into a more appropriate learning environment with more ICT facilities
 - 2.25 Further develop the role of all senior care officers (SCOs) to reflect the best practice found in some lessons

Tackling Offending

- 2.26 The director should as a priority review the resourcing and content of the crime avoidance programme.
- 2.27 The director should nominated a senior manager to be responsible for the delivery and evaluation of the crime avoidance programme.

Health Care

- 2.28 The director and the head of healthcare should review the contribution of health care staff to the programme of health education for children and young people at the Centre.
- 2.29 The director should give priority to reviewing the strategies for the management of suicide, self-harm and behaviour management.
- 2.30 The director should set standard for healthcare assessments and healthcare plans which are compliant with the Children Act and which reflect current models of good practice.
- 2.31 The director should as a matter of urgency obtain an agreement with the PCT to share information held at the Centre with managers and staff responsible for the health and well being of children and young people.

Premises, Security and Safety

- 2.32 The head of operations should review and clarify the schedule of visitors to the Centre who are exempt from the requirement to carry keys and a radio while working within the secure perimeter.
- 2.33 The director should ensure that the personnel responsible for reviewing archived images recorded on the Centre's CCTV system are trained and equipped for the task.
- 2.34 The head of operations should establish a programme for testing the Centre's fire alarms and evacuation procedures across the 24-hour day.

Profile of Establishment

3

- 3.1 Oakhill is a purpose built STC located in Milton Keynes and is managed by Group 4 Securicor (G4S). The building is designed to accommodate up to 80 young offenders, including children and young people on remand. At the time of the inspection there were 75 children and young people, referred to by staff as trainees, resident in the Centre. The Centre can accommodate up to 16 children and young people on remand and 64 sentenced children and young people. Children and young people are accommodated in units of eight, males and females are segregated
- 3.2 At the time of the inspection there were eight children and young people sentenced under Section 91 of the Criminal Justice Act. The other sentenced children and young people were subject to a Detention and Training Order (DTO). DTO's are made by a Youth Court or Crown Court and relate to offenders aged from 12 –17 who would otherwise meet the criteria for a custodial sentence.
- 3.3 This was the fourth full inspection of Oakhill. The Centre opened on 19th August 2004 and admitted its first trainee on 20th August 2004. Since opening, the Centre had built up its occupancy to 75 children and young people just prior to the inspection. Occupancy at the Centre was initially capped to a maximum of 65 children and young people by the Youth Justice Board to allow time for the staff team to gain experience and for the management team to put in place many of the strategic initiatives necessary for the smooth running of the Centre.
- 3.4 In March 2006 the YJB head of placements recommended the removal of the cap on places on the basis of increased confidence in the management of Oakhill, which led to a gradual increase in the number of children and young people accommodated.

Statement of Purpose

4

STANDARD 1: STATEMENT OF PURPOSE

The STC has a clear and well understood sense of purpose which fully reflects the vision, goals and values determined for STCs by the Home Office.

This standard looks at:-

- the quality and accessibility of the statement of purpose;
- the quality of the STC's equal opportunities policy; and
- the involvement of children and young people, their parents and carers with the STC in the processes that affect them.

STANDARD 1: STATEMENT OF PURPOSE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The statement of purpose was prominently displayed across the Centre. • A statement of the Centres' policy on equal opportunities had been developed that was accessible to children and young people, visitors and staff. • Children and young people had been involved in the production of a useful information pack. This was illustrated and presented in a child friendly format. • Information about the Centre was available in a user friendly format for parents and carers • Managers and staff ensured that parents and carers were routinely informed of their child's admission to the Centre and notified about visiting arrangements. 	<ul style="list-style-type: none"> • The statement of purpose should be developed to ensure that it reflects accurately the aims and objectives for the Centre as defined by the Youth Justice Board. • Case Managers should ensure that parents and carers are routinely involved in the assessment, planning and review processes. • The director should ensure that the significant increase in "signage" containing information or exhorting children and young people to consider the consequences of their behaviour does not become a substitute for the active engagement of staff in delivering a quality service.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The director should review the statement of purpose to ensure its relevance to the wide audience for whom it is intended. • The director should ensure that priority is given to ensuring the routine involvement of parents and carers in the assessment, planning and review processes for children and young people 	

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- 4.1 In response to a recommendation in the May 2005 inspection report the statement of purpose and function had been redrafted and was displayed widely across the Centre. The statement had been designed to deliver a clear message to children and young people about the reason for their being held at the Centre, their personal responsibilities for addressing the behaviour which resulted in their loss of liberty and the importance of using the period in custody to engage with the educational and social care programmes and develop the skills to assist their return to their home community.
 - 4.2 As noted in previous inspections, there was scope for the statement to be further developed to ensure that it meets the information needs of the children and young people, staff, the managing agency, visitors and regulatory bodies for whom it is intended.
 - 4.3 The recently appointed director was keen to move existing managers and staff away from using the language of the adult prison service and concentrate on the development of services focused on the wide range of needs of children and young people placed in custody. There was evidence to indicate that this shift in emphasis was gradually influencing aspects of practice at the Centre.
 - 4.4 A similar approach had been adopted in the development and presentation of the Centre's equal opportunities statement that was short, informative, well designed and eye-catching. The policy was displayed widely across the Centre and was a model of communication. Both the statement of purpose and the equal opportunities policy provided a positive message about the values underpinning the work of the Centre.
 - 4.5 Children and young people had been involved in the development of a welcome pack, which was useful source of information presented in a child friendly format. The pack, which was given to the children and young people as part of the admissions process, contained a wide range of detailed information, writing paper and envelopes was also provided. The responsibility for explaining and discussing the material contained in the welcome pack rested with the allocated key worker.
 - 4.6 Information for parents and carers had been produced to the same high standard. The pack was sent to parents and carers following the young persons admission to the Centre. Staff in the admission centre routinely contacted parents, carers and family members to explain the visiting arrangements.
 - 4.7 Staff were aware of their responsibility to consult with and involve parents and carers in decisions that had a direct bearing on the immediate and future care arrangements for children and young people. However there was little evidence in case records of the involvement of parents and carers in terms of routine contact and the decision-making processes. In this respect the significance of the contribution parents and carers to the

quality of service for children and young people was not fully appreciated by staff at the Centre. This was confirmed by the Centre's recently introduced standards and performance audit process, which noted, "the involvement of parents and carers in the planning process for children and young people is patchy and cannot be evidenced throughout the Centre. There is no consistency in entering and updating information on the contact sheet form as a benchmark against which contact and the participation of parents and carers of children and young people should be measured"

- 4.8** It was evident that the director needed to reinforce with case managers and staff the importance of involving parents and carers in the planning and review processes for individual children and young people and if appropriate, encourage their contribution to the wider work of the Centre.
- 4.9** The children and young people confirmed that they were informed of their rights and responsibilities and privileges during the admissions process and that staff emphasised the importance of these commitments during the daily routine of the Centre and when undertaking individual key worker sessions.
- 4.10** In the period since last inspection in November 2005, there had been a significant increase in the number of signs displayed in the house units and communal areas in the Centre. The notices contained information and advice or prompts for the children and young people to be aware of the consequences of poor behaviour. While there is value in ensuring that key information is provided in graphic form, the scale of this initiative risked being counter-productive in that children and young people may become inured to the presence of the signs and their content. Managers should ensure that the signs and the important messages they display are not allowed to become a substitute for the active engagement with the children and young people.

Management and Staffing

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STANDARD 2: MANAGEMENT AND STAFFING

The STC has sufficient trained staff to achieve the goals set by the Home Office.

Staff are properly managed to enable them to work effectively as a multi-disciplinary team and operate the STC to the standards required.

This standard looks at:-

- the suitability, competence and deployment of managers and staff;
- the availability of staff training and staff development opportunities; and
- the availability and suitability of staff supervision, team briefing and de-briefing meetings.

STANDARD 2: MANAGEMENT AND STAFFING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The Centre had achieved a balance of gender and ethnicity in the staff team. • Systematic and effective recruitment procedures were now in place. • The introduction of structured appraisal procedures for staff at the Centre underpinned the Initial Training Programme providing opportunities for career development. • The recent introduction of “Learning Circles” was an increasingly effective process for raising the awareness of staff and improving practice. • There was evidence of improving performance in the formal supervision of staff by line managers. 	<ul style="list-style-type: none"> • The ITC should be subject to regular review to ensure that the programme content keeps pace with good practice and the Centre’s aspirations to be a child centred establishment. • A commitment to “Listening to Children” supported by training and development would provide a greater focus for staff. • A more targeted approach is needed to equip staff with the skills to work effectively with children and young people. • Senior managers should ensure that the quality and consistency of staff supervision meets the standard required. • Staff working permanent nights should be included in the Centre’s supervision schedule. • The current rota should be reviewed to provide scheduled opportunities for staff on the house units to meet as a team <p>The director should review the residential services managers span of control to ensure that the current post holders have the capacity to deliver the required standard of service.</p>
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The director should, as a priority, establish a protocol for the sharing of information between the professional disciplines and staff groups at the Centre. • The director should ensure that the review of the Initial Training Course achieves a better balance between the amount of time committed to practical matters and the development of models of good practice. • The director should ensure that managers give priority to the formal supervision of staff, particularly those inexperienced or newly appointed. • The director should review residential service manager’s span of control to ensure that they have the capacity to deliver the required level of service. • The director should review the current management arrangements for the supervision of the head of the substance misuse service 	

- 5.1 Oakhill had a dedicated Human Resources team who managed the recruitment processes, dealt with personnel issues and reported to the director on the performance of the Centre in relation to a HR matters and to the external manager from G4S.
- 5.2 A recently appointed HR manager had as a key priority the management of absence, which it was noted had improved incrementally in the period since last inspection, with the exception of the Christmas 2005 holiday period that saw staff absence double to 11 percent. This had now fallen to 5.5 percent. The development of accurate reporting systems revealed a mixed performance in the last year with absence varying between 6 and 16 percent. The turnover of staff was a key factor affecting this aspect of performance with an average of 5 employees a month electing to leave the Centre; in one particular month 16 staff resigned their posts. A number of staff had also been dismissed as a result of disciplinary investigations
- 5.3 Despite these difficulties it was reported that for the first time since the Centre became operational there was a waiting list of people who wanted to work at Oakhill. Exit interviews were used to identify the reasons for staff leaving the Centre. Care workers represented the highest turnover in the staff group. Following a review the recruitment processes at the Centre had been improved with a more rigorous selection process, the routine sifting of applications and the introduction of written and verbal tests prior to interview. Applicants were allowed two opportunities to sit the tests and were supported by the HR team as part of this process.
- 5.4 Staff teams were reasonably balanced in terms of gender. Minority ethnic staff were well represented at care officer level.
- 5.5 The vetting of applicants was systematic and case files examined confirmed that references were received and the required CRB and POCALS checks made prior to the offer of employment. The identification of applicants was an important matter for the Centre. The HR manager had invited officers from the immigration service to advise on the most effective method for identifying members of the workforce who may be working illegally. The Centre had a “ hotline” to the immigration office at Bedford and personal details were faxed to enable identity checks to be carried out. It was reported that three people left immediately as a result of this initiative, and one was dismissed following a disciplinary investigation.
- 5.6 The eight week Initial Training Course (ITC) was currently under review. A newly appointed Learning and Development Officer had been given this task. Recent training had concentrated on safeguarding, writing skills and de-escalation techniques for care staff. There appeared to be a lack of balance in the ITC with, for example, time spent disproportionately on the legal framework for the detention of children and young people and less on good practice and ways of learning from experience.

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- 5.7 New staff that completed the course successfully were attached to an experienced member of staff for the first two weeks of the 26 week probationary period. There were plans in hand to develop a “ workbook” based on a model of effective practice skills for use in the probationary period. It was intended that the supervising manager would sign off this document.
- 5.8 Training and staff development was a live issue at the Centre and the appointment of the learning and development officer was seen as key to equipping managers and staff with the skills for working with children and young people in a secure setting. Inspectors considered that a mandatory programme of refresher training for all staff would be of benefit in raising the standard of practice at the Centre. There was also a need to keep the ITC under review to ensure that the course content keeps pace with good practice and that the outcome of the programme is contributing to the Centre's aspiration to be a child centred establishment.
- 5.9 The recent introduction of “Learning Circles” and the use of subject specific workshops was evidence of managers seeking an effective means of raising the awareness of staff and improving practice in specific areas.
- 5.10 Performance appraisal was at an early stage of development with the focus on objective setting and equipping managers with the skills for the task. It was reported that 100 percent of staff appraisals have been completed. The HR manager regarded this as one element of an incremental, progressive process, which it was hoped, would lead to the achievement of ‘Investors In People’ status for the Centre.
- 5.11 Monthly supervision had been introduced for all staff and there was evidence of performance slowly improving. However, material examined by inspectors and the standards and performance audit report indicated that practice was inconsistent, with large numbers of monthly supervisions outstanding. The supervision of newly trained staff and the night staff team was reported as very poor. It was confirmed that the monthly supervision records were not consistently audited and checked to reflect the performance and development needs of individual members of staff. There were examples of occasional group supervision sessions taking place. However, the notes of these meetings suggested that they were closer to a staff meeting rather than formal supervision.
- 5.12 Whilst there was an expectation from the director that regular staff meetings would be held for care staff, there was no evidence of these meetings taking place. This was reported to be due to “operational imperatives” and shifting priorities.
- 5.13 It was evident that the deployment of staff remained a serious problem, particularly for care staff. Staff complained, in interview, that they rarely worked within their own house units but were deployed daily to other units to cover staff absence. They also said that they rarely knew from

day-to-day where they would be working. This was illustrated in one case where a male member of staff was deployed to work alone with a group of female residents. More generally the practice of deploying staff in this way inhibited the development of cohesive team working and contributed to the lack of consistency in practice across the Centre.

- 5.14** The residential service managers (RSM's) were evidently overstretched. They were managers of staff in specific units, supervised the night staff, provided duty cover for the Centre, oversaw admissions meetings, chaired reviews and care planning meetings, were budget holders, contributors to the ITC, and were nominated case managers for the children and young people in their units. One RSM reportedly had case management responsibility for 32 children and young people. Some reordering of responsibilities for RSM's was under consideration as part of a development plan for residential services, but decisions were said to be slow in coming. It was evident that the demands on RSM's had increased with the increase in numbers of children and young people at the Centre. There was a pressing need for the director to review the span control for the RSM's to ensure that the current post holders, who were all at different stages of their career, have the capacity to deliver the required standard of service.
- 5.15** The Centre's commercial manager supervised the manager of the substance misuse service monthly. This arrangement was said to be based on the fact that the service was directly funded on a time-limited basis and was therefore regarded as a separate contract. Professional supervision for the head of the substance misuse service was somewhat ad hoc, being available from the head of residence, or the director when required. More reliable supervision arrangements should be put in place for this important and recently expanded element of the Centre's provision for children and young people.
- 5.16** The director had access to, and regular contact with, an experienced senior manager, who himself was the director of a young offenders establishment managed by G4S. These meetings were not minuted. In response to a recommendation following the May 2005 inspection, monthly visits from GS4 non-executive director had been established to offer guidance to the head of the Centre and provided a monthly report. It was not clear how the information arising from the two separate reporting processes was used by the director to improve performance at Oakhill.
- 5.17** The Youth Justice Board (YJB) monitor located at Oakhill reported monthly on the performance of the Centre against the requirements of the contract with the Youth Justice Board. The monitor at Oakhill had been in post since the Centre became operational and provided an informed, accessible, reliable presence for children and young people and the staff team during what had been a period of significant, often turbulent change for those who lived and worked at the Centre

Assessment, Planning and Review

6

STANDARD 3: ASSESSMENT, PLANNING AND REVIEW

There is a full assessment of each trainee's individual needs and problems and flexible, individual training plan for meeting as many of those problems as possible and for the directing of remedial attention to offending behaviour.

This standard looks at:

- the establishment's planning and review policies and procedures and establishes the quality of the work, which is carried out.

STANDARD 3: ASSESSMENT, PLANNING AND REVIEW

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The initial assessment of children and young people on their admission to the Centre was completed within the required timescale. • The establishment of the weekly multi-disciplinary meeting (MDM) to review the progress of the children and young people children and young people was evidence of an improved approach to joint work at the Centre. • The education link team provided valuable support to the assessment and care planning processes. • There was evidence of improvement in the quality and consistency of the assessment process underpinned by the admissions meeting, the MDM and complex case management activity. • Placement plans developed to meet the needs of individual children and young people were well thought out and generally of good quality. • The introduction of the monthly “Standards and Performance Audit Report” evidenced the improved level of management oversight of this area of work. 	<ul style="list-style-type: none"> • A model of good practice should be introduced to ensure a comprehensive core assessment is available to staff working directly working with children and young people. • The director should review the current protocols for effective information sharing between service areas at the Centre to ensure that the safety and well being of children and young people is not compromised. • Priority should be given to achieving greater coherence in the operation and delivery of multi-disciplinary services at the Centre. • Greater clarity of purpose and the routine involvement of senior managers was required in the delivery of a range of high impact services to children and children and young people. • The process of case management should be reviewed to ensure a consistent standard is achieved for individual children and children and young people.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The director should review the need at the Centre for a security dog and handler. • The director should ensure that handling strategies are developed for managing those children and young people who present a serious threat to other children and young people and staff at the Centre. • The director should ensure that responsibility for case management is clearly defined within the staffing structure. 	

- 6.1** Procedures were in place to ensure that each young person admitted to the Centre were subject to a multidisciplinary assessment within the required timescale. Information routinely collected by the YJB Monitor and the Centre's internal audit process confirmed that initial assessments were completed consistently across the Centre in line with the national specifications of the YJB.
- 6.2** The admissions process was well organised with dedicated staff taking responsibility for new admissions, supported by the duty manager and other male and female staff as required. Following an initial assessment the majority of children and young people were accommodated in the healthcare centre and remained there for at least 24 hours. Healthcare staff carried out an initial mental health assessment. Although not all of the nurses were qualified mental health practitioners, they had been provided with introductory training and conducted these initial interviews. During the 24-hour period that the young person was in the healthcare centre they were observed and supported by a member of the care staff.
- 6.3** The original contract for Oakhill submitted by the successful bidder at the time, Securicor, now G4S, included the requirement for a security dog and handler trained to detect drugs and other hazardous or illegal substances. This requirement had not been reviewed or considered in the light of experience since the Centre became operational. As a consequence there was a dog and handler based on site and rarely used in practice, responding only to intelligence reports. This provision should therefore be reviewed.
- 6.4** An admissions meeting chaired by an RSM and attended by representatives from healthcare and psychology was convened shortly after the admission of the young person. The purpose of the meeting was to gather and share information and gain an initial understanding of the needs of the young person prior to them being allocated to house unit. It was noted that the recording of these meetings was not consistently thorough, although the process itself was evidence of good practice.
- 6.5** Procedures were in place for the management of children and young people considered to be at risk of self-harm or were suicidal. A record (SRT) was opened and a written initial support plan put in place. The plan and the needs of the young person were reviewed weekly at multidisciplinary team meetings. Each of the respective disciplines contributing to the meeting determined if the young person continued to present a high-level of risk, and if agreement were reached, the level of supervision was reduced.
- 6.6** The SRT records examined were not always completed to the required standard. The Centre's audit report for May- June 2006 noted that very few files had copies of SIRs (security information reports) in the security section (i.e. Section 6) of the case files.

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- 6.7** While the initial reception and vulnerability assessments were carried out, it was not clear how the information gained from these processes was reviewed and developed as part of the risk assessment process. There was no clear approach to developing handling strategies for children and young people unless they had been identified as a definite risk, such as suicide or self-harm. Case files evidenced a number of children and young people who were a potential threat to their peers and staff, and for whom there was no risk management plan or handling strategy in place. This was confirmed by the findings of the monthly audit report.
- 6.8** The recent introduction of the weekly multidisciplinary children and young people's care and planning meeting was an important development at the Centre, although the multidisciplinary concept was slightly undermined by the substance misuse service interests being represented by an administrator.
- 6.9** The meetings enabled a review of each young person's progress and adjustments to their care plan, including the opening of a tracking log if there were concerns newly identified. Referrals could be made to the professional services forum, which met weekly, or fortnightly. The complex case management meeting was intended to provide a greater degree of analysis and direction for children and young people presenting complex behaviour. It was reported that a total of 12 cases were reviewed in the time available (45 minutes), with decisions from the meeting immediately cascaded throughout the Centre by e-mail and at hand over meetings for staff coming on duty.
- 6.10** There had been improvement in the quality of placement plans produced at the Centre. The targets set out in the training and sentence plans were specific to each individual young person and not formulaic. There were very few references on case files to working with other agencies or even contract with agencies as an objective. Senior care officers were responsible for contact with the youth offending teams, with key workers responsible for contact with families. Inspectors found there was a remarkable absence of contact recorded with the families, carers, and social workers. Although contact did in fact take place, a lack of reference in the case files reflected how little importance was attached to this aspect of work.
- 6.11** The high-level of activity in this area of work was not accompanied by measurable outcomes for children and young people. Greater clarity of purpose and the involvement of senior managers was required to raise the standard of practice at all levels in the Centre and deliver a range of effective services for children and children and young people.
- 6.12** The Education Link Team managed by the organisation CFBT, contracted to provide education services at Oakhill was responsible for making contact with the schools and colleges and other people and organisations with whom young person had been involved prior to their admission to the

Centre, including parents and carers. The team was involved in reviews and planning meetings and helped establish school, college, work placements and accommodation arrangements prior to the discharge a young person. They followed up and, as far as possible maintained contact with children and young people after discharge. This was a well-organised service that made an effective contribution to the assessment, care planning and review processes.

- 6.13** It was reported that there was no central record of contact made with parents, carers and other organisations with responsibilities for children and young people by staff at the Centre. The situation allowed for contradictory information to be given to parents and others that have a potential, at the very least, to embarrass the managers and staff responsible. There was a need for a nominated case manager to take responsibility for children and young people, coordinating all the planning and interventions and taking the lead in managing contact with parents, carers and the organisations involved in providing support and services to children and young people during their period in custody at Oakhill.
- 6.14** There was evidence of increased scrutiny and oversight by managers of staff involved in the delivery of the assessment, planning and review processes. The provision of a monthly report from standards and performance audit process, if it continues to report in the same frank and fearless manner as that seen by inspectors, will, in parallel with the reports of the YJB monitor, afford managers valuable information and indicate the substantial gap between the expectations and aspirations of managers and the quality and consistency of the service provided to children and children and young people.

Care of Children and young people

7

STANDARD 4: CARE OF CHILDREN AND YOUNG PEOPLE

Day-to-day care is of a good standard, provided by staff who can relate effectively to trainees in a way which takes into account their individual needs and safeguards and actively promotes their welfare. Trainees whose conduct is unacceptable are dealt with using positive and fair sanctions.

Trainees are given every opportunity and encouragement to re-establish, maintain and strengthen contacts with family, friends and significant others outside the STC.

The STC's admission procedure is positive and welcoming, not overbearing and intimidating.

The induction programme is designed to establish positive relationships and co-operation with trainees, to help them to adjust to life in the STC, and to set clear expectations about their behaviour in custody and on release.

This standard looks at:

- the quality of day-to-day care, the means of dealing with challenging behaviour and relationships with the trainee's family, friends and significant others.

STANDARD 4: CARE OF CHILDREN AND YOUNG PEOPLE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Children and young people were consistently positive about their relationships with staff. • Staff responded to the needs of children and young people in a positive manner • Trainee council meeting was a demonstrably positive aspect of the Centre's approach to consultation with children and young people. • The review of the rewards and sanctions scheme had been thorough and had involved children and young people. • Children and young people were informed of their right to complain and were aware of the respective roles of the VOICE advocacy service and the YJB compliance monitor in the complaints process. • In response to previous inspection findings there has been progress in setting up systems to address the safeguarding of children and young people, including training for operational staff. 	<ul style="list-style-type: none"> • Managers should ensure that the minutes of the scheduled meetings with children and young people accurately reflect the issues raised and discussed. • There was a need to review the resourcing, planning and organisation of the activities programme for children and young people. • Managers should reinforce the importance of staff consistently challenging the use by children and young people of obscene, unacceptable language. • The organisation and management of the dining room at mealtimes was erratic and did not safeguard the children and young people. • Managers should issue clear guidance on the use of single separation with children and young people to remove confusion among staff and achieve an acceptable standard of recording • Children and young people reported that they had little confidence in the systems and procedures in terms of satisfactory outcomes to their complaints. • Managers should ensure that the wide range of concerns and issues raised as complaints by children and young people are taken seriously and dealt with in a transparent and consistent manner by the staff team. • Managers should establish more productive methods for routinely involving children and young people in reviewing the provision of food, including the quality of the diet. • Managers should ensure that the special dietary needs of individuals and groups of children and young people are consistently identified and routinely provided for within the catering budget. • The director should continue to seek the advice and assistance of local religious leaders and the wider faith community in establishing religious, and pastoral services to meet the needs of children and young people at the Centre.

RECOMMENDATIONS

- **The director should ensure that staff comply with the requirement to consult parents and carers ahead of making decisions that affect the lives of children and young people.**
- **The director should as a priority establish and information sharing a protocol for all staff providing a service to children and children and young people at the Centre.**
- **The director should review the planning, organisation and staffing of the activities programme.**
- **The director should immediately cease the practice of limiting children and young people's access to underwear and books as part of the rewards and sanctions.**
- **The director should restate the guidance on the single separation of children and young people and closely monitor and audit the practice of managers and staff.**
- **The director should ensure that the management of complaints retains the confidence of the children and young people for whom it is intended.**
- **An effective means should be developed for consulting with children and young people about the provision of food at the Centre.**
- **The director should ensure that catering services at the Centre is resourced to meet the special dietary needs of individuals and groups of children and young people.**
- **The director should ensure that children and young people in the Centre have access to a minister of their own faith when required.**

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- 7.1 The staff team were confident in their duty to engage positively with children and young people and maintain mutually respectful relationships despite the constant demands from them, the majority of whom presented complex and challenging behaviour. It was noticeable that there was a more calm and purposeful environment at the Centre than had been the case on previous inspection visits.
 - 7.2 The children and young people were consistently positive about their relationships with senior managers and staff with whom they were in contact daily in the house units and the education service. Meetings were scheduled daily with the children and young people on the house. A record of the meeting was kept on the unit and checked by managers. The meeting was essentially an information giving exercise, the records seen did not identify the issues raised by the children and young people and so it was not clear how such matters were addressed by this process. There is scope for improvement in the documentation and recording of the daily meetings.
 - 7.3 The children and young people's council made up of representatives from the house unit's, attended by managers and chaired by the director was the main consultation process with children and young people. Interviews and records indicated that this was a positive experience for the children and young people involved who were encouraged and supported in their representative role.
 - 7.4 The responsibility for consulting with parents and carers, and actively involving them in reviews, meetings and other forms of decision-making was dispersed throughout the disciplines in the Centre. As a consequence their involvement patchy and often went unrecorded. There was a pressing need to establish a clear requirement for staff to ensure that the families of the children and young people are fully consulted about decisions that affect their lives.
 - 7.5 Within the limitations and restrictions of the building design staff were sensitive to the children and young people's need for privacy. Managers had recently reinforced the importance to staff of maintaining confidentiality about individuals and groups of children and young people, while at work in the Centre and when off duty. There were, however, long-standing concerns, noted in the May 2005 inspection report, of the confusion that existed among experienced operational staff between the need to respect confidentiality and a view of information about children and young people gained in the course of their work as being secret and not to be shared with others with care responsibilities.
 - 7.6 Despite the guidance offered in the inspection report there had been little progress in this important aspect of work. If anything attitudes and practice had become more entrenched and institutionalised as a result. There was an urgent need for the director to actively engage with this problem and, following consultation with the children and young people

and the respective professional groups contracted to the Centre, establish a mandatory protocol for the sharing of confidential information. It will be necessary to support this work with training, linked to the safeguarding of children and young people.

- 7.7** The Centre had a dedicated senior manager (activities and communications) who with the assistance of an activities coordinator was responsible for the development and provision of the Centre's activities programme for the children and young people. A great deal of effort had been committed to the organisation and delivery of the activity programme. There was a daily schedule of activities, which encompassed competitive sport, personal fitness, drama, life skills, e.g. cooking, hair and beauty and for those on the highest levels of reward system, free association. A recent initiative was the "Friday Clubs", which provided a range of structured activities geared to the individual needs and interests of the children and young people. There had been a number of special events to celebrate Christmas and to mark Bank holidays and special dates in the calendar, Valentine's Day and Shrove Tuesday. The activities programme was regarded as successful in providing the children and young people with a wide range of challenging and enjoyable experiences.
- 7.8** There were plans in hand to engage a professional film and animation company to work with the children and young people in developing and induction video for the Centre. Animation workshops were also being planned. Local expertise was being sought in planning and preparing for the staging of a fashion show in the autumn. This was intended to be a large-scale production using experienced professionals to work alongside the children and young people to encourage the development of new skills and increase their self-esteem in order to contribute effectively to what for the majority, would be a unique opportunity.
- 7.9** The establishment of a monthly activities management meeting designed to deal with problems as they emerged, review and develop the programme and plan for specific events. The meeting chaired by the head of activities and attended by representatives from each of the Centre's services was evidence of considerable progress in this area of work. An activities programme had been drawn up tailored to the specific needs of a young person who presented complex and challenging behaviour. The young person in question had since been transferred to another placement and it was intended that this group would evaluate the effectiveness of the programme and the demands it made on the Centre's resources
- 7.10** It was acknowledged that the delivery of the activities programme was entirely reliant on the availability of staff. Inspectors were concerned about the vulnerability of the activities programme which was affected by a number of factors, delays in movement, particularly from the dining hall, the management of incidents with children and young people, a lack of clarity among staff about which children and young people were allowed to take part in specific activities, and, most critically, the deployment of

staff. There were instances observed where activity sessions were lost due to delays and misunderstandings among staff that resulted in frustration for the children and young people and increased the possibility of poor behaviour and disruption in the group. There was an aimlessness in some of the outdoor activities where the children and young people tended to congregate in groups, notwithstanding the presence of external sports coaches. In these instances children and young people lost out because the activity programmes were inevitably curtailed by time wasted. There are also examples where staff interacted well with the children and young people particularly during football and other outdoor sessions. There was a need to review the planning and organisation of the activities programme to ensure that this important aspect of the service has a more durable presence at the Centre.

- 7.11** Inspectors were told that under the existing reward system children and young people who were on 24 and 48 hour basic privileges were subject to an activity ban which prevented them leaving the unit and getting some fresh air. The review of reward system currently underway should amend this rule to ensure that all children and young people, regardless of their circumstances, have the opportunity of being in the fresh air at some point during the day.
- 7.12** Children and young people were encouraged and actively assisted to maintain contact with their family and friends. Contact with youth justice professionals, police, solicitors, and others were routinely facilitated. Following the inspection in May 2005, there had been a review of the telephone systems available to the children and young people and new arrangements were in place, which it was said were working successfully. The Centre had a policy for increasing the credit available on the telephone to support the children and young people experiencing particular difficulties in maintaining contact with their families as a result of bereavement or other complex domestic problems.
- 7.13** The rewards and sanctions system was currently under review and was due to report soon. It was noted that the provision of underwear and books was part of the sanctions regime. For example on Silver level- the level on which children and young people were placed on admission- they were allowed five sets of underwear, and 4 books per week in their room. This increased to seven sets of underwear and eight books when the children and young people achieved the highest level, platinum, whereas on the lowest level, bronze they were allowed only two books per week and four sets of underwear.
- 7.14** This overly prescriptive approach should be reviewed to ensure that children and children and young people have unrestricted access to these items which are essential to their personal comfort and general well being.
- 7.15** On admission to the Centre the children and young people were informed of the rules governing their conduct both verbally and in the information

contained in the “Welcome Pack” which set out comprehensively what response the young person could expect from staff during that time at the Centre.

- 7.16** Managers and staff worked hard at maintaining good order and discipline. However, the weekly reports of the YJB monitor evidenced a constant pattern of incidents involving children and young people requiring the intervention of staff. In the period between 1/1/2006 and 28/5/06 614 incidents were recorded, this averaged approximately 28 separate episodes each week.
- 7.17** Inspectors observed that at times, during the inspection visit, there was a serious lack of control and supervision in groups of children and young people. This was particularly manifest in the dining hall, which was erratic and did not safeguard the children and young people present. The management of the movement of children and young people across the Centre was often poorly organised creating problems of control. It was also noted that some staff did not routinely challenge the use by the children and young people of obscene, unacceptable language. This had an insidious effect on the behaviour of individuals and initiated unpleasant, often tangibly threatening circumstances for those children and young people not immediately involved. There was a need for managers to reinforce with staff the importance of consistently challenging bad language and associated poor behaviour in all its forms.
- 7.18** Data collected by the YJB monitor indicated that there had been a gradual reduction at the Centre in the number of incidents where physical restraint had been used with children and young people. The use of the approved restraint technique (PCC) recorded in the house units on the log of “Permissible Forms of Control” was closely monitored by the Centre's managers. The record showed that in the period since last inspection handcuffs had been used on several occasions when restraint was being applied to a young person, for five hours in one specific incident, which appeared excessive. The use of Control and Restraint pain compliance (C&R), a method not approved for use in secure training centres, had been used with a particularly challenging female resident. The director sanctioned the action taken by staff during these incidents.
- 7.19** There had been little progress since last inspection in November 2005 in establishing greater consistency and more accurate recording of the single separation of children and young people. The reports of the YJB Monitor evidenced the Centre's failure to improve the level of practice in this area. The single separation record showed that staff often failed to specify the behaviour that met the criteria for separation and continued to fail in this respect even though the logbook was littered with admonitions and exhortations to do so by managers.
- 7.20** These difficulties were well known to managers and a workshop had been held recently with the aim of improving understanding and knowledge

among staff on the house units with supervisory responsibilities for care officers. It was evident that despite such welcome initiatives, staff remained confused and uncertain which led to inconsistency and poor practice. The consistently flawed decision-making and poor recording on the house units was illustrative of institutional practice. Despite the programme of induction training, the clear policy and written guidance for staff, practice was resistant to the influence of managers and directly affected the quality of life for children and young people.

- 7.21** There was an established process for dealing with the representations and complaints of children and young people. There was a monthly meeting attended by the director with VOICE, an independent agency contracted to provide advocacy services to children and young people at the Centre. The minutes of the meeting showed that outstanding complaints and other issues of concern raised by children and young people were discussed and where possible, resolved. Children and young people seen by inspectors were less confident about the process stating, that in their view, their complaints were not taken seriously. Concerns were also expressed that the system was long-winded and bureaucratic with few satisfactory outcomes, in their terms.
- 7.22** There was a need for improvement in this area in order to retain the confidence of the children and young people. Managers and staff at all levels should ensure that the wide range of issues raised as concerns and complaints by and people are treated seriously and dealt with as quickly as is possible in a transparent and consistent manner. This area of work would benefit from the scrutiny and reporting arrangements of the Centre's standards and performance audit process.
- 7.23** There had been significant progress in response to previous inspection findings about the effectiveness of arrangements for safeguarding children and young people at Oakhill. A third tier manager nominated, as child protection coordinator (CPC) had been responsible for reviewing policy and procedure, establishing a safeguarding committee at the Centre and establishing effective working arrangements with managers and practitioners in the local authority children's services in Milton Keynes.
- 7.24** The CPC chaired all child protection strategy meetings at the Centre, and was responsible for referring incidents and allegations to the child protection team in Milton Keynes for further investigation. The post holder reported to the head of residence at the Centre; an experienced child protection team manager in Milton Keynes social care services provided professional supervision on child protection and safeguarding matters.
- 7.25** It was acknowledged by managers and staff at the Centre and by the YJB monitor, that the post holder had successfully introduced systematic procedures for the management and investigation of child protection concerns which safeguarded children and young people more effectively

than at any time since the Centre opened. There were plans, in partnership with Milton Keynes social care services, to appoint to a specialist child protection social work post at the Centre to support the CPC. It was reported that to date there had been no interest in or applications for the post.

- 7.26** Inspectors were concerned that the arrangements for safeguarding children and young people at the Centre were effectively reliant on the skills and motivation of one individual. The head of residence, the only qualified social worker on the staff team, had the overall responsibility for the practice of safeguarding. However, his workload and span of control meant that he relied on the CPC to manage the demand of child protection referrals at the Centre. Following the unannounced inspection in November 2005, the management team of the Centre were required to undergo a thorough training programme to ensure that they were aware of the demands of regulation and the expectations of good practice in relation to the investigation of child protection concerns at the Centre and the safeguarding of children and young people. Due to changes in personnel in the senior management team this requirement had not been achieved.
- 7.27** The NSPCC Training Consultation Service based in Leicester had been involved in designing a training programme for the Centre which involved a two-day event for senior managers, followed by sessions for “Training the Trainers” as a means of cascading good practice throughout the establishment. A provisional date for this two-week work programme was scheduled for September 2006. It is a concern that ten months had elapsed since safeguarding practice at the Centre was found to be wanting. It remained that the senior management team needed to engage in a training programme that would increase their knowledge by exposing them to good practice and the importance of systematically investigating child protection matters at the Centre in a thorough and transparent manner. A firm date should be set for achieving the requirements of the recommendation set out in the November 2005 inspection report.
- 7.28** The May 2005 inspection report noted that the food provided to the children and young people was “unimaginative, repetitious, stodgy, and unhealthy”. Records confirmed that children and young people routinely complained about the quality and quantity of the food. The high carbohydrate diet did not suit all tastes and although there was fruit available on the units the children and young people said that there was rarely enough to go round. The YJB monitor had regularly raised concerns about the quality and availability of Halal food for young Muslims at the Centre. There was a need to ensure that the special dietary needs of individuals and groups of children and young people are consistently identified and routinely provided for within the catering budget.
- 7.29** The acting catering manager was keen to engage and consult with the children and young people in order to address their complaints, meet individual need wherever possible, and reduce the level of waste. The

director should consider establishing a more productive process, (e.g. a food monitoring committee chaired by children and young people) for reviewing the provision of food, including the quality of the diet.

- 7.30** The Centre had not been successful in retaining the services of an Anglican minister as required by their contract. The post had been vacant for several months and the director had used his personal contacts to engage the services of an experienced cleric with a background in the prison service to review the facilities at the Centre and produce an action plan. An advertisement in the Church Times had resulted in only one inquiry, and the local ministries were not a position to provide a service to the Centre. In practice this meant that not all children and young people from all faiths had access to a priest, minister, Imam or Church Elder.
- 7.31** Inspectors were concerned about the lack of progress by G4S in obtaining the services of a minister, the limited availability of information at the Centre on religious and cultural matters and the absence of any form of pastoral support to the children and young people. The director should continue to seek the advice of assistance of local religious leaders and wider faith community in establishing religious and pastoral services to meet the needs of children and young people, parents and carers, and staff at the Centre

Education and Vocational Training (OFSTED)

8

STANDARD 5: EDUCATIONAL AND VOCATIONAL TRAINING

The STC conveys an ethos where learning is valued and trainees are encouraged to improve their standards of education or achievement.

Trainees of school age will experience a broad and balanced curriculum appropriate to their age, ability and level of attainment with a view to a return to school on release.

Trainees who will be above school age on release will receive a programme of educational and vocational training designed to prepare them for entrance to further education, training or work experience.

This standard looks at:

- all aspects of the education and vocational training available to the trainee.

STANDARD 5: EDUCATION AND VOCATIONAL TRAINING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • There had been an effective approach to increasing the amount of appropriate accreditation • There was good initial assessment and identification of additional learning needs • There was good support from Education Link Workers throughout children and young people's custodial sentences and in preparation for the next phase of the DTO • There was good individual support for literacy and numeracy and the Independent Study Group was effective in enabling children and young people to take responsibility for their own learning • There was good operational management • Senior managers had developed a clear strategic vision for the STC 	<ul style="list-style-type: none"> • The quality of behaviour management was inconsistent and sometimes poor and the rewards and sanctions system was ineffective • There was a narrow curriculum that did not meet the needs of all children and children and young people • There was some unsatisfactory accommodation and learning resources • The co-ordination of movements to lessons was poor and there was some uncertainty about the role of Senior Care Officers (SCOs) in lessons • The new quality assurance system and lesson observations in particular was not yet focused on key issues such as the management of behaviour and meeting children and young people's individual needs • There had been some poor joint planning of events which had led to their cancellation
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Develop and implement a behaviour management policy, which includes the rewards and sanctions system, and monitor its application rigorously • Further develop the quality assurance and lesson observation systems to focus on key issues such as the management of behaviour, lesson planning and use of learning resources • Further develop the curriculum to provide more stimulation, relevance and interest • Improve the co-ordination of movements so as to reduce the loss of teaching time and improve poor behaviour between lessons • Develop the accommodation, including the library, into a more appropriate learning environment with more ICT facilities • Further develop the role of all SCOs to reflect the best practice found in some lessons 	

ACHIEVEMENT AND STANDARDS

How well do learners achieve?

- 8.1** The achievement of the children and young people is satisfactory. Oakhill has adopted a successful approach to improving, from a very low base, the level and range of accreditation achieved by children and young people. The education department is providing an appropriate range of qualifications of differing levels and lengths. This enables children and young people to gain suitable accreditation based on their ability and length of stay. Children and young people who are taking GCSE qualifications prior to custody are able to continue with most of these. Children and young people have begun to achieve qualifications such as food hygiene and first aid, which are designed to increase their employability and progression opportunities. Levels of accreditation have risen to 6 units per person per month.
- 8.2** Children and young people's achievement and progress in lessons are too variable. In about one third of the lessons observed by inspectors, progress and achievement were judged to be inadequate. In these lessons children and young people's participation in lessons was poor and on a few occasions they completed no work at all. In some lessons, children and young people worked well, made good progress and were proud of their achievements.
- 8.3** The standard of behaviour was also too variable in lessons. In the better lessons there were clear expectations about standards of behaviour and any poor behaviour was challenged quickly, calmly and effectively. In other lessons bad behaviour and inappropriate language were not managed well and in some instances were not challenged at all. The rewards and sanctions policy is not applied consistently and is not successful in raising standards of behaviour.
- 8.4** Attendance is good. There are very few instances of children and young people being sent back to the unit. A well-managed morning briefing makes staff aware of any authorised absences and any other important issues. Punctuality to lessons is poor. Delays in moving children and young people to the learning centre from the units' causes too much teaching time to be lost. This makes structured and purposeful starts to lessons more difficult.

SECTION C THE QUALITY OF EDUCATION AND TRAINING

How effective are teaching, training and learning?

- 8.5** The quality of teaching was satisfactory or better in 80% of lessons observed by inspectors.
- 8.6** In the better lessons teachers have high expectations of both behaviour and achievement. There is a purposeful atmosphere in these lessons, which get off to a crisp start and the children and young people are kept busy throughout the whole lesson. Teachers make sure the children and young people are aware of what they are going to do, and that they understand how and why they are going to do it. A range of interesting and challenging activities are planned to meet the objectives of the lesson. Children and young people are involved actively in their learning and enjoy doing the tasks set. They often make good progress and behave well. In a PE lesson, young women worked with great enthusiasm. They developed their skills, worked exceptionally well as a team and achieved very high standards. In a lesson on crime awareness the children and young people discussed the sensitive issues raised in a video, enthusiastically and with maturity. They expressed their feelings and opinions clearly and articulately and completed the follow up work to a good standard.
- 8.7** In the less effective lessons, tasks and activities are uninspiring and often rely too much on children and young people copying from the whiteboard or completing photocopied worksheets. The pace of these lessons is often slow with little sense of purpose or urgency. Too much time is allocated to individual tasks. Children and young people often fail to see the relevance of the activities and they became bored and frustrated very quickly. Their behaviour deteriorates, often to an unacceptable level and there are occasional outbursts of anger, which are managed ineffectively. The rewards and sanctions system is used inconsistently and makes little impact on improving behaviour. On occasions threats of sanctions are made and not carried out. There is too little emphasis on rewarding good standards of behaviour, effort and work.
- 8.8** The role of the SCOs in the classroom is unclear. There are instances when they worked very effectively with the teacher to support children and young people with their work. They intervene early and sensitively to keep children and young people on task and diffuse successfully any potential confrontation. In a cookery lesson, the teacher and the SCO worked patiently and skilfully with a young person who was refusing to carry out a task. This work resulted in the young person doing the task with little supervision and to a high standard. In some lessons SCOs are unclear of what was expected of them and in some instances play no part in the lesson other than to try to discipline the children and young people

when their behaviour has deteriorated to an unacceptable level. Learning Support Assistants (LSAs) are also employed in some lessons. Whilst they are effective in keeping the children and young people on task and supporting them in the completion of their work, there was little evidence that they had been involved in the planning of the lesson. Lesson plans often make very vague reference to the LSAs role such as “Help with reading and writing”. The individual “one to one” support provided for literacy and numeracy is good. The environment is pleasant and appropriate and the children and young people value the support they receive during these sessions, which are purposeful and challenging. Children and young people make good progress in the development of their skills during these lessons. The use of individual learning plans (ILPs) is developing well.

- 8.9** Good progress has been made in displaying the children and young people’s work and curriculum related materials on walls and in corridors. In most classrooms there are no teacher’s desk or ICT facilities and the fixed furniture reduces flexibility and means that some children and young people were not facing teachers when they were speaking.
- 8.10** The use of the “chill-out” room was effective in some instances. It allowed children and young people time on their own in a safe environment to reflect and return to lessons in a more positive frame of mind.

How well do the programmes and activities meet the needs and interests of learners?

- 8.11** The curriculum, though narrow, provides the requisite hours of provision in literacy and numeracy, crime avoidance and additional activities. There are good opportunities for worthwhile and relevant accreditation. However it does little to contribute to children and young people’s experience of the training and education that they are likely to move on to. Single sex mixed-age and ability groups based on their residential units of up to 8 children and young people are kept together for the day. There are some good new initiatives that are beginning to address these issues.
- 8.12** The day is divided into six one-hour sessions with 5 minutes allowed for movements between lessons. Literacy and numeracy form the core of the curriculum with most of the rest of the time allocated to tutorials, ICT, personal, social and health education (PSHE), art, humanities, crime avoidance, food technology and a good range of PE activities. The activities programme developed jointly by education and care staff offers some good social and physical activities. Physical education makes a significant contribution to the promotion of health.
- 8.13** This timetable is sustained throughout the year, giving little opportunity for special projects or events. ICT does not feature across the curriculum and there is no use of the internet by children and young people. There is only one hour per week of humanities and there is no science provision.

The mixed age and ability groups make it difficult to design work, which is targeted appropriately to meet the needs of individual children and young people. Overall, there is too little diversity or relevance to the children and young people's interests in the curriculum. There is little to develop enjoyment, and there are causes of frustration that can lead to bad behaviour so that being safe is not always promoted well.

- 8.14** New initiatives are beginning to address some of these issues. The ASDAN programme includes opportunities for numeracy to be done in context and appears to promote motivation and enjoyment resulting in a high standard of work. The Independent Study Group (ISG) caters for more able and generally older children, of either gender and from different units, who qualify by their sustained good behaviour. The ISG enables children and young people to take responsibility for their own learning and behaviour. They respond well and produce work of high and sometimes very high quality. For those identified through early assessments as needing special support, there is a very successful withdrawal scheme. Two children and young people at a time work with a Learning Support Assistant (LSA) on a range of work including literacy and numeracy, practical activities and ICT. The accommodation is flexible, very well resourced and provides a very attractive and stimulating learning environment in which children and young people progress well. New 14-19 curriculum initiatives including "Skills for Work" have been introduced and are working well. Other projects are under development or at the planning stage, including painting and decorating, a cross-curricular project using children's artwork, ICT, business studies and applied numeracy to produce and market calendars.
- 8.15** Much remains to be done to broaden the curriculum so as to improve the relevance to children and young people, provide better stimulation and interest, and to promote safety and enjoyment.

How well are learners guided and supported?

- 8.16** Children and young people receive an induction very quickly after they arrive at Oakhill. The induction programme is well planned and enables children and young people to gain a good understanding of what they will be studying and what qualifications they can take during their time in custody. Children and young people receive a thorough initial assessment of their literacy and numeracy levels. This is done by their education link worker (ELW) and provides a good opportunity for children and young people to make early contact with their ELW. Referrals to specialists such as the educational psychologist are made as a result of the initial analysis of assessments where appropriate. Teachers are kept informed and involved in developing strategies to support a young person's particular learning needs. Monitoring of subsequent progress however is poor.
- 8.17** There is very good support from education link workers. Support for children and young people is provided quickly and on an individual basis.

Education link workers know their children and young people very well and provide a very effective link between education and the wider regime. They work tirelessly to follow up information about the children and young people's previous educational experience from external organisations. Work with children and young people on transition planning is good and involves working with children and young people to research further education, training and employment; support is continued into the first stages of their release back in to the community. Children and young people value the attendance by ELWs at DTO review and planning meetings. The work of the ELWs makes a significant contribution to the high levels of progression by children and young people to further education, training or employment on leaving Oakhill.

- 8.18 The local Connexions partnership provides effective support for the children and young people. Two personal advisors spend two days per week providing guidance and support for the children and young people which complement the work of the ELWs. Careers education has been introduced into the timetable recently but resources for this are very limited.

SECTION D LEADERSHIP AND MANAGEMENT

How effective are leadership and management in raising achievement and supporting all learners?

- 8.19 There has been a significant improvement in leadership and management since the last inspection. There is a sense of momentum, staff morale is high, and structures and procedures are sound and understood well. However, some serious problems remain.
- 8.20 The structures for the two contractors' staff to undertake joint strategic planning, quality improvement and operational management are working well. Relationships between key staff at various levels are productive. The senior management team meetings have been appropriately focused on the most important issues. Most issues from the last inspection have been, or are being, addressed with on-going development of the 14-19 curriculum and a new rewards and sanctions scheme planned. However, the management of behaviour in classrooms by teachers and the SCOs is inconsistent, not clearly defined and often inadequate. The accommodation is better presented with some good displays but rooms are poorly furnished with no desks for teachers and there are few computers and no internet facilities. The room layout contributes to the poor behaviour observed by inspectors and limits flexibility in working with individuals or providing suitably differentiated work for learners with very different needs.
- 8.21 Quality assurance is still developing with a new lesson observation scheme in place. Staff have been briefed and observations have been

delegated to subject co-ordinators. Whilst soundly based, the scheme is not well focused on the key issues and challenges the establishment is facing. Expectations and standards are not defined clearly and staff have yet to receive sufficient training. Self-assessment and development planning processes are in place and developments in these aspects are satisfactory. The equal opportunities policy is in place but there are difficulties in classrooms with fixed furniture for wheelchair access.

- 8.22** Day-to-day operational management is good. Arrangements for cover are effective and teachers have well prepared schemes and lessons to take over. The sharing of current information about children and young people is well managed through regular morning briefings. The collection of data on attendance, authorised absence and other information about individual children and young people is regularly updated and well maintained. Children and young people's files and records are good.
- 8.23** Significant problems arise through delays in movements between lessons, often caused when an incident in one place blocks movements elsewhere. Lessons are then delayed, by as much as 20 minutes in a few cases. At the end of lessons, whilst waiting in classrooms for their move under the supervision of care staff, children and young people become very restless and behaviour deteriorated with some minor damage being caused to the classroom. Late movement also affects the accuracy of some statistics collected at specific times making children appear to be absent rather than late.
- 8.24** The scale and stability of staffing is good but long-term absence of three key staff is a concern. There are clear lines of responsibility and accountability. Some of the teachers are not permanent but on long-term supply contracts and not all have qualified teacher status. There is too much inconsistency in teaching and learning and behaviour management. There is no librarian and the resources in the library are disorganised and under-used.

Tackling Offending

9

STANDARD 6: TACKLING OFFENDING

Each trainee is subject to an individual offending behaviour programme which is consistent with his/her assessment and other elements of the training plan.

The director has mechanisms in place to develop, monitor and evaluate the STCs offending behaviour programmes, drawing on advice from external consultants.

This standard looks at:

- the nature and effectiveness of the individual trainee's offending behaviour programme.

STANDARD 6: TACKLING OFFENDING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • There was evidence of some good individual offence related sessions undertaken by interested and competent staff members. 	<ul style="list-style-type: none"> • The director should as a priority review the resourcing of the crime avoidance programme to ensure that the current methods of intervention are sufficient for the task. • Priority should be given to identifying responsibility within the senior management team for the crime avoidance programme. • Standards should be set and monitored for the recording of all aspects of offence related work with children and young people. • The delivery of offence related programmes should be regularly evaluated as part of the Centre's audit and performance management processes.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The director should as a priority review the resourcing and content of the crime avoidance programme. • The director should nominated a senior manager to be responsible for the delivery and evaluation of the crime avoidance programme. 	

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- 9.1 Offending behaviour programmes and, for remanded children and young people, citizenship programmes were delivered in partnership by care staff and education staff with sessions taking place in house units and as part of the school day in the education centre. In the main “ off-the-shelf” programmes were drawn from commercial sources although there was evidence of at least one staff member, a care supervisor, devising a number of programmes to supplement the existing schedule. These programmes were appraised and approved prior to their implementation by the child protection coordinator who continued to hold the responsibility of programmes manager.
 - 9.2 Programmes were kept under review by the RSM’s who met monthly in a meeting chaired by the CPC when issues such as timetabling, the need for new materials and the means of delivery were considered. There was no common way of delivering crime avoidance sessions in the Centre, group, rather than individual sessions appeared to be the preferred approach.
 - 9.3 Records of crime avoidance sessions were held on house units and in the education centre. There was no evidence of the crime avoidance sessions informing other interventions or work with a young person and they were not a factor influencing case planning and review.
 - 9.4 Staff received training on the delivery of crime avoidance programmes during their induction training course but thereafter there were few, if any, opportunities for refresher or further training. It was reported that staff in daily contact with children and young people, the SCO’s, were less confident in conducting crime avoidance sessions than were their immediate line managers, the SC supervisors
 - 9.5 Case files evidenced good quality individual offence-related sessions with children and young people undertaken by interested, confident members of the staff team. Equally there were examples of unfocused, poorly recorded work that was unlikely to affect or influence the behaviour of the young person for whom it was intended.
 - 9.6 Case files and other records did not consistently evidence contact between the key worker delivering crime avoidance work with an individual young person and the post release supervisor. Although procedures were in place the quality of recording varied widely and practice was unsystematic.
 - 9.7 It was evident that the organisation and oversight of the crime avoidance programme had been profoundly affected by the programme manager’s shift in responsibility to become the child protection coordinator at the Centre following the unannounced inspection in November 2005. The management, coordination and development of safeguarding arrangements at the Centre were the current priority for the post holder and although the crime avoidance work remained within her span of control it was clearly a secondary task, with the RSM’s responsible for ensuring the delivery of the programme on house units

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- 9.8** A crime avoidance forum had been established recently, which brought together those managers and care staff responsible for delivering the programme. Unit coordinators were nominated and the requirement to deliver their 3.5 hours crime avoidance work each week was made clear. Education staff delivers the other 3.5 hours. It was suggested that the unit crime avoidance work be organised for an hour each Wednesday, Saturday and Sunday, with a final half-hour on Sunday evenings to sum up with the young person the work undertaken so far. Following its initiation there had been one other meeting of the forum which concentrated on developing systems to improve consistency in the delivery of the programme across the Centre, better management of case files, more accurate recording and the importance of establishing effective links with the on-site education service and with post placement supervisors
- 9.9** It was understood that the Centre's substance misuse team had not had sight of, or involvement in, the content of the crime avoidance programmes, although the programmes include work on substance misuse. This suggests that the greater use might be made of the expertise of the team and this in turn might promote closer working between care, education and health care staff
- 9.10** There was a pressing need for the director to review the resourcing of the crime avoidance programme to ensure that the current programmes are sufficient for the task. The decision to delegate responsibility for the crime avoidance programme to the RSM's resulted in a loss of management direction, a lack of attention to the planning of the overall programme and limited oversight of the work being undertaken by care staff. Priority should be given to nominating a senior manager to be responsible for the crime avoidance programme. Standards should be set and monitored for all aspects of the work. The overall programme delivered by education service and care staff should be part of the routine scrutiny, evaluation and performance management processes at the Centre.

Health Care

10

STANDARD 7: HEALTH CARE

All trainees will be provided with health care to National Health Service, and with health education.

This standard looks at:

- the extent and quality of health care, including health promotion and education.

STANDARD 7: HEALTH CARE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The agreement with Milton Keynes PCT ensured that the practice of Healthcare staff in relation to the safeguarding of children and young people was integrated with the Centre's policy and practice. • The availability of healthcare ensured that children and young people had access to medical and nursing staff at all times. • The recently established substance mis-use service was evidence of progress in meeting the health needs of children and young people. 	<ul style="list-style-type: none"> • The manager of healthcare services at the Centre should in concert with a senior manager review current practice in producing a good standard of health care plans for children and young people. • Health care assessments held on case files were variable in quality and content. • The director should as a matter of urgency obtain an agreement to share information held at the Centre with managers and staff responsible for the health and well being of children and young people. • The current approach to risk management was too diffuse, there needed to be more effective links between the SRT, risk assessment, handling strategies and the intelligence gathering processes. • There was scope for developing a more effective service to children and young people who presented with mental health problems. • The director should review the resourcing and support to children and young people assessed as needing therapeutic interventions or other forms of treatment during their stay at the Centre. <p>There was a pressing need for the healthcare team to develop closer more effective working arrangements, based on trust, with care staff on the house units.</p>
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The director and the head of healthcare should review the contribution of health care staff to the programme of health education for children and young people at the Centre. • The director should give priority to reviewing the strategies for the management of suicide, self-harm and behaviour management. • The director should set standards for Healthcare assessments and Healthcare plans which are compliant with the Children Act and which reflect current models of good practice. • The director should as a matter of urgency obtain an agreement with the PCT to share information held at the Centre with managers and staff responsible for the health and well being of children and young people. 	

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- 10.1** Milton Keynes Primary Care Trust (PCT) provided health care services under contract. The contract ensured that nursing care was available 24 hours a day to children and young people at the Centre. The newly appointed head of healthcare had a span of control which encompassed primary health care specialists, podiatry, pharmacy GP's, dentistry, psychology and psychiatric services. An experienced deputy line managed an 11 strong nursing team, which routinely drew on agency staff, in order to maintain the service to children and young people.
- 10.2** The PCT contract to provide health care services at Oakhill had not been reviewed since the Centre opened. Work was under way on a root and branch review of the clinical model of health care services currently in place at the Centre. The review was led by the director and the head of healthcare, in partnership with the PCT.
- 10.3** The review was overtaken by events, when at the close of the inspection the PCT announced its intention to serve a redundancy notice on the Centre's full-time consultant clinical psychologist. This decision reportedly arose from the PCT's need to make savings in non-core services. The budget for the provision of psychology services was overspent and the post was said to be extra to the requirements of the current contract. Inspectors were told that the PCT intended to recruit a senior psychiatric nurse to lead on suicide; self harm reduction and develop therapy-based treatment for children and young people. The director was in discussion with the PCT to identify the resources to recruit a senior psychologist and assistant psychologist's to lead on offending behaviour and support strategies for the reduction of self-harm.
- 10.4** The service at Oakhill met with the requirement to provide primary and secondary health services which encompassed the assessment, diagnosis, treatment and prevention of physical and mental disorders, including treatment for addiction to drugs, alcohol, smoking and other intoxicating substances. The substance misuse service had a broad brief which included contributing to staff training, health education in the classrooms and the assessment and treatment of individual children and young people. There were close working links with a healthcare team and the GP service, which enabled maintenance and relapse prescribing. The team worked exclusively with individuals and not with groups.
- 10.5** On admission all children and young people were assessed within the required timescale and again on their discharge from the Centre. The health care service was accessible and responsive to the needs of children and young people and it was said to be possible for a young person to be seen by nurse within 30 minutes of them making the request.

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- 10.6** The contract between GS4 and Milton Keynes PCT did not include the delivery of a formal programme of health education for children and young people. It was reported that this was provided informally on a one-to-one basis by the nursing team during routine clinical sessions. These ad hoc arrangements fell far short of the standard required for this essential area of work with this group of particularly vulnerable children and young people. There were plans in hand to address this anomaly in the service review.
- 10.7** The director and the PCT should, as a priority, set a target date for resolving this matter and put in place a programme of health education appropriate to the age, gender, lifestyle and complex needs of children and young people admitted to the Centre. Managers should ensure that this important element of the service to children and young people is routinely audited and evaluated as part of the performance management processes at the Centre.
- 10.8** Pharmaceutical products were stored in secure conditions in the healthcare centre and in the treatment rooms on house units. Medicines were administered by nursing staff in accordance with the Centre's "Care and Control of Medicines Policy" approved by the PCT. Consent is obtained from children and young people prior to the commencement of an examination or treatment. If the healthcare professional dealing with the young person had concerns about their capacity to make such a decision advice is then sought from the person with parental responsibility for the individual involved.
- 10.9** The identification and monitoring of children and young people at risk of committing suicide or self-harm was a joint responsibility for the healthcare service. Children and young people assessed as needing constant supervision were transferred from the house units to the healthcare centre. In these circumstances care staff were seconded to provide security and additional supervision. It was reported that there had been occasions when the decision to transfer young person back to their house unit had been made on the grounds of security without the agreement of senior health care staff. These incidents were illustrative of the tensions and divisions between the Centre's managers and staff contracted to provide a specialist service.
- 10.10** There was evidence that the current approach to risk management was too diffuse. There were several information gathering strands, which if properly integrated, could have provided comprehensive information about children and young people whose behaviour put them at serious risk. There was a need for managers to draw together information from risk assessments, suicide reduction records, handling strategies and intelligence gathering to provide better organised more effective process for the identification and support of vulnerable children and young people.

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- 10.11** Inspectors had noted on three previous inspections that healthcare assessments and healthcare plans did not contain sufficient information to inform their care planning process for children and young people. The demands on the psychology service, particularly since the increase in numbers of children and young people, meant that few were interviewed and assessed unless they presented obvious symptoms of mental disorder and problematic behaviour. At the time of the inspection the psychologist was working directly with two children and young people, with, it was said, no capacity to develop and implement interventions for those children and young people identified as in need of therapeutic services and support.
- 10.12** These organisational and resource difficulties were compounded by the practice of health care staff resistant to sharing information about the health needs of children and young people with care staff. It was made clear to inspectors that practice at the Centre was based on the firmly held belief that care staff were not qualified professionals governed by a code of ethics, and could not therefore be allowed access to information about children and young people held by health care staff. It was said that the PCT supported the stance taken by senior health care staff at the Centre.
- 10.13** Managers and staff in all disciplines were aware of these difficulties, as they had been raised on three separate occasions in previous inspections. Despite inspectors having made recommendations designed to improve practice there had been no progress, if anything practice was more entrenched. It was evident that the lack of integration between healthcare and care staff did not serve children and young people well.
- 10.14** There was a pressing need for senior managers from G4S and the PCT to clarify professional boundaries and as a matter of urgency establish clear protocols for the sharing of information essential to the health and well being of children and young people accommodated at the Centre. Importantly, there was much work to be done with managers and staff in the Healthcare service to develop closer more effective working arrangements, based on trust, with care staff in the house units.
- 10.15** Any young person requiring treatment or regular medication attended the healthcare centre. Whilst this quite properly involved the young person being escorted to the centre by member of the care staff, the level of staff supervision in the house unit was inevitably diminished and the young persons programme disrupted. There may be a case therefore for health care staff to visit the house units on a regular basis, particularly for the administration of medication. A further benefit might be a closer engagement and understanding between the healthcare and care staff.

Premises, Security and Safety

11

STANDARD 8: PREMISES, SECURITY AND SAFETY

The design of the premises and the security measures in operation at the STC prevent unauthorised entry or exit and the passage of unauthorised items and substances, and ensures the safety at all times of trainees, staff and visitors.

The STC is properly maintained and furnished and has appropriate facilities.

This standard looks at:

- the security arrangements for the STC, the condition, adequacy and fitness for purpose of each of the buildings in the establishment.

STANDARD 8: PREMISES, SECURITY AND SAFETY

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The concerns about security identified in previous inspections had been comprehensively addressed. • The initiative to raise staff awareness of the need for consistency and vigilance in matters of security was reported to have achieved its objectives. • Security was an element of the monthly audit and performance process. • The role of security had been reviewed and the presence of security staff was noticeably less overt and better integrated with the aims and objectives of the Centre. • Information about the conduct of personal searches was provided to children and young people on admission. • There had been progress in the secure storage of children and young people's personal property following their admission. • Bedrooms were maintained to a good standard allowing children and young people a degree of personalised space and privacy. • The Centres buildings and facilities were maintained to a good standard. • Systems were in place to ensure that priority was given to the maintenance of minor damage or equipment failure, which could compromise security. • There was a schedule of contingency exercises for the coming year designed to test the security systems and the response of staff at the Centre. 	<ul style="list-style-type: none"> • The archiving of CCTV footage should be kept under review to ensure that the image retained is of sufficient quality in the event of a need to re-visit the material. • The director should identify those managers with responsibilities for accessing archived CCTV material to ensure that they are trained and equipped for the task. • The head of security should identify those staff and visitors who are exempt from carrying radios and keys inside the secure perimeter. • The schedule for testing fire alarms and evacuation procedures in the house units should be re-visited to ensure that they are tested randomly across the working day, weekends and "out of hours"

RECOMMENDATIONS

- **The head of operations should review and clarify the schedule of visitors to the Centre who are exempt from the requirement to carry keys and a radio while working within the secure perimeter.**
- **The director should ensure that the personnel responsible for reviewing archived images recorded on the Centre's CCTV system are trained and equipped for the task.**
- **The head of operations should establish a programme for testing the Centre's fire alarms and evacuation procedures across the 24-hour day.**

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- 11.1** The buildings and open areas within the secure perimeter were maintained to good standard. The landscaped grounds were well ordered and the external and internal sports facilities were safe and well organised. The area immediately outside the secure perimeter was routinely maintained and subject to scheduled checks and searches.
- 11.2** Within the constraints of building design it was apparent that there was a commitment to creating a domestic setting for children and young people on the house units. However, there was considerable variation in the quality of the environment in particular house units. In one unit staff and children and young people had worked together to create simple yet effective murals and wall decoration. Other units were more obviously institutional. Attempts had been made to improve the environment by the purchase of new, more comfortable, durable furniture. Staff had prepared for the inspection and the units were all clean and tidy with the office filing systematic and orderly.
- 11.3** In the period since the inspection in May 2005, an experienced manager from G4S had comprehensively reviewed security at the Centre. Quality assurance mechanisms had been instituted to ensure that staff were aware of and adhered to the established security protocols
- 11.4** The head of operations was responsible for all aspects of security, which included the control room, reception, admissions and the Duty Operational Managers (DOMs). The recently appointed post holder was committed to raising awareness among all staff at the Centre about the need for consistency and vigilance in all security matters. A weekly newsletter had been introduced which dealt in detail with all aspects of security and highlighted areas in which practice had not met the standard required. It was reported that this initiative had achieved its objectives in challenging the complacency about security among the staff group, which it was felt, was born out of familiarity with procedure and the routine of practice. Security and safety was subject to monitoring and performance management and there was said to be effective working arrangements with the auditing compliance manager.
- 11.5** The latest report by the Audit and Compliance Manager noted that the security of a number of management and audit procedures were in place and all staff were fully aware of their responsibilities. However a number of security breaches were identified at the time of the audit and some of them were awaiting the outcome of investigations. This indicated that despite a strong policy framework, supported by training and reinforced by staff experienced in the management of security, practice at the Centre was variable and decision-making often inconsistent.
- 11.6** A consequence of the security review was that the presence of security staff, the DOMs, was noticeably less overt with practice more effectively integrated with the aims and objectives of the Centre.

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- 11.7** There was a schedule for searching, which included parents, carers, family members and other professional visitors with an interest, or responsibility for children and young people at the Centre. It was acknowledged that the searching of visitors was the weakest point in preventing contraband entering the Centre. Information for parents and carers was not as explicit about the Centre's searching policy as that provided to children and young people.
- 11.8** The Centre was obligated by contract to operate a policy of full body searches of children and young people on their admission to the Centre and when a young person was being transferred to the custody of another agency. The director was confident that full body searching was a necessary process that needed to be achieved through negotiation and conducted thoroughly with skill and sensitivity while retaining the dignity of the individual involved. It was practice not to search children and young people leaving the Centre on mobility programs or all those at the point of their discharge from Oakhill.
- 11.9** Children and young people were informed about the purpose of personal searches immediately on their admission to the Centre. This was supported by written information in the "Welcome Pack". Children and young people confirmed that the searches, although unwelcome, were generally conducted in a sensitive manner.
- 11.10** Priority was given to the maintenance of the Centre's security systems, which included keys, radios and CCTV recordings. Staff were trained in the use of the systems and the equipment during their induction and probationary period. It was evident that there were a number of staff working within the secure perimeter that were exempted from the requirement to carry keys or use a radio. It was not clear to inspectors or the managers how the decision was made to apply these exemptions to particular visitors and members of staff. There was a need for the head of operations to clarify the policy for exempting visitors and staff from the overall security requirements of the Centre.
- 11.11** There had been a recent decision by the Centre to extend the time period to 16 days for the archiving of CCTV recordings. This had reportedly resulted in a loss of image quality. There was a need for managers to ensure that the images being archived were of sufficient quality to inform an investigation, should it be required.
- 11.12** Access to this material was restricted and it was confirmed that the RSM's were now responsible for viewing incidents, particular those involving restraint, where a young person had complained about their treatment. RSM's were concerned about this increase in their responsibilities and not all were confident about what was required from them when viewing the CCTV archive. The director should ensure that managers with the responsibility for this important area of work are trained and equipped for the task.

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- 11.13** There had being progress since last inspection in the management of children and young people's personal property that was stored securely during their stay at the Centre. Staff responsible for admitting children and young people ensured that the majority of those discharged or transferred from the Centre were provided with luggage with which to convey their belongings.
- 11.14** The bedrooms on the house units were decorated and maintained to good standard children and young people were allowed to personalise their rooms in line with the rules of the rewards and sanctions policy. The system for reporting damage to the Centre's Facilities Management Team ensured that the environment in which children and young people spend the majority of their time was maintained to a good standard of safety and security. A number of managers and staff raised concerns about what they experienced as increasingly poor response obtaining confirmation when repairs had been completed and signed off by the Facilities Management Team.
- 11.15** In response to a previous inspection recommendation staff were experimenting with simple screens, which covered the viewing panel in children and young people's bedrooms. There was heightened sense awareness in the staff group about the need to ensure and respect the privacy of children and young people when they were in their rooms or the toilet/shower cubicle.
- 11.16** There was an established schedule for testing all equipment in line with the requirements of health and safety legislation. Fire alarms and evacuation procedures involving staff and children and young people were conducted on a regular basis. However, the record showed that the fire alarms tests followed a predictable pattern. There had been high turnover of children and young people and staff in the period since last inspection and this indicated a need to review the schedule for testing the fire alarm system on the site, particularly in the house units
- 11.17** Emergency procedures and contingency plans were in place for the management of fire, emergency incidents, concerted indiscipline and other forms of disruption. There were regular meetings of security staff at the Centre and a monthly programme of contingency exercises were scheduled for the coming year. A thorough debriefing was reportedly held at the conclusion of the contingency exercises to ensure that the experience and the lessons learned informed practice of the Centre.
- 11.18** There were established working arrangements with the local authority and other agencies including the prison and fire services that contributed to the review and development of the Centre's emergency plans. The partner agencies were active participants in the testing out of contingency exercises.

Standards and Criteria

A

STANDARD 1: PURPOSE AND FUNCTION

The STC has a clear and well understood sense of purpose which fully reflects the vision, goals and values determined for STCs by the Home Office.

Criteria

- 1.1** The STC has a written Statement of Purpose, which describes accurately and simply its principal goals as laid down by the Home Office.
- 1.2** The statement is displayed prominently throughout the STC and is made available to the family/carer of each trainee and other relevant parties. (P.1)
- 1.3** Managers and staff understand and are committed to the vision, goals and values of the STC.
- 1.4** The STCs Equal Opportunities policy is fully in accord with Home Office policy, is published and drawn to the attention of all trainees, staff and visitors, and is routinely monitored. (A.17)
- 1.5** Trainees are assessed and treated as individuals. Each trainee and his/her family/carer is fully and actively involved throughout his/her assessment, planning and review processes as far as possible. (A.10)
- 1.6** The regime offers equal standards of care, education, training, safety and security to all trainees, irrespective of race, religion, gender or disability.
- 1.7** Trainees and their families are fully consulted about decisions, which affect their lives.
- 1.8** Explanations are given to all trainees and their families/carers about how particular decisions affecting them are reached.
- 1.9** Trainees are made aware of their responsibilities and the standards required of them and are informed of their rights and privileges. (A.11)

STANDARD 2: MANAGEMENT AND STAFFING

The STC has sufficient trained staff to achieve the goals set by the Home Office.

Staff are properly managed to enable them to work effectively as a multi-disciplinary team and operate the STC to the standards required.

Criteria

- 2.1 The number of staff on duty at the STC at any time is sufficient to ensure that all aspects of the regime are delivered to the specified standards.
- 2.2 The composition of the staff teams should take account of the gender and ethnicity of trainees. (A.4, 0.6, 0.9)
- 2.3 All posts at the STC have written job descriptions, setting out the lines of accountability, responsibilities and authority of the jobholder, and a summary of the personal qualities, competencies and skills required. (SAS 2.5, 0.11)
- 2.4 All applicants for jobs at the STC are vetted and all offers of employment are made subject to satisfying the relevant vetting requirements. No employee is allowed to work with a trainee until full employment vetting has been completed. (0.16)
- 2.5 Certified custody officers are the only staff at the STC who perform custodial duties in relation to trainees. (0.7, Section 9 CJPO 1994)
- 2.6 The staff team corporately possess the skills and knowledge required to meet the goals of the STC and each individual member of staff possesses the necessary qualifications, skills and experience for the work (SAS 2.13)
- 2.7 There is a continuing training and development programme for all staff consistent with the objectives of the STC and the individual members of staff personal development needs. (SAS 2.14, 0.24, 0.25)
- 2.8 Custody officers will receive annual refresher training by accredited instructors in physical restraint and initial and regular refresher training in the use of short duration breathing apparatus. (N5 and L3)
- 2.9 All work groups and individual members of staff have clear objectives and performance measures.

- 2.10** All members of staff receive regular supervision from their managers and records and decisions are closely monitored. (SAS 2.9, SAS 2.17, 0.42 and 0.44)
- 2.11** There are regular and programmed staff meetings, shift hand-over meetings and specialist team meetings to ensure that all staff are informed about contemporary issues and have the opportunity to feedback their views to appropriate managers. (SAS 2.11, SAS 2.25, 0.49 and 0.51)
- 2.12** Each STC has an external line manager who will monitor the performance of the STC. (SAS 2.20 and SAS 2.22)
- 2.13** All contracted out STCs have a YJB monitor to monitor the performance of the STC against the requirements of the contract.

STANDARD 3: ASSESSMENT, PLANNING AND REVIEW

There is a full assessment of each trainee's individual needs and problems and a flexible, individual training plan for meeting as many of those needs and for tackling as many of those problems as possible and for the directing of remedial attention to offending behaviour.

The progress of each trainee is closely monitored, recorded and regularly reviewed.

Criteria

- 3.1** Each trainee will be the subject of an initial written assessment within 2 weeks of admission. (B.1)
- 3.2** Each newly admitted trainee will also be subject to a systematic risk assessment which is reviewed and updated throughout the period in custody. (SAS 5.35)
- 3.3** On the basis of these assessments, an initial training plan is produced within 2 weeks of admission to respond to identified need and tackle offending behaviour. The plan will define the work to be carried out, by which staff, and the timescales which will apply. (B.3)
- 3.4** The trainee's family and, if appointed, the post release supervising officer will have opportunity to actively participate in the assessment and planning process.
- 3.5** The training plan is monitored, regularly reviewed and updated in light of the trainee's progress. (B.5)
- 3.6** Management have mechanisms in place for supervising those involved in delivering the training plan and monitoring and evaluating its effectiveness. (B.5)

STANDARD 4: CARE OF CHILDREN AND YOUNG PEOPLE

Day-to-day care is of a good, provided by staff who can relate effectively to trainees in a way which takes into account their individual needs and safeguards and actively promotes their welfare. Trainees whose conduct is unacceptable are dealt with using positive and fair sanctions.

Trainees are given every opportunity and encouragement to re-establish, maintain and strengthen contacts with family, friends and significant others outside the STC.

The STC's admission procedure is positive and welcoming, not overbearing and intimidating.

The induction programme is designed to establish positive relationships and co-operation with trainees, to help them to adjust to life in the STC, and to set clear expectations about their behaviour in custody and on release.

Criteria

- 4.1** Trainees are helped by staff who can relate effectively to them. (SAS4.2, SAS 4.11)
- 4.2** Staff to ensure that trainees meet regularly as a group to share their views about daily life in the unit and that they and their families are fully consulted about decisions which affect their lives. (SAS 4.29, SAS 4.30)
- 4.3** Staff respect trainee's privacy and confidentiality so far as it is consistent with the provisions of security, protection of other residents and staff, and safety of the individual trainee. (SAS 4.31)
- 4.4** Trainees have available to them the choice of structured and unstructured activities enabling each day to be occupied purposefully in a way relevant to their needs and consistent with their individual training plans. (F2, F3, F4, F7 and F8)

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- 4.5** Trainees are only locked in their bedrooms at night between the hours of 9.30pm and 7.30am or, exceptionally, when necessary for their own safety, the safety of other trainees or the security of the centre. Trainees are encouraged to maintain outside contacts by writing and receiving letters, telephone calls and visits from family and friends subject to the need to assure the security of the centre and the safety of the trainee. (H2, H3, H5 and H6)
- 4.6** The trainee should be encouraged to establish positive links with the local community through education, training and offending behaviour programmes.
- 4.7** Trainees will receive assistance and facilities to enable them to have access to their legal advisor, post release supervisor, the monitor, independent persons and, where necessary, other external agencies.
- 4.8** Each trainee is made aware about expectations of conduct and control in the STC. (SAS 4.14)
- 4.9** Good order and discipline is maintained and promoted by staff through appropriate supervision of trainees and understanding of instructions on the maintenance of good order and the application of sanctions. (M.1 and SAS 4.15)
- 4.10** Systems of roles, incentives and sanctions are published and explained and understood by all staff and trainees and there should be evidence that they are consistently and appropriately applied. There is a policy and written guidance on the use of restraint and there is evidence that this policy is implemented appropriately and is used only when necessary. (SAS 4.19, M.3)
- 4.11** Each episode of physical restraint, single separation or the application of sanctions should be separately recorded in permanent form. (SAS 4.19, M.4)
- 4.12** Trainees placed under single separation are checked in accordance with statutory rules and regulations. (M.6)
- 4.13** There is a representation procedure which provides trainees with the opportunity to make complaints about their custody and treatment in the secure training centre. (C.21)
- 4.14** All representations are treated confidentially and are investigated thoroughly and speedily. (C.21)
- 4.15** Trainees are aware that they can discuss their concerns in private with an independent person, a representative of an approved telephone help line, or with the Youth Justice Board Monitor. (C.21)
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- 4.16** Systems are in place to monitor the incidence and outcomes of complaints. (SAS 4.39)
- 4.17** The STC has specific policies and practices for keeping trainees safe from self harm and abuse from family, staff, visitors and other residents. These policies and practices are consistent with the ACPC procedures in the area in which the STC is located and conform to guidance in ‘Working Together under the Children Act’. (SAS 4.24)
- 4.18** Trainees are encouraged and allowed to practice their faith, observe their religious, racial and cultural identity as is their custom at home in the community. This extends to diet and physical appearance which should be appropriate to their religious, cultural and/or ethnic background. The admissions procedure should ensure that the legality of the secure training order is confirmed, the trainee’s initial physical needs (including health needs) are met, and the trainee is immediately subject to the induction programme designed to provide guidance and information about the secure training centre.

STANDARD 5: EDUCATIONAL AND VOCATIONAL TRAINING

The STC conveys an ethos where learning is valued and trainees are encouraged to improve their standards of education or achievement.

Trainees of school age will experience a broad and balanced curriculum appropriate to their age, ability and level of attainment with a view to a return to school on release.

Trainees who will be above school age on release will receive a programme of educational and vocational training designed to prepare them for entrance to further education, training or work experience.

Criteria

- 5.1** The training plan of each trainee will set out his/her educational goals which will be based upon the trainee's education records and level of attainment. The educational and vocational training goals will be regularly revised by teachers in the light of his/her progress. There will be close links between custody and care staff, with colleagues involved in education and this will be extended to maintaining close contact with schools in cases where trainees are of school age on release.
- 5.2** In conjunction with supervising services, links are developed with colleagues, employers and other community agencies to provide further education, vocational training, work experience and employment for trainees on release.
- 5.3** As far as possible, the national curriculum programme of study will form the basis of the curriculum for trainees of school age. Trainees above school age on release will receive an appropriate programme which prepares them for the next stage of education, training or employment.
- 5.4** The curriculum should be extended to include a range of cultural, sporting and leisure activities.
- 5.5** Trainees progress is monitored and evaluated and recorded so that records for parents, next educational placements and employers can be provided.

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- 5.6** Each trainee is presented with an up-to-date record of achievement on release.
 - 5.7** Trainees will receive spiritual, moral, social and cultural guidance designed to enhance their personal development, behaviour and attitudes.
 - 5.8** Full time and sessional teaching staff should be suitably qualified and experienced and sufficient in number to deliver the planned programme of education and vocational training.
 - 5.9** Teachers, instructors and care staff engaged on educational activities have sufficient knowledge and understanding of the subject or areas they teach/support.
 - 5.10** Teachers have effective arrangements for induction, appraisal and professional and career development.
 - 5.11** There is appropriate and varied accommodation and sufficient learning resources for the range of educational and vocational activities.

STANDARD 6: TACKLING OFFENDING

Each trainee is subject to an individual offending behaviour programme which is consistent with his/her assessment and other elements of the training plan.

The director has mechanisms in place to develop, monitor and evaluate the STCs offending behaviour programmes, drawing on advice from external consultants.

Criteria

- 6.1** Each trainee be the subject of an offending behaviour programme which is based upon his/her profile of criminal tendencies.
- 6.2** The programme is regularly reviewed by the trainee's keyworker in consultation with other staff and the post release supervisor. (E1, E6 + E7)
- 6.3** The post release supervisor monitors and keeps the keyworker informed of progress of the offending behaviour programme during the supervision period. (E7)
- 6.4** The Director has mechanisms in place to evaluate the effectiveness of the offending behaviour programme. (E3)

STANDARD 7: HEALTH CARE

All trainees will be provided with health care to National Health Service Standards, and with health education.

Criteria

- 7.1** All trainees will have as a right, access to NHS primary and secondary health care and this will include access to suitably trained and qualified medical and nursing staff, including on-call facilities for 24 hours a day. (G5 + G7)
- 7.2** Each trainee will be examined within 24 hours of admission and within the 24 hours preceding their release.
- 7.3** Each trainee will receive health education appropriate to his/her age, gender and lifestyles.
- 7.4** Adequate arrangements are made for the storage, recording and administration of medication.
- 7.5** All staff in regular contact with trainees are aware of those who have been identified as being at risk of suicide or self harm and strategies are in place to monitor, supervise and offer appropriate support. (G10)
- 7.6** Trainees admitted as in-patients in the STCs medical centre have access to normal education and daily training programme and regime activities subject to clinical restrictions. (G12)
- 7.7** Out-patients support and treatment will be available to all trainees discharged from health care centre. (G11)

STANDARD 8: SECURITY AND SAFETY

The design of the premises and the security measures in operation at the STC prevent unauthorised entry or exit and the passage of unauthorised items and substances, and ensures the safety at all times of trainees, staff and visitors.

The STC is properly maintained and furnished and has appropriate facilities.

Criteria

- 8.1** Within the constraints of safety and security, the STC provides an attractive, relaxed and homely living environment. (SAS 5.3)
- 8.2** Security management and audit procedures covering all aspects of security and safety are in place and all staff are fully aware of their responsibilities.
- 8.3** There is detailed policy and guidance on the searching of all communal areas, bedrooms, trainees and their belongings and of visitors, staff, goods and mail entering and leaving the STC. (J6, SAS 5.29)
- 8.4** Children and young people are aware of the rules covering searches. (SAS 5.29)
- 8.5** There is a policy and procedure for the maintenance of all security systems such as keys, magnetic cards, beepers, and alert systems. All staff are aware of how to use these and the circumstances for doing so. (J12, J13, SAS 5.32 + SAS 5.33)
- 8.6** There are adequate arrangements for safeguarding personal property from theft or damage by others and all goods which are stored on behalf of trainees are kept secure and are properly receipted.
- 8.7** Trainees should have their own room which is fit for purpose and they are permitted to personalise their own rooms to the extent approved. (K1, K2, SAS 5.8 + 5.9)
- 8.8** Subject to the need for security, trainees privacy and dignity is preserved. (K6 + SAS 5.11)

- 8.9** There is a health and safety policy statement which fully meets all statutory requirements and staff are aware of their responsibilities for health and safety. (L1, L2, SAS 5.13, 5.14 + 5.15)
- 8.10** Clear emergency procedures and contingency plans are in place for managing fire, emergency incidents and disruptions. These procedures and plans are regularly tested and updated and all staff are aware of their responsibilities and the action to be taken. (P2, P2, P3, SAS 5.16, 5.17, 5.19, 5.20, 5.21, 5.22 + 5.25)
- 8.11** Local authorities and emergency services are regularly consulted and involved in drawing up, testing and revising emergency and contingency plans. (P4 + P5)