

INSPECTION OF OAKHILL SECURE TRAINING CENTRE

May 2005

COMMISSION FOR SOCIAL CARE INSPECTION

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Summary

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- 1.1 This inspection took place in May 2005. It was the first full announced inspection that had taken place at Oakhill Secure Training Centre (STC) since it opened on 19th August 2004. Two previous one day visits had been carried out by the Commission For Social Care Inspection (CSCI) and Ofsted, one on 21st September 2004 and one on 9th November 2004.
- 1.2 The inspection was conducted in accordance with the provisions of a service level agreement between the Home Office and the Commission for Social Care Inspection (CSCI). It was undertaken by four inspectors from the CSCI and three from the Office for Standards in Education (Ofsted).
- 1.3 The purpose of this inspection was to evaluate the continuing effectiveness of custody with regard to those young people subject to Detention and Training Orders (DTOs), serving Section 91 sentences or on remand. The community-based element of the DTO is subject to separate evaluation. Specific attention was paid to
 - the young people's education,
 - diversion from offending programmes,
 - their day-to-day care and
 - the work being undertaken with remanded young people.

We also reviewed safety and security practices and procedures.

- 1.4 The inspection used the standards and criteria devised by the Home Office in consultation with CSCI. These are reproduced at Appendix A to this report. They draw upon the standards and criteria for children's secure accommodation, lessons from research and understanding of good practice and relevant legislation and guidance.
- 1.5 During this inspection interviews took place with the trainees, managers and staff of the STC, administrative staff, education and health care staff and a representative of the Voice of the Child in Care, the independent organisation that provided an advocacy service for the young people. The Youth Justice Board Monitor and a representative of the staff association were also interviewed. In addition, records were seen covering all aspects of the centres work; including records relating to the care and education of trainees as well as personnel records relating to the appointment of staff.

- 1.6** Prior to this inspection the management team had been restructured in an effort to strengthen it following a difficult and challenging period at the centre extending from December 2004 to February 2005.
- 1.7** The centre was struggling to care for trainees with limited staffing numbers. The majority of staff providing direct care were new to the job and had received basic childcare and custody training. The safety and security of the trainees was being managed, but there was improvement needed at all levels in order to bring the centre up to the standards required and against which it was being inspected.
- 1.8** Inspectors found:
- A management team that had recently been restructured and that was still finding its feet.
 - A management team that showed the capacity and desire to improve the centre and to take forward positive ideas for the care of the trainees.
 - A centre that was understaffed and frequently not meeting the minimum staffing levels set by the YJB for 80 children.
 - Good relations between the majority of trainees and staff.
 - A tangible feeling of hope for the future amongst the staff group.
- 1.9** Staff and trainees at the centre were struggling to understand and resolve day-to-day matters involving care. There were inconsistent messages from staff to trainees about issues such as the provision of food, skin care products, and the operation of the rewards and sanctions procedures. The lack of clearly understood policies and procedures with regard to these issues created unfair pressure on the workforce, and confusion amongst the trainees.
- 1.10** Staff were, on the whole, new to this type of role; most had not worked in such a centre before. Staff turnover was slowing down from a high level when the centre opened. Those staff interviewed by inspectors showed great resolve and determination to ensure trainees received the best possible care. Trainees spoken to respected those caring for them and were enjoying adequate day-to-day care within the constraints described above. Staff were positive about the recent management appointments and changes to the senior management structure.
- 1.11** The centre was aiming to provide a multi disciplinary service to trainees. Some excellent individual work with trainees was observed, which was valued and welcomed by the trainees. However the different disciplines working at the centre had yet to respect each other's roles and learn to share information for the benefit of trainees.

- 1.12** The provision of health care provided by the Milton Keynes Primary Care Trust (PCT) was excellent. External health care services were offered which greatly enhanced the provision provided by the nurses and General Practitioner allocated to the Centre.
- 1.13** Education services were improving under a new head teacher and were assessed by Ofsted as ‘adequate’.
- 1.14** The centre had a representative on the Milton Keynes Area Child Protection Committee (ACPC) but we had some concerns over the way Child Protection was managed by the centre. We found three possible child protection incidents that had not been referred to the local authority. A local authority social worker from Milton Keynes Social Services Department had recently been seconded to the centre. We commend this secondment as a positive step forward for the STC.
- 1.15** Major improvements needed to be made to the staffing establishment and communications within the centre in order that it could better meet the aspirations of its managers and the standards against which CSCI measures the performance of Secure Training Centres. Staff training needs to be ongoing.
- 1.16** Inspectors were concerned about the range and number of areas for development found during this inspection. They were, however, heartened by the potential of the new management team who had an understanding of the issues that needed to be addressed. The management team was determined to drive forward improvements for the benefit of the trainees, the staff and the centre as a whole

Reading the Remainder of this Report

- 1.17** 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;
 - Chapter 4 and each subsequent chapter detail the evidence which led us to our conclusions and recommendations; and
 - Chapter 8 covers recommendations relating to education and vocational training have been provided by Ofsted.

Recommendations

2

Statement of purpose

- 2.1 The statement of purpose should be reviewed to ensure it better reflects the aims of the centre. (4.1-4.2)
- 2.2 Managers should immediately write and introduce an equal opportunities policy, ensure it is published and drawn to the attention of all trainees, staff and visitors, and that it is routinely monitored. (4.5-4.7)
- 2.3 Managers should make greater efforts to ensure parents/carers are routinely involved in the care planning process of trainees. (4.8)
- 2.4 On admission, all trainees should be given a copy of a trainee handbook in a format that is easily understood by the trainee. (4.3-4.4)

Management and Staffing

- 2.5 Staff numbers on shift should increase to an acceptable level in order that the standards and criteria can be met. (5.1-5.3)
- 2.6 Staff files should show evidence of appropriate checks having been made. (5.4-5.7)
- 2.7 Managers should immediately introduce 1:1 supervision of staff, along with annual appraisals of all staff. (5.6-5.14)
- 2.8 Staff meetings for teams of care staff should be introduced immediately. (5.6)
- 2.9 An external line manager to oversee the functioning of the centre should be identified. (5.10)
- 2.10 Managers should develop and introduce a protocol for the sharing of information between the professional disciplines and staff groups in the centre. (5.13)
- 2.11 Training courses should be evaluated to ensure their effectiveness in developing sound practice. (5.14)
- 2.12 Trainee's records should be regularly audited by managers and this auditing should be evidenced on the files. (5.12)

Assessment, Planning and Review

- 2.13 Files on the living units should contain all relevant information on trainees, including appropriate medical information, all care plans and copies of legal orders. (6.6)
- 2.14 Managers need to ensure all risk assessments, including those related to self-harm, are robust, multi disciplinary and have a senior management oversight. (6.4-6.5)
- 2.15 The centre should take responsibility for the chairing of planning meetings. (6.8-6.9)
- 2.16 Work should be undertaken to improve the quality and consistency of assessments across the centre. (6.6-6.7)

Care of Young People

- 2.17 The Area Child Protection policies and procedures must be followed at all times. (7.6-7.8)
- 2.18 The quality and variety of food should be improved to make it healthier and to ensure the dietary and cultural needs of all residents and staff are met. (7.28-7.29)
- 2.19 Single separation of trainees must be clearly defined and observations of single separations should be clearly recorded. (7.20-7.21)
- 2.20 The availability of telephones for trainees should be improved, both for outgoing and incoming calls. (7.11)
- 2.21 Managers should review the behaviour management programme and ensure it is appropriately resourced and applied consistently across the centre. (7.15-7.17)
- 2.22 The complaints procedure should be improved to allow all trainees access to it and to ensure all complaints are investigated and the outcome recorded, discussed with the trainee and confirmed in writing. (7.22-7.24)
- 2.23 The centre needs to produce information in a variety of formats for trainees on admission.
- 2.24 Religious celebration should be available to all faiths within the centre using the multi faith room as well as the chapel. (7.30-7.31)
- 2.25 The use of PCC should be monitored to ensure that all restraint falls within the guidelines of the Secure Training Centre Rules 1998 and the policies of the YJB. (7.18-7.19)

2.26 The seconded local authority social worker should have a private room to work in. (7.8)

2.27 Unit meetings should be held on a regular basis. (7.2-7.3)

Education and Vocational Training (Ofsted)

2.28 Behaviour management arrangements should be developed to ensure there is a shared philosophy, greater consistency and more emphasis on positive rewards. (8.1-8.5)

2.29 There needs to be a stronger emphasis on strategic management. (8.27-8.28)

2.30 The curriculum needs to be reviewed to ensure increased opportunities for vocational work. (8.22)

2.31 The range of suitable accreditation opportunities needs to be increased. (8.23)

2.32 The quality of the learning environment needs to be improved and there should be a more effective use of resources to support learning. (8.12-8.14)

2.33 An effective quality assurance system should be established. (8.27)

Tackling Offending

2.34 The Director of the centre should ensure that each trainee is be subject to an individual crime avoidance programme which is recorded, evaluated and undertaken by trained and supervised staff. (9.1-9.9)

Health Care

2.35 Health care plans containing essential information, including contra indications for medication should be available to care staff on the living units. (10.11)

2.36 The role of the psychology department needs clearer definition. (10.14-10.16)

Premises, Safety and Security

2.37 Security within the centre requires a review to ensure that priority is given to achieving a consistent approach to the safety of trainees and staff. (11.1-11.2)

- 2.38 The Director should set a date for the testing of the major contingency plan as soon as possible. (11.12)
- 2.39 Regular fire drills should be carried out and recorded. (11.13)
- 2.40 The length of time that digitally recorded information is stored needs to be reviewed. (11.16)
- 2.41 Showers should be able to be taken in private. (11.8)
- 2.42 A standardised policy relating to the search of trainees should be implemented across the centre. (11.9-11.11)

Profile of Establishment

3

- 3.1 Oakhill is a purpose built STC located in Milton Keynes and is managed by Securicor. The building is designed to accommodate up to 80 young offenders, including young people on remand. At the time of the inspection there were 54 young people, referred to as trainees, in the centre. The centre can accommodate up to 16 young people on remand and 64 sentenced young people. Trainees are accommodated in units of eight. Boys and girls are segregated from each other. At the time of the inspection there were five young people sentenced under Section 91 of the Criminal Justice Act. The other sentenced trainees 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.
- 3.2 This was the first 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 59 trainees just prior to the inspection. The centre is capped to a maximum of 65 trainees 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.
- 3.3 At the time of the inspection there were 54 young people accommodated at the establishment, 18 young women and 36 young men.

Profile of Young people admitted in period 19.08.04 – 06.05.05		
	Admitted	Discharged
Male	126	89
Female	53	35

Age of young person on admission		
Age	Male	Female
12	3	0
13	13	1
14	41	4
15	45	16
16	19	23
17	6	8

Sentence Length Detention Training Order	
Under 6 months	56
7-12 months	26
12-24 months	18

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 trainees, their parents and carers with the STC in the processes which affect them.

STANDARD 1: STATEMENT OF PURPOSE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The statement of purpose was prominently displayed, was clear and easy to understand. • Trainees were being consulted about a new young person's guide. 	<ul style="list-style-type: none"> • The statement of purpose needed to be reviewed to reflect more appropriately the role and purpose of the centre. • There was no equal opportunities policy for the centre. • Written information was not available in different languages or Braille. • Evidence of the involvement of parents and carers was markedly variable. • Young people did not receive a copy of the trainee handbook. • Important information on young people was not contained in files on the living units. This meant care staff had no access to this information.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The statement of purpose should be reviewed to ensure it better reflects the aims of the centre. (4.1-4.2) • Managers should immediately write and introduce an equal opportunities policy, ensure it is published and drawn to the attention of all trainees, staff and visitors and that it is routinely monitored. (4.5-4.7) • Managers should make greater efforts to ensure parents/carers are routinely involved in the care planning process of trainees. (4.8) • On admission all trainees should be given a copy of a trainee handbook in a format that is easily understood by the trainee. (4.3-4.4) 	

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- 4.1 The statement of purpose was a simple sheet of paper displayed throughout the centre and written in an easy to read format and language. It reflected the main aims of the centre, 'to accommodate Trainees in a safe environment within appropriately secure conditions and to help them prepare for their return to the community'. Managers and staff were committed to this statement and we witnessed good examples of individuals putting the goals of the centre into practice.
- 4.2 We welcomed this statement and the subsequent three bullet points outlining how this would be achieved. We would have welcomed some more detail attached to this in an accompanying document detailing, for example, the staff numbers and qualifications they would need to contribute to the statement of purpose, the types of behaviour management techniques that were being used, the therapeutic intervention used (if any) and the qualifications needed for staff implementing that intervention. A structure chart would have been useful along with a description of who is in charge when the Director is not available. We suggest the items mentioned in Schedule 1 of the Regulations relating to children's homes under the Care Standards Act 2000 are referred to when redrafting the statement.
- 4.3 Trainees were being consulted about the composition of a draft 'young person's guide'. This was a helpful document which detailed who was involved in caring for the trainees, gave details of the school, the core times for bedtimes, waking etc and the behaviour expected of trainees. It did not, however, cover what the trainees could expect of the staff and the centre. It mentioned the chaplain but did not mention other faiths, other cultures, dietary requirements and equalities. This document would be useful once further consideration had been given to its content. It was only available in English. For those who are unable to read, or for whom English is not their first language, it was not suitable. Consideration needs to be given as to how the information contained in the guide could be produced using different means of media such as videos, CD-Roms, or other formats.
- 4.4 Young people at the centre who had recently been admitted had received no written guide and were therefore confused about the rules and way of life at the STC. One young girl was seen being given information by other trainees about the incentive levels. The trainees were explaining the behaviour management programme in a way the staff may not have found helpful.

Equal Opportunities

- 4.5 We were concerned that staff and trainees were not aware of an equal opportunities policy for the STC. Securicor had an overarching company statement on equal opportunities, aimed primarily at staff employment. We would have expected the STC to have, on display, a statement clearly

stating the expectations of the centre on staff, trainees and visitors, in relation to ethnicity, gender, sexuality and disability.

- 4.6 We saw a document entitled 'Oakhill Secure Training Centre, Dealing with Diversity'. This was a useful publication giving information on legislation relating to diversity and giving information on the background of a number of minority ethnic groups. It was interesting that this section contained no information on disability, nor issues relating to gender, and gave no information on the 'the majority' culture. It assumed the reader was knowledgeable about the white western Christian culture.
- 4.7 This limited commitment to diversity issues manifested itself in some areas seen by inspectors. The Chapel was a well laid out, tranquil and very pleasant place to worship and to receive counselling. The multi faith chapel was being used as a storage area with two snooker tables in it making it unusable for religious purposes. We also noticed the provision of skin and hair care products for black children were hard to come by and some young people and staff were confused as to whether the trainees had to pay for them or whether they were supplied by the centre. We were also told that some items essential to one trainee's religious practice were held back in the property room for some time after that trainee's admission.

Involvement of Young People and their Families

- 4.8 Due to other commitments we were unable to speak to any parents/carers during the inspection. We noted from reading files that there was a marked variation in practice towards involving parents and carers in planning meetings. We saw it as being essential to the well being of trainees that all parents and carers were encouraged and helped to attend every review.
- 4.9 Trainees were involved in decision making about their lives. We witnessed some planning meetings where trainees were encouraged and helped to speak about their desires and plans for their futures.

Management and Staffing

5

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 staff group had a good balance of gender, race and ethnicity. • A revised and strengthened management structure had been introduced. • External consultants had been brought in to assist in the management and development of the centre. 	<ul style="list-style-type: none"> • Staffing numbers were regularly below acceptable levels for 80 places. • Staff files did not show sufficient evidence of staff vetting being undertaken. • Staff knowledge and skills were variable. • 1:1 supervision was not yet an established process. No personal objectives had been set for individual staff. • There were no regular staff meetings. Handover meetings were patchy and there was no standard format for recording the process. • There was no external line manager to monitor the performance of the STC. • Communication in the centre was patchy. There was confusion between departments about the concept of confidentiality. At times secrecy and confidentiality were confused. A protocol for the sharing of all information needed developing. • Some staff were finding recording difficult.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Staff numbers on shift should increase to an acceptable level in order that the standards and criteria mentioned in this report can be met. (5.1-5.3) • Staff files should show evidence of appropriate checks having been made. (5.4-5.7) • Managers should immediately introduce 1:1 supervision of staff along with annual appraisals of all staff. (5.6-5.14) • Staff meetings for teams of care staff should be introduced immediately. (5.6) • An external line manager to oversee the functioning of the centre should be identified. (5.10) • Managers should develop and introduce a protocol for the sharing of information between the professional disciplines and staff groups in the centre. (5.13) • Training courses should be evaluated to ensure their effectiveness in developing sound practice. (5.14) • Trainee's records should be regularly audited by managers and this auditing should be evidenced on the files. (5.12) 	

Staffing, Recruitment and Support

- 5.1 We were very concerned at the low numbers of staff on duty at the STC. Between 28th March and 24th April there was not a single day when the STC was anywhere near reaching the minimum staffing levels set by the YJB for 80 places. On two days the STC was 14 staff short for periods of time, on four days it was 12 staff short (out of a total expected maximum of 43) for periods of time. The best day saw the centre short by six staff. This in our view is totally unacceptable. These minimum levels are designed to ensure that safety and adequate care levels are provided. The numbers of staff deployed on shifts meant those on duty were stretched to capacity to provide care and safety.
- 5.2 Overtime was being paid to encourage staff to work above their contracted hours. Some staff talked of working long hours. There was a request for staff to cover shifts over the weekend following the inspection. Staff were to be paid treble time. The reason given for the shortage of staff for that weekend was that many staff were training in order to renew their custody licence and this left the centre short of staff on duty. STCs need to have sufficient staff to cover sickness, leave and training and still provide enough cover to care safely for trainees.
- 5.3 The centre had 54 trainees at the centre when we inspected. Had the centre been full, the existing staff group would not in, our opinion, have been able to provide an adequate level of care and safety. We cannot see how the centre can increase the numbers of trainees it accommodates until the staffing establishment is appropriately deployed.
- 5.4 The centre had an ongoing recruitment drive and new staff were about to start work on the living units. We were told there were nine staff vacancies. It was hard to imagine how the filling of nine vacancies would solve the shortages mentioned above. Staff turnover had decreased in the last two months recorded to 5% in March and 4.10% in February from 6.7% in December and 7% in January. However it was too early to see whether this trend would be maintained. Exit interviews were held by managers; there was no single reason people gave for leaving, some cited the pressure of the job, some felt unsupported after training, and others mentioned the demands of the shift pattern.
- 5.5 There was a feeling amongst some staff spoken to that those staff who had stayed since the STC had opened were likely to stay on, they had decided this was the type of work they enjoyed and they felt there was a likelihood of improvement in the future. A view shared by some staff was that the new management structure was now solving the teething problems that any new centre may have and that the worst was over.

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- 5.6 We welcomed the optimism felt by staff and managers about the future. However without an immediate increase in staff levels minimum standards cannot be met. Staff meetings were not taking place on any regular basis. Individual supervision was not a regular feature of working life. Staff could not improve and develop unless they are supported. Staff also did not get a chance to learn from each other, develop as a team, and create a team approach to their work unless they had the time and resources to do so.
- 5.7 Staff were properly vetted but the pressure on the human resources staff, caused in part by the constant need to recruit new staff, had meant the record of those checks were not on the personnel files. We saw this as a worrying state of affairs. Highly confidential and important documents relating to staff were awaiting filing. This should be resolved immediately.

Management and Organisation

- 5.8 The senior management team was going through a restructuring at the time of the inspection in an attempt to strengthen the capacity of the team to manage the centre. We welcomed this. The new structure and recent appointments had brought new ideas and expertise along with an enthusiasm to get things right. The centre will need strong leadership over the next year to drive through the many changes, recommended in this report. The new team was still settling down and there was a danger of confusion of roles. We witnessed some minor conflict between managers over responsibilities, perhaps inevitable after such a restructuring. These conflicts must not get in the way of the drive to improve the services to trainees.
- 5.9 External consultants were assisting the senior management team to increase its efficiency and knowledge base. We saw the use of consultants as being positive benefit to the management team.

External Line Manager and Performance Monitor

- 5.10 The centre had no manager performing the role of 'external line manager' who should have been overseeing and monitoring the care of trainees and producing regular written reports on care at the centre to the senior managers of Securicor Justice Services. Senior managers from Securicor visited the establishment from time to time but there was no evidence of these visits, no evidence they had looked at important documents nor had commented on practice. We suggest reference is made to regulation 33 of the Children's Homes Regulations of the Care Standards Act 2000.
- 5.11 The Youth Justice Board monitor was on site five days per week and on call at other times. He provided a valuable service monitoring performance against the requirements of the contract set by the YJB.

Training and Development

- 5.12** Some staff were finding it difficult to record their practice on the trainees' files. This may have been due to lack of understanding of what was required. The quality of the recording was therefore patchy. There was no evidence that managers were dealing with and overseeing practice in this area nor that managers were auditing files on a systematic basis. When a trainee was due a review, there was much work undertaken to ensure files were up to date. This would not need to happen if files were updated on a regular basis and signed off by managers.
- 5.13** The STC strived to work as one centre using the skills of its many disciplines to provide a service for the trainees. However there was a degree of mistrust and a lack of understanding of roles between disciplines. This had created confusion in the sharing of information about trainees and a misunderstanding of the difference between confidentiality and secrecy. Care staff were seen as 'security staff' by another group of staff, and therefore were not given full information about the trainees. This was not conducive to good care for trainees.
- 5.14** As mentioned in 5.6, individual supervision, goal setting and performance measurement was not taking place in any systematic way across the centre. There was a continuing training and development plan for staff that many were accessing to further their knowledge. This was, however, sometimes being done in staff's own time. Custody officers were receiving refresher training and they were the only staff within the STC who performed custodial duties in relation to trainees.
- 5.15** The staff group reflected an excellent mix of gender and ethnic backgrounds. Staff had written job descriptions and had access to personnel advice and a confidential counselling service. We were gratified to see that this service had been put in place.

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 work of the Education Link Co-ordinators was viewed as a positive input to the care and release of trainees. • Serious Risk Team reviews were held with the active involvement of the trainee. • Health needs were fully assessed and addressed upon admission. Young people were handled sensitively during the admission process. 	<ul style="list-style-type: none"> • There was no multi-disciplinary assessment in evidence on case files. The assessment process appeared fragmented and was primarily based on the external views of the placing authority, not the views of staff at the centre. • There did not appear to be a main file with all relevant information. This had been recognised and was being worked on. • There was a commitment to risk assessments. However, assessments seen were flawed and inconsistent. Outcomes for trainees were variable. • The procedure for reviewing the potential for self-harm was not robust, often being the view of a single professional worker. • The quality of planning meetings was variable; clarity was required as to their purpose and who would chair them.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Files on the living units should contain all relevant information on trainees, including appropriate medical information, all care plans and copies of legal orders. (6.6) • Management should ensure all risk assessments, including those related to self-harm, are robust, multi disciplinary and have a senior management oversight. (6.4-6.5) • The centre should take responsibility for the chairing of planning meetings. (6.8-6.9) • Work should be undertaken to improve the quality and consistency of assessments across the centre. (6.6-6.7) 	

- 6.1 Trainees were admitted onto the health wing of the centre and they remained there for at least 24 hours, during which time they were assessed and inducted into the centre. We saw this as a positive move that enabled the trainee to adjust to their new situation in the company of as few members of staff as possible. It allowed the nursing staff time to carry out a full medical assessment. It particularly allowed medical staff time to assist with addiction withdrawal and any other health issues the trainee might have.
- 6.2 We witnessed an admission. It was undertaken very sensitively and afforded the incoming trainee as much dignity and care as possible.
- 6.3 Medical staff were not all trained in 'social care' and therefore were not always equipped for the wider social issues that trainees had on admission. This was being looked at by management staff at the health unit and relevant training was expected to be offered to nursing staff. All nursing staff had received child protection training and appeared alert to child protection issues the trainee might wish to discuss.
- 6.4 Risk assessments of trainees were undertaken by nursing staff, using information received by the centre on admission as well as their own observations. The risk assessment system appeared at times to depend on the views of one nurse. Little reason for the nurse's decision was given. We saw such statements as 'deemed not to be at risk' signed by a nurse. This we felt was inadequate. The recording should detail the reasons given for the outcome of the assessment as well as the information obtained during the assessment. We would prefer a multi disciplinary approach to the whole area of risk assessment.
- 6.5 Where trainees were being reassessed for risk of self-harm they were invited into the meetings. We saw this as good practice.
- 6.6 Assessments were patchy in quality. Some files contained evidence of good multi-disciplinary work from staff at the centre. Some files, however, only contained the assessments of professional staff working with the trainee prior to admission.
- 6.7 The involvement of the trainee's family and/or carers in assessments also appeared to be patchy. We saw evidence of families being involved; however we also saw evidence of families not being included in the assessment process. Trainees told us they were invited to their reviews and felt they could contribute to their plans.
- 6.8 Plans were regularly monitored and appropriate meetings held when necessary. Again we witnessed some excellent planning meetings. We also saw some that were not so good. The STC allowed visiting YOT workers the opportunity to chair these meetings. The meetings chaired by centre staff were on the whole of a higher quality and we concluded it would provide consistency if STC staff chaired all planning meetings.

6

- 6.9** The above paragraphs show the lack of professional oversight into the work of staff at the centre, many of whom were inexperienced. There was no evidence of management oversight or of staff being challenged when standards were not met regarding the quality of assessments or the involvement of families.

Care of Young People

7

STANDARD 4: CARE OF 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 YOUNG PEOPLE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • There were helpful and positive relationships between staff and young people. • The trainee council meeting was well managed and useful for trainees. • The confidentiality of trainees was respected. • Activities for trainees were being developed. • More effective behaviour management techniques were under development. • The collation of recorded incidents was carried out and used. • Young people knew how to contact Childline and the VCC and felt able to do so. • The secondment of a Social Worker from the Local Authority was seen as a positive move. 	<ul style="list-style-type: none"> • The provision of food for trainees was seen as unhealthy and unimaginative. Dietary requirements, particularly around the provision of Halal meat were not taken seriously. • ACPC procedures were not being followed consistently, leaving trainees and staff vulnerable. • There were no regular unit meetings with trainees and there were no records of when any had taken place. • Clarification was required on the definitions of single separation, removal from group, isolation and time-out. (Including basic 24 hour). • There was a need to record observations of young people when they were in their rooms for single separation. • Incoming calls from family members were limited to five minutes per person at any one time. Phones were not always confidential or available. • There was a lack of clarity about security issues regarding contact with friends and family. This manifested itself when trainees wrote letters; at times they were unclear as to whom they could write to. There was not a restricted list on file of people trainees were not allowed to contact. • The induction process for trainees was not well developed. The centre could consider providing a video for young people. • Behaviour management was not being delivered consistently and to the satisfaction of managers, staff and trainees. • The complaints procedure was inconsistently applied and outcomes neither clear nor within timescales. There was confusion between what was a complaint and what could be solved without a formal complaint being made. • The multi faith room was not equipped for religious service and had two snooker tables in it.

- There was a delay in allocating hair and skin care products and confusion on the units about the availability and payment for such products.
- Copies of legal orders were not on living unit files. This would have been useful for staff on the living units.
- The rules regarding the use of force needed to be clarified. The concept of 'reasonable force' needed definition for staff. The reasons for the use of Physical Control in Care techniques required clarification to ensure the Secure Training Centre Rules 2001 were adhered to.
- The social worker did not have a dedicated private room to work in and receive phone calls. Her work may well be confidential to other staff.

RECOMMENDATIONS

- **The quality of food should be improved to make it healthier, to ensure there is more variety and to ensure the dietary needs of all residents and staff are met. (7.28 -7.29)**
- **The Area Child Protection policies and procedures need to be followed at all times. (7.6-7.8)**
- **Single separation of trainees needs to be clearly defined and observations of single separations need to be clearly recorded. (7.20-7.21)**
- **The availability of telephones should be reviewed by managers at the centre, both for outgoing and incoming calls. (7.11)**
- **Managers should review the behaviour management programme and ensure it is appropriately resourced and applied consistently across the centre. (7.15-7.17)**
- **The complaints procedure should be improved to allow all trainees access to it and to ensure all complaints are investigated and the outcome recorded, discussed with the trainee and confirmed in writing. (7.22-7.24)**
- **The centre needs to produce information in a variety of formats for trainees on admission.**
- **Religious celebration should be available to all faiths within the centre using the multi faith room as well as the chapel. (7.30-7.31)**
- **The use of PCC should be monitored to ensure all restraint falls within the guidelines of the Secure Training Centre Rules 1998 and the policies of the YJB. (7.18-7.19)**
- **The seconded local authority social worker should have a private space to work in. (7.8)**
- **Unit meetings should be held on a regular basis. (7.2-7.3)**

Day to Day Care

- 7.1 We were impressed with the quality of relationships between the majority of trainees and staff. We observed staff talking to trainees with respect and listening to their point of view. We also saw staff appropriately reminding trainees about their behaviour and language. Trainees stated that, on the whole, staff were helpful. Appropriate humour was used both by trainees and staff to diffuse situations early and we saw staff maintaining control through their relationships with the trainees rather trying to enforce behaviour.
- 7.2 Trainees did not meet regularly as in a structured group to discuss issues about daily life in the units. This occurred informally but no notes were taken of discussions. The result of this was that, apart from the trainee council meeting, there did not appear to be any formal means whereby groups of trainees could discuss matters affecting them. It was therefore difficult for senior staff to be aware of the issues that were the concern of the trainees.
- 7.3 Some trainees did feel consulted on some aspects of their lives. Due to other commitments we were unable to meet with any parents but we did see evidence on file of them being involved in trainees' review meetings at times. There was no standard for the involvement of parents and they were not included as much as they could have been. We suggest a clear expectation is given to all staff that it is vital that parents and carers attend reviews and are assisted to attend.
- 7.4 Staff were respectful of trainees' rights to privacy. Mention is made later in the report (para 10.7) of the door hatches on trainees' individual rooms. Staff could see into trainees' shower areas through the hatches and they were often left open. Keys to the hatches were not available to many care staff, so there was limited opportunity for privacy for the trainees. Most staff were sensitive not to share information about trainees unnecessarily and were aware of the effects on trainees of information being misused.
- 7.5 There was confusion between the need to respect confidentiality and secrecy. We witnessed different professions not being willing to share information that was important for those caring for trainees on the living units to know. This could have been overcome, with the trainee's permission. We suggest that a protocol is drawn up for the centre on the sharing of information and that the protocol is shared with all staff and trainees for comment before being implemented. Once the protocol is agreed, training should be offered to all staff.

Child Protection

- 7.6 A senior manager from the centre was a member of the local Area Child Protection Committee. This was seen as a positive move. Referrals to the local Statutory Area Child Protection services went directly from the centre to the social work team. The YJB monitor oversaw this process.
- 7.7 We found evidence of 3 complaints from trainees that in our opinion should have been referred to the child protection team for advice about whether a child protection investigation should have taken place. This lack of a referral left staff and young people vulnerable. We were pleased to see that a social worker from the local social services child protection team had been seconded to the centre. This was an excellent move, providing an improved liaison between the centre and external agencies. We were gratified that this social worker had agreed to review all the past complaints to ensure there were no outstanding child protection matters. We therefore felt confident that trainees at the centre who had child protection concerns would have them appropriately addressed.
- 7.8 This social worker was on secondment and we would recommend this secondment remains. We were, however, concerned that this worker did not have a private room to work in as some of the referrals to her may be confidential and involve investigations regarding staff in Oakhill and other agencies.

Activities

- 7.9 We noticed and commended the positive efforts to increase the range of activities across the centre. Trainees were keen to partake in these extra activities. We also commended the fact that living units and genders were able to mix for some of those activities.
- 7.10 Trainees were secured in their bedrooms from 9.15pm to 7.15am each night. This met with the approval of the YJB and met the criteria used during this inspection.

Contact

- 7.11 Trainees complained about access to telephones for incoming and outgoing calls. In-coming calls from relatives and friends were limited to five minutes each. This was justified by staff. They said it allowed all trainees a chance to talk to their friends and relatives during the evening. However some trainees said it was not long enough to maintain their links with their families, especially if there was news of changes at home. Trainees also complained that the outgoing phone booth was not confidential enough and that staff and trainees could hear their calls. There

was a system whereby trainees would obtain a 'pin number' in order to make a call. This was a good way of ensuring trainees made appropriate calls. However one trainee we met had waited for two weeks before receiving his pin number. This was not acceptable. Whilst private calls could be received by trainees, in the 'quiet room', this was dependent on the availability of a telephone and adaptor. We were informed that these were often not available in time for the call to be taken. We strongly urge a review of all the phone systems to improve access and confidentiality whilst maintaining the security and safety of trainees.

- 7.12** There was confusion at times about restricted lists for letter writing. We attended a review where a trainee was told he could have written to a relative in prison. He had previously been told by unit staff that he could not.
- 7.13** Families saw trainees in the dining area. This was a room with poor acoustics. Toys and appropriate play materials were stored in a locked cupboard.
- 7.14** Trainees were able to have access to legal advisors, post release supervisors, the YJB monitor and any other external agencies with whom it would be useful for them to have contact.

Maintenance of Good Order

- 7.15** Trainees were confused about the system for rewards and sanctions. We concluded this was because the present system was not being applied fairly and consistently by staff. Trainees spoke of 'knowing how to get a reward by asking a certain member of staff'. They could not always understand why one person had a reward and they had missed out. Equally, due to the unavailability of the reward for 'gold' status on one unit, the usual reward for 'platinum' had been given instead. This added to the confusion and inequality of the system. In paragraph 4.4 mention is made of the lack of a young persons guide for trainees on admission. This had, in our opinion, added to the confusion created about the rewards and sanctions procedures in the centre.
- 7.16** The behaviour management programme was under review at the time of the inspection. An outside consultant had been bought in to assist in this and the new head of residence was keen to ensure this review was implemented. We welcomed this and were hopeful that, given adequate resources, the consultant could create a positive change in the behaviour management programme.
- 7.17** A new rewards and sanctions procedure must be followed up by adequate training for staff and adequate explanations for trainees. We were concerned whether this could occur with the present demands on staff to cover shifts.

Physical Intervention

- 7.18** Physical Control and Care (PCC) is the approved method of restraint for STCs. All custody officers had received training in this method of restraint and at the time of the inspection many were undertaking their annual refresher training.
- 7.19** We were concerned however about the recording of restraints. It was not always clear why a trainee had been restrained. Clear rules are set by the Secure Training Centre Rules 1998 which must be followed at all times; it was not always evident whether these had been followed. Senior managers oversaw the records of restraint and the information was collated and used to form judgements about the frequency and location of incidents at the monthly PCC/Incident review meeting. Whilst we welcomed this work it could be developed to provide more detailed information thus providing a more sophisticated and purposeful analysis. During April 2005 there were 78 restraints of trainees, in January 2005 there had been 84 and in December 2004 there had been 197.
- 7.20** The definition of single separation at the centre was unclear. We found descriptions of 'removal from the group' 'time out' and 'isolation' in records. This practice was not acceptable as it made the management and analysis of the incidents of single separation difficult to achieve. We heard staff talk of the concept of 'reasonable force' being applied to trainees. The only reasonable force allowed is that prescribed and approved by the YJB and this concept should be made plain to staff immediately. Over the month of April there had been 57 recorded incidents of single separation. It was difficult to judge whether this was an accurate figure of actual single separations as practice was variable and definitions unclear. We suggest this is a training issue for staff and that the managers of the unit clarify the terms used.
- 7.21** Trainees who were singly separated were observed at regular 15 minute intervals, unless they were assessed as requiring more frequent checks. Observations were electronically recorded; the member of staff pressing a switch situated next to the door of the room in which the trainee is locked. Managers scrutinised the recording of these checks on a random basis. This recording method did not record any observations made by the staff member. We suggested that staff should record their observation of the trainee in a simple manner, describing what the trainee was doing and whether they were calm, restless or distressed.

Complaints

- 7.22** The representations procedure was not operating to trainees' satisfaction. In order to lodge a formal complaint the trainee had to complete a form and post it into a 'letter box' situated in each unit. This was a good system

as it allowed the trainee (providing they are literate) to complete the form and send it to senior management in confidence. However on one of the living units the post boxes were broken and on some units there were no forms. In these units the trainees said they had to ask a member of staff for a form. This was not satisfactory as it did not allow for confidentiality in the complaints process.

- 7.23** Those trainees who did complain said they always received a letter acknowledging the complaint and stating who would look into it. However trainees did not feel the complaint was then taken to a conclusion. We would agree with this. Evidence was seen of the letter giving the name of the investigator. However we did not see evidence of the outcome of the complaint and, in particular, evidence that the trainee had been involved in the investigation and understood the outcome.
- 7.24** There was also confusion about the role of the complaints procedure. Staff would benefit from training in problem solving to ensure that trainees use the complaints procedure once other avenues had been properly explored. A trainee who was upset by a decision was told, rather too eagerly in our opinion, that if they were ‘not happy they could always complain’ rather than having the reasons for the decision worked through. We would suggest the complaints procedure is revised as a priority and staff receive further training in its use.
- 7.25** The Voice for the Child in Care provided an advocacy service for trainees. The service was known to trainees and was used by them. The VCC regional manager was concerned that not all incidents of bullying had been discussed at the meeting with Milton Keynes child protection unit. The VCC representatives were known on the living units and could also be contacted by phone.
- 7.26** The YJB monitor was known to trainees and frequently toured the centre. He was also able to pick up complaints and provide an ‘independent’ listening ear.
- 7.27** Once a month there was a trainee council meeting. This was well run with notes of previous decisions looked at and a chance for all trainee representatives to have their say on behalf of their house unit.

Provision of Food

- 7.28** One area of care that trainees said they had given up complaining about (due to lack of success) was the food. We noticed the food was unimaginative, repetitious, stodgy and unhealthy. One trainee complained she had put on 5lbs in weight since arriving at the centre. The management of the centre were aware of the concerns about food and had commissioned a report from a nutritionist. This was an excellent report but we saw no evidence of its implementation at the time of the inspection. We recommend that this report is acted upon immediately.

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- 7.29 A vegetarian option was on offer at every meal and we were told that all meat was Halal meat. We were not sure how this was guaranteed and the subject of the provision of food for minority ethnic communities did not seem to be taken seriously.

Faith, Racial and Cultural Identity

- 7.30 There was an excellent chapel for those of the Christian faith. A new chaplain was in post who had some imaginative ideas to help the pastoral side of the care of trainees to develop. There was also a multi faith room for other religions to use. This had two snooker tables in it. This was totally inappropriate; it gave out a very worrying message to non-Christians and should be rectified immediately.
- 7.31 An Imam had been approached to see if he would assist in providing a service to those staff and trainees of the Muslim faith.
- 7.32 There was a delay on some units over the provision of skin and hair care products for black children. This was being rectified but there was still confusion over the charging policy for such products.

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: EDUCATIONAL AND VOCATIONAL TRAINING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Staff were gaining in confidence and had welcomed recent staff changes at senior management level. • The quality of individual learner support was good; individual learning plans (ILPs) were detailed and carefully monitored. • Senior managers had access to a comprehensive database relating to the background and progress of learners. • There were effective arrangements for monitoring the progress of learners into the community element of their sentence. • Effective steps had been taken to integrate the planning of education, PE and evening and weekend provision on the residential units. • There was a good range of indoor and outdoor PE and sports facilities. 	<ul style="list-style-type: none"> • Steps should be taken to further improve the quality of leadership and management based on the progress made over recent weeks. • Quality assurance arrangements were underdeveloped; there was a need to develop an effective system of quality assurance to inform planning and decision making. • Behaviour management was not working well; there was a need to develop greater consistency and establish a shared philosophy between education and residential staff. • There were insufficient accreditation opportunities for learners. • The role and duties of care staff and learning support assistants working in classroom settings were confusing and should be clarified. • The range and type of courses on offer should be reviewed to include an increased number of vocational options. • There was considerable scope for improving the quality of the learning environment; facilities for staff were poor and should be improved. • There was a lack of up-to-date and appropriate careers information for learners.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Behaviour management arrangements should be developed to ensure there is a shared philosophy, greater consistency and more emphasis on positive rewards. (8.1-8.5) • There needs to be a stronger emphasis on strategic management. (8.27-8.28) • The curriculum needs to be reviewed to ensure increased opportunities for vocational work. (8.22) • The range of suitable accreditation opportunities needs to be increased. (8.23) • The quality of the learning environment needs to be improved and there should be a more effective use of resources to support learning. (8.12-8.14) • An effective quality assurance system should be established. (8.27) 	

PERFORMANCE INDICATORS

Achievement over the last 2 months

1. Number of listed unit awards per trainee per month	1.3
2. % of sessions where learners' responses were at least satisfactory	69%
3. % of sessions where attainment was at least satisfactory or better	69%
4. % of trainees who left without any accreditation in last 12 months	NA
5. % of trainees who left for a community education/training placement	100%

Participation

6. Capacity of education/training as % of maximum number of trainees	100%
7. Average turnover per month on class registers in month prior to the inspection	45%
8. % student-hours lost through poor punctuality in month prior to the inspection	Data not available
9. % attendance during the inspection	95%
10. % student-hours lost through cancellations in month prior to the inspection	0%

DTO/Reviews

11. % of initial training plan/review meetings attended by education staff over last twelve months	100%
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Staffing and Resources

Overall Summary

- 8.1 Oakhill was an adequate and improving establishment in terms of the provision of education and training for learners. It had experienced a series of major problems and difficulties over recent months. However, there was evidence to suggest that the establishment was entering a period of consolidation with improved leadership and management, a more stable teaching team and there were relevant and realistic plans for the future. There were still major areas for improvement, including behavioural management, quality assurance, and the achievement of young people and there was a need to develop the range of courses on offer to learners. The work of the education department needs to be closely monitored over the coming months to ensure that recent progress is maintained and built upon.

ACHIEVEMENT AND STANDARDS

How well do learners achieve?

- 8.2 Overall, the achievement of young people was inadequate.
- 8.3 Most young people were progressing well towards achieving the targets in their ILPs. However, although the range of accreditation was being developed, it was limited and, effectively, had only been available for the last two months. Some results had not been confirmed, but from those that had, young people had only been gaining quite a low level of the worthwhile accreditation, about 1.3 units per person per month.
- 8.4 Achievement in classes was satisfactory or better in 69% of those assessed, but inadequate in the other 31%. In some classes, young people worked well, completed their tasks and achievement was satisfactory. In other classes, learners did little work and their progress was negligible.
- 8.5 Overall, the standard of behaviour was assessed as poor in 31% of classes. The expectations for behaviour in classes were very variable and inconsistent. The standards of behaviour displayed by some young people were often very bad with play-fighting, wandering around, disrupting others, shouting, kicking furniture and doors. Inappropriate language was not always challenged effectively, or at all. There was some challenging behaviour in most classes.
- 8.6 Attendance rates were good and during the inspection the few absences were authorised primarily for medical appointments, attendance at review meetings or sessions aimed at preparation for release. Timekeeping was good.
- 8.7 Conscientious monitoring of young people's progress after transition to the community by education link workers, indicated that the majority of

young people progressed successfully to new and positive education or training outcomes.

THE QUALITY OF EDUCATION AND TRAINING

- 8.8** The quality of teaching satisfactory or better in 85% of the sessions observed.
- 8.9** Most teachers had good quality lesson plans derived from their schemes of work which planned for differentiated teaching and learning and for the use of LSAs for 1:1 support in some cases. The topics and the expected outcomes in classroom lessons were written up so that all knew the purpose and what the lesson was about. For example, in practical PE sessions, lessons were well designed to include a warm up and stretching, a progressive series of challenging activities and a concluding activity. In some lessons, teachers provided good individual guidance, feedback and support and some young people responded very positively. Teachers knew their learners well, used first names when addressing them and sought to establish positive relationships.
- 8.10** In many lessons, there was a teacher, a learning support assistant and two care staff for perhaps only four or five young people. Roles were not at all clear and often the care staff played no part at all, but more commonly, they acted independently in trying to manage and discipline bad behaviour. The style of approach in dealing with the bad behaviour differed between education and care staff. A confrontational approach was adopted by some care staff with sanctions such as “You’ll lose your radio tonight” or “I’ll give you until I’ve counted up to four”. Teachers tended to use some praise to motivate and on occasion, successfully talked down angry learners and got them back to work. The system of points awarded for good behaviour was used inconsistently and had little effect on behaviour. There was a lack of quick rewards for good behaviour or work well done. Expectations of what constituted good behaviour were too low and, in most lessons, some learners were disruptive, there was tension and poorly managed outbursts of anger and frustration. Noise levels were so high at times that willing learners asked to be allowed to work elsewhere. The team of care staff patrolling the corridors, outside the teaching rooms, were constantly looking into the classrooms. This created distractions and tended, in some cases, to encourage inappropriate behaviour by learners.
- 8.11** The range of resources and strategies used by teachers to deal with inappropriate behaviour was very narrow. The ICT equipment in some classes was not set up for use. There was a heavy reliance on photocopied handouts, although some teachers used attractive and relevant textbooks. There was very little group work. Most learning environments were impoverished with little stimulus, poor display, high noise levels and restrictive furniture.

How are achievement and learning affected by resources?

- 8.12** Most teaching staff had, or were studying for, an appropriate teaching qualification. The establishment was experiencing problems in recruiting and retaining teaching staff, but had no real difficulty in recruiting education link workers or learning support assistants. Steps had been taken over recent weeks to reduce the number of, and make more effective use of supply teachers. This was benefiting learners who were experiencing greater continuity in working with a smaller group and a more stable team of teachers.
- 8.13** Most of the teaching rooms were generally fit for purpose and there were some examples of good specialist facilities particularly in cookery. The teaching environment was generally dull and unattractive. There was a general lack of display work on the corridors. Bare classroom walls exacerbated noise levels. The recent decision to review the range of vocational subjects on offer combined with building design problems had resulted in some examples of poor room utilisation. There was a general shortage of rooms for the conduct of one-to-one confidential meetings. The quality of accommodation for teaching and support staff was inadequate with over 25 staff sharing two small cramped rooms.
- 8.14** There was a limited supply and ineffective use of resources to support learning. For example, little use was made of ICT facilities available in the classrooms. There was a limited range of software packages available to learners working in the ICT suite. The library was poorly resourced and underused. There was a general lack of up-to-date careers resources and information on offer to learners.

How effective are induction, assessment and the monitoring of learners' progress?

- 8.15** Induction, assessment and the monitoring of learners' progress was good overall.
- 8.16** Arrangements for both initial and on-going assessment were of a very high quality. All learners completed basic skills and preferred learning style tests shortly after their arrival conducted by an education link worker. The on-site educational psychologist tested all learners for dyslexia and was able to conduct a range of tests for other learning difficulties and disabilities as appropriate. The SENCO ensured that all learners had good quality and comprehensive general and subject-specific ILPs. However, in many instances programme design did not match sufficiently the needs and interests of individual learners. For example, too few opportunities were provided in lessons for group work or practical activities such as drama and kinaesthetic learners were expected to sit at tables for long stretches of time.

- 8.17** Some limitations existed in the conduct of Detention and Training Order (DTO) meetings with a lack of clarity of roles. Sessions did not always start on time. Education link workers attended DTO meetings and provided detailed and well-informed reports on learners.
- 8.18** Very effective arrangements were in place to monitor learners' progress in both the custodial and community elements of the DTO. The education link workers met regularly with learners during their time in custody. They were meticulous in chasing-up schools, youth offending teams and other external organisations for information relevant to the learners prior educational attendance and experience. They also provided support for learners by supporting them in the initial stage of the community element of the DTO. This could, for example, involve taking young people to college or meeting them at home. An effective database enabled good tracking of learners' progress.
- 8.19** New arrangements had been recently introduced for teachers and care staff to meet for five minutes at the start of each day to brief each other about incidents, new arrivals and those not likely to attend education for approved reasons.

How well does the curriculum meet the national targets and needs and interests of learners?

- 8.20** Overall, the quality of the curriculum available to learners was satisfactory.
- 8.21** An effective integrated education, offending behaviour and enrichment programme extended opportunities for all learners. In general, there was a well-balanced daily programme with a strong emphasis on literacy and numeracy with opportunities for self-expression, creativity and PE. Learners received 30 hours of programmed education each week which included a tutorial and an enrichment session on Friday afternoon. The newly introduced enrichment programme within the school week was well received by learners. The days were divided with breaks into six hour long sessions although some sessions were shortened as learners awaited movements. In addition, learners were able to access an hour of enrichment activities each evening with further opportunities at weekends organised by both care staff and teachers.
- 8.22** Suitably differentiated work for individuals in mixed age classes enabled learners to access a curriculum appropriate to their relevant Key Stage. In art, for instance, still life work was designed to meet the requirements of both Key Stage 3 and GCSE. Although not wholly successful, an innovative approach had been taken to linking science with PE and ICT. Whilst the curriculum was responsive to some individual learners with specific needs including those designated 'gifted and talented', curriculum planning paid insufficient attention to the specific needs of girls. There

were also missed opportunities and gaps in provision especially around practical and vocational areas including music and drama. Workshops for mechanics and design technology were not being used. Homework of variable quality and value was set regularly but not always completed. As yet, there has been insufficient response to the implications of the 14-19 initiative.

- 8.23** The overall length of stay of learners was just over two months. Much of the curriculum lacked suitable accreditation and took too long to complete in the time available to learners. The majority of learners, many of whom already had a poor experience of education, were not able to demonstrate tangible evidence of success at the end of their custodial sentence. In some subjects, for example, it would take at least 11 weeks to achieve a single AQA unit. Major changes were taking place in the accreditation of courses and in the development of the wider curriculum.

How well are learners guided and supported?

- 8.24** Guidance and support for learners was variable but broadly satisfactory.
- 8.25** The local Connexions partnership was providing a good level of support for learners. Two personal advisers (PAs) were spending two days a week on site to provide a guidance and support service. Whilst their primary focus was on supporting learners towards the end of their custodial sentences, they were available to all learners who wanted to meet with them. There was, however, very little careers information available to learners or PAs on site. What was available was locked in a room within the library to which neither the PAs nor learners had access. PAs made use of appropriate computer software such as Kudos and Odyssey available on their own laptop computers. Careers education was not a constituent part of the wider PSHE programme.
- 8.26** Learners had access to high quality and effective support. Individual support was good. Each learner had a personal tutor in education, a key worker within the residential unit and an education link worker who brought everything together and ensured a consistency of approach. LSAs provided effective in-class one-to-one support for learners with specific learning needs and disabilities, although there were too few available for the needs identified by the SENCo. The use of the 'chill-out' room to provide learners facing or causing difficulties in lessons was well managed by care officers.

LEADERSHIP AND MANAGEMENT

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

- 8.27 The quality of leadership and management had improved over recent weeks. Staff, at all levels, in the education department were gaining in confidence and had welcomed recent staffing changes at senior management level. There was a comprehensive and well-written development plan which recognised important areas for attention. The self-assessment report was, in contrast, poor. Quality assurance arrangements were under-developed and had been neglected over recent months with an emphasis on the day-to-day operational management of the department. For example, there was no integrated or systematic way of conducting lesson observations. Consultants visited the establishment earlier in the year to review classroom practice. Insufficient attention was given to the collection and analysis of comments by learners relating to their experiences and views.
- 8.28 Effective steps had been taken by the Head of Education and the recently appointed Head of Residence to integrate the planning of education, PE and evening and weekend activities on the residential units. However, the overall system of behaviour management was generally ineffective. There was a lack of a shared philosophy and consistency of practice between education and residential staff in the operation of the behaviour management scheme. The roles and duties of care staff and learning support assistants working in classroom settings were often confusing and unclear. Although one of the two care officers normally in lessons was designated to provide learning support, the arrangements were of limited success. Care officers were insufficiently well trained for an LSA role; they lacked awareness of the nuances of classroom interactions; and even with the best of intentions were insensitive to the impact that they and their colleagues had on learning.

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"> • The delivery of crime avoidance was administered by both care and teaching staff. This approach was to be commended. • Trainees commented positively on the effect the regime was having on their offending behaviour. 	<ul style="list-style-type: none"> • The establishment needed to review the resourcing of the crime avoidance programme to ensure that adequate staffing and appropriate training was available. • Crime avoidance sessions delivered by care staff were not always recorded and the outcomes not satisfactorily evaluated. • Each trainee was not subject to an individual crime avoidance programme. • Quality control and quality assurance for crime avoidance was not yet in place.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The director of the Centre should ensure that each trainee is subject to an individual crime avoidance programme which is recorded, evaluated and undertaken by trained and supervised staff. (9.1-9.9) 	

- 9.1 Managers at the centre had adopted an approach to tackling offending which included both care staff and teaching staff being involved in the offending behaviour programme. We found this to be a useful approach which maintained the concept stated in the statement of purpose that the centre would 'deliver programmes that address offending behaviour and assist in preparing the Trainee for return to the community as a responsible young citizen'.
- 9.2 The two main methods used in the programme were 'Teen talk' and 'Rambo'. A Teen Talk training session had been attended by 30 members of staff. This session was delivered by the owner of the programme, Bob Skeldon. This training was then cascaded to approximately 80% of care staff.
- 9.3 A group of 25 staff had attended 'Rambo' training over a five-week period. The training was delivered by the developer of the programme, Dr Mutale from St Andrew's Hospital in Northampton.
- 9.4 All new staff attended a training session on Offending Behaviour.
- 9.5 Trainees commented on the effect the regime at the centre and the offending behaviour programme was having on their behaviour. They felt it had made them review their offending behaviour and they had been given some resources and ideas about how to change their behaviour to prevent re-offending.
- 9.6 The lack of experience of some staff meant that it had not been possible to deliver the crime avoidance programme as effectively as it should have been. Crime avoidance sessions delivered by staff were rarely recorded and outcomes not satisfactorily evaluated.
- 9.7 The result of the lack of recording was that there was no ongoing quality control and quality assurance programme to evaluate the effectiveness of the work being undertaken.
- 9.8 It was evident that the majority of trainees did not have individual crime avoidance programmes. Again this meant that any work being done with those trainees was not subject to evaluation.
- 9.9 We noticed there were some good individual attempts to deal with the very important subject of crime avoidance, with little professional oversight of the work being done. Attempts to evaluate the work and to deliver it in a systematic and to a high quality were patchy and inconsistent.

Health Care

10

STANDARD 7: HEALTH CARE

All trainees will be provided with health care to National Health Service Standards, 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 healthcare service provided at the centre was excellent. • Health care was managed by the local Milton Keynes PCT. Referrals to other services, such as acute services were seamless. • The centre's GP was interested in helping to develop health care services. • The substance misuse programme was a positive and developing service led by an experienced and appropriately qualified manager. 	<ul style="list-style-type: none"> • The health care plan was not yet fully in use. The format did not include medical history. • The provision of health care assessments on files available to care staff was variable. • Care staff needed further training on the identification of health issues and contra indications to medication. • The role of the psychology department was not well defined and the psychologist did not have access to appropriate accommodation.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Health care plans containing essential information, including contra indicators for medication should be available to care staff on the living units. (10.11) • The role of the psychology department needed clearer definition. (10.14-10.16) 	

Health Care Services

- 10.1** The health care services were sub-contracted to Milton Keynes Primary Care Trust (PCT). This was a unique arrangement within the Secure Training Centres' estate. The benefit for the centre of the local PCT running the healthcare department was that young people could be referred to local specialist and acute services and their referral was generally dealt with expediently.
- 10.2** A range of additional primary health care services were available on site, including GP services, dentistry and ophthalmology. The GP was employed by the PCT and as a local practitioner also had a number of contacts with specialists in the area and made referrals which were generally acted upon within reasonable timescales.
- 10.3** The contract required that nursing care was provided 24 hours a day seven days a week. The health care team comprised a health care manager, a deputy manager and a number of nurses and Health Care Assistants. When the centre opened in August 2004 there was a total of 15 nurses and one Health Care Assistant in the healthcare team. There were two 'F' grade nurses, seven 'E' grades and six 'D' grades. During the period of the inspection ten nurses and two Health Care Assistants were in post. Due to the current staff vacancies the PCT had agreed a contract with a local nursing agency to provide staff to ensure the department remained contract compliant. All staff provided by the agency had previous experience of working in a secure environment. They were expected to have received a range of mandatory training, including child protection.
- 10.4** Referrals were made to local healthcare services for young people with ongoing medical needs. This was an area that PCT managers were keen to develop further.
- 10.5** Healthcare managers and external managers from the PCT felt that they had been included and involved in a number of decisions affecting the development of the centre. They had regular meetings with the centre's Director and other senior managers and felt that any concerns could be raised and addressed. The PCT had recently reviewed the services they provided at the centre and reflected on some practices and demands upon the nursing staff. They had identified the health needs and developments they thought were important and assessed the skills gaps within the current staff team. They had devised a new clinical model for healthcare at the centre and it was expected that this would be presented to the centre and senior managers within the PCT within the next few weeks.
- 10.6** Nursing staff at the centre were bound by the policies, procedures and ethical practices of the PCT. They were also expected to meet the Government directives for health care and some of the current priorities were being considered as part of the recent review. The healthcare team

had their own child protection procedures which they were compelled to follow if they had a concern about the safety of a young person. The deputy healthcare manager was the 'named' nurse in the department, responsible for taking the lead on all child protection matters.

- 10.7** Nursing staff received clinical supervision and training from the PCT. They had attended a number of training sessions since the centre became operational. These included PCT induction, PCC/Breakaway techniques, MRSA, fire and manual handling, basic life support, intermediate life support, anaphylaxis, suicide and self harm, data protection and sharing information. They had regular 'in-set' training and an offer had been made for managers and care staff from the centre to be involved with these on a regular basis.
- 10.8** Healthcare staff would have liked to be more involved in providing training for care staff. There had been limited input so far for care staff to help them identify health issues, particularly for symptoms related to the use of medication or from substance misuse withdrawal. Healthcare staff also wanted to become more involved in the health promotion and health and well-being training provided for young people, including 'signposting' them to community services. Plans were also in place for an ongoing immunisation programme to commence.
- 10.9** Nursing staff and the PCT were keen to develop a centre of excellence at Oakhill and their contribution to the development of the centre was appreciated by managers and staff and trainees. Trainees stated that the procedure for them to spend their first 24 hours at the centre in the healthcare department was positive. They felt well supported by nursing staff and adjusted to being in a new environment before transferring to one of the living units. This practice was particularly important for those young people withdrawing from drug or alcohol use, as it gave nursing staff an opportunity to observe new trainees for the first day of their stay at the centre.
- 10.10** A recommendation was made in the report of the one day inspection carried out in September 2004 that a copy of the young person's health care plan be placed on their main case file. It was suggested that the health care plan follow the format of the Looked After Children (LAC) health care planning form. A one page health care plan had been developed, but this was not yet in general use and did not include any information on relevant medical history information, which is the case in the LAC format. We made some further suggestions for the improvement of this form and healthcare managers confirmed this would be further developed and copies completed and placed on case files.
- 10.11** Staff caring directly for young people did not have access to basic health information on some of the young people for whom they were caring. The majority of information relating to the health needs of young people was held in the healthcare department. It was evident from discussions with

staff in the healthcare department that it would be possible for a summary of the health assessment carried out on young people to be placed on case files with the health care plan, so that staff caring directly for young people could be aware of pertinent matters related to their health and well-being. Nursing staff were informing managers and care staff of relevant issues, after consultation with the young person in question, but this was usually not done in writing nor included in relevant case files.

- 10.12** Nursing staff were called as part of the initial response team when a PCC incident was occurring. They observed the physical restraint and met with the young person afterwards to ensure they had not been injured. They recorded any concerns in the medical records for the young person. When young people complained that they had been injured whilst being restrained a copy of the nurse's assessment of the incident and the young person's well being was not routinely included in the complaints file. Nursing staff were usually involved in the de-briefing session with all staff involved after the physical intervention. Nursing staff did at times raise concerns about particular physical interventions and were clear that if they had a concern they would raise it during the de-briefing sessions or with centre managers, with support from their own managers.
- 10.13** Nursing staff were concerned that they needed to leave open several doors in the healthcare department during overnight periods, as they did not have access to the main key, which was also the bedroom key. This was a potential hazard; if a young person were to push their way out of their bedroom, they could have access to areas that would normally be secured from them. We informed the Director of these concerns.
- 10.14** A full-time clinical psychologist was working at the centre. She started employment in January 2005 and had a range of supplementary qualifications, including some training in forensic psychology and considerable experience of occupational health and stress management. She was employed by the PCT. The centre had struggled to attract a suitably qualified and experienced psychologist. The psychologist was expected to head the psychology department which currently comprised a part-time assistant psychologist and a full-time clinical assistant. It was expected that another full-time assistant psychologist would be appointed to the team and a part-time psychologist with a forensic background.
- 10.15** The main concern for the psychologist and her staff was the lack of office space and the lack of appropriate accommodation for them to undertake therapeutic sessions with young people. The lack of accommodation had a negative effect on the morale of this team, who were striving to be part of a modern health care service at the centre, but were working in seriously sub-standard conditions. They were concerned that the rooms available to them in the healthcare department could not provide a quiet space for confidential discussions with young people. There were problems with space and appropriate accommodation across the centre, but if the psychology department was to increase in size and develop a range of

meaningful services for up to 80 young people with complex needs, priority should be given to the clinical needs of this department.

- 10.16** Staff from the psychology department felt that their role was not well defined and with current limited resources it was difficult to meet the presenting needs of the young people. They were also expected to provide advice and consultancy for staff, although this aspect of their role was not yet well developed. Young people were referred to the psychology department through the 'Professional Services Group' which met weekly. However this group had only recently been formed and there was work to be done to clarify the process for referrals and prioritising of cases that should be referred to the psychology department and the psychiatrist. The psychologist was not involved with the development of offence related programmes for young people. This area of work was led by a programme co-ordinator. The psychologist had some considerable experience in this area and her involvement would inevitably be beneficial in the development of this aspect of the centre's work.
- 10.17** A consultant psychiatrist visited the centre for one afternoon each week. The process for staff making referrals to the psychiatrist had not been systematic until recently. It was anticipated that the 'Professional Services Group', which included senior managers, healthcare staff, the psychologist and the psychiatrist, but had only been functioning for a month, would provide a regular forum for discussing young people and deciding upon the most effective way of meeting their needs, including addressing mental health needs.
- 10.18** The psychiatrist was being supported for a period of time by a specialist registrar who also worked at the centre for half a day a week. This service was free. The psychiatrist provided advice on the use of controlled medicines for young people, including conditions such as Attention Deficit Hyper-activity Disorder (ADHD). The psychiatrist said that the most difficult aspect of treating young people with diagnosed conditions was linking in with local services when young people were discharged. She said she would like to track the treatment and progress made by young people, but this had proven difficult with the staffing resources. Approximately thirty young people had been seen by the psychiatrist and the specialist registrar in the eight months since the centre opened.
- 10.19** The centre had appointed a Substance Misuse Manager, who commenced employment in October 2004. She was employed by Securicor, but based in the healthcare department. The manager had made a bid for funding from the Youth Justice Board (YJB) linked to their substance misuse strategy. She was in the process of recruiting a full-time drugs worker and full-time nurse with substance misuse experience. The aim was to complete a comprehensive assessment for each young person of their use of substances, alcohol and cigarettes. There was some basic screening already in place, which was done by nursing staff. However, the

substance misuse manager was keen to develop this further and provide additional training for nursing and other staff.

- 10.20** The Substance Misuse Manager reviewed all screening assessments and met with all young people as soon as possible after admission. She also reviewed the Asset and other documents provided by Youth Offending Team workers (YOT). She made her own assessment of the level of involvement the young person required from her (and eventually her team). They provided Tier 1 to Tier 3 levels of support with addictions. Tier 1 involvement was usually met by providing young people with information on the impact of the use of drugs, alcohol and cigarettes.
- 10.21** It was also envisaged that this team will provide training to new custody officers during their initial training programme.
- 10.22** The healthcare department was set up to provide a de-toxification programme for young people. The addiction to alcohol had been a significant issue for a number of young people placed at the centre. The GP was fully supportive of the programme and like the substance misuse manager felt it was essential to help young people through a difficult and at times dangerous period for them, during early stages of de-toxification. Young people withdrawing from the effect of drugs were prescribed medication as necessary. The main concern for the GP and substance misuse manager was the inconsistent support from community resources when young people were discharged.

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"> • There had been no serious breaches of security since the opening of the centre. • An experienced Deputy Director had been seconded to review security across the centre. • There were successful attempts to create a homely atmosphere in some parts of the centre 	<ul style="list-style-type: none"> • There were incidences of discrepancy in relation to the operation of security systems. Some doors in the centre were left unlocked. • The trainees complained that staff could see into their private bathrooms when the door hatches were open. These hatches were left open. • Doors in the education block were damaged and bent. • Trainees complained that their belongings sometimes went missing after a room search; they suggested the use of coloured boxes to store their personal belongings during room searches. • There was a lack of clarity about the procedure for the removal of personal items from bedrooms when placed on single separation. • There was a need to be consistent in the physical searching of young people. • There had not been a test of the major contingency plan since the centre had opened. A planned test had been cancelled. • There was no formal recording of an analysis of a major incident that had occurred in the centre. • Regular fire drills had not been conducted on the site or in the units. • Digital recording from cameras was only kept for nine days. This did not afford protection for staff or trainees.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Security within the centre requires a review to ensure that priority is given to achieving a consistent approach to the safety of trainees and staff. (11.1-11.3) • The Director should set a date for testing out the major contingency plan as soon as possible. (11.12) • Regular fire drills should be carried out and recorded. (11.13) • The length of time that digitally recorded information is stored needs to be reviewed. (11.16) • Showers should be able to be taken in private. (11.8) • A standardised policy relating to the search of trainees should be implemented across the centre. (11.9-11.11) 	

- 11.1 The centre had suffered no serious breaches of security since its opening in 2004. We were however concerned to note that there were incidents when we were at the STC when certain doors were left open. The doors in question may not have immediately caused a breach of security, however they were doors that were there for a purpose and should have been locked. We were informed that the lock on one was broken. This remained the case during the majority of the three day inspection.
- 11.2 At times doors or gates were left open for others following to close. However if the staff had been called away this could have left the centre's security seriously compromised.
- 11.3 We saw, and experienced ourselves, an inconsistent approach to the searching of staff and visitors on entering the centre.
- 11.4 We were pleased to note that an experienced Deputy Director had been seconded in to review the security of the centre and to strengthen this area of performance.
- 11.5 Parts of the centre had been turned into a homely place to live, within the constraints of the building. We understood this to be a fairly recent action and we suggest it could be enhanced further.
- 11.6 The building construction, in part, did not assist in its management. Space was at a premium. The 'green' was not a space that trainees and staff used productively; there was no outdoor seating area. This was an area of the site managers at the centre were trying to address.
- 11.7 Doors in the education block were damaged and bent and had obviously suffered abuse. An attempt was being made to introduce a better, stronger door to the education area. However this new door was prison like in its appearance and not appropriate for a learning environment. It would be appropriate to address the behavioural issues as well as strengthening the doors.
- 11.8 Trainees complained to inspectors that staff could see directly into their private shower areas from the viewing hatches in their room doors. These hatches seemed to be frequently left open and some were missing altogether. This is an area that urgently needs to be remedied to ensure the privacy of trainees is properly respected.
- 11.9 The procedure for room searching was not always followed. There was a lack of clarity about the procedure for removal of personal possessions with trainees stating that personal possessions went missing after room searches. Trainees believed this was because their possessions were mixed up with others and suggested that the centre provide some coloured boxes so that when room searches occurred their possessions could be put into the boxes for safe keeping.

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- 11.10** There was also a lack of consistency and clarity concerning the policy about what should be removed from a trainee's room when a single separation took place. We suggest this area needs immediate clarification for both trainees and staff.
- 11.11** We were informed that the searching of young people was not undertaken in a consistent manner. New staff were being asked to undertake thorough, sometimes intimate, searching. This may be appropriate but it caused difficulties for both them and the trainees as existing staff may not have been so thorough in their searches.
- 11.12** During March there had been a serious incident in the school. Between 14 and 17 trainees had been involved in a disturbance. We found no record of a management overview of this incident. This surprised us as we saw no analysis of why the incident had occurred, what had been learnt and what was being done to prevent a future reoccurrence of such an incident. We would suggest the senior management team introduce a process for such an analysis to occur in future if ever such a major incident occurs.
- 11.13** We could not find evidence that fire drills were being conducted. We saw evidence of the fire bells being tested on a regular basis but there had not been a trial evacuation of a living unit. Similarly there had been no contingency planning exercise for a major incident.
- 11.14** We saw a good health and safety policy that clearly differentiated responsibilities and which was a useful document for managers and staff.
- 11.15** Trainees' belongings were safely stored on admission. The storage area was small and full. A review of the storage of belongings procedure was underway at the time of the inspection.
- 11.16** The whole centre was monitored continuously by the use of cameras throughout the centre. This was a digital system that should be commended as the recordings provided a clear and full copy of what the cameras saw. There was no time delay. However these recordings were only kept for nine days. This was not long enough to protect either trainees or staff should allegations or complaints to be made. We expect these recordings to be kept for a time that is sufficient to protect both staff and trainees.

Standards and Criteria

A

STANDARD 1: 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

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 STC's 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 is 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, O.6, O.9)
- 2.3 All posts at the STC have written job descriptions, setting out the lines of accountability, responsibilities and authority of the job holder, and a summary of the personal qualities, competencies and skills required. (SAS 2.5, O.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. (O.16)
- 2.5 Certified custody officers are the only staff at the STC who perform custodial duties in relation to trainees. (O.17, 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, O.24, O.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, O.42 and O44)
- 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, O.49 and O.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 Home Office 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 processes.
- 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 YOUNG PEOPLE

Day-to-day care is of a good quality, provided by staff who can relate effectively to trainees and 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 dealing 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. (SAS 4.2, + 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 + F8)
- 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 + 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 + 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 Home Office Monitor. (C.21)
- 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: EDUCATION 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.
- 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 programmes. (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 STC's 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 the health care centre. (G11)

STANDARD 8: PREMISES, SECURITY AND SAFETY

Design of the premises and security measure in operation at the STC prevent unauthorised entry or exit and the passage of unauthorised items and substances, and to ensure 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 Young people are aware of the rules covering searches. (SAS 5.29)
- 8.5 There is 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. (P1, P.2, 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).