



Champions for
Social Care
Improvement

inspection report

INSPECTION OF HASOCKFIELD SECURE TRAINING CENTRE

August 2006

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INSPECTION OF HASOCKFIELD SECURE TRAINING CENTRE

August 2006

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Summary

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- 1.1 This, the seventh inspection of Hassockfield Secure Training centre (STC), took place over a three-day visit to the centre. The inspection was conducted in accordance with the provision of a service level agreement between the Youth Justice Board and the Commission for Social Care Inspection (CSCI). It was undertaken by four inspectors from the CSCI. The education provision was inspected by three HMI Ofsted Inspectors in July 2006 and their verbal feedback to the centre was reported separately.
- 1.2 The purpose of the inspection was to evaluate the effectiveness of the custodial element of the Detention and Training Orders, and the regime for young people serving Section 91 sentences or those remanded to the centre.
- 1.3 The inspection used the standards and criteria devised by the Youth Justice Board (YJB) 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.
- 1.4 Interviews were held with a range of people within the STC and additionally the local YJB Performance Monitor, child protection service, children's advocacy service, police liaison officer, the Chaplain and the Serco senior manager responsible for the centre.
- 1.5 These inspection findings showed significant improvements in a number of areas crucial to the day-to-day care of young people and the strategic management of the centre. For example we found:
 - a strengthened Executive Management Team, with a clear strategic plan for ongoing development of the centre;
 - an increasingly child centred approach in the work of the STC;
 - an establishment described as 'transparent' by a number of agencies external to but involved with the work of the centre;
 - robust child protection referral procedures;
 - a centre clearly developing with a number of initiatives still 'work in progress';

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- a management team willing to take risks to ensure positive developments;
 - an increased number of staff from minority ethnic backgrounds;
 - an attrition rate for care staff that was continuing to fall;
 - a detailed review of behaviour management and a recent reduction in the use of PCC;
 - a continuing commitment to training for staff and ensuring an increased social work qualified workforce;
 - plans that included an independent living unit;
 - an additional unit for young women developed in collaboration with other agencies;
 - new assessment initiatives;
 - ongoing ‘softening’ of the environment for young people and staff;
 - the provision of food for young people that is nutritional and appetising.

1.6 There remains a full agenda of issues to take forward in order to ensure a sustainable quality service and continuing development, including:

- reviewing the role of house block managers;
- evaluating the role of team leaders;
- listening to and ‘valuing’ residential care staff;
- improving the supervision of residential care staff;
- developing the key worker role;
- reviewing staffing levels to ensure the safety of young people and capacity to meet their needs consistently;
- reviewing methods and systems for communication, including meetings, briefings etc;
- although there had been obvious development in highlighting diversity, more focus was needed to identify the religious and spiritual needs of some young people;

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- although the ‘softening’ of living areas and the building of a dining room for young people has made a positive impact, further enhancement of the environment needs to be kept firmly on the agenda;
 - discharge planning and aftercare needed a higher profile;
 - the vehicle reception area was still insecure.
- 1.7** Changes within the executive management team and a refocusing of the responsibilities of the role of the Deputy Director had contributed to an improved focus on the strategic direction for the centre. The improvement plan and other documents provided during the inspection confirmed an approach that included detailed investigation and exploration into different models or methods for dealing with a range of issues, including behaviour management.
- 1.8** The philosophy underpinning the work of the STC is to provide an environment focused on the needs of the children placed there. The centre’s increasingly child centred approach was obvious in the efforts to ensure all the primary care needs of young people were consistently addressed. Staff were aware that the young people in their charge are offenders, but they were also aware that they are children and need to be cared about and encouraged to enjoy themselves, as well as working on the issues that brought them into custody.
- 1.9** The role of residential care staff had evolved and the task of supporting individual young people and undertaking direct work with them during key work sessions had particularly continued to develop. However, they required more systematic support, including clear management and supervision in their role with young people.
- 1.10** A significant concern identified during this inspection, as during others since the centre became operational almost eight years ago, was the agreed minimum numbers of residential care staff working directly with young people during the periods they were on the living units.
- 1.11** The next phase of development at the STC is the opening of the young women’s unit, which may include a small unit for young women with babies. The unit will take up to 16 young women, aged between 16 and 17 years. Managers had sought to consult and liaise with a number of groups external to the establishment in preparation for the opening, including all the emergency services and local child protection teams and visits had been made to a range of different establishments in the planning and preparation stages.
- 1.12** This inspection report reflects a period of change and development at the STC. Managers and staff had been systematically addressing a range of issues or recommendations made in previous reports. The improvement
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agenda included all aspects of service delivery, although some aspects were more slowly reaching fruition.

Reading the remainder of this report

1.13 This report is set out in a way to enable the reader to have an understanding about every aspect of the inspection:

- Chapter 1 is a summary of the key themes which have emerged from the inspection;
- Chapter 2 provides a list of the recommendations we have made;
- Chapter 3 sets out the context in which the secure training centre is operating; and
- Chapter 4 and each subsequent chapter detail the evidence which led us to our conclusions and recommendations.
- Chapter 8 recommendations relating to education and vocational training have been provided by Ofsted.

Recommendations

2

Statement of Purpose

- 2.1 The Director should revise the statement of purpose to include the suggestions in paragraph 4.2. He should ensure it is more widely distributed to interested parties, including staff at the centre.
- 2.2 The Director should ensure the information for young people is reviewed and revised and presented in a more child friendly format. (4.6)

Management and Staffing

- 2.3 The Director of the STC should review the ratio of care staff working directly with young people. (5.24 – 5.31)
- 2.4 The Director should review the roles and responsibilities of the managers responsible for the management of the house block units, and the duties of the team leaders. (5.4- 5.5)
- 2.5 The Director and senior management team should consider how to address the concerns raised by care staff about the value of their role within the centre.(5.34 – 5.35)
- 2.6 The Director should review the communication processes across the centre to ensure that they are effective. This should include consideration of the range of meetings that residential care staff are involved with. (5.8 – 5.10)
- 2.7 The Director should implement the supervision policy as a matter of priority and give consideration to the link between the setting of personal professional objectives and the corporate business plan. (5.36 – 5.38)
- 2.8 The Director should review the range of Management Information Systems as a matter of priority. (5.12 – 5.17)

Assessment, Planning and Review

- 2.9 The Director should review the planning for the resettlement of young people upon release from the centre to ensure that it remains adequate. He should ensure that responsible agencies are challenged when not appropriately planning for discharge. (6.22 – 6.26)

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- 2.10 The Director should ensure that residential care staff have opportunities to undertake their duties as key workers. Joint working between residential care staff and the case management service could be further improved. (6.21)

Care of Young People

- 2.11 The YJB and regional manager from the children's advocacy service (NYAS) should review the role of the advocates in relation to the tackling of concerns about resettlement planning for young people. (7.49 – 7.51)
- 2.12 The Director should ensure an appropriate system is in place for recording and monitoring young people who elect to spend time away from the group in their bedrooms. (7.30 – 7.38)
- 2.13 The Director should ensure that the current procedures for providing on site activities for young people are reviewed. Young people should be encouraged to participate in a range of activities that are appropriately planned and organised by staff. (7.39- 7.42)
- 2.14 The Director should ensure that the religious and spiritual needs of non-Christian young people are more explicitly identified and addressed. (7.68)

Education and Vocational Training (Ofsted)

- 2.15 The Director should ensure that the education unit develops more focussed and measurable targets for young people in education. (8.8)
- 2.16 The Director should ensure that the head of education and teaching staff improve the quality of assessment overall with input from appropriate specialist staff such as an education psychologist. (8.21)
- 2.17 The Director should ensure that targeted learning and support across the curriculum, particularly for those young people with more severe and complex learning needs, is improved and extended. (8.5 – 8.32)
- 2.18 The Director should ensure that opportunities for monitoring and reviewing young people's progress formally and on a more regular basis are strengthened. (8.21)
- 2.19 The Director should ensure that quality assurance procedures within the education unit are further developed with particular focus on more evaluative lesson observations. (8.30)
- 2.20 The Director should ensure that the breadth of the curriculum is developed to address gaps in current provision, for example, performing arts and

humanities, and to provide a broader range of vocational and work related opportunities. (8.7)

- 2.21 The Director should ensure that partnership arrangements with external education and training providers are improved in order to enhance support for staff and young people. (8.31)

Health Care

- 2.22 The Director should ensure that the health care department has a distinct development plan in place. (10.23)

Premises, Safety and Security

- 2.23 The Director should ensure that the area within the site used for admitting young people to the centre is safe and secure. (11.12)
- 2.24 The Director should ensure that staff and young people have an opportunity to test the fire evacuation procedures during periods when the centre is managed by night staff. (11.16)
- 2.25 The Director should ensure that the improvements in the accommodation and environment across the site are continued. (11.1 –11.4)

Profile of Establishment

3

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- 3.1 Hassockfield Secure Training Centre (STC) is one of four STC's contracted to the Youth Justice Board (YJB) to provide accommodation for young people serving sentences or remanded to a secure setting. It is managed by Serco, which is a private company, responsible for a range of other services, including adult prisons.
 - 3.2 The STC currently offered provision for up to 42 young people of mixed gender aged from 12 to 18 years. During the period of the inspection 37 young people were placed at the STC, of those thirty were male, seven female and they ranged in age from 13 to 18 years. The proportion of children from an ethnic minority was 12%.
 - 3.3 Hassockfield STC is a purpose build secure establishment located near to the town of Consett in County Durham. The STC was originally designed to house 40 young offenders of both genders but this maximum number had been increased to 42 to accommodate the extra demand being made of the Juvenile Secure Estate. The centre was shortly to take an additional 16 young women, aged 16 and 17 years.

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 remained clear and concise and was prominently displayed. • A more detailed statement of purpose had been prepared which has been revised since the last inspection. • A wide range of useful information was available for the young people and this formed a 'welcome pack', which formed the basis of the induction into the centre. A DVD was also available and was useful for new residents. • Information was also available for parents/carers. • A diversity manager was in post and addressing a range of issues related to diversity and race relations. • Incidents of racial abuse were being monitored and data produced each month for scrutiny by senior managers, • A race relations management team had been established, which met to review centre policy and strategies. 	<ul style="list-style-type: none"> • The more detailed statement of purpose could be further improved. • The detailed statement of purpose was not easily accessible to all staff at the centre. • The information for young people could be improved if presented in a user-friendly booklet format. • The information for parents could usefully include a reference to the more detailed statement of purpose being available upon request.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The Director should revise the statement of purpose to include the suggestions in paragraph 4.2. He should ensure it is more widely distributed to interested parties, including staff at the centre. • The Director should ensure the information for young people is reviewed and revised and presented in a more child friendly format. (4.6) 	

- 4.1 The statement of purpose for Hassockfield STC was underpinned by the managing agency's (SERCO) "Child Care Principles" which set out in clear terms the philosophy that supported the centre's work with young people and their families. A 'statement of intent' that expressed the aims of the centre was widely displayed and formed part of the information provided to young people, their parents, carers and professional agencies.
- 4.2 A more detailed statement of purpose had been written as recommended during a previous inspection. This was a detailed document, but could be further improved with some additions, including setting out the staffing policy, describing the process of recruitment, commitment to supervision and appraisal. The arrangements for reviews could be more clearly described, as could the positive efforts to deal with and promote the health and well being needs of the young people. A number of other suggestions were made to managers who confirmed they would expand the statement.
- 4.3 This will then become a document that succinctly describes the aims, objectives and summarises practices at the STC and would provide for those interested parties a positive description of the work of the centre. It should then be more widely circulated to professionals involved with the STC.
- 4.4 Staff at the centre had not seen copies of the statement of purpose. This should be rectified, as this document describes the vision for the centre and summarises a number of procedures.
- 4.5 A separate booklet had been produced for families and carers, which was written in a way that would be useful to them. The parents' information booklet did not inform them that they could have access to the more detailed statement of purpose should they wish to ask for a copy.
- 4.6 A wide range of information was available for young people, including a recently produced DVD explaining about the centre. This information was used as part of a 'welcome pack' during the induction procedure. Consideration should be given to producing this information in a more child friendly format, perhaps in a booklet form with illustrations, similar to the parents' information.

Equal Opportunities

- 4.7 The diversity manager had been in post for a little over a year. Her work was guided and overseen by the Diversity Management Committee, which meets bi-monthly. The committee comprises senior managers of the centre, the chaplain and an external representative, who was the Race Relations Officer of Durham Prison.
- 4.8 The centre's commitment to diversity and race equality was clear. Priorities had been agreed and monitored through the Diversity

Management Committee. This group had reviewed centre policies and strategies. The deputy manager was also in the process of reviewing the role and the progress made to date.

- 4.9** Since the last inspection the centre had firmly established a process of monitoring incidents of racial abuse, with a monthly report to senior managers, and had produced useful guidance for staff, including searching of religious artefacts. The diversity manager had established links with external agencies, including Durham and Derwentside Ethnic Liaison Committee. Plans were in place for a multi-cultural event to mark 'black awareness month' in October.
- 4.10** Training on raising awareness about diversity had been provided for staff, using the pack devised by SERCO, which was also built into the Initial Training Course for new staff, The diversity manager was also piloting four sessions on diversity in the social awareness programmes for young people.
- 4.11** It was evident from discussions with staff that they had more of an understanding of the needs of young people from minority ethnic backgrounds and more efforts were being made to consistently address those needs.

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"> • Changes within, and a revision of the roles and responsibilities of senior managers resulting in a strengthened Executive Management Team (EMT). • The production of an improvement plan that incorporated a range of recommendations from other stakeholders, including the YJB and CSCI. • Managers were actively exploring a range of different management information systems to further enhance the collation and analysis of information gathered. • The efforts to improve the recruitment and retention of staff, particularly care staff, appeared to be bearing positive results. • Ongoing efforts to recruit staff from minority ethnic backgrounds appeared to have had an impact with the recent appointment of four such staff. • There continued to be a commitment to supporting staff in obtaining professional qualifications in social work and other related professions. • The initial induction training programme for care staff had been thoroughly reviewed and revised. The new programme included an improved range of sessions to prepare staff in their work with and care of children and young people. • The centre had been more consistently supported by the external line manager to the establishment. 	<ul style="list-style-type: none"> • A review is needed of residential care staffing levels on the house block units working directly with young people. The aim should be to ensure young people are appropriately supervised at all times. • Staffing levels on the living unit also need to be sufficient to enable packages of care to be appropriately delivered to individual young people. • The roles and responsibilities of the House Block managers are in urgent need of review. • The role and duties of the team leaders were also in need of review. • Although efforts had been made there was still a perception of many care staff that their role was not as valued as other professionals within the STC. • Attention needs to be given to the processes for ensuring meaningful communication across all staff groups within the centre. A standard has recently been established in the introduction of the Therapeutic Crisis Intervention model of behaviour management. • The schedule of meetings that take place across the centre do not include regular meaningful meetings for residential care staff. • The organisation and conduct of the shift handover meetings for residential staff was in need of review. • The supervision policy had been revised but not yet implemented. The aims of the policy and resulting procedures will when fully implemented provide a positive framework for the supervision and support of care staff. • The supervision and appraisal of staff could be more appropriately linked to both personal and professional development and to corporate objectives. • Consideration should be given to involving young people in the recruitment of staff to the centre.

- Plans to improve the range of database systems need to proceed with some priority.

RECOMMENDATIONS

- **The Director of the STC should review the ratio of care staff working directly with young people. (5.24 – 5.31)**
- **The Director should review the roles and responsibilities of the managers responsible for the management of the house block units, and the duties of the team leaders. (5.4 –5.5)**
- **The Director and senior management team should consider how to address the concerns raised by care staff about the value of their role within the centre. (5.34 – 5.35)**
- **The Director should review the communication processes across the centre to ensure that they are effective. This should include consideration of the range of meetings that residential care staff are involved with. (5.8 – 5.10)**
- **The Director should implement the supervision policy as a matter of priority and give consideration to the link between the setting of personal professional objectives and the corporate business plan. (5.36 – 5.38)**
- **The Director should review the range of Management Information Systems as a matter of priority. (5.12 – 5.17)**

Management and Organisation

- 5.1 The last year had seen changes within the management team, both at senior and operational levels. The deputy director had left his post in January 2006. His replacement was appointed and commenced employment in May 2006, just three months prior to the inspection. The Director had taken the opportunity to review the role of the deputy director and changed reporting responsibilities. This appeared to so far have had a positive impact on developments at the centre with the new deputy director taking the lead on 'childcare' matters, including residential care, support to residential care and resettlement. She had also taken the lead on management information systems; with a view to ensuring these more effectively informed practice and development.
- 5.2 The head of education was now being managed by the Director, and was a fully operational member of the Executive Management Team (EMT), including carrying out 'duty director' responsibilities.
- 5.3 It was anticipated that the deputy director would take a more strategic role and oversight of development of services to the young people, but she was also actively involved with a range of developments at a more operational level than it was envisaged would be the case eventually. She had taken the lead on the introduction of the Therapeutic Crisis Intervention model (TCI) of intervention in behaviour management and was introducing the 'Teen Teach' programme to staff to assist in their direct interventions with young people. She was also actively seeking to improve the management information systems, particularly the incident management recording and reporting systems and considering in consultation with other managers the purchase of a 'ready made' package developed for children in secure settings.
- 5.4 The day-to-day operational managers were the residential care managers, of which there were now seven. Of those, four had responsibility as house block managers. A review was being undertaken of the role of the house block managers as it was evident they did not have enough time to dedicate to their individual living units due to the demands upon their time elsewhere, including carrying out duty manager (DOM) responsibilities. The senior management team told us they wanted to ensure appropriate support was provided to residential care and how best to achieve this was part of ongoing discussion. It was evident from speaking with staff and house block managers that there was a sense of frustration that issues could not be tackled due to lack of consistent time and attention. Staff told us they did not feel supported or directed by managers on day-to-day matters.
- 5.5 Team leaders played a significant part in the day to day running of the two living units in each of the three house blocks. However, they often formed part of the team of staff working directly with the young people, which did

not leave them sufficient time to carry out management tasks, including supervising and supporting staff. Their role was also in need of review and responsibilities needed clarifying. Senior managers were aware of this and it was being considered as part of a review of the management support to the department referred to as ‘residential care’.

- 5.6** Senior managers were clear that only suitably experienced and skilled team leaders would take responsibility for over-night periods. The Youth Justice Board had agreed this level of management cover over-night. All staff taking on this responsibility were trained by the head of security and were only allowed to take control when it was felt they were suitably comfortable and confident in the role. The head of security worked alongside people new to this role for a period of time. She also regularly worked over-night on site and made unannounced visits to the site to ensure appropriate procedures were being followed.
- 5.7** Managers had corporately agreed an ‘improvement plan’ for the centre that included a range of recommendations made during previous inspection reports, suggestions for improvement made by the YJB performance monitor, and agreed developments for each of the different departments. The ‘improvement plan’ had already included the recommendations made by Ofsted Inspectors after their inspection visit in July.
- 5.8** Communication was highlighted as an issue by a number of staff, particularly by care staff who were interviewed. They felt there had been a number of changes in recent months and that they had not been made sufficiently aware of the reasons for the changes. Managers felt that they had a range of processes for communicating with staff, but accepted that this was an area that would benefit from further consideration given the feedback from staff. The current process for informing staff about progress relating to the TCI training and implementation programme was an excellent model of communication that could be extended to other areas of development at the centre.
- 5.9** Residential care staff did not regularly meet as a team with their respective managers. It was envisaged that at least every nine weeks they should have an opportunity to meet as a group with their team leader and house block manager during the two day training and development days, but often house block managers could not attend due to undertaking ‘duty operational managers’ (DOM) responsibilities.
- 5.10** A number of care staff spoken with during the inspection felt that the handover meetings between shifts were not satisfactory, particularly because they were conducted in the area of the administration building, which was effectively a corridor near to the DOM’s office. There was a problem with available space for a large group of staff to congregate, particularly for the morning briefing meetings, as managers also held a more detailed briefing meeting in the conference room. We suggested

managers consider how best to manage the briefing meetings for residential care staff.

- 5.11** One of the strengths of the centre was that managers actively sought to ensure appropriate networking with other agencies, both within the region and nationally. In particular managers and staff have developed links with secure children's homes in the region, visiting them and sharing ideas and common themes. Several staff had recently attended childcare training with staff from two other secure children's homes in the region.

Quality Assurance

- 5.12** Managers and staff from most departments expressed some frustration with the existing management information systems and were all actively exploring the acquisition of new specialist software programmes. It was anticipated that new software would improve the collection of data, particularly in relation to the range and depth of information, and would allow easier interrogation of data and faster analysis, without having to resort to manual extraction as was the case described by managers. It is crucial that managers ensure that any new system or systems, if they are separate, deliver information which can support day to day operational needs and that can inform strategy and policy development.
- 5.13** Managers acknowledged that there was much to be done for them to feel they were a truly learning organisation. Although significant progress had been made, the database systems did not support the aspirations of managers to understand and address the range of issues and challenges that they and staff faced on a day-to-day basis.
- 5.14** Managers hoped to appoint a management information systems specialist, probably in early 2007. The centre had also been asked by the YJB to be a pilot site for the introduction of E-Asset, which is an electronic case management recording and planning system.
- 5.15** One of the most important areas for the centre to be clear about in relation to the recording, reporting and analysis of information was 'incident management'. They were hoping a new electronic incident management system being developed with the secure children's estate would improve recording of incidents and provide a quick analysis of the information gathered.
- 5.16** Managers planned to ensure that the effectiveness of TCI is evaluated. It was anticipated that once fully integrated into practice with all staff, that this method of behaviour management and positive interactions with young people would have an impact on the number of restrictive physical interventions with young people and the use of enforced single separation. It was intended that an 'incident monitoring' panel would be established in January to include representatives from the National Youth Advisory Service (NYAS) and the YJB to support the operation and analysis of TCI.

- 5.17 Detailed management information on incidents such as the use of time out, PCC, use of handcuffs, incidents of bullying and/or racial abuse was disseminated through morning meetings and then to staff on shift. This information was shared and discussed in the range of management meetings, including the Executive Management Team (EMT) meeting each month. A bulletin entitled 'Behaviour Management News' had recently been introduced as a means of communication with staff across the centre. Some of the available statistics on the use of PCC were shared, as was the process in relation to the TCI implementation programme.
- 5.18 Other Quality Assurance monitoring processes currently in place included the checking of case files each month, when four files were chosen at random. Health care plans were similarly sampled and checked. Health, safety and security procedures were all also audited monthly.
- 5.19 Managers confirmed that they felt there were effective monitoring systems around the work of the resettlement, education and health care teams, but were less certain about the monitoring of practice and interventions from the residential care officer teams. However some of this would be addressed with the implementation of the 'incident monitoring' system and the evaluation of the effectiveness of TCI interventions.

Staffing, Recruitment and Support

- 5.20 Hassockfield had a dedicated Human Resources team who oversaw recruitment processes, dealt with personnel issues and reported on the performance of the centre to the Director and the corporate HR manager at SERCO.
- 5.21 In order to secure the recruitment of sufficient numbers of staff, recruitment had continued on a rolling programme at several points throughout the year. Managers confirmed that the staffing establishment of care staff was regularly over numbers by two. Ongoing efforts to attract staff from minority ethnic backgrounds had eventually paid off with the appointment of four staff recently.
- 5.22 Young people were not involved with the recruitment of care staff, although they had been involved with the appointment of the specialist female PE teacher. We suggested to managers that they consider how best to involve young people in the selection of staff, which would provide an added dimension to the process and give a clear message to young people that their views were listened to and that every effort was made to appoint appropriate staff to care for them.
- 5.23 Additional staff were in the process of being recruited in preparation for the opening of the new young women's unit in October. The aim was to ensure that all new staff had an opportunity to work for at least two

months prior to moving to the new unit. This programme of recruitment had increased the number of staff available on site.

- 5.24** Staffing levels on residential units at the time of this inspection were found to be usually two members of staff to seven young people, in accordance with the contracted minimum staffing ratio. Inspectors took the view that this deployment of staff was not adequate, particularly as one member of the care staff could find themselves responsible for groups of six or seven young people on their own. Their colleagues could be responding to calls for support during incidents, or be serving meals from the kitchen area, taking them away from the main living area. Young people confirmed that although all incidences of bullying or harassment were challenged by staff and clear procedures were in place for dealing with this, they were only too aware that staff were not able to monitor all areas of the unit at all times.
- 5.25** The contracted minimum ratio of care staff to young people had not been reviewed since the centre became operational. However the managers had attempted to increase the staffing levels with an additional staff member working across two units (14 young people). The profile of the young people placed at the STC had changed considerably since the centre opened. The age range of young people placed, a range of legal orders and the complexity of their needs had all added a new dimension to the work of the STC. This inevitably has had an impact on staffing resources and skill.
- 5.26** The Director said that the centre had received a high number of young people who had been transferred from other secure establishments due to a breakdown in their placement. He shared statistics related to this matter during the inspection. During an identified six month period the pattern of reportable incidents had been examined; the pattern appeared to be linked to the number of older adolescents placed and the number of young people transferred because they had been difficult to manage elsewhere. (See paragraph 7.33)
- 5.27** Inspectors were told that Hassockfield STC received a higher proportion of difficult young people and those transferred from other establishments. This was thought to be because Hassockfield STC was only half the size of the other three STC's, and a considerable distance from any of them. The size of its catchment area obviously had an impact on the STC, as did the fact that at the present time Hassockfield only had one unit for young women (although this was to change in the near future) and therefore they could not move problematic young women between units on site, as other STC's could do.
- 5.28** The team leader from the YJB placements team confirmed that at the time of the inspection Hassockfield did in fact have the most difficult group of young women in one place of any of the units providing custody for juveniles.

- 5.29** Although supportive of managers' assertions about the level of challenge and complexity of young people placed at the establishment, YJB placements staff stated that efforts were made to ensure an equitable distribution across the secure estate of particularly problematic young people. They also confirmed that the managers were helpful and supportive when the team made referrals to Hassockfield and clearly had the best interests of young people at the centre of their thinking.
- 5.30** The original concept for the secure training centres was that they would work with young people predominantly aged 12 to 14 years. The age range has continually been raised, with young people of 18 years residing at the centre. The Government objective not to place young women under the age of 18 in prisons clearly has had an impact, as has the placement of young people on remand and those serving sentences for serious offences under Section 91 – 92 of the Powers of the Criminal Courts (Sentencing) Act 2000.
- 5.31** Inspectors were advised by the YJB that at the time of the inspection the minimum staffing requirements included twelve care officers, four team leaders and one residential care manager between the hours of 0700-2130 hours when young people were outside of their rooms. However, it was apparent that the deployment of a minimum of 12 custody staff on the site at all times was not adequately addressing the challenges faced by staff or young people.
- 5.32** Managers informed inspectors of their intention to increase the staffing levels during evenings and some parts of the weekend periods with up to ten staff they intended to appoint on a part-time basis. It was envisaged that they would work between 6pm and 10pm and be expected to take the lead on a range of activities, allowing the permanent staff, in their role as key workers, to carry out direct work interventions with young people.
- 5.33** Managers were pleased to report that the attrition rate for staff leaving the centre had decreased considerably in the past two years. Information provided indicated that two years ago the attrition rate was 28% and was currently running at 12% for residential care staff. Of the current staff group, 85% had remained in post for eighteen months or longer. It was clear that efforts made to improve the terms of conditions of employment to attract and retain staff, was having positive outcomes.
- 5.34** Efforts were ongoing to address the impact of staff sickness on the work of the centre. There had been a significant reduction in the past six months in staff sickness levels. In January sickness days lost represented 5.4% and in July 3%.
- 5.35** Residential care staff still not feel part of the 'whole' in the way that senior managers aspired for them to be. Many we spoke with felt that the 'professionals' within the establishment, i.e. the social workers, psychologists, drug workers, nurses etc, all had a clearer role than they

did, and that theirs was a more important contribution. The very use of the description ‘professional’ to refer only to these groups and not to care staff served to heighten the impression of separateness. Managers were quite rightly concerned by this feedback from inspectors. However, this had been raised during previous inspections. Although efforts had been made to ensure care staff felt part of the ‘whole’ and shared the vision for improvement and development, they did not have the day-to-day support and input needed to change their perceptions of their value at the centre.

- 5.36** Senior managers were absolutely clear that the role of residential care staff was one of the most important, as they spent the majority of their time working directly with young people, caring for them, meeting their individual needs, challenging inappropriate behaviours and attitudes and encouraging them to develop their potential as positive members of society. The recent investment in specific training packages to provide ‘tools for the job’ in relation to behaviour management and direct work interventions has been an opportunity for managers to reaffirm their desire to invest in staff and provide support. The review of the role of house block managers and team leaders will hopefully further indicate the importance that senior managers place on the role of the residential care staff at the centre, ensuring they feel valued and part of the ongoing development of services.
- 5.37** The centre’s supervision policy had been revised some time ago and was awaiting implementation. It was disappointing that the implementation of this policy had been so long delayed. The proposed format for supervision placed greater emphasis on ‘support’ for staff.
- 5.38** There were different expectations for different groups of staff in relation to the frequency of supervision. The quality of supervision also varied, although there was evidence of some good standards of supervision across all staff groups. Any identified training needs arising from supervision were invariably referred to the Training Section.
- 5.39** It was difficult to ascertain the links being made between the supervision of individual staff, the appraisal of their progress and the link to personal, professional and corporate objectives.

Training and Development

- 5.40** The continuing commitment to ensuring that staff obtained appropriate qualifications was to be commended. Every member of the senior management team held either a social work qualification or relevant qualifications linked to their particular specialism. They all held additional qualifications in such areas as counselling.
- 5.41** All new residential (custody) staff were expected to participate in a nine week Initial Training Course (ITC) prior to working with young people.

- 5.42 The ITC had been reviewed and the content made more appropriate for the preparation of new staff for working directly with and managing the behaviour of young people. The proposed course had five distinct but overlapping modules which included; behaviour management, keeping young people safe, understanding young people, changing behaviour and the working environment. It was anticipated that this would continue to be a nine week course, with weeks 8 and 9 being experimental learning. This proposed programme was with the YJB for ratification. There had been clear progress in the thinking about what training care staff required and this course needed to be implemented as a matter of priority.
- 5.43 There was a commitment to ensure that all staff had a minimum of eleven paid training days each year; some had more than that. The training officer had an IT system on which he recorded all staff training. The software also 'flagged up' when any refresher or update training was needed. Every nine weeks residential care staff attended two days for training and development. This was seen as a priority and we were told these were rarely cancelled. A rolling programme was established for these nine week training sessions. Priorities in the past had included the YJB's Certificate in Effective Practice training. The next priority was for all staff to attend three days' TCI training.
- 5.44 Members of the EMT regularly attended the training days to update staff on developments in the different departments.
- 5.45 The establishment had provided placements for five social work students in the past year with managers acting as practice teachers. Another two were scheduled to commence placements in September.

External Line Manager and Performance Monitor

- 5.46 The external line manager to the STC had now been involved with the establishment for approximately eighteen months. He was described as supportive by managers and had a reasonably regular presence at the establishment. Managers felt this regular and consistent contact with the organisation gave them insight into other services and developments.
- 5.47 The arrangements for the monitoring of the performance of the centre comprised a YJB monitor who attended the centre two days a week and a part-time assistant monitor who worked approximately 25 hours a week. The performance monitor was responsible for other secure juvenile establishments and Youth Offending Teams.
- 5.48 The monitor reported monthly on the performance of the centre against the requirements of the contract with the Youth Justice Board. Copies of reports made available during the inspection and discussions with the YJB Monitor confirmed a thorough process of monitoring and support to the centre. The monitor was pleased to report ongoing progress in a number

of areas in recent months. The reports reflected that in the main the centre achieved 'green status' on the traffic light system in the reports on Safety, and Regime Delivery, with 'amber status' relating to Order and Control in March of this year. Practice in this area had been steadily improving in recent months.

- 5.49** Any recommendations made by the YJB monitor relating to practice across the centre were included in the 'Improvement Plan' developed by senior managers.

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 range of assessments carried out by the different professional groups within the centre had been reviewed and were in the process of being refined to provide a more coherent assessment framework. • There was evidence of an effective process for obtaining detailed information from agencies involved with young people placed at the centre. • The recently introduced flexible working of the care managers, diversity manager and psychology teams would improve relations across staff teams. • Plans in place for involvement with Sunderland YOT in a project that will lead to an improved service for young people, including a more consistently effective resettlement package. • The involvement of young people and their families in planning and decision making was routinely encouraged. 	<ul style="list-style-type: none"> • Managers recognised that joint work was yet to be fully developed, particularly in relation to the contribution that care officers make to enable more effective direct interventions with young people. • The relationship between the work of the case management service and residential care staff remained an issue to be addressed. • A more formal and consistent approach was needed for ensuring adequate planning for resettlement, particularly when challenging responsible agencies.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The Director should review the planning for the resettlement of young people upon release from the centre to ensure that it remains adequate. He should ensure that responsible agencies are challenged when not appropriately planning for discharge. (6.22 – 6.26) • The Director should ensure that residential care staff have opportunities to undertake their duties as key workers. Joint working between residential care staff and the case management service could be further improved. (6.21) 	

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- 6.1 The Resettlement Team had made clear progress in training and development for other staff at the centre since the last inspection and there was evidence to show that this was enabling the development of specialist services to meet the identified needs of the young people.
 - 6.2 The Resettlement Team included the community programmes worker, the diversity manager, the Chaplaincy, the social work team and the psychology team. The social work and psychology teams were reorganised to include three specialist sub teams. These included work with remanded young people, sentenced young people, and the 'young women's unit'. Each of these sub teams included a qualified social worker and a social work assistant. The three qualified social workers were qualified to at least Diploma in Social Work level. The social work assistants were engaged in social work training, one was doing a K100 Health and Social Care training and another was due to start. The third was undertaking study with the Open University in youth work. The social workers confirmed that they were enabled and encouraged to engage in appropriate training. There had been a specific programme of training for the social work team.
 - 6.3 Each of the specialist sub teams also had a member of the psychology team attached to them. The psychology team consisted of the Psychology Team Leader and two trainee psychologists. The Psychology Team Leader was in the final year of her study towards becoming a chartered psychologist and had developed links with Durham University as part of her work. Both of the psychology assistants had successfully completed their probationary periods in the team and one was engaged in work towards an MSc in Forensic Psychology. Information provided by the team leader showed that each of the psychology team had undertaken ongoing training since the last inspection and had successfully completed courses in a range of relevant issues including; social awareness, diversity, Therapeutic Crisis Management (TCI), sexual health, domestic violence, anger management, victim issues and anti-bullying.
 - 6.4 Records were kept to demonstrate training that the psychology team had delivered to the centre staff since the last inspection. This training similarly covered a range of related issues and included TCI, social awareness, diversity and bullying.
 - 6.5 The Resettlement Team had well developed links with other agencies in the community. For example, another two social work students were due to commence placements in September and the centre had close links with Durham University and the Open University.
 - 6.6 A scheme to provide 'student mentors' for young people in partnership with Durham University had been agreed and was due to commence in October 2006. A number of mentors had already been trained by staff from the Resettlement Team. It was hoped that these young mentors would offer extra support and alternative role models to the young people.
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- 6.7** The Resettlement Team had recently introduced a ‘flexible working’ scheme, that meant a member of the team would work into each evening on the house block units and be more accessible to the young people and the residential staff who worked with them.
- 6.8** The centre was seeking to increase and improve the scope and quality of its assessment and planning and was engaging an outside consultant to work alongside its own staff to develop its assessments of young people who committed sexual offences.
- 6.9** The centre had also developed an assessment tool using a ‘Resilience’ programme, in partnership with a student from Durham University. This work was intended to produce an assessment tool for assessing emotional literacy and the young people’s protective and risk factors. Although not yet completed, this work was well underway.
- 6.10** Recommendations had been made during inspections that the centre should integrate the detailed assessments of the various specialist departments into one single assessment document. The centre management had declined to implement this recommendation, fearing it would be divisive. The managers were satisfied that there was close liaison and cooperation between the groups of staff within the centre.
- 6.11** The manager and members of the Resettlement Team interviewed presented as reflective, child centred and keen to develop the service further. The recent reorganisation of responsibilities within the team and flexible working strategies agreed would all contribute to even further improved services for young people and staff working directly with them.
- 6.12** The statement of purpose stated that each trainee would be provided with a training plan within 5 working days, which would include a statement of assessed and identified needs, together with proposals of strategies and resources to be employed to meet those needs, and the allocation of responsibilities for undertaking the tasks identified. The files reviewed during the inspection suggested this was the case.
- 6.13** This team also made every effort to obtain relevant information relating to individual young people from placing agencies and parents, as appropriate. They appeared to have some success in this respect.
- 6.14** The Resettlement Team was responsible for coordinating the assessment planning and review of young people throughout the centre. Each young person had a member of the team acting as their case manager and a named member of the care team in their house block as their key worker. The case manager was responsible for coordinating the care and resettlement of the young person throughout their stay at the centre, and liaised with the key worker, who supported the young person on the house block and offered individual key work sessions with them.

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- 6.15** Discussions with managers and members of the team and inspection of files showed that following admission, each young person's needs and challenges were appropriately assessed, and they had individual plans prepared to address them, which were routinely and thoroughly reviewed. Individual files seen included evidence of routine and detailed assessment of vulnerability, mental, psychological and physical health, together with any potential risks and challenges presented, educational status and social history.
- 6.16** Assessments seen on young people's files during this visit presented as timely and well recorded, using YJB documentation and the centre's own documentation as appropriate. The psychology team had developed questionnaires for young people to gain more information about them and help them learn about themselves (e.g. "It's My Time"). These were produced in a user-friendly form. Issues such as self-esteem, views of home, family and relationships, their perceived strengths and weaknesses, the future, education and a range of other issues were covered. Completed assessment questionnaires seen on files suggested a good level of cooperation from young people.
- 6.17** The centre was clearly seeking to involve the young people closely in self-assessment and evaluation. Their opinions were taken into account.
- 6.18** The families and carers of young people placed at the centre were also encouraged to be actively involved in planning for their children. The case manager was responsible for initiating liaison with families and this commenced as soon as possible after admission. This was witnessed during the inspection when the case managers for two young people admitted the previous evening had already contacted their parents before 9am the following day. They informed them of the arrangements for visits and of the processes for review meetings, encouraging them to attend. They also sought to find out any information of importance to the care of the young person during their stay at the centre.
- 6.19** All of the young people's files reviewed included up to date training plans. The case files also showed extensive notes of work done by the case managers to pursue the agreed care plans with the young people and to pursue their requests and wishes. This was confirmed by observation and discussion with the case managers, e.g. one case manager was observed negotiating on the telephone to gain an outside visit for a young person.
- 6.20** The young people's files inspected revealed that each young person's progress was being appropriately reviewed within agreed timescales. The files contained a chronicle of planning and review meetings to monitor that they occurred appropriately.
- 6.21** Case managers were liaising closely with other colleagues at the centre and made efforts to link with residential care staff in their role as key workers. Several residential care staff interviewed felt that they were still

not fully involved in the process of assessment, planning and review for young people. The plans case managers had for 'flexible' working across evening shifts and locating themselves in house units would inevitably have a positive impact on these working relationships. To ensure that case staff developed their skills in direct work with young people managers had purchased an intervention package called 'Teen Teach'. All staff were receiving training on this package.

- 6.22** Efforts were being made to ensure young people were being prepared for moving on from the establishment, but this was an area requiring further development. Staff and young people were clearly frustrated with other agencies, including social care departments, for whom discharge planning for young offenders was not high on the agenda. It was evident that a more formal and consistent approach needed to be given to the wide range of issues related to the resettlement of young people in the community upon discharge.
- 6.23** Managers had expressed a commitment to improve provision within the centre to assist young people in preparation for living independently in the community. This work was yet to be fully developed. Proposals were being considered for the use of one of the areas of the new 'young women's unit' for older young women to prepare more appropriately than was currently the case, for independent living. The new building also included provision for vocational training, which it was anticipated would include a range of practical subjects that would assist young people across the centre to prepare for discharge.
- 6.24** A number of young people said they would like more opportunities to develop practical skills and possible trade skills in areas, e.g. plastering, to develop their confidence and skills and enable them to compete for work in the community upon release. A number of staff also told inspectors that they had previously trained in such practical skills and they would be interested in developing this further with young people. The new vocational centre will provide opportunities for this.
- 6.25** It was evident from discussions with staff and young people, the examination of case files and attendance at a pre-release review that planning for resettlement was an area requiring urgent attention by all professionals involved with the young people serving their sentences at the STC. A young person with just six days to go before he was released from the centre did not know where he would be living. The advocate from NYAS attended the review to help the young person express his concerns about planning. The manager of the Resettlement Team had complained to the local authority who were not adequately planning for a child who had previously been 'accommodated'.
- 6.26** A case file examined indicated that a young man who had been 'looked after' qualified as an 'eligible child' under the Children (Leaving Care) Act 2000. This young man was eligible for support from his home

authority and probably the involvement of a 'pathway advisor' and a 'pathway plan'. His assessment at Hassockfield had revealed that he was unable to cope in the community and identified his view that the lack of a job was a major contributory factor in his offending. However, his internal planning did not include any recognition of his potential legal status under this Act, his rights as an eligible child, or any pathway planning. Neither the centre nor the advocacy service had to date challenged the lack of support from his home authority.

- 6.27** The Resettlement Team were in the process of agreeing a joint project with the Youth Offending Team in Sunderland. The aim was to attempt to develop a 'seamless' process of admission for young people serving a sentence and the preparation for positive 'resettlement', with post-placement support from the centre, as necessary. This was an excellent idea for multi-agency working and if successful could provide a model for 'working together' that is unprecedented in the secure children's estate.

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"> • The work of the centre was increasingly child centred in approach. • A major review had been undertaken of behaviour management strategies. • The commitment to the introduction of Therapeutic Crisis Intervention (TCI) as a method to enhance behaviour management was to be commended. • There was a robust procedure in place for the monitoring of all incidents of restrictive physical interventions with a recent reduction of such incidents. • The introduction of Individual Crisis Management Plans (ICMP's) for all young people would provide a useful format for interventions with them. • Efforts had been made to ensure the needs of young women were adequately addressed. This will improve further with the opening of the specifically designed young women's unit. • The process for receiving, acknowledging and dealing with complaints was now more efficient. • The arrangements for referral to the local child protection team were robust and appeared effective. • A number of agencies linked to the STC interviewed as part of the inspection process described the actions of managers and staff as transparent. • The detailed procedures for dealing with bullying were being developed even further and were in the process of being accredited by the local authority. • The admission of young people into the STC was managed sensitively and efficiently. • Efforts were being made to further improve service user participation with young people. • The mentoring scheme developed with students at Durham University provided young people with positive role models that are external to the centre. • The catering service had achieved the Healthy Heart Award as evidence of the quality and choice of food provided to young people at the centre. • The centre had also been awarded the Healthy Schools Award. 	<ul style="list-style-type: none"> • The monitoring and recording of young people who elect to spend time in their bedrooms away from the group remained an issue. • The recording of incidents varied in quality and detail. • The needs of non-Christian young people could be more explicitly identified and addressed. • The programme of activities for young people across the site and within house blocks units was in need of review. • The children's advocates needed to take a more proactive role in ensuring issues of concern relating to discharge planning and aftercare was raised with responsible agencies.

RECOMMENDATIONS

- **The YJB and regional manager from the children’s advocacy service (NYAS) should review the role of the advocates in relation to the tackling of concerns about resettlement planning for young people. (7.49 -7 51)**
- **The Director should ensure an appropriate system is in place for recording and monitoring young people who elect to spend time away from the group in their bedrooms. (7.30 – 7.38)**
- **The Director should ensure that the current procedures for providing on site activities for young people are reviewed. Young people should be encouraged to participate in a range of activities that are appropriately planned and organised by staff. (7.39 – 7.42)**
- **The Director should ensure that the religious and spiritual needs of non-Christian young people are more explicitly identified and addressed. (7.68)**

Day-to-Day Care

- 7.1 It was evident from discussions with staff and observations of interactions between them and the young people that the ethos of the centre was becoming increasingly child centred.
- 7.2 As observed during the inspection, the admission of young people in to the centre was handled professionally and sensitively by all staff involved in the process.
- 7.3 Two education staff had been trained in mediation skills to help young people who were in conflict with each other stay in their education groups, and to avoid disruption to their learning programme.
- 7.4 Efforts had been made to ensure the needs of the young women were being adequately addressed. Preparation for the new young women's unit had been done in collaboration with other agencies, including the local child protection teams and emergency services.
- 7.5 There was considerable evidence of efforts being made to improve service user participation with the young people. A young person was a representative on the anti-bullying committee and the Diversity Manager was also keen to ensure a young person's presence on the Race Relations Committee.
- 7.6 On issues touching their day-to-day lives in the centre, young people had meetings with care staff on a daily basis and each unit had an elected representative who attended the Trainee Council meeting every fortnight. The council was a large meeting, because as many senior managers as possible were encouraged to attend, together with representatives of the psychology department and a NYAS representative. The aim was to discuss issues raised by the representatives of each house block and to seek a response from senior managers. However, young people were outnumbered in this forum and potentially could be overwhelmed. The meeting observed during the inspection was conducted with very good humour. Views of young people were dealt with respectfully and there was a willingness on the part of staff to accommodate any reasonable requests. Young people appeared to appreciate the opportunity afforded to them by the council to be listened to. However some complained that decisions and follow up action could be slow in coming. The minutes of meetings did not always record a clear reason why requests by young people were turned down.
- 7.7 Staff were currently exploring with young people the setting up of a buddy scheme, whereby some young people would be given the responsibility of helping or advising newly admitted or vulnerable young people. They would of course be appropriately prepared for this role.

- 7.8 A parallel committee, the Trainee Food Committee, in which the Catering Manager and his staff met with young people on a monthly basis, had now fallen into abeyance. This was unfortunate, given the importance of food and mealtimes in the lives of young people living at the centre. The catering manager said he was no longer able to attend these meetings as they clashed with his busy period for the preparation of meals. However, he was considering placing a suggestions /complaint /compliments book in the dining room to enable young people to make their views known.
- 7.9 The young people were generally complimentary about the meals provided when attending the dining room. This room was designed as a staff canteen and it was envisaged that the young people would eat all their meals in their living units. Efforts were made to allow as many young people as possible to have their main meals in the small dining room. However it was not possible to accommodate all groups at each meal. Work was about to commence on extending the dining rooms so all groups of young people could eat in this area.
- 7.10 The present arrangements resulted in the young people hurriedly eating their main meal in the dining room and their dessert in their living unit. The young people complained about having to rush their meals. The young people equally did not like having their meals served in the living units from a heated trolley that had been pushed across the site from the kitchen. The catering manager and his team did not like serving food this way and were keen to have the extended dining room in operation.
- 7.11 The young people were offered a choice of meals each day, which included a vegetarian option. They also received fresh fruit on the living unit each day and a salad bar was available in the dining room at each meal. Kitchen staff would routinely provide Halal or special dishes.
- 7.12 A number of young people and staff complained about not receiving enough 'rations' on the living units. We saw evidence of bread having run out when supper was being served to young people.
- 7.13 The funds available to the catering staff to feed young people on a per child per day basis was quite small.
- 7.14 The centre had achieved the Healthy Schools Award in recognition of the quality of and choice of food.

Maintenance of Good Order

- 7.15 A major review had been undertaken of the behaviour management strategies at the centre. A decision had been made, after careful consideration and research, to embrace the 'Therapeutic Crisis Intervention' (TCI) model of behaviour management. It was intended that TCI would provide a set of common principles and procedures that would

guide all staff involved in assessment of the young people. This had already commenced in the assessment and planning processes.

7.16 Behaviour management plans had been amended to incorporate TCI principles. Within 24 hours of a young person being admitted to the centre an Individual Crisis Management Plan (ICMP) or Behaviour Support Plan (BSP) was prepared. The plan developed depended upon the level of assessed need of the young person. This was based on information received and the initial assessments of the specialist staff. These plans had been modified to reflect the centre's focus upon TCI as a behaviour management strategy.

7.17 The plans included:

- assessment of existing concerns (medical, physical, history of trauma, abuse, vulnerability etc);
- an assessment of current issues, potential triggers (internal, routines, structures, staff, other young people, education, bullying); and
- behaviours of concern (agitation, aggression, violence).

7.18 Each issue was individually assessed and a risk level agreed. Individual Intervention Strategies that reflected TCI principles, e.g. Reassurance, De-escalation, Prompting, Hurdle Help etc followed the assessments. The plans seen during the inspection stressed that PCC (Physical Care in Control) would only be used as a last resort.

7.19 To assist communication, copies of these plans were kept in the front of each young person's file. These files followed the young people across the site from the living units to the education block during the school day. Staff were required to read them when they came on duty. The plans seen stated that physical intervention would only be used as a last resort.

7.20 The ICMP or BSP plans were being reviewed prior to the young person's initial planning meeting to ensure they remained relevant. Commendably, guidance notes provided to staff by managers stressed that the views of the young people must be included, as well as the views of the health staff if any health issues had been identified.

7.21 The centre's Multi-Disciplinary Team (MDT) had adapted its role to include weekly reviews of the ICMP's and BSP's. The role of the MDT had been reviewed to ensure that it effectively addressed TCI goals and sentence planning and review functions and agreed the format and procedures for the behaviour management plans.

7.22 Discussions with managers and staff at all levels confirmed the extensive documentary evidence seen during the inspection that staff throughout the centre had, or were about to be, trained in TCI principles. The centre's Resettlement Team had assisted the managers in revising the Initial

Training Course (ITC) for all new staff to ensure that TCI principles were taught to them as the basis for behaviour management at the centre. These plans were subject to YJB approval.

- 7.23** Managers had developed a detailed implementation plan to ensure that all staff were trained and familiar with TCI and it was fully in place by being assessed by April 2007.
- 7.24** The TCI principles and expectations of the changes had already been extensively shared with the staff, together with the clear ambition of the centre to minimise the use of physical restraint and to replace it as far as possible with the child centred methods incorporated in TCI.
- 7.25** One young person's case file included a commendation to staff on one of the house blocks by the Director for managing a challenging situation involving him skilfully and sensitively avoiding the need for restraint and use of PCC. Files examined also reflected young people being actively involved in preparing their own behaviour management plans and identifying their own stress triggers.
- 7.26** Managers and members of the care teams spoken with felt that TCI was a distillation of the best of the behaviour management practices that they had applied since the centre opened, and one that would really help staff to relate to the young people positively.
- 7.27** The massive investment in TCI and the changes to the centre's approach to behaviour management reflected a commitment to positive risk taking by Hassockfield on behalf of young people.
- 7.28** Information provided by the centre suggested that the use of PCC as a restrictive physical intervention had fallen significantly over the twelve-month period from July 2005 to July 2006. The centre's statistics stated that there had been a steady decrease from 135 uses of PCC in July 2005 to 21 in July 2006.
- 7.29** The use of PCC was very carefully monitored and recorded and the majority of restrictive physical interventions were recorded by the centre's cameras and stored on DVD. Individual reports from all staff members who took part in a physical intervention were collected together and with a copy of the DVD given to the Director. These were reviewed each day to ensure the use of PCC was appropriate, and a written record of their view retained.
- 7.30** The centre management team monitored the use of single separation of individual young people, together with the location of the episode e.g. on the house unit, in health care, or during 'after school catch up'. The records were gathered each week, and included whether the single separation episode was part of an agreed behaviour management plan. The ethnic origin of each of the young people involved in single separation was also monitored and recorded.

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- 7.31** The overwhelming majority of the young people who were singly separated were white British, reflecting the population of the centre.
- 7.32** A record of all significant disciplinary incidents occurring each week were also retained, which again identified the names and ethnic origins of the young people involved, and the number of incidents in which they were involved. This allowed the centre to analyse the proportion of the incidents within the centre, which involved the same people.
- 7.33** The statistics showed that between January and August 2006 there had been 130 admissions. Of those 28 (22%) had been transferred to Hassockfield because of a placement breakdown elsewhere within the secure estate. During the same period there had been 586 reportable incidents (not all including use of force). Of those 203 (35%) involved those young people transferred due to placement breakdown elsewhere. The age range of the young people placed had also continued to rise in the past year with predominantly young people over the age of 14 years being placed. During the period January to August 32 young people had been placed who were over the age of 16 years. These young people had been involved in 117(20%) of the incidents identified. The statistics showed that 55% of the incidents during that period involved young people 16 years or over and by those who had failed in their previous placement.
- 7.34** Nursing staff attended incidents of PCC and any fights between young people. They medically examined the young people if they cooperated with this check.
- 7.35** The records of 'sanctions' imposed for unacceptable behaviour were seen on the individual young people's case files. Sanctions usually took the form of loss of status on the incentive scheme.
- 7.36** The 'incentive bonus scheme' was in place across the centre. It was the core system of behaviour management, using positive reinforcement of acceptable behaviour rather than negative sanction of unacceptable behaviour as a vehicle for change. This enabled and encouraged the young people to take control and responsibility for their own behaviour, and to earn extra benefits through acceptable behaviour. The units for boys used an incentive bonus scheme loosely modelled on the football league. The young women's unit were using the names of precious stones to identify achievement levels within the centre.
- 7.37** The scheme was on the whole effective, but could be developed further to allow more scope to achieve and earn rewards. For example, Hassockfield did not use 'unit of the week' as part of their incentive scheme, as in the case in some of the other STC's.
- 7.38** The monitoring of young people who elected to spend time in their bedrooms away from the group was not being routinely recorded. From discussions with staff and young people it was evident that some young

people either withdraw from the group, or actively sought to spend time on their own for long periods of time. Managers needed to ensure a clear monitoring procedure was in place to ensure young people were not withdrawing to their bedrooms because they do not feel safe.

Activities

- 7.39** Several of the teaching staff were now involved with activities across the centre during weekday evening periods up to 8pm. We observed young people using the sports centre and external play areas during evening periods, but the activities were not organised and young people could opt out and were not necessarily expected to be involved with any activities outside of their living unit. Inspectors were told of young people who regularly elected to spend time in their bedrooms rather than participate in activities.
- 7.40** The Director informed inspectors of his intention to appoint a number of part time staff to work during evening and weekend periods. This would be an ideal opportunity for the centre to review its activity programmes on the site. We suggested that consideration be given to a more structured programme that young people 'signed' up to each day.
- 7.41** Efforts had been made to provide some activities for young women, but the facilities were inadequate. The new building would provide opportunities for a wide range of activities for both the male and female residents.
- 7.42** There was also a lack of enriching activities available for the young people actually on the living units. There was little evidence of books and games for to access to alleviate their boredom.
- 7.43** The 'community projects officer' had continued to develop community programmes for young people. The aim was to provide young people with a range of opportunities to participate in meaningful activities outside of the centre, as well as inviting external groups to the STC.

Complaints

- 7.44** A number of small but significant changes to the complaints procedure in the centre had resulted in complaints being dealt with more speedily and efficiently. All complaints, other than those with a child protection element, were now being routed through one manager who co-ordinated the response, liaising with other managers as appropriate. For example, advice would be sought from the Diversity Manager where a complaint had a potential racial element.
- 7.45** A running log was kept of current complaints showing the action being taken and was available to the YJB performance monitor at any time. All

complaints appeared to have been responded to within the required timescales and young people were very familiar with the process. The number of complaints in the six months prior to July 2006 was 28.

7.46 Every new admission to the centre was seen within 24 hours by a representative of the National Youth Advisory Service (NYAS). The young people were clear about the role of the NYAS representatives in acting as their advocate if required. The NYAS advocate interviewed during the inspection had been visiting the centre from its inception. In her view the centre had changed significantly over the years and was now:

- more caring in approach;
- had better trained staff;
- recruited staff who positively wished to work with children;
- had fewer complaints;
- made fewer physical restraints.

7.47 The only critical comment was in relation to the lack of suitable recreational and vocational activities for the young women in the centre.

7.48 The regional NYAS manager met each month with the Director of the STC and the YJB Performance Monitor, to scrutinize and review complaints.

7.49 In view of the difficulties experienced by the centre in planning for young people's discharge and the failure on the part of some Children's Services to acknowledge their responsibility towards young people in the centre who were 'looked after children', NYAS could usefully consider their role in advocating on behalf of those young people.

7.50 The centre's advocacy service might consider a review of their provision to ensure that it takes into account the rights of some young people to support from their home authorities under the Children (Leaving Care) Act 2000.

7.51 The Director and the regional manager from NYAS could usefully review the service and ensure the children's advocates take a more proactive role in raising concerns relating to discharge and planning and aftercare with responsible agencies.

Child Protection

7.52 There were well established effective working arrangements with Durham County Council's (DCC) Child Protection service based in the local community. All child protection investigations were conducted jointly

with members of the police service child protection team. The team managers from both of these services were interviewed during the inspection. They made it clear that all young people placed at the STC would receive the same service from them, as would children who lived permanently in the local area.

- 7.53** A clear and efficient procedure was described by managers within the STC and staff from the local child protection services. All referrals resulted in a joint approach by the local child protection team and the police ‘vulnerability unit’. They visited the centre, viewed DVD evidence, examined reports and records and made a decision about whether a ‘strategy meeting’ was deemed necessary. The commitment from the local teams was that this meeting would be held within 24 hours of a referral being made.
- 7.54** Managers at the centre confirmed the range of issues they would refer to the local child protection teams. These included any incidents of PCC that resulted in injuries to the child. Managers also invited the child protection teams to view DVD recordings of incidents of physical restraint which, when viewed by them, gave some cause for concern. The same procedure was applied; the local child protection specialists would view the DVD record and make a recommendation to managers. The child protection managers confirmed this process and said usually this was a matter of staff requiring further training or guidance. They also confirmed that although this practice increased the number of referrals to them, they were pleased to see this level of transparency by managers at the centre.
- 7.55** Any incidences of the ‘soft handcuffs’ being used were also referred to the child protection team. The police Detective Sergeant confirmed he had been asked to comment on these handcuffs and he felt this was a safer alternative to long periods of physical restraint for young people, which could be a much more dangerous means of controlling or protecting them. He also confirmed that when viewing the DVD recordings it was evident that the handcuffs were only used after a period of restrictive physical intervention that had not sufficiently calmed the young person. He also confirmed that the use of ‘handcuffs’ had considerably reduced during the past twelve months, with a maximum of just two a month at the present time. Centre managers had taken a decision to remove the ‘nose distraction’ technique (although approved in PCC) from the range of physical intervention methods used.
- 7.56** The child protection managers confirmed that they did not receive referrals of incidents of a child on child assault, unless this was of a sexual nature. Assaults of one child against another were, if serious, referred to the local ‘Police Liaison Officer’.
- 7.57** Staff from the local child protection team had received training from the centre to help identify the different holds used in the PCC model of physical restraint.

- 7.58** The Director was a member of the countywide Local Safeguarding Children's Board and a separate sub-group of that Board met regularly at the centre to review all safeguarding issues. The child protection and police vulnerability unit managers confirmed managers and staff at the centre continued to be responsive and helpful in assisting in the conduct of investigations.
- 7.59** One concern raised by the Detective Sergeant from the police child protection unit was the recent proposed change in the use of chairs as shields when young people were placed in their bedrooms, but had managed to obtain a weapon of some kind, or instrument to harm themselves. The PCC manual stated that staff could use a chair to shield themselves when attempting to remove the item from the young person. He understood this had at one point been removed from the guidance to staff and a suggestion made that the local police should be called in to assist. He was concerned that the response from the police unit responding to this type of incident would be to attend equipped in full riot clothing and the process would not be pleasant for the young person concerned.
- 7.60** When asked about this matter managers said they had asked the YJB to support use of a short mattress in the form of a protective shield, but this had not been accepted as an alternative. They understood that these issues had recently been discussed in a working group established by the YJB to consider behaviour management and in particular use of restrictive physical interventions. Recommendations made in this report were shortly to be considered by a panel within the YJB with a proposal for action to be sent to the relevant Minister. The police Detective Sergeant supported the use of a perspex shield that would provide some safety for staff and would be less likely to injure the child.
- 7.61** An anti-bullying working group had been established, chaired by the AD Resettlement. This group was established six months ago. The first meeting with a young person as a member of the group representing the resident group took place in April. A positive outcome of these meetings was the idea for a positive peer model and a review of anti-bullying promotional literature took place. External bodies were also invited to attend these meetings. These included; NYAS, local Child Protection Team, the YJB performance monitor, a local school representative and DCC anti-bullying co-ordinator. The centre had made an application for accreditation of the anti-bullying procedures with the local Council. The aim was to ensure that Hassockfield was considered by all, including the young people, as a non-bullying centre. Talks were in progress with the Tackle it Programme to deliver the anti-bullying programmes through some sports.
- 7.62** Many of the young people spoken with during the inspection said they felt staff dealt with any incidents of bullying if they 'saw' it, but they felt that staff were not always around when situations occurred. The monitoring of

interactions between young people is an important aspect of the role of care staff, and if insufficient numbers of adults are available to care for and supervise the young people there is more potential for 'bullying' or harassment to occur.

- 7.63** A booklet had been produced for young people entitled 'stop bullying'. It explained the definition of bullying and some reasons why people bully. It told them whom to speak to if such incidents occurred. The booklet also advised perpetrators to find other outlets for their frustration and anger.

Faith, Racial and Cultural Identity

- 7.64** The vicar of a local parish was now supporting the centre. He visited the centre each week. He met with all newly admitted young people and was available to meet with them again upon request. The vicar said he did not push his beliefs particularly with young people, but was available for spiritual counselling, as requested. He did not routinely hold religious services. The centre was adapting part of the library to double as a chapel for the purposes of worship.
- 7.65** When a young person from another faith sought support the vicar would obtain the support of a minister or leader from the young person's chosen faith to visit them at the centre.
- 7.66** An evangelical Christian visitor, who was the founder of the Emmanuel Prison Ministries, provided a regular presence on-site, visiting twice weekly. He also arranged for activities offered by evangelical groups to take place at the centre. He recently arranged for a 'rap band' to play at the centre. Managers, staff and young people spoke highly of the service provided by this Christian visitor.
- 7.67** The vicar and Christian visitor regularly liaised together to ensure that the young people's spiritual needs were being addressed and both said that they would make any necessary arrangements to ensure spiritual and religious support for young people of other faiths, if requested. Their partnership clearly resulted in a rich and varied Christian experience being available to the young people.
- 7.68** Although the Christian faith was well represented, there were no named spiritual leaders of other faiths routinely visiting the centre. Managers needed to further consider the arrangements for young people of non-Christian faiths to ensure they are more consistently represented at the centre.

Education and Vocational Training (OFSTED)

8

STANDARD 5: EDUCATIONAL AND VOCATIONAL TRAINING

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

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

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

This standard looks at:

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

STANDARD 5: EDUCATION AND VOCATIONAL TRAINING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Very good progress had been made since the last inspection and the profile of education had been significantly raised. • There was effective leadership and management. • There was a strong focus on, and improved levels of accreditation. • Improvements had been made in the quality of teaching and learning resources including the use of ICT. • Very good progress had been made in managing young people's behaviour. • Attendance was very good (92%). The other 8% were not attending for reasons beyond the control of the STC. • The community and enrichment programme provides good opportunities to learn employment-based skills. • Very good progress had been made in the contribution of care staff to teaching and learning. • A very effective mentoring programme had been piloted in partnership with students at Durham University. • The trainees' council provided a valuable opportunity for young people's views to be raised and responded to. 	<ul style="list-style-type: none"> • Education and DTO targets are too general and insufficiently specific. • Initial assessments are not sufficiently rigorous to identify young people's learning needs and to inform appropriate achievement targets. • There were no opportunities for accreditation through social awareness, enrichment and community programmes. • There are very few opportunities to develop vocational and work related skills. • Literacy and numeracy are not sufficiently integrated within the curriculum. • There are insufficient opportunities for young people to review their progress regularly in education on a one to one basis. • Despite an excellent service provided by the personal advisor, insufficient time was allocated by the Connexions Partnership to support young people's careers guidance needs. • Partnerships were too narrow to offer sufficient external advice and support for teaching staff.

RECOMMENDATIONS

- **The Director should ensure that the education unit develops more focussed and measurable targets for young people in education. (8.8)**
- **The Director should improve the quality of assessment overall with input from appropriate specialist staff such as an education psychologist. (8.21)**
- **The Director should ensure that targeted learning and support across the curriculum, particularly for those young people with more severe and complex learning needs, is improved and extended. (8.5 – 8.32)**
- **The Director should ensure that opportunities for monitoring and reviewing young people’s progress formally and on a more regular basis are strengthened. (8.21)**
- **The Director should ensure that quality assurance procedures within the education unit are further developed with particular focus on more evaluative lesson observations. (8.30)**
- **The Director should ensure that the breadth of the curriculum is developed to address gaps in current provision, for example, performing arts and humanities, and to provide a broader range of vocational and work related opportunities. (8.7)**
- **The Director should ensure that partnership arrangements with external education and training providers are improved in order to enhance support for staff and young people. (8.31)**

Context

- 8.1** Hassockfield STC accommodates 42 young people and during the inspection week (July 06) 39 beds were in use. Provision is mixed, with 5 male units and a female unit for 7 young women. The majority of young people were serving Detention and Training Orders (DTOs), three were held under Section 91 court orders, and a minority were on remand. The age of admission is between 12 and 17 years of age. The average length of stay is approximately 2.5 months. There is a wide variation in attainment levels. The majority of young people have reading ages of 10 and significantly fewer have reading ages between 12 and 14 years. Data from the last 12 months show that only 31 per cent were returned to education or training on completion of the custodial part of the sentence, with a further 45 per cent transferred to other secure estate provision.
- 8.2** A new vocational centre and residential unit to house 16 young women is on target for completion in October 2006. This has prompted a full review of current education and training provision within the establishment.

Record of Evidence

- 8.3** Inspectors observed and graded 14 lessons and spoke with most young people. Inspectors interviewed managers and teaching staff, reviewed curriculum documentation, examination and assessment records and learners files, and attended handover meetings between care staff and education staff. Self-evaluation reports and strategic development plans were also reviewed and discussed.

Performance Indicators

Achievement over the last 12 months

1	Number of listed unit awards per learner per month	10
2	% of sessions where learners' responses were at least satisfactory	85.7%
3	% of sessions where attainment was at least satisfactory or better	92.9%
4	% of learners who left without any accreditation in last 12 months	0%
5	% of learners who left for a community education/training placement	31%

Participation

6	Capacity of education as % of maximum number of learners	100%
7	Average turnover per month on class registers in month prior to the inspection (May 06)	31%
8	% learner-hours lost through poor punctuality in month	0%

	prior to the inspection (May 06)	
9	% attendance in month prior to the inspection (May 06)	100%
10	% learner-hours lost through cancellations in month prior to the inspection	0%
11	Reviews	
12	% of initial review meetings attended by education staff over last twelve months	98%
Staffing and Resources		
13	% FTE education staff complement currently in post	98%
14	% of all teaching, training and support staff with appropriate qualifications	88%
15	% of Learning Support Assistants (LSAs) with appropriate qualifications Quality	N/A
16	% of sessions where teaching is at least satisfactory	100%
17	% of sessions where teaching is good or better	57%

Overall Effectiveness

- 8.4 The centre provides good education. It has made significant progress since the last inspection. The range of the curriculum offer and accreditation adequately reflects young people's learning needs and the length of sentences. The average length of stay is 2.5 months. Accreditation used, however, is limited in its scope and the establishment recognises that planned development of vocational courses will significantly enhance opportunities available for young people. Behaviour management procedures are much improved since the last inspection and make a substantial contribution to the quality of the learning environment for teaching and care staff and young people. Care staff and teaching staff work very well together during the school day and during enrichment activities and their joint working provides a model of good practice. There is good capacity for further improvement.

Achievement and Standards

How well do learners achieve?

- 8.5 Overall, achievement and standards are good.
- 8.6 There is a strong focus on accreditation. On average each learner gains 10 accreditations per month and this represents a continuing improvement over previous inspections. Accreditation is primarily through the AQA unit award scheme, which is offered across the majority of subjects. Young people also achieve the junior sports leader award, health and hygiene certificates and elements of the Duke of Edinburgh award. A few young people are supported to gain GCSEs. The centre enters young people each year for the Koestler art awards. Young people gain

important learning opportunities that prepare them for working life through the community and enrichment programmes and through the thoughtful use of mobility. For example, young people were engaged as PE assistants and helped in gardens' maintenance. These courses however, together with the social awareness programme are not accredited and do not contribute to accreditation in other courses. No accreditation is available in vocational subjects. However, a new vocational unit is due to open in October 2006 and work is in progress to identify appropriate courses and certification.

- 8.7** The assessment of young people's educational needs is satisfactory. Young people receive a general induction to education soon after their arrival and are quickly able to access teaching programmes through the induction group. Tests used to assess reading ages and preferred learning styles are relatively superficial and do not give a sufficiently sound basis upon which to set appropriate learning targets. Although targets are set for each subject and are reviewed at monthly meetings, they are too general and do not clearly specify what progress is expected of young people. Targets set for DTOs are not clear or specific enough.
- 8.8** Inspectors judged young people's achievement in lessons to be mostly satisfactory but good or better in only 28% of lessons. For many more able young people, too much time is spent on less challenging accreditation. Standards in PE are especially good.
- 8.9** Attendance is very good but punctuality at the beginning of morning sessions in particular is variable. There are low levels of exclusion from lessons. The centre is taking effective action to reduce 'time out' of lessons and the system is managed well. The management of behaviour in classes has improved considerably since the last inspection. Teaching and care staff are beginning to implement a 'therapeutic critical intervention' programme which helps to de-escalate difficult situations. A good focus exists on celebrating achievement, for example, through the Trainee of the Week award. The proportion of young people transferring to other establishments is high at 45% and only 31% move into the community with arrangements in place to continue education.

The Quality of Education and Training

How effective are teaching, training and learning?

- 8.10** The quality of teaching, training and learning is good overall. Of the 14 lessons observed by inspectors teaching was good or better in 57% and adequate in the remainder. In two lessons it was very good. Inspectors agree with the centre's own assessment that the quality of teaching has improved since the last inspection.

- 8.11** The best lessons are well developed, planning is detailed and a variety of learning activities are delivered that keep young people interested throughout. A clear sense of purpose prevails and is accompanied by exercises that build skills and knowledge incrementally and support young people's progress very well. This ensures that they are fully engaged and motivated during the lesson making good and sometimes excellent progress
- 8.12** Too much of the teaching was only satisfactory. In these lessons young people are insufficiently challenged and lessons lack pace and at times coherence. Young people's response to teaching overall was satisfactory and good or better in half of the lessons observed. Teachers and young people enjoy a good rapport with each other and this contributes to the staff's ability to manage behaviour and teach lessons to at least a satisfactory level.
- 8.13** Most lessons involve group work as a preferred teaching style and this provides a good opportunity for young people to develop their personal and social skills. Behaviour in lessons is mostly good and teachers use behaviour management techniques effectively in the majority of lessons. Care staff support teaching and learning effectively often providing very good one to one guidance and encouragement to young people.
- 8.14** Since the last inspection improvements have been made to the quality of teaching and learning resources. These include the use of information and communication technology (ICT), which is used well in a number of lessons. Resources for PE are very good and the development of a modern fitness suite has enhanced the educational experience of young people, particularly young women.
- 8.15** There is a lack of specialist staff to assess severe and complex learning needs. For example the absence of an educational psychologist undermines the quality of the assessment process and the setting of appropriate learning targets. Assessment tools used are limited in content and there is no mechanism for identifying young people with dyslexia.

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

- 8.16** The range of provision is good overall and caters adequately for the wide range and complex needs of the young people. It broadly meets the national curriculum criteria and provides all young people with the YJB specification of 25 hours education. Core curriculum subjects such as maths, English, and ICT are included in the day complemented by other subjects such as art, cookery, careers, humanities, design and technology and physical education. Science is not a discrete curriculum subject but elements are covered within the PE curriculum. The school day is long but the move to 45 minute lessons ensure that most young people can keep

on task and are fully motivated. Practical lessons are usually taught over a double period, which meets the need of specific subject areas such as cookery and design technology when young people work hard to produce finished pieces of work. Literacy and numeracy skills are not well integrated across the curriculum although ICT and design and technology use number work well to enhance learning. Young people have very few opportunities to participate in music and performing arts in the formal curriculum.

- 8.17** Vocational opportunities within education provision are limited currently to the small range of practical subjects on the timetable such as design and technology, PE and cooking. However, the education department has worked hard to extend this area of work despite limited resources and it offers young people in year 11 and post 16 some vocationally based activities in the grounds, such as gardening and painting and decorating or within the community programme. These activities provide an excellent opportunity for young people to take responsibility and gain experience outside the school environment and are highly valued by them. New vocational facilities will be in operation towards the end of the year which will extend provision and accreditation opportunities significantly for young people.
- 8.18** Enrichment activities during the evening and weekends are delivered by education and care staff within the residential units and education block. There is a good range of activities, including access to the new fitness suite and the learning and resources room, pool, table tennis, computer games, sports sessions, a DVD club, and a reading club on two nights per week. Homework is given on two occasions during the week supervised by a teacher who takes work on to each unit and provides support as required. Young people earn reward points for completing homework tasks, which are differentiated and consist of literacy and numeracy work.
- 8.19** Access to activities is linked to the rewards system, for which points can be achieved throughout the week. Behaviour and achievement in education contribute significantly to this centre-wide system, which is well understood by teachers, care staff and young people. Behaviour is monitored and reviewed daily by care staff with young people but there is no parallel system for reviewing educational progress as frequently. School work is marked regularly and outcomes, which contribute to the rewards scheme, are recorded on a daily basis.

How well are learners guided and supported?

- 8.20** Guidance and support are good. Education and care staff have a good knowledge of the young people and relationships generally are positive. There is a clear expectation that all young people, irrespective of their status, will attend education regularly from their first day at Hassockfield. From the start, monthly review and DTO meetings give significant

attention to education resettlement. There is good attendance at these meetings by education staff. Induction to education and initial assessments are used to inform teaching programmes and individual learning targets. However, the assessments are insufficiently rigorous and are not suitable for determining the needs of young people with severe and complex learning difficulties. Young people's individual subject targets lack detail and do not focus enough on improving progress within the subject. Similarly, staff acknowledge that DTO targets are too general and have identified this as an area for development. There are not enough opportunities for young people to review their progress in education regularly on a one to one basis.

- 8.21** The enrichment and community programmes are effective and provide good opportunities for young people to enjoy themselves. These programmes contribute well to young people's personal and social development. The community programme in particular is used sensitively to provide opportunities for extra-curricula activities within the centre and outside in the local community. For example, young people help with grounds maintenance and in the kitchens, whilst others have been involved with countryside rangers and a local rugby club. A very effective mentoring programme, involving 17 young people in the first instance, has been piloted with students from the University of Durham. The Trainees Council meets regularly and provides a valuable opportunity for young people' views about their experiences and ideas across the establishment to be raised and responded to.
- 8.22** Access to information, advice and guidance has improved. New careers literature is available and well displayed in the library. An accredited programme of careers education has been developed between teachers and the Connexions personal adviser (PA) and use is made of careers-related computer programs. However, despite the excellent service provided by the PA, insufficient time is allocated by the local Connexions partnership to support the careers guidance needs of the young people.
- 8.23** The centre has achieved the local authority Healthy Schools standard.

Leadership and Management

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

- 8.24** Leadership and management are good overall. Very good progress has been made in addressing weaknesses identified at the time of the last inspection. The issues raised then have been tackled in a determined and tenacious manner by the head of education and senior management team and there has been action taken on all fronts.

- 8.25** The last inspection report identified the management of behaviour and joint work between care and education staff as significant barriers to young people's learning. A common framework for managing behaviour is being introduced and staff are being trained to respond positively and consistently to young people. The improved behaviour in classes is evidence of early success in this area. Care and education staff now work well together and this has significantly improved outcomes for young people and the learning environment generally.
- 8.26** Weaknesses in the accommodation used for education have been addressed as best they can in the short term. A substantial new building is due to open in autumn 2006 that will greatly enhance both the general educational environment and vocational training opportunities available. The learning and resource room has been stocked with a good range of appropriate reading and reference books and there are six computer workstations. This room is currently under used and plans for more frequent use have been placed on hold pending the wider education review incorporating the new build. The reading club uses the room on two evenings and during the school day one to one learning support sessions and review meetings take place.
- 8.27** Over the last year the profile of education has been significantly raised within the unit as a whole. The need to provide a 'comprehensive education' for all young people features prominently in the unit's statement of purpose. The head of education now has responsibility for a discrete education budget and is a part of the senior management team. At a strategic level, education, residential and resettlement staff work together effectively.
- 8.28** Equality and diversity are being addressed coherently across the centre. The race relations management group monitors racist incidents, of which there are few. Anti bullying displays feature prominently and work is being undertaken to analyse incidents by race, age and gender. Education provision is sensitive to the particular needs of young women and the fitness suite, managed by a female instructor, is testimony to this intent.
- 8.29** Improved quality assurance systems are in place and lesson observations are undertaken regularly. These are at an early stage of development and show good promise but there is room for further work in this area. Arrangements to cover absent teachers have improved considerably and, in parallel to a reduction in staff absence, have contributed to improved staff morale.
- 8.30** Partnership arrangements with external providers are too dependent upon informal links. The education provision at Hassockfield is isolated from the broader educational world and there is insufficient access to a range of relevant external support and training. The head of education, through her personal initiative, has formed productive links with a local secondary school. That Hassockfield education team cannot access expertise and

support from local authorities or from SERCO's education department without paying substantial fees is a particular concern.

- 8.31** There is too little access to targeted learning support across the curriculum; although the support role in the classroom from care staff is, in many instances very good, young people with more severe or profound learning needs are not receiving specialist help that would improve their ability and progression levels.
- 8.32** In light of the educational outcomes achieved by young people, the action taken and the good progress made since the last inspection, Hassockfield has good capacity to improve further.

Tackling Offending

9

STANDARD 6: TACKLING OFFENDING

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

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

This standard looks at:

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

STANDARD 6: TACKLING OFFENDING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • There had been a detailed evaluation of the ‘social awareness’ programmes, including assessment of individual sessions. • Young people were involved in the evaluation of the programmes with the use of child friendly survey systems. • The Youth Offending Teams supervising officers were kept informed of progress with offence related work undertaken with young people. Detailed reports were prepared upon discharge. • A centre car had been purchased to ensure staff could more easily make and maintain links with YOT teams and community supervisors. • The development of the new unit would include a ‘vocational centre’ providing resources for the education provision and for staff during evenings and weekends to develop vocational opportunities for young people. • The purchasing of the ‘team talk’ package for staff to improve skills in direct work with young people was a positive development. • The STC were engaging with external agencies to improve the quality of assessment for young people who have committed sexual offences. 	<ul style="list-style-type: none"> • Residential care staff were keen to improve their skills in direct work with young people, but the opportunities for 1: 1 work were limited.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • None 	

- 9.1 The contract stated that young people must have seven hours a week formal crime avoidance interventions. Managers had been advised in the past to review the programmes and ensure that staff responsible for their delivery were appropriately trained and equipped for the task. Managers were also advised to establish standards for this area of the work of the centre, with systems to evaluate the performance and effectiveness of the programmes for tackling offending behaviours and attitudes.
- 9.2 Since the last inspection the psychology team who took the lead in this area of work had completed a detailed analysis of the centre's social awareness programme. This reviewed services provided by the psychology team, by analysing the responses of young people through entrance and exit questionnaires.
- 9.3 The results revealed that the work being done as part of tackling offending was having a positive effect. Programmes designed to address anger management, the dangers and consequences of driving illegally ('impact') hazard perception and victim empathy were found to be having a positive effect on those who participated. Young people also reportedly said that they felt more in control after participation in the centre's 4 week violence reduction programme. Another programme that looked at sexualised behaviour and language was in the process of being reviewed.
- 9.4 Young people remanded to the centre were offered social awareness programmes linked to good citizenship.
- 9.5 Members of the care staff and teaching staff were involved in delivering programmes and they had received some training and supervision to do so by members of the Resettlement Team.
- 9.6 The psychology team leader confirmed that the work being done to tackle bullying was under revision and plans were in place to extend and improve it. The team had introduced a new programme to address acquisitional crime, e.g. theft, robbery, burglary and handling stolen goods; this was being piloted with several young people.
- 9.7 The team had plans to research more programmes designed to address female issues and had prepared an action plan to improve and add more components to the social awareness programme before the end of 2006. The team also carried out a review of learning styles of young people to ensure that the programmes were delivered as effectively as possible.
- 9.8 A pre-printed form had been produced to assist key workers to work individually with young people. The form identified key headings, such as house block issues, education, family issues, release plans and other issues raised by the young person. It was commendable that these forms were accessible to the young people, who were encouraged to sign them to say they had seen them.

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- 9.9** Young people had at least two files; a main file and a psychology team file. Seven of the team files were examined during the inspection and each included evidence of appropriate individual and group work being done that reflected the status of the young person.
- 9.10** The detail in which these forms were completed varied considerably. Several members of the care team said that they often had limited time to engage in 1: 1 work with young people due to staffing pressures. The need to meet supervisory and other staffing commitments sometimes resulted in only basic staffing on the house blocks, with limited time to fulfil key work commitments. Many care staff interviewed were keen to further develop their skills in direct work interventions with the young people and welcomed the shortly to be introduced training ‘teen talk’.
- 9.11** The development of the new vocational centre would also provide opportunities for practical interventions with young people linked to their training and sentence plan, which would include building skills and interests and reduce the desire for involvement in anti-social behaviour upon release.
- 9.12** Youth offending teams supervising officers were kept informed of the offence related work and social awareness raising with young people on a regular basis, usually during review meetings. Detailed reports were prepared and forwarded to the local YOT teams when the young person was released, or moved from the establishment.
- 9.13** It was clear that the Resettlement Team was a reflective team that was committed to improving its service.

Health Care

10

STANDARD 7: HEALTH CARE

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

This standard looks at:

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

STANDARD 7: HEALTH CARE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The establishment had a well-managed and efficient healthcare department, which was well integrated into the centre. • The healthcare team continued to make a positive contribution to the day-to-day care of young people. A comprehensive health care programme was available for all young people. • Healthcare staff were actively involved in the education of young people. • Detailed health plans and assessments were forwarded on to the healthcare nurses within the YOT teams. • The healthcare department was involved in a pilot scheme for the YJB reviewing comprehensive health assessment forms. • Useful links had been developed with the local health promotion team. • The procedure for assessing the potential for young people who might harm themselves was effective and well understood by operational managers and staff. 	<ul style="list-style-type: none"> • The healthcare department did not have a separate or distinct development plan.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The Director should ensure that the department has a distinct development plan in place. (10.22) 	

Health Care Service

- 10.1** Healthcare services at the centre were organised and managed by the Assistant Director Healthcare, a Clinical Nurse Manager with extensive experience, who reported to the Director of the centre.
- 10.2** Nursing staff were available on site 24 hours, seven days a week. They were involved with the admission of each young person and carried out an initial medical assessment, including an initial mental health screening, which informed the risk assessment.
- 10.3** The centre had been asked to participate in the piloting of comprehensive health assessment forms by the YJB. These assessments were very detailed and clearly comprehensive. This included the procedure for assessing each new admission at the time of arrival at the centre. The recordings of this process on the new health assessment forms were detailed. There was an expectation that one nominated nurse complete the process, recording all the findings and outcomes to ensure consistency. The assessment tool generated a health care plan and was linked to the assessment of risk and potential for self-harm. These plans were expected to be formulated within 5 working days after admission. Nursing staff confirmed that parents and other relevant healthcare professionals were contacted and consulted to ensure a thorough assessment of each young person's needs.
- 10.4** The centre provided a comprehensive healthcare service and arrangements with a local practice ensured that all young people admitted to the centre were examined by a GP within the required 24 hour timescale. The GP visited the centre six days each week and young people could elect to see a male or female doctor.
- 10.5** As part of the admission process one of the nursing staff contacted the young person's parents or guardian to obtain medical consent. This constituted in the first instance verbal consent to treatment and was recorded. This was followed up by a written consent form being sent for a parental signature.
- 10.6** The procedure for receiving information on 'looked after children' (LAC) was of concern to managers as the healthcare was part of SERCO, and therefore a private provider, any information on these children was forwarded to the LAC nurse in the local PCT. The centre had developed positive links with this specialist nurse and the information was eventually forwarded on to them.
- 10.7** The healthcare staff provided routine medical advice and treatment to young people in the house units. Procedures were in place for referring young people to specialist services such as, psychiatry, psychological and hospital based medical services should they be required. The service also

coordinated visits of other specialists, opticians, chiropodists, community psychiatric nurses etc. A dentist visited the centre six times each month, providing young people with a much needed service. Immunisation programmes were also in place.

- 10.8** Detailed health care reports were forwarded to the health care workers in the young person's local Youth Offending Team at the point of release.
- 10.9** The healthcare department continued to present as a well-managed and efficient department that was clear about its role in the centre. The AD healthcare was also a member of the Executive Management Team; as a result she carried out 'duty director' duties.
- 10.10** Healthcare staff interviewed were clear about the vision and values of the healthcare department. The philosophy was that the young people were children first and offenders second. All interventions observed were very positive and the young people were given the time and attention they needed.
- 10.11** Nursing staff continued to make a positive contribution to the day-to-day care of the young people and provided support and guidance to staff. They were also actively involved in the education of young people, linking in with the education department.
- 10.12** The centre had been awarded the 'Healthy Heart Award' after considerable efforts to ensure healthy lifestyles were encouraged across the site. The healthcare department had also developed close links with the local health promotion service. Young people could, if they wished, see a nurse from the local 'sexual health promotion team'.
- 10.13** The centre did not however have a nurse qualified in dealing with smoking cessation for young people who had been heavy smokers. Links had not been made with 'smoking cessation' clinics or teams within the local community.
- 10.14** As part of the admission process an initial risk assessment was carried out on all young people and the nursing staff were actively involved in this process. If a young person was considered to be of risk to themselves or at risk from others a book would be opened in which the assessment of risk and management plan was recorded.
- 10.15** The procedure for dealing with potential risk High Risk Assessment Team (HRAT) continued to be robust. A multi-disciplinary team of staff met at least twice a week to discuss any young people on HRAT monitoring. This meeting was chaired usually by the AD Healthcare and involved other nursing staff, psychology staff, case managers, education and residential care staff.
- 10.16** If a young person was considered to be of risk of vulnerability or self-harm an initial support plan would be put in place. At the first available

HRAT meeting this would be reviewed and a more detailed 'support plan' devised. At each subsequent meeting a member of each of the relevant departments, healthcare, psychology and residential care made a written summary in the individual HRAT book. The decision to remove a young person from the HRAT monitoring procedure would only be made after detailed discussion at one of these meetings.

- 10.17** Of the 37 young people in placement during the inspection, 11 of them had active HRAT procedures in place. This was almost a third of the population.
- 10.18** Any staff could place a young person on HRAT procedures and they would be encouraged to do so if a young person was talking or behaving in a way that was of concern to staff, including if they were in what might be described as a 'low' mood. The procedure included the developing of a support plan for the young person with advice to staff about how best to deal with them. Records were made of daily supervision of the young person and any incidents of relevance. The quality of these recordings varied in detail and quality. Managers signed these books.
- 10.19** Regular refresher training on the HRAT procedures was available for care staff periodically during the nine week training and development days they had as teams.
- 10.20** The centre had a contract agreement with the mental health teams at the Kolvin unit, which is a relatively local Child and Adolescent Mental Health service. A psychiatrist was available for referral as necessary. During the period January to August 2006 six young people had been referred for a psychiatric assessment. The services of a Community Psychiatric Nurse (CPN) were also available from the Kolvin unit. This specialist nurse visited the centre every week. Young people were referred if a more detailed mental health assessment was required, or if ongoing therapeutic interventions were needed.
- 10.21** Managers were discussing with the Kolvin unit what might be the most appropriate mental health services for the older group of young women, and possible Mums with Babies, that were to be placed in the new unit.
- 10.22** The health care department did not have a separate or distinct 'development plan' for healthcare. The AD Healthcare said the past year had been very difficult with three staff long term sick after operations. She had of necessity needed to cover vacant nursing hours to ensure the service was contract compliant and the needs of the young people were not compromised. This had taken away from some of her usual management duties, including preparing a development plan. The centre did not have a 'bank' of health care staff and did not wish to resort to using agency staff. Although this was commendable, the large amount of sickness absence (50% of the team at one point) placed a considerable strain upon the

manager and her team. That said the team clearly worked together to cover shifts and support their colleagues through a difficult time.

10.23 Arrangements were in place for nursing staff to have clinical supervision. The service did not however link with the local PCT for any clinical supervision or professional advice. The AD Healthcare confirmed that she would consider how best to develop links with external health professionals, to assist with the ongoing personal and professional development of her nursing staff and to avoid isolation. She and her team had made links with staff from other secure establishments and YOT teams.

10.24 There were two posts dedicated to dealing with substance misuse issues with young people. One of the post holders had recently left and their post was in the process of being filled. These specialist staff were managed by the healthcare department and they were on temporary contracts linked to funding provided by the YJB for a four year project. Staff providing this service were involved with the assessment of young people and their health concerns, which might be linked to substance use. They met with the young people individually and also worked with groups, as appropriate.

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"> • Security systems and practice remained robust in this centre. • The procedure for confirming the checking of young people when in their bedrooms was regularly monitored. • Clear emergency contingency planning arrangements were in place, that were in the process of being reviewed to include the new young women's unit. • The emergency arrangements were tested, including a thorough recent one day event. • The 'softening' of the living areas, bedrooms and site in general had continued. • The CCTV system had been upgraded to provide digital recordings. • Health and safety was well managed at the centre. All risk assessments were regularly reviewed and training provided for managers and staff. • The centre had recently received the 'Five Star' British Safety Council Award for their health and safety procedures and practices. 	<ul style="list-style-type: none"> • Although improvements had been made, the sterile area use for vehicles transporting young people to and from the centre still remained heavily used for storage. • The schedule for testing the fire evacuation procedures, although improved, still did not include a drill when young people were in their bedrooms and the centre was the responsibility of night staff. • Although considerable improvements had been made to living areas, these needed to continue to minimise the institutional aspects of the centre. • The institutional names of the living units were still in common use.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The Director should ensure that the area within the site used for admitting young people to the centre is safe and secure. (11.12) • The Director should ensure that staff and young people have an opportunity to test the fire evacuation procedures during periods when the centre is managed by night staff. (11.16) • The Director should ensure that the improvements in the accommodation and environment across the site are continued. (11.1 – 11.4) 	

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- 11.1** The programme of investment at the centre had continued and this was designed to improve the general appearance of the buildings and grounds, particularly the living areas for the young people. The ceilings in each of the three house blocks had now been lowered and other cosmetic improvements made. However, not all the units had been refurbished to the same standard.
- 11.2** Managers were aware of the importance of creating a homely environment, whilst acknowledging the need for safety and security. The progress of ‘softening’ as it was referred to was so far commendable, but more work was needed to ensure a consistent standard of accommodation across all of the living units and to minimise the institutional aspects of the buildings.
- 11.3** As part of this process and as recommended in the report of the last inspection efforts had been made to improve the young people’s bedrooms. The rooms had been decorated with wallpaper and carpet tiles had been laid to ‘soften’ the rooms. Although the rooms looked more homely, the young people tore the wallpaper and pulled up carpet tiles and placed these over their viewing panel in the bedroom doors. This created a problem for staff to observe young people whilst in their bedrooms, and was a particular concern for young people whom self-harmed. A number of staff raised this as a concern during the inspection. Managers felt that the process of placing wallpaper on the bedrooms walls and the use of carpet tiles made it easier to repair any damage in preparation for a new trainee. We passed on staff concerns to managers, who said they would once again consider how best to provide reasonably homely bedrooms, whilst recognising the problems created.
- 11.4** In an attempt to improve security in the ‘sterile areas’ (offices) in the living units, managers had built a counter behind which any confidential or restricted items were kept, but young people could enter part of the office area. These were unsightly and made small office areas even smaller. This had been done so that staff could meet with individual young people and discuss any issues with them in the ‘sterile area’, but avoid them having access to items restricted to them. It also provided staff with an opportunity to watch the main living area and support their colleague who might be with the other young people on their own. Managers confirmed that each of the living units would eventually have a small interview room that staff could use to meet with young people quietly and this would reduce the need for them to go into the office area. This would not however, solve the problem of staff needing to observe what was going on in the main living area whilst talking to individual young people.
- 11.5** The external areas that the young people used for exercise and to relax had also been undergoing development. An adventure play area had not been widely used by the young people and it had been decided recently that it might be more appropriate to create garden areas for young people to grow
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flowers and vegetables in. A number of young people had as part of their education, been involved in planting tubs of flowers that were strategically placed around the grounds.

- 11.6** The living units in the house blocks were still being referred to by the institutional names such as 'Bravo or Alpha'. Each of the house block buildings and individual living units had names of rivers or places in the local geographical areas but these were not generally used.
- 11.7** The management of the on site maintenance team had recently changed. The new manager was responsible for the site at Doncaster Prison and was at the STC two and a half days a week. He was addressing a number of procedure matters and confirmed that the prioritising for the team had not been as systematic recently as he would wish. He confirmed plans to utilise skills of staff from Doncaster and to develop a strategic plan for the ongoing refurbishment of the site.
- 11.8** The security systems remained robust. The security manager confirmed, as did the records, regular checking of systems such as; the alarms, electronic gates, the 'morse watchman' personal alarm system, external perimeters and fire actuation points.
- 11.9** The electronic procedure for confirming that checks were being made on young people when in their bedrooms overnight was also regularly checked by security staff. This included printing out a copy of the electronic records and viewing random 30 minute slots throughout the night time period to ensure the activity of night staff checking young people correlated with the printed record.
- 11.10** All personal searches of young people were recorded on a relevant form and a copy was held on the personal file. On each living unit the team leader was given a set of record sheets each day and they were expected to ensure that checks of the units, including living area and bedrooms were carried out and recorded. This was expected to include the checking of all locks, doors and windows. The forms were then given to the residential support team who were managed by the head of security. Monthly centre checks were carried out, which were also recorded and monitored by the security team.
- 11.11** Emergency response plans were in place at the centre, with strategies agreed with local emergency services to deal with a range of potential crisis situations. The head of security held a live testing of the incident planning procedures in July with staff on duty on the particular day. She had recently undergone some detailed training herself and decided to initiate the procedures and test responses. She had devised a power point presentation to highlight the issues raised during this process, which she intended to share with the senior management team and other staff in the near future. Regular desktop exercises had taken place, but this 'live'

scenario had proven very useful and it was intended that they hold at least one of these events each year.

- 11.12** Although some improvements had been made to the ‘sterile area’ used when young people arrived at or departed from the building, it was still being used for the storage of potentially dangerous items. The current building programme, including the extension of the canteen to create a larger dining area for the young people, had created some practical problems for storage. Managers acknowledged that it was inappropriate to have so many items stored in this area and had some thoughts about how to address this. Meanwhile every effort was made to ensure young people were thoroughly supervised whilst in this area.
- 11.13** The CCTV system had been upgraded to provide digital recordings, although not all cameras had yet been replaced, which was important to ensure consistent quality.
- 11.14** There was a ‘health and safety officer’ at the centre. It would appear from discussions with this manager and examination of the records that health and safety was well managed at the centre. All building risk assessments were regularly reviewed and revised as appropriate. Health and safety training was provided to all staff during their induction training. Additional training was also available. A current programme of such training was being undertaken by all staff and managers.
- 11.15** The centre had recently received the Five Star British Safety Council Award with an almost 100% mark for health and safety procedures and practice. The records indicated that each year the number of stars awarded had increased, showing ongoing improvement in health and safety awareness.
- 11.16** The procedure for testing the fire procedures, including evacuation drills, although improved still did not include a drill when young people were in their bedrooms and the centre was the responsibility of night staff. It is crucial that staff are able to deal with potential fire situations at all times of the 24-hour day.
- 11.17** All the recommendations made in the report of the last inspection relating to premises, security and safety had been addressed, except for those areas as already mentioned that required further responses.

Standards and Criteria

A

A.1 STANDARD 1: PURPOSE AND FUNCTION

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

Criteria

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

STANDARD 2: MANAGEMENT AND STAFFING

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

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

Criteria

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

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- 2.10** All members of staff receive regular supervision from their managers and records and decisions are closely monitored. (SAS 2.9, SAS 2.17, 0.42 and 0.44)
- 2.11** There are regular and programmed staff meetings, shift hand-over meetings and specialist team meetings to ensure that all staff are informed about contemporary issues and have the opportunity to feedback their views to appropriate managers. (SAS 2.11, SAS 2.25, 0.49 and 0.51)
- 2.12** Each STC has an external line manager who will monitor the performance of the STC. (SAS 2.20 and SAS 2.22)
- 2.13** All contracted out STCs have a 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 process.
- 3.5** The training plan is monitored, regularly reviewed and updated in light of the trainee's progress. (B.5)
- 3.6** Management have mechanisms in place for supervising those involved in delivering the training plan and monitoring and evaluating its effectiveness. (B.5)

STANDARD 4: CARE OF YOUNG PEOPLE

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

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

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

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

Criteria

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

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

STANDARD 5: EDUCATIONAL AND VOCATIONAL TRAINING

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

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

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

Criteria

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

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

STANDARD 6: TACKLING OFFENDING

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

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

Criteria

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

STANDARD 7: HEALTH CARE

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

Criteria

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

STANDARD 8: SECURITY AND SAFETY

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

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

Criteria

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

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