

INSPECTION OF HASOCKFIELD SECURE TRAINING CENTRE

August 2005

COMMISSION FOR SOCIAL CARE INSPECTION

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 - Host the Children’s Rights Director role.
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August 2005

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Summary

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- 1.1 This sixth inspection of Hassockfield STC took place over a three day visit to the centre. The inspection team comprised four CSCI inspectors, the CSCI National Manager for secure services and two inspectors from HMI Ofsted.
- 1.2 In the period since the last inspection there had been an additional inspection following the death of a young person at the centre. There were currently a number of separate investigations into this incident which had still to report. It was decided that this annual inspection would progress as planned and, where possible, avoid getting drawn into discussion about this tragic event, concentrating as required on the needs of young people currently served by the centre.
- 1.3 At the time of the inspection there were 35 young people placed at Hassockfield. The Director reported that the centre had been operating at capacity (42) prior to the refurbishment of the living areas in the house units. This work necessitated the closure of seven beds at a time while work was completed.
- 1.4 Following the last annual inspection the staffing structure for residential care service had been re-organised as a means of defining more clearly the functional management responsibilities for this important aspect of the centre's provision.
- 1.5 The April 2004 report noted that the management team "was developing the necessary cohesion to provide leadership and clear management to this establishment". This inspection found that whilst managers interviewed were by and large clear about personal accountability and responsibility within their span of control, services functioned separately with no tangible evidence of strategic direction or effective operational integration.
- 1.6 There remained entrenched suspicions and divisions between the security, case management, education and residential services that resulted in the inconsistent delivery of quality services and worked against the interests of young people.
- 1.7 The data collected by managers confirmed a month on month increase in incidents leading to single separation, physical restraint and the relatively recent occurrence of the use of handcuffs. Aside from the anecdotal belief that the young people admitted to the centre were "more difficult to control" there had been no valid analysis by senior managers or the Youth

Justice Board (YJB) monitors as to the reason why these difficult and worsening circumstances now prevailed at Hassockfield.

- 1.8 Managers and staff in the centre, with some exceptions, demonstrated the positive nature of their relationship with the young people in their care. This was underpinned by effective, good quality health care and equally good and responsive catering services, both of which were devoted to improving the health and well being of young people during their time at the centre.
- 1.9 The programme for tackling offending behaviour, a core task for the centre, was not being delivered in a way that could reliably influence the attitude of young people or bring about the change in behaviour as intended by government policy. Management attention and increased resourcing of this work is required if it is to achieve greater effectiveness with the young people for whom it was intended.
- 1.10 The management and operation of security at the centre was generally discrete and consistently effective. This was evidenced by the low incidence of contraband on the site.
- 1.11 The planned programme of refurbishment of the house units was underway at the time of the inspection. Managers, staff and young people were positive about the improvement to the environment in which they lived and worked. However, it was of concern to the inspection team that the bedroom accommodation had been damaged and degraded to the point that it was barely fit for purpose. There was a need for a thorough review of the resourcing of the maintenance programme so that the bedrooms, which are regarded as both places of safe containment and personal space for young people, can be kept to a good standard of comfort and functionality.
- 1.12 It was clear that while there were some aspects of the service to young people, which worked well, practice was not systematic. There was evidence that close attention was required from managers and staff at all levels in order to achieve a consistent standard in the provision of services at Hassockfield.

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 review and edit the statement of purpose to ensure its relevance to the agency's for whom it is intended. (4.3)
- 2.2 The Director should establish a schedule of priorities for the work of the Diversity Manager. (4.7 4.8 4.9)

Management and Staffing

- 2.3 The Director should review the arrangements for providing management cover to the centre to ensure that those staff nominated for the task have sufficient seniority and experience. (5.23 5.24)
- 2.4 The Director should review the centre's training programme to ensure that staff are equipped with the skills required to work with young people. (5.8 5.21)
- 2.5 The Director should review the workload of night duty staff to ensure that the supervision of young people is a priority. (5.24 5.25)

Assessment, Planning and Review

- 2.6 The Director should as a priority establish an integrated system for the assessment of young people at the centre. (6.4 6.5 6.6)
- 2.7 The Director should review the performance of the multi-disciplinary team to determine the effectiveness of the current arrangements. (6.8)
- 2.8 The Director should institute protocols for joint work between residential staff and the case management service. (6.4 6.14)

Care of Young People

- 2.9 The Director should, as a priority, establish an activities programme designed for the needs and interests of young women. (7.6)

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- 2.10 An immediate review is required of each aspect of the systems, guidance and practice governing the management and control of young people at Hassockfield. (7.16 to 7.21)
 - 2.11 The Director should ensure that the provision of staff training in child protection equips staff with the understanding and competency required. (7.23)

Education and Vocational Training (Ofsted)

- 2.12 Review the behaviour management scheme to ensure that the emphasis moves from control to young people learning to behave appropriately in class. (8.3 8.8 8.9 8.17)
- 2.13 Improve the quality of the learning environment in education, including ICT provision. (8.6 8.8 8.11 8.13)
- 2.14 Revise the organisation of the school day. (8.21)
- 2.15 Ensure the curriculum on offer meets the needs of the student population. (8.19)

Tackling Offending

- 2.16 The Director should ensure that staff responsible for crime avoidance and offending behaviour programmes are trained and equipped for the task. (9.6 9.7 9.8 9.9)
- 2.17 The Director should establish standards for this area of work along with systems to evaluate the performance and effectiveness of the programmes for tackling offending behaviours. (9.10)

Health Care

- 2.18 The Director should, as a priority, establish standards for care planning for young people at the centre. (10.5)
- 2.19 The Director should define the objectives for the substance misuse service set standards and outcome measures to evaluate the performance of the service. (10.13)

Premises, Safety and Security

- 2.20 The Director should as a priority replace the Perspex viewing panels in the young people's bedroom doors. (11.4)

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- 2.21** The Director should ensure that the resourcing of the centre's maintenance maintaining programme is sufficient to keep pace with the high rate of damage to the building. (11.4 11.5)
 - 2.22** The Director should ensure that the area within the site used for admitting young people to the centre is safe and secure. (11.11 11.12)
 - 2.23** The Director should ensure that the area immediately outside the perimeter fence is subject to routine security checks. (11.13)
 - 2.24** The Director should establish a schedule for testing and evaluating the centre's major incident plan. (11.19)
 - 2.25** The Director, in conjunction with the health and safety manager, should establish an effective programme for fire alarm tests and the evacuation of staff and young people across the 24 hour day. (11.20)
 - 2.26** The Director should review the decision to locate the pool tables on the house units. (11.21 11.22)

Profile of Establishment

3

- 3.1 Hassockfield Secure Training Centre (the STC) was the third STC. It opened in September 1999. Young people at Hassockfield STC were subject to a Detention and Training Order or remanded pending trial and/or sentence or they were serving “section91” sentences. Detention and Training Orders (DTO’s) are made by the Youth Court or the Crown Court and relate to offenders aged from 12-17 who otherwise meet the criteria for a custodial sentence. (within the Act there may be power to extend this age range to 10-17). At the time of the order the offender must be under 18 years old.
- 3.2 The purpose of the inspection was to evaluate the effectiveness of the custodial element of the Detention an Training Order and the arrangements for the remanding young people in this particular Centre. The community-based element of the DTO is to be subject to separate evaluation. Specific attention was paid to the young people’s education, diversion from offending programmes, their day-to-day care and the work being undertaken with remanded young people and the integration of young women into the centre.
- 3.3 This inspection used the standards and criteria devised by the Home Office in consultation with SSI. These are reproduced at Appendix A to this report. They draw upon the Department of Health’s secure accommodation standards and criteria, lessons from research and understandings of good practice, relevant legislation and guidance.
- 3.4 During this inspection interviews took place with the young people, managers and training staff of the STC and administrative staff, education, nursing and social work staff, psychologists, a representative of an independent agency, NYAS that provided an advocacy service to young people and senior staff from the police and local authority child protection service. In addition STC records were examined and personal case files read. The Youth Justice Board Monitor was also seen.
- 3.5 Hassockfield STC is a purpose built 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 demands being made of the Juvenile Secure Estate.
- 3.6 At the time of the inspection due to building work on the house units, the establishment had 35 young people in residence. Seven of the residents were female. They were accommodated in one of the six units. The centre

had continued to accommodate a growing number of remanded young people who were increasing pressure on staff responsible for admissions, discharges and movements between the centre and court.

Statement of Purpose

4

STANDARD 1: STATEMENT OF PURPOSE

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

This standard looks at:-

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

STANDARD 1: STATEMENT OF PURPOSE

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The Statement of purpose was prominently displayed in the centre, it was explicit and easy to understand. • A more detailed statement of purpose had recently been revised and produced to a good standard. • Information had been developed for parents and carers and sent to them at the point their child was admitted to the centre. • Incidents of racial abuse or harassment in the centre were dealt with immediately they occurred. • A Diversity manager had recently been appointed to the centre. • A thorough and effective induction process was in place for young people. 	<ul style="list-style-type: none"> • The statement of purpose needs refining and re-editing. • All aspects of equal opportunity needed to be identified and prioritised within the centre's plan for this area of work. • Further work is required to meet the religious needs of the trainees. A planned more inclusive approach was needed. • The individual and collective needs of young women are not adequately addressed within the current statement of purpose. • An effective method needed to be developed for routinely informing parents and carers about the experience and progress of trainees during their stay in the centre.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The Director should review and edit the statement of purpose to ensure its relevance to the agency's for whom it is intended (4.3) • The Director should establish a schedule of priorities for the work of the Diversity Manager (4.7 4.8 4.9) 	

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- 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 which supported the centre's work with young people and their families. A Charter which expressed the aims of the centre were widely displayed and formed part of the information provided to young people, their parents and carers.
 - 4.2 The centre's statement of purpose developed in response to the findings and recommendations of previous inspections was comprehensive, covering in detail each aspect of the centre's professional practice.
 - 4.3 It was evident that considerable time and effort had gone into the drafting of the statement which, including the organisational chart and staffing details, was 30 pages in length. The document was well written and accessible to the general reader. Further work was needed to refine the text so that it meets the information needs of the young people, staff, the managing agency, visitors and regulatory bodies for whom it is intended.
 - 4.4 While there were clear differences between what managers believed was the level of service being provided at Hassockfield and the reality of the daily operation, there was a consistent level of understanding among staff interviewed about the purpose and principles which governed the centre's work with young people. The factions, and serious divisions previously observed in the staff group were not as immediately evident during this inspection. This supported the view of the Director that staff changes over the past 18 months had resulted in greater cohesion within the staff team which in turn had led to improvements in the overall quality of service at the centre.
 - 4.5 The inspection team noted the distinct differences in philosophy and approach between managers and staff recruited from the prison service, where their experience had been with adults, and those staff who had graduated through other professional disciplines and were now working in their area of choice, namely, young people. This was exemplified in the language used by staff to describe the centre's operation which was drawn from the prison service, house blocks, lockdown, night state etc which contrasted with the language used in the statement of purpose which focused more on the needs and outcomes for young people. There was evidence that staff with extensive experience of working with adults in prison held greater influence in the staff group. This situation limited the pace of progress in delivering an effective service in line with SERCO's Charter and principles set out in the centre's statement of purpose.

Equality and Diversity

- 4.6 A Diversity Manager took up her post during the course of the inspection. The appointee also described as the centre's Race Relations Liaison Officer had a background in the prison service. This was a part-time post.

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- 4.7** The centre's commitment to diversity and race equality provided the post holder with a challenging portfolio. This incorporated the aims and aspirations of the Director along with strategic policy development, the introduction of targeted measures to combat the potential disadvantages of race and culture, systems for monitoring racial incidents, religious observance, diets, access to services and recruitment.
- 4.8** The provision of staff training and support, educational and vocational training for young people, integration group work and victim support were also within the span of control of the Diversity Manager.
- 4.9** It was evident that the needs of young people from minority ethnic communities, whilst generally understood by staff, were not addressed in a consistent or meaningful way. There was scope for the Director to set out a clear schedule of priorities for the work of the Diversity Manager whose important role risked being overwhelmed or distracted by the volume and complexity of demand on her time. In this respect the needs of young women detained within a male dominated environment should be a priority in the list of urgent tasks.

Information for Parents and Carers

- 4.10** Information had been developed for parents and carers, which provided contact details for the centre and described the services at Hassockfield.
- 4.11** In the period since the last inspection a "Case Management" service had been established to ensure that the objectives for individual young people were set and achieved. Key workers allocated to young people had the primary task for ensuring that there was open, effective communication between the unit and those with a direct interest or responsibility in the young person during their period of detention. There was evidence that this aspect of the service worked to the benefit of young people and their families. A great deal of effort and staff time was committed to consultation with young people and to ensure their inclusion in the processes and decisions affecting their lives.

The Rights and Responsibilities of Young People

- 4.12** The admission process to the centre included a briefing for young people about the rules governing conduct, their right to advocacy in support of a complaint and their right to telephone contact with their family or carers. Young people seen confirmed that they were well informed of the centre's expectations and were acutely aware of their rights and privileges.

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"> • There is a commitment to training for staff, including professional social work training. • The morning site meeting was an effective forum for maintaining intelligence and sharing information with the multi-disciplinary management team in the centre. 	<ul style="list-style-type: none"> • The arrangements for the site management of the STC overnight was in serious need of immediate review. • The wide range of tasks for staff covering the period between the centre being on “nightstate” and the start of the morning shift affected the quality of supervision provided to young people. • Efforts should continue to be made to establish a diverse workforce at the centre. • The lack of strategic management at the centre had led to the variable delivery of services; unsystematic monitoring and reviewing processes limiting the impact of the improvements that had been achieved. • There was a need for effective leadership and an achievable set of objectives for all managers and staff working in the centre. • There was a pressing need to develop a sound knowledge base, in line with current practice, for those staff working directly with young people. • The range, quality and effectiveness of the centres’ training programme needs to be reviewed to ensure that it is sufficient for the task of equipping staff with the skills required to work within a secure setting. • The policy for the supervision of managers and staff needed to be clarified and delivered consistently across the workforce. • The broad schedule of meetings that take place during the working week should be reviewed to ensure that the centre’s core responsibilities are efficiently managed. • Standards should be set for the organisation and conduct of the shift handover meetings for care staff.

- Managers should ensure that staff read the daily log and other relevant material; to ensure the needs of individual young people are properly understood prior to the commencement of a shift.

RECOMMENDATIONS

- **The Director should review the arrangements for providing management cover to the centre to ensure that those staff nominated for the task have sufficient seniority and experience. (5.23 5.24)**
- **The Director should review the centre's training programme to ensure that staff are equipped with the skills required to work with young people. (5.8 5.21)**
- **The Director should review the workload of night duty staff to ensure that the supervision of young people is a priority. (5.23)**

Staffing and Human Resource Management

- 5.1 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 Premiere Care Services/SERCO.
- 5.2 This aspect of the service was well resourced, systematic and able to produce information required by statute and, data if required which demonstrated the overall state of the staff team.
- 5.3 The management of staff absence was well established. Monthly reports showed the pattern of staff absence through ill health across the centre and the effect this had on the provision of staff cover. The highest number of days lost was in residential care which resulted in an increase in the amount of hours accumulated define as Time Off In Lieu (TOIL). A sample of reports for the period May to July 2005 showed that while days lost through sickness decreased in this period from 123 in May to 40 in July, the amount of TOIL increased from 870 hours to over 1200 hours.
- 5.4 The Director confirmed that agency staff were not used to cover vacancies and staff absence. This meant that staff cover in the house units was drawn from the remaining workforce who worked overtime. Managers reported that staff turnover was 21 per cent, a rate said to be below the industry norm. However, it was the perception of managers and staff working directly with young people that the turnover of staff was high, which added to the pressure of their work. This perception was understandable given that records showed that 50 per cent of staff, 23 out of 46, leaving in the past year were residential care officers.
- 5.5 There was a formal supervision process and appraisal system in place which complied with the company's policy. There was evidence that staff providing direct care to young people were supervised regularly and subject to evaluation during their period of probation, and appraised annually thereafter. Managers and staff interviewed considered that the supervision and appraisal process was positive and effective, although it was also reported that supervision was often the "first casualty" when staff were absent and demand was high.
- 5.6 There was a sense that while these essential processes had been established and were compliant with good HR practice, little use was made of the information produced from the activity to influence the wider programme of staff development and service improvement. There was scope for a more systematic use of the valuable data drawn from the supervision and appraisal process to inform the recruitment and retention of that group of residential care staff who experience the highest levels of sickness absence and the greatest turnover of personnel.

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- 5.7** The centre had a clear commitment to staff training. The emphasis in the current programme was on enabling staff to obtain qualifications sponsored by the YJB. Records showed that over 30 staff had qualified or were in the process of achieving these awards. A number of senior staff had also been supported on courses other than those sponsored by the YJB, including social work training and other undergraduate studies and Masters degree. The company's training resources located at Doncaster were available to the centre on a no charge or limited cost basis.
- 5.8** The Training Officer described the budget for staff development as limited. Opportunities to access specific funding to support training initiatives were exploited and this had resulted in staff training in what was described as "alternative therapies" most notably "auricular acupuncture" and "Indian Head massage". There was no evidence to indicate that these particular programs had begun to show positive outcomes for young people.
- 5.9** The induction programme for care staff provided nine weeks of initial training. This was supported by access to two days in service training for care staff every two weeks. The centre had developed a "rolling programme" of staff recruitment which ensured that the gap between staff leaving and new people starting work was reduced.
- 5.10** The Training Officer met with representatives each month from other centres supervised by the Youth Justice Board to address common issues and share resources. This development was a clear benefit to all involved.

Management

- 5.11** There had been a re-ordering of the management structure at Hassockfield which was noted in the August 2004 inspection report. There was a tier of senior managers below the Director who held the responsibility for the delivery of services at the centre. The Deputy Director was responsible for the education service and the management of the site facilities which included the provision of religious and cultural support to the centre.
- 5.12** The Assistant Director, Healthcare oversaw the work of the nursing staff and the Substance Misuse service. The relatively recent appointment of an Assistant Director, Resettlement brought together the Casework managers, special projects, the Psychology service, the Social Work staff and the newly appointed Diversity Manager.
- 5.13** The Assistant Director, Residential Care/Security was the only post at this level that had the formal support of a Deputy. This was a wide brief which covered the totality of security for the centre as well as the provision of services to young people through the Residential Care Managers. Each of the discrete management functions had dedicated administrative support.

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- 5.14** The other functions, HR, Health and Safety, Training, Finance etc came under the aegis of the Director of the centre.
- 5.15** The more recent changes to the structure of residential services had resulted in there being a nominated manager for each of the three house units, with a team leader, an acting team leader who deputised and a dedicated establishment of five care officers.
- 5.16** The rationale for this re-ordering of staff and resources was to concentrate on developing a “unified and integrated” service which recognised the inter-dependent nature of what had been separately managed functional areas within the centre. These changes were too recent to have had the impact intended.
- 5.17** Managers and staff interviewed were generally positive about the changes and commented on their desire to see more effective outcomes for their work in the range of staff teams operating across the centre.
- 5.18** There remained a need for effective leadership at the centre. At the time of the inspection the respective heads of service were tentatively establishing their new roles. There was evidence that the link between house unit staff, the case management service and those responsible for security was at best fragile and based on established historical relationships. Staff expressed confusion about respective roles and the part they each contribute to the welfare of the young people. This exposed the lack of strategic management at the centre which left managers operating to the best of their ability and within limits of their experience.
- 5.19** There was a pressing need for a purposeful management initiative to establish a clear schedule of expectations for each aspect of the service, supported by achievable and measurable objectives. It is essential that managers of the centre understand and comply with the limits of the discretion attached to their post. There was no systematic approach to delivering services, instead there was an over reliance by the Director on those managers who were strong willed, experienced and assertive.
- 5.20** A critical area was the performance of managers and team leaders responsible for the house units. Inspectors found that each had a distinct approach to their role. This had led to the growth of different ideas and practice in the management and operation of the three house units. Staff reported that their role was often made more difficult because of the differing expectations of the managers. There was a limit on the time available for the management of the house units. It was reported that staff working in each unit did not see the unit manager regularly and some had yet to formally meet as a full team to discuss their work with young people.
- 5.21** There was space within the rota for each staff team to meet separately for training events and meetings. However, this did not provide an effective
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forum for the concerns and experiences of first line managers and staff in daily contact with young people.

- 5.22** Inspectors concluded that the staff training and development programme was effective and valued within the constraint of the budget. However, there remained a concern that the training programme as it was currently configured did not equip staff sufficiently with the skills required to work with young people within a secure environment. There was scope for a time limited review of the resourcing and content of the existing staff development programme, including the induction process to ensure that the concentration of education and skills development for managers and staff resulted in an effective integrated service and demonstrably improved outcomes for young people.
- 5.23** There was a schedule of staff meetings during the working day which included specialist team meetings, reviews, risk assessment, shift handovers etc. The most effective of these appeared to be the early (8.00am) multi-disciplinary site meeting chaired by a senior manager and which drew together key managers to share information and intelligence and to assist in managing the day ahead. The meeting was minuted and distributed quickly by email across the centre.
- 5.24** The management cover for the centre was prescribed by the Director, who delegated the role of Duty Manager down to Team Leader level within the structure. Night duty staff in addition to their supervision schedule of young people at risk of self harm, had a range of practical tasks, laundry etc. Staff interviewed were uneasy about these arrangements which consumed much of their time and consequently affected the supervision of the most vulnerable young people.
- 5.25** It was reported by several staff that there were occasions when the management of the Hassockfield site rested, de-facto, with a member of the staff team who was an “Acting Team Leader”. Staff holding such a post were likely to be relatively inexperienced, unqualified and reportedly went unrewarded for their duty. These arrangements were in need of immediate review to ensure that the responsibility for the on site management of Hassockfield out of hours rested with a senior manager with the appropriate level of experience and authority.
- 5.26** A response to a recommendation of the 2004 inspection the managing company, SERCO, had appointed a “corporate line manager” who was scheduled to visit the centre fortnightly to offer support, guidance and external scrutiny.
- 5.27** It was too early to judge the impact and outcome of these arrangements which operated in addition to the Director’s contact with the company’s headquarters in maintaining business links with the centre.

Quality Assurance

- 5.28** The Home Office monitors located at Hassockfield reported monthly on the performance of centre against the requirements of the contract with the Youth Justice Board.
- 5.29** The centre was currently piloting on a voluntary basis, the Effective Regimes Monitoring model. Sample reports given to the inspection team demonstrated the thoroughness of the process and provided a rich source of factual and contextual material for the inspection. It was notable that of the sample of reports covering the period November 2004 to April 2005 there were only two occasions when the centre achieved “green status” on the traffic light system in the section of the report that dealt with order and control. In the other two areas Safety and Regime Delivery, the reports were exclusively amber status.
- 5.30** The regional manager of the Youth Justice board confirmed that as a result of the introduction of the Effective Regime Monitoring process the centre had been requested to produce an action plan to progress the concerns identified by the monitors at Hassockfield. At the time of writing there were 30 separate issues requiring action by managers which remained unresolved.

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"> Newly admitted trainees were automatically placed on a high level of observation and a HRAT record initiated if the case information accompanying them was incomplete. Plans were in place to increase the use of video conferencing equipment at the centre to convene case discussions with Youth Offending Teams across the country. There was evidence of an effective process for obtaining detailed information from agencies with the responsibility for individual young people held at the centre. 	<ul style="list-style-type: none"> Priority should be given to developing an integrated framework for the assessment of young people at the centre. The policy and guidance for staff on the management of young people remanded to the centre required review and further development. Staff training was required for the management of young people held on remand. Managers should ensure that direct work undertaken with young people is routinely substantiated by comprehensible written record. Managers should establish clear protocols for effective joint work between residential staff and the case management service to achieve better outcomes for young people. Managers should ensure that the Psychology service is staffed to the level of expertise that young people at the centre require. The performance of the Multi Disciplinary team should be evaluated to establish the effectiveness of the current arrangements.
RECOMMENDATIONS	
<ul style="list-style-type: none"> The Director should as a priority establish an integrated system for the assessment of young people at the centre. (6.4 6.5 6.6) The Director should review the performance of the multi-disciplinary team to determine the effectiveness of the current arrangements. (6.8) The Director should institute protocols for joint work between residential staff and the case management service. (6.4 6.13) 	

Assessment and Case Management

- 6.1 Procedures were in place to ensure that each young person admitted to the centre was subject to a multi-disciplinary assessment within the required timescale.
- 6.2 There had been a restructuring of personnel in the early part of the year to achieve a more unified approach to assessment, planning and review services to young people at the centre. The outcome of these changes was the establishment of the post of Assistant Director Resettlement responsible for a multi-disciplinary team which at the time of the inspection comprised a trainee psychologist, two psychology assistants, two social workers, two social work assistants, and community programme managers.
- 6.3 A system of case management had been introduced and staff of the Resettlement Team fulfilled the role of case managers. These arrangements made certain that at the point of admission each young person was allocated a named case manager to oversee all areas of their life during their stay at the centre.
- 6.4 It was evident that the case management service, which had been operational since May 2005, was at an early stage of development. It was anticipated that case managers would be effective in bringing together information from the profusion of recording systems at the centre and liaise with managers and care staff working directly with young people in order to plan constructively for their period of detention and eventual discharge. The Home Office monitor reports indicated a variable but improving level of compliance with the standards set for this aspect of the service. The inspection team found that while policy, procedures and systems were in place the lack of integration between the three key elements of service, Education, Residential Care and Case Management rendered the assessment and planning processes for young people less effective than could be achieved given the amount of resources committed to the task.
- 6.5 This was most evident in the lack of productive liaison between the case management staff and the care staff who had the responsibility of being key workers for individual young people. There was confusion about the scope of the keyworker role and how this work contributed to the case management process. While there was a belief among staff interviewed that working relationships between the house units was getting better, this was not supported by improvements in routinely meeting the targets and timescales for placement plans and the delivery of specific programmes with individuals and groups of young people. The absence of consistent oversight by managers of this work meant that the case material examined by inspectors varied widely in both content and quality.

- 6.6** The availability and contribution of keyworkers to the planning and review process were largely influenced by the timescales set by the YJB for the work, the availability of Youth Offending team staff and the staffing rota within the centre. The impression gained was of staff working hard within their respective disciplines to meet the current and future needs of young people. However, the varying skills of both case managers and care staff affected the direct work undertaken with young people. There was no evidence of the progress made by young people being consistently identified, tracked and recorded.
- 6.7** Planning and preparing young people for discharge from the centre was seen as generally well organised and efficiently managed. However, there were documented instances of placements for young people being agreed at the last minute, with little or no time for preparation by staff at the centre. This was acknowledged to be a problem common to the majority of custodial centres working with young people. There was a need to establish clear lines of reporting both regionally and nationally for these issues which seriously affect the lives of young people and increase the demand on staff already working at full stretch.
- 6.8** A Multi-Disciplinary Team (MDT) of staff comprised of representatives from all professions based on the site met weekly to discuss the needs of the young people resident. The MDT arrangement was good in principle and despite the substantial commitment of staffing resources to the process there was little evidence on case files that the outcome of discussions at the weekly MDT had an impact on the interventions and outcomes for young people. More work is required to refine the primary purpose of the MDT and bring together the views of young people, their key worker, case manager and other staff in contact with young people to concentrate on strategies for managing behaviour, the need for restraint etc and ensure that case records and plans are updated as a result of this process. Inspectors considered that as the meeting was currently arranged, written comments could be more efficiently circulated by email and collated by the administrator who serviced the MDT.
- 6.9** This meeting exemplified the management and organisation of assessment and planning at Hassockfield. The service was more than adequately resourced but with practice uncertain, was limited decision making which lead to ineffective outcomes for young people at the centre.
- 6.10** The Training Plans and Behaviour Management Plans seen by the inspection team were thorough, providing a good level of detail. It was evident that this was an aspect of the centre's work that was steadily improving. However, the gains made were affected by the fact that the residential care staff were not involved in the process.

Planning and Review

- 6.11** The centre rightly prided itself on the efforts made by staff to involve the young persons' parents or carers and accommodation was available on site for those people on limited incomes who travelled long distances. Similar efforts were made with staff from the Youth Justice agencies who held case responsibility for individual young people held at the centre. Records revealed a mixed picture with significant numbers of planning meetings and reviews taking place without the necessary key people. A monthly report of the YJB monitor noted "the need to analyse why social workers are not involved in the sentence planning, review and resettlement process throughout the trainees sentence". These difficulties appeared to affect the level of performance in holding planning meetings and reviews. At the time of the inspection approximately 70 per cent were held within the required timescale.
- 6.12** The Assistant Director Resettlement supervised the staff responsible for monitoring and evaluating the training plans for young people. This was not without its difficulties as the Assistant Director had still to complete her professional training (DIPSW) and had inherited a team of case managers with widely varying levels of skill and experience. The provision of psychology services had been affected by the loss of the previous team in May 2005. The current Head of the psychology service had still to qualify and arrangements had been made to secure clinical supervision of the work carried out at Hassockfield.
- 6.13** Inspectors were concerned about the status and effectiveness of the psychology service at the centre given these circumstances. The level of need among young people was high and demand constant. There was a need to ensure that the psychology service is staffed to the level of expertise required by young people admitted to the centre.
- 6.14** The inspection team considered that the systems to support the assessment, planning and review processes were in place and were adequately resourced to deliver a service to young people to the standard required. However, the management and organisation of the case management service was not effective. Despite the aspirations of policy, practice was not integrated and which meant that the efforts and enthusiasm of staff working with young people was dissipated. This situation was further affected by the inconsistent involvement and support from staff in the Youth Justice agencies.
- 6.15** As a means of improving practice at the centre, managers should establish clear non-discretionary protocols for joint working between residential staff and the case management service. The August 2004 report identified these concerns and noted the need for a definition of the respective boundaries and the importance of both groups of staff having the knowledge and understanding of their roles in order to be effective on

behalf of young people. These issues remained unresolved at the time of the inspection in 2005.

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"> • Staff and young people worked hard at maintaining good relationships. • Young people were actively involved with the Trainee Council meeting, which was well organised and managed by staff. • There was evidence that the availability of structured activities at evenings and weekends had improved. • A dedicated community programmes development officer was now in post. • The complaints process had recently been amended and refined following a review by the Director. • There was an established productive relationship with the local child protection team and the police child protection unit. • The catering supervisor had initiated close working links with the PCT based Dietician. • The catering service was working to achieve a Healthy Heart award as evidence of the quality and choice of food provided to young people at the centre. 	<ul style="list-style-type: none"> • The timing of delivery of personal mail to young people was in need of review. • The guidance on the use of physical restraint was interpreted variably by staff. • Clarification is needed on the function and responsibility of the First Response Team and monitoring systems established to measure its impact. • An immediate review is required to determine accurately the reasons for the continuous rise in the number of incidents where the use of handcuffs has been approved by the Duty Manager. • The recording policy on the use of single separation, “time-out” should be clarified and amended to include elective separation by young people. • An immediate review is required of the increasing number of recorded instances of physical restraint being used, including the utilization of hand-cuffs, in order to achieve the compliance of young people. • Clarification is required to define the circumstances in which a “child on child assault” would be referred to the Child Protection Team for investigation. • The provision of child protection training should be reviewed to ensure that managers and staff are adequately equipped to meet the complexity of demand from young people in the centre. • Managers should ensure that the administration and organisation of the admissions process achieves a consistently high standard. • There is a pressing need for managers and staff to be better aware of the ethnic cultural and religious needs of the young people held at the centre. • Care staff need direction and guidance on understanding and applying consistent practice in meeting the nutritional needs of young people.

- The current incentive programme for young people should be reviewed and refined to reflect the particular needs of young women accommodated at Hassockfield.

RECOMMENDATIONS

- The Director should, as a priority, establish an activities programme designed for the needs and interests of young women. (7.6)
- An immediate review is required of each aspect of the systems, guidance and practice governing the management and control of young people at Hassockfield. (7.16 to 7.21)
- The Director should ensure that the provision of staff training in child protection equips staff with the understanding and competency required. (7.26)

Day to Day Care

- 7.1 As noted in previous inspection reports, the efforts made by staff to engage with young people and maintain a mutually respectful relationship continued to pay dividends. While it was evident that the young people were routinely demanding and often physically challenging, the staff group worked hard to retain a balanced and productive environment for those detained at the centre.
- 7.2 There had been a move away from staff wearing formal uniforms to a casual attire that clearly distinguished staff responsible for care and security from the “professions” and managers operating within the secure site. This change in practice was regarded by managers and staff to have been a success, contributing to the policy of “softening” which also involved improvements to the living environment for young people.
- 7.3 Outside of the formal (monthly) meeting of the young persons “council” chaired by the Deputy Director, staff were keen to involve young people in discussions and decisions affecting their period of stay at the centre. There was a strong staff emphasis on challenging the use of foul language and although racist abuse between young people was described by staff as “constant” this aspect of behaviour was dealt with firmly and consistently within the framework of sanctions.
- 7.4 The impression gained during the inspection visit was a staff group who approached their duties in a positive manner, clear that their task was the care of young people. The development of the key worker role had continued and young people interviewed were generally positive about the nature of this relationship and its impact on their life at the centre. As noted earlier in the report, the development of a more integrated approach which included case management staff, would bring considerable benefit to the process.
- 7.5 There was an enthusiasm among managers and staff in developing a wider range of activities in order to meet the wide range of needs and interests among the young people resident. There was an improved programme of evening and weekend activity in which staff worked hard to engage and develop for those young people involved.
- 7.6 However, there was a pressing need to establish an adequately resourced programme of activities designed and dedicated to the specific interests and needs of young women at the centre.
- 7.7 Staff were sensitive to the need for confidentiality in dealing with information about young people, in general discussion and conversation and in the completion of case records and correspondence with external agencies and individuals. Maintaining contacts with friends and family was encouraged. Young people were actively assisted in letter writing and

preparing for family visits. In those instances where contact with parents, carers or friends was restricted, staff were thorough in maintaining the level of supervision and security necessary in the circumstances.

- 7.8 The incoming mail for young people was subject to security checks, was held in the administration offices and distributed at the end of the school day. Young people expressed the view that distribution earlier, at lunchtime, would be more helpful as these arrangements appeared to meet the needs of the staff and less the needs of young people separated by circumstances from friends and family.
- 7.9 There had been notable progress in the development of links with the wider community. The appointment of a community programmes officer was evidence of the centre's commitment to increasing the opportunities for those young people subject to mobility agreements. There was real enthusiasm for providing a wider choice through the community programmes, although it was noted that the availability of staff was a critical factor in delivering an effective, responsive service in this area.
- 7.10 Priority was given to facilitating contact with legal advice, youth justice personnel and local authority staff in social services. Young people were also encouraged and assisted to access advocacy services or an independent visitor if required. In this respect the managers at Hassockfield aspired to be an accessible centre and actively worked to maintain high levels of contact with the immediate community and with key people in the young people's own neighbourhoods.

Maintaining Good Order

- 7.11 On admission young people were informed of the rules governing their conduct both verbally and in the form of an information booklet which set out comprehensively what the young person could expect during their time at the centre.
- 7.12 The allocated keyworker was responsible for supporting the young person through the induction process. A record was completed against a 20 point checklist and placed on file. It was not clear from the material supplied to inspectors when and how young people were informed about the centre's policy on the use of restraint, including the use of handcuffs.
- 7.13 In the period since the last inspection, there had been a sustained increase in the number of single separations, a corresponding increase in physical restraint episodes and in the use of handcuffs during these interventions. It was interesting to note that in a month described by the Youth Justice Board Monitor as "calm and well ordered" there were 241 single separations, 46 incident requiring physical restraint and six occasions in which handcuffs were used. Other monthly reports showed higher levels of disruption and on three occasions what was described as "Concerted Indiscipline" (April 2005).

- 7.14** The reason for this consistent pattern of disruption requiring the physical intervention of staff was not clearly understood by managers or staff. The commonly held view was the centre's acceptance of young people whose needs were complex, more challenging, often with undiagnosed mental health problems. The removal of a restraint hold, the double seated embrace, was said by Senior and Operational Managers to have nullified the existing restraint model (PCC). This in turn had led to the use of handcuffs in order, it was said to reduce the possibility of injury to staff and the young person involved.
- 7.15** Inspectors were concerned that there was evidence that current guidance on the use of restraint was interpreted variably by managers and staff. The Directors Rules eg operational guidance, was explicit that restraint was not to be used to achieve compliance. The records indicated that this rule was routinely circumvented by Duty Managers who had the authority to sanction the use of handcuffs during a restraint episode. A video record was viewed which confirmed an instance where handcuffs had been used to achieve the compliance of a young person
- 7.16** In March 2005 the Youth Justice Board Monitor noted that "there is a need for staff to attempt to diffuse potentially difficult situations before resulting to force and separation from the group". There had not been any formal analysis of the data recorded, on what, by any standard, were a significant number of incidents. Instead managers and staff relied on anecdote and experience and had yet to grasp the significance of the information routinely reported to them. Operational staff, including first line managers, confirmed that they did not have access to the YJB Monitors monthly reports and so did not have any overall sense of the scale of the situation at the centre.
- 7.17** There was an unquestioning acceptance among senior managers that the level of disruption at the centre was inevitable given the challenging, nature of the young people they were sent via the youth justice system.
- 7.18** It was evident that a thorough review was required of each aspect of the systems, guidance and practice governing the order and control of young people at Hassockfield. The review should address the actions of managers, the use of single separation, including elective separation by young people and the quality of the record made following an incident when restraint is used. The routine use of video recorders during these incidents should be reviewed to calculate their contribution to the overall process, beyond the intended, "protection of staff and injury to the young person".
- 7.19** The complaints process had been reviewed and refined by the director in response to a recommendation from the previous inspection. It was now practice for all complaints to be resolved and signed off on a weekly basis by the Duty Director. The inclusion of NYAS in the complaints process was valued by young people and the wider staff group.

- 7.20** The recent appointment of the Diversity Manager/Race Relations Manager had brought unexpected complexity to the complaints process in that the post holder had requested that complaints of a racial nature be sent to or discussed with her. This initiative had the potential to sow confusion in the centre's established complaints procedure. It is imperative that complaints of whatever nature are first sent to the Director who has the authority to decide on the most appropriate course of action. This matter should be clarified and resolved as a matter of priority.
- 7.21** There were well established, effective working arrangements within Durham County Council's Child Protection service based in the local community. All child protection investigations were conducted jointly with members of the police service child protection team. There were a high number of referrals to the child protection service from the centre requiring investigation which were said to be increasingly difficult to manage within existing resources.
- 7.22** It was evident that the level of disorder at the centre resulting in, the extensive use of physical restraint and the inclination of centre managers to refer all injuries to young people for investigation had created an intense volume of demand on the child protection services. It was confirmed by the Managers of the child protection services that 90 per cent of cases referred were categorised as No Further Action (NFA) as a result of the younger person's refusal to talk to investigating officers from the child protection services.
- 7.23** There were acknowledged tensions as a result of the high volume of work. These concerns centred on the capacity of staff to manage the complex needs of young people, particularly "Schedule One" sex offenders, the effectiveness of staff training in child protection, and the lack of clarity on the circumstances that would warrant a referral as a result of a "child on child" assault.
- 7.24** Despite the high demand on the police and local authority child protection service, managers and staff at Hassockfield were described as responsive and helpful in assisting in the conduct of investigations.
- 7.25** The organisation and management of the admissions process was observed to vary considerably. One admission was seen to be disorganised taking over an hour and lacked any measure of privacy for the young person. It was apparent that attendance at incidents of restraint, which required staff on call as a member of the "First Response Team" to attend all episodes of disorder, had priority over the admissions process. This raised questions about how this critical aspect of the centre's procedures was resourced and monitored.
- 7.26** The provision of food was a positive element of the centre's service to young people. The catering supervisor reported to the Finance Manager who was the budget holder for the catering service. The menus were

revised three times each year; over 65 per cent of the food was freshly produced on-site. The restricted space meant that each house unit took turns to use the facilities of the dining room. Feedback from young people at the monthly “Food Committee” confirmed their preference for this arrangement rather than eating the food from the heated trolleys sent to the house units.

- 7.27** The existing catering facilities were working at full stretch and ambitious proposals had been made to extend the kitchen and improve the capacity of the dining area. The catering supervisor had made links with a dietician at the local hospital Trust and it was anticipated Hassockfield would achieve the “Healthy Heartbeat Award” for the food served at the centre.

Religious Observance, Racial and Cultural Identity

- 7.28** There were no Christian ministers providing services to the centre. The most recent appointee, an Anglican had been taken ill and was not expected to return to her duties. As noted in the previous report, the founder of the Emmanuel Prison Ministries provided a regular presence on-site visiting twice weekly. Managers and staff spoke highly of the service provided to young people from this local charity.
- 7.29** The centre reported that if required it could access ministers from other denominations, including an Imam for those young people from the Islamic faith.
- 7.30** Managers confirmed that they were in contact with senior religious leaders in the region to seek a wider representation from ordained ministers than was presently available to young people.
- 7.31** The staff group with the exception of the recently appointed Diversity Manager were said to be representative of the population of the region which was pre-dominantly White British. The ethnic and cultural profile of young people to Hassockfield showed that they came from diverse backgrounds. This posed a problem for the staff group who worked hard to compensate for the deficiencies inherent in the service.
- 7.32** It was anticipated that the Diversity manager would bring the required skills to the centre; in terms of the direct work with young people as a case manager and through staff training and development. The inspectors considered that this aspect of the centre’s work should be examined carefully in future inspections.

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"> • Staff commitment and skill. • Creative and imaginative development within serious resource constraints, eg Painting and Decorating. • Quality assurance within education. • Leadership within education. • Achievement levels have improved since the previous inspection. • Lessons are well planned and documented. • Teachers work hard to generate and sustain student interest in class. • All teachers and instructors are suitably qualified or in training. • There is good detailed information relating to a students background, educational needs and progress. • There is a good range of provision for students at KS3. • There is a good range of evening provision on offer for students. 	<ul style="list-style-type: none"> • Behaviour of students in teaching sessions. • The quality of teaching. • The staffing profile particularly in ensuring that all teaching posts are filled. • The quality of teaching accommodation. • The quality of ICT equipment both for specialist and subject teaching. • The operation of the behaviour management scheme. • Liaison and communications between senior managers in the establishment and education staff. • The organisation of the school day (length of lessons, lack of breaks, movement between education and the residential units, punctuality and the use of 'time out'). • The work of the Connexions service is valued, but is only offered on a 'term time' only basis. • The range and quality of careers information and materials on offer in the library / LRC area.
RECOMMENDATIONS	
<p>Senior Managers need to:</p> <ul style="list-style-type: none"> • Review the behaviour management scheme to ensure that the emphasis moves from control to young people learning to behave appropriately in class. • Improve the quality of the learning environment in education, including ICT provision. • Revise the organisation of the school day. • Ensure the curriculum on offer meets the needs of the student population. 	

ACHIEVEMENT AND STANDARDS

How well do learners achieve?

- 8.1** In classes, whilst most children's achievement was satisfactory, it was good in only 32% of sessions observed and none were very good. With short stays for most children, sustained achievement over time was often limited and outside the GCSE examination season, the older and more able children's achievement was limited to the less challenging areas of accreditation.
- 8.2** Within the constraints of a primarily KS3 curriculum, the level of achievement had been significantly raised, with most children gaining about 9 units of worthwhile accreditation per month including complete Entry Level Certificates of Achievement, as well as units towards that. Basic accreditation was gained and valued in PE, including British Gymnastics Association as well as AQA skills units but some children had been moved before they could complete the more challenging and vocationally relevant JSLA. A few children had been supported to gain GCSE and others had gained accreditation, or experience, in the vocational areas of painting and decorating and catering.
- 8.3** The behaviour observed in classes, during movements between lessons was mixed, but seldom good. The behaviour and response of young people in classes, whilst often satisfactory, was good in only 31% of those observed and on various occasions, violent and abusive outbursts were managed more in terms of control than of the children learning to behave appropriately. There was much abusive and foul language, kicking furniture, shouting out of windows and banging violently on doors. The records showed high levels of restraint in education classes.
- 8.4** Whilst attendance was good, punctuality was very poor and a contributory cause of some of the bad behaviour. Morning lessons were observed starting 20 minutes late. There were examples, during the inspection of children being kept waiting in classrooms for 20 minutes before being taken back to their units for their relatively short lunch break, and their frustration was made evident.
- 8.5** There was limited information available relating to the progression of and destination of young people leaving Hassockfield. 20% (approximately) were known to return to education establishments, most commonly into Pupils Referral Units (PRUs) and about 30% transferred to other custodial establishments.

THE QUALITY OF EDUCATION AND TRAINING

How effective are teaching, training and learning?

- 8.6** Teachers worked hard in a poor learning environment with very restricted resources and inadequate behaviour management procedures to deliver well differentiated, relevant education to difficult children. They dealt with each child individually and with understanding, cajoling and encouraging them to work and with inadequate stimulus materials, seeking to generate interest. The teaching was at least satisfactory but it was good only in 44% of sessions and never very good. That was a clear reflection of the difficult circumstances.
- 8.7** In some of the best classes, especially in PE, there was adequate space and suitable resources for most children although not always, especially for girls or those with minor injuries. They were well stimulated and often enthusiastic. In catering, learners were enthusiastic and on task although not always so keen on the written work. In maths, some worked enthusiastically on their own and in English, some who were showing interest had to be removed to another room to enable them to work better than in a crowded and noisy classroom. Streaming enabled work in classes to be reasonably targeted and individuals sometimes worked in the group, and sometimes on their own topics so that with careful structuring, the achievement of AQA units had been improved in some subjects.
- 8.8** Learning and the response of young people were often affected by the overcrowding in some classes, for example, three adults and seven children were crowded into one small room, by poor resources as in ICT, or by the disruptions caused by children going out to the toilets. Lack of space and facilities, including poor lighting limited what the children were able to do even when they were keen and willing to learn as in art. In some teaching sessions behaviour deteriorated before the end and some teachers used games or other activities to keep young people occupied.
- 8.9** Poor behaviour was dealt with through encouragement and cajoling and teachers had little confidence in the behaviour management scheme to encourage and promote appropriate behaviour. In one class, a child was extremely abusive against the teacher using foul and offensive language and left the class for a short period of time. He returned after care staff on corridor duty had calmed him down but his misbehaviour had not been addressed, he did not apologise and at the end of the lesson passed another foul comment as he left. No further action was taken.

How are achievement and learning affected by resources?

- 8.10** There had been significant staff shortages over the year due, primarily, to long term sickness, suspensions and secondments. The average operational staffing level over the year was 60% (approximately), but in three months (August 2004, September 2004 and March 2005) the figure had fallen to 47% and at times, there were insufficient teachers to cover all classes. At worst, only 4 regular teaching staff were available for the six groups so that, with no supply system in place, care staff had been used to supervise groups working on tasks set by teachers. Staffing levels in the two months prior to the inspection (June 2005 / July 2005) had increased to 85%. All teachers and instructors were suitable qualified or in training.
- 8.11 Accommodation** - there were sufficient rooms and PE facilities for the number of children, but the size, configuration and quality of the rooms was inadequate to provide a relevant programme for the age and ability range of young people. Facilities were lacking for creative and expressive subjects such as art, music and drama. Practical and vocational facilities were limited, primarily, to the KS3 curriculum. PE facilities, whilst benefiting from a good sized gym and two all-weather outside areas, lacked suitable facilities for girls. Changing or showering facilities were inadequate. Overall, the quality of the learning environment was poor, with clear signs of abuse such as dented doors, tatty décor and very restricted display.
- 8.12 Specialist Equipment** - had been well developed for Design Technology (Resistant Materials)(DT) and the cookery room was fit for purpose although with only two cookers it was limited. Video and DVD playing equipment was good and there was some sound recording possible. Equipment for PE was adequate. The teaching area for motor vehicle was no more than rudimentary. There were no resources for music technology or music and extremely limited equipment for art.
- 8.13** ICT equipment for teaching, and for staff use, was insufficient, dated and unsuitable for the modern curriculum. There were no facilities for ICT across the curriculum, or suitable software to support individual basic skills.
- 8.14 Materials** - the materials in use were generally suitable although too much was photocopied and there was little diversity. Materials for catering and DT were adequate to a limited curriculum but for art were poor.
- 8.15 Library** - a start had been made in establishing a library / learning resources room where individual learning programmes could be delivered but it was not yet in use or fully resourced. Careers information was very limited and many books were old and unsuitable.

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

- 8.16** The education department maintained good detailed records relating to a young persons educational needs and progress. Arrangements for initial assessment and induction were effective. A representative from the education department attended most, if not all, review meetings.
- 8.17** The behaviour management system was ineffective with too much emphasis being placed on negative rather than positive features. Teachers lacked sufficient influence on the day-to-day operation of the behaviour management scheme, which was managed and implemented by care staff. There was limited opportunity for teaching staff to reward good or positive behaviour of students in class. Inappropriate student behaviour in class was not always challenged. With new staff in post, both in education and care, there were inconsistencies in the way staff responded and dealt with poor behaviour.
- 8.18** New arrivals were allocated an Induction Group initially and then allocated to one of five groups, primarily on the basis of their assessed reading age. The two least able groups were the smallest. Girls and boys were mixed in the same groups and this arrangement worked well. The majority of children were of KS4 age but there had only been a little development of a 14 – 19 curriculum and facilities for a relevant curriculum for KS4 girls were lacking. Those with the most severe basic skills problems or behavioural difficulties received some 1:1 support.

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

- 8.19** The weekly programme provided adequate cover of many parts of the KS3 curriculum although time devoted to PE was high, and there were no planned opportunities for science or for modern foreign languages. There were few opportunities for expressive and creative work through drama, music, music technology or three-dimensional art. Social awareness courses were incorporated into the daily timetable (ie one period per day) and led by care staff. A few vocational opportunities had been well developed within limited resources for Junior Sports Leader Award in PE, painting & decorating, and catering including the use of mobility to enable learners to gain practical experience outside. On occasion, provision had been made to support individual KS4 children preparing for GCSE.
- 8.20** There was a voluntary evening enrichment programme, which was well attended and included a broad range of subjects, including additional basic skills. Homework was set from time-to-time.

- 8.21** The organisation of the teaching day was unsatisfactory. The students attended classes for an intensive 6 x 1-hour lessons each day with an often much-curtailed 45-minute lunch break. The morning and afternoon teaching sessions were based three one-hour lessons with no breaks. Pupils found the sessions to be too long. The one-hour teaching lessons were too short for practical subjects. No time was allocated for children to change or shower after PE.

How well are learners guided and supported?

- 8.22** Teaching staff had a good understanding of the needs and circumstances of individual students. A representative for the education department attended the early morning staff briefing conducted by senior staff. Young people and staff valued the help and support provided by a Personal Adviser employed by the local Connexions partnership, but this service was only available on a 'term time only' basis. There was a very limited range of careers materials and resources available to young people in the learning resources/library area.

LEADERSHIP AND MANAGEMENT

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

- 8.23** Documentation to explain and report on the work and progress being made in the education department was good. The self-assessment report was realistic and highlighted key strengths and areas for development. Quality assurance arrangements were good. The Education Manager submitted a monthly report to senior managers explaining the work and developments in the education department, including a progress report of the levels of accreditation achieved. There was an effective system of lesson observations. Staff supervision was conducted on a regular basis and there was a well-organised system of staff appraisal and performance management.
- 8.24** Links between education staff and those responsible for strategic management and planning in the establishment were underdeveloped. There had been a limited response to the areas of development highlighted in the previous inspection report.

Tackling Offending

9

STANDARD 6: TACKLING OFFENDING

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

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

This standard looks at:

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

STANDARD 6: TACKLING OFFENDING

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> There was evidence of staff at the centre routinely informing supervising officers in the community of the tackling offending work undertaken with young people. 	<ul style="list-style-type: none"> The quality of the delivery of social awareness/crime avoidance programmes was very variable. The importance of this work should be reinforced by managers and supported by a staff development programme. The Director should ensure that both teaching and residential staff have the capacity to deliver an effective service to young people. Standards should be set and effective systems put in place to monitor and evaluate the programmes for tackling offending behaviour.
RECOMMENDATIONS	
<ul style="list-style-type: none"> The Director should ensure that staff responsible for crime avoidance and offending behaviour programmes are trained and equipped for the task. (9.6 9.7 9.8 9.9) The Director should establish standards for this area of work along with systems to evaluate the performance and effectiveness of the programmes for tackling offending behaviours. (9.10) 	

Direct work with young people

- 9.1 The inspection report of April 2004 noted the progress that had been achieved in the area of work in the previous year. It was evident that the pace of development had been affected by the loss of the entire psychology team, an experienced group of three, to a newly commissioned custodial services in the region.
- 9.2 There had been a gap of several months before new staff were appointed. The current staff were relatively inexperienced with the head of the team in the final stages of completing her studies. Arrangements had been made with a Chartered Psychologist from a Young Offenders Institution in the area to provide the required level of clinical supervision to the head of the psychology service.
- 9.3 The centre was required by contract to provide seven hours of crime avoidance work weekly to each sentenced young person. A citizenship and social awareness programme had been developed for remanded young people. A model had been adopted in which these sessions were integrated into the education day. This made up a greater part of the seven hours required and the remainder was delivered by the residential care staff in the living units.
- 9.4 The current crime avoidance programme overseen by the psychology team was wide ranging covering anger management, victim empathy, car related crime, awareness of personal space and life story work. The majority of the programme was delivered to groups of young people in education and in the units.
- 9.5 Individually tailored programmes had also been developed for specific young people. There were plans to widen the scope of the work to include sex offending, racially motivated crime and assisting those young people serving life sentences.
- 9.6 The files examined confirmed wide variability in both the recording and the impact on young people of the crime avoidance programme. The YJB monitor reports consistently identified the lack of consistency in all aspects of this work at the centre. The main concerns centred on evidencing that the programmes were addressing young people's risk and needs. The difficulties experienced by those case management staff working directly with young people in assessing individual learning styles was identified as a factor affecting the impact of the programme. There were also concerns about consistency in providing Community Supervisors in the Young Offending Service with details of the work undertaken with individual young people returning to their home communities.

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- 9.7** Interviews with staff evidenced the fragile nature of the processes and arrangements for delivering the intentions of government policy through the crime avoidance and social awareness programmes.
- 9.8** The high levels of staff absence, particularly in the education service, meant that teaching staff had struggled to achieve a regular pattern of crime avoidance sessions with young people. There was evidence that residential staff on duty in support of the education service had, at short notice, been required to take classes for which they were ill prepared, not knowing what had been provided or taught so far. The sessions held on the house units were described in similar terms as unorganised, lacking a clear purpose and having a minimal impact on the young people for whom it was intended. It was reported that young people were more interested in receiving the “mark” for attending the session rather than involving themselves in a way that would benefit their understanding their offences or influence their behaviour in the future.
- 9.9** Inspectors were concerned that despite the recommendation of the April 2004 inspection this critical aspect of the service was not achieving the standard required. There was clear evidence that the complex demands on the capacity of the staff team, case managers, teachers, residential care staff had compromised the centre’s ability to carry out its responsibilities in line with Government policy and the aspirations of the management team.
- 9.10** There was a pressing need for the managers to reinforce the importance of crime avoidance work with young people through a staff development programme. In line with the contract requirements, and as recommended routinely by the YJB monitor, standards should be set and effective systems put in place to monitor the quality of the programmes organised and delivered by staff. A more rigorous method should be established for evaluating the impact of the work on the young people for whom it was devised.

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"> • Effective arrangements with the local medical practice. • There was no unnecessary barriers for young people who wished to access their GP. • The procedure for assessing the potential for young people who might harm themselves was effective and well understood by operational managers and staff. • The arrangements for the delivery of dental services were responsive to the needs of young people. • Healthcare staff provided an integrated and efficient service to the centre. 	<ul style="list-style-type: none"> • The Substance Misuse Service was developing independently and required strategic direction, clearly defined objectives, and outcome measures on which the performance of the service could be evaluated. • There had been little progress in the development and recording of health care plans for young people, (see previous report recs.)
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The Director should, as a priority, establish standards for care planning for young people at the centre. (10.5) • The Director should define the objectives for the substance misuse service set standards and outcome measures to evaluate the performance of the service. (10.13) 	

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** 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 centres six days each week and young people could elect to see a male or female doctor.
- 10.3** The Assistant Director Healthcare along with the team of nurses, provided routine medical advice and treatment to young people in the house units. Procedures were in place for referring young people to specialist services psychiatry, psychology and hospital based medical services should they be required. The service also coordinated visits of other specialists, opticians, chiropodists, community psychiatric nurses etc. Importantly a Dentist visited the centre six times each month providing young people with a much needed service.
- 10.4** This was a well organised, effectively managed aspect of the centre's work which ensured that young people had the medical tests and immunisation programmes essential for healthy development and general well being. This enabled the healthcare service to coordinate and provide information to support the risk assessment, care planning and review processes.
- 10.5** These positive findings were in contrast with the healthcare plans retained on case files for young people, which despite previous inspection recommendations remained under-developed and subject to variable recording. This was a factor affecting the provision of comprehensive information for the post discharge planning process. However there was evidence that plans had been made to progress this work.
- 10.6** It was evident that healthcare staff were working at full stretch. The Assistant Director was responsible for the risk assessment of young people and instituting the "HRAT" procedure if considered necessary. Nursing staff were also allocated duties on the "First Response Team" nominated staff who provided support across the centre in response to requests for assistance when physical restraint was applied to young people. The high incidence of disorder among young people resulted in nursing staff being routinely drawn away from their primary tasks.
- 10.7** The admissions process was observed during the inspection. Admissions were carried out in the healthcare suite located in the education block. A lack of privacy was noted as young people at the end of the school day and

others held in the area on “time out” from education were able to communicate freely with the new arrival.

- 10.8** The admission process on this occasion was further disrupted by the nurse leaving to administer medication and by being called on to assist with a restraint incident. It was apparent that apart from the lack of privacy for the young person involved, there was also an unacceptable degree of disruption, which in the circumstances the nurse responsible was seen to handle the needs of the young person competently with tact and skill.
- 10.9** The Substance Misuse Service was located within the span of control of the Assistant Director Healthcare and staff were key members of the centres Multi-Disciplinary Team (MDT).
- 10.10** The service had been established early in 2004 with funding from the YJB. The previous inspection report noted the potential for the service to increase staff knowledge and the development of a responsive service.
- 10.11** Young people were assessed on arrival and processes were in place for staff to make referrals to the Substance Misuse Coordinator. It was reported that effective links had been made with local community services and at a strategic level with the multi-agency Drug Action Team.
- 10.12** It was evident that the service was valued by staff working directly with young people at an individual and group level.
- 10.13** The Coordinator had been successful in attracting funding from the YJB to develop a model of alternative therapy as a means of extending the repertoire of interventions available to staff. The most successful of these had been auricular acupuncture and several staff described themselves as “trained acupuncturists”. There was evidence that staff had been the prime beneficiary of this particular initiative. Inspectors concluded that the Substance Misuse service within the centre lacked strategic direction and required clearly defined objectives and objectives on which the performance of the service could be evaluated.
- 10.14** The management, control and administration of medication was of a good standard. Practice was consistent and records were accessible and accurate.
- 10.15** The identification and monitoring of young people at risk of committing suicide or self harm was a key responsibility for the healthcare service. Information provided by the placing agency was used to inform the assessment process. Records showed that the provision of up-to-date medical histories or contemporary risk assessments at the point of admission for a young person was variable. This was problematic for the healthcare staff who had adopted a policy of placing those young people on whom limited information was available in the category of “high risk”, until sufficient information was obtained to counter their decision. This required staff to check on young people in their rooms every 2/5 or 10

minutes depending on the degree of concern. The system appeared to work effectively. Staff understood their roles and responsibilities and the system was supported by the MDT who reviewed each young person on a daily basis, within a ten day time frame.

10.16 It was evident that the healthcare service was adequately resourced and competently managed with access to a wide range of professional services which provided comprehensive healthcare to young people at the centre.

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"> • Considerable efforts had been made to improve the facilities and environment across the centre. • There had been improvements in the maintenance service and responsive procedures were in place for addressing problems as they arose. • Effective procedures were in place for managing safety and security in the centre. 	<ul style="list-style-type: none"> • The communal areas and bedrooms in the house units required upgrading and improving as part of a planned programme for the centre. • There should be an immediate security audit of that part of the secure site currently in use as the admissions area for vehicles transporting young people to and from the centre. • There should be a planned programme for testing the centre's arrangements for responding to a major incident. • The schedule for testing the fire alarms which result in the evacuation of young people and staff from the house units should be reviewed to ensure that young people and staff are fully aware of the correct action required regardless of the time of day. • The plans for extending the Dining room should be set within the overall capital improvement plan for the centre. • The development of a Fitness Suite would contribute to the development of services designed for the needs of young women at the centre. • The Director should review the resourcing of the planned maintenance programme to ensure that it can meet current and future demand.

RECOMMENDATIONS

- The Director should as a priority replace the Perspex viewing panels in the young people's bedroom doors. (11.4)
- The Director should ensure that the resourcing of the centre's maintenance programme is sufficient to keep pace with the high rate of damage to the building. (11.4 11.5)
- The Director should ensure that the area within the site used for admitting young people to the centre is safe and secure. (11.11 11.12)
- The Director should ensure that the area immediately outside the perimeter fence is subject to routine security checks. (11.13)
- The Director should establish a schedule for testing and evaluating the centre's major incident plan. (11.19)
- The Director, in conjunction with the health and safety manager, should establish an effective programme for fire alarm tests and the evacuation of staff and young people across the 24 hour day. (11.20)
- The Director should review the decision to locate the pool tables on the house units. (11.21 11.22)

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- 11.1** There was a programme of investment at the centre which was designed to improve the general appearance of the land and buildings within the secure perimeter. The most important aspect of this work was in the common areas of the living units, which had been fitted with lowered ceilings. This adaptation along with other cosmetic improvements was aimed at lessening the effects of the building design, which it was acknowledged, militated against the creation of a relaxed, comfortable living environment.
- 11.2** Contractors were on site at the time of the inspection and were two-thirds through the improvement schedule. It was evident that the changes made would benefit young people and the staff who managed daily living in the house units.
- 11.3** The level of disorder among young people was reflected in the level of damage to the building, particularly the bedrooms which at the time of inspection were, at best, adequate, and in the worst seen, barely fit for purpose.
- 11.4** The Perspex viewing panels in the bedroom doors were defaced to the point where it was almost impossible to obtain a clear view of the bedroom area, so diffuse was the material. This was of concern to the inspection team given the volume of young people passing through the centre who were judged to be at risk of self harm and placed on constant supervision (HRAT). There should be programme for the immediate replacement of the door panels and a routine schedule of replacement as and when the material is again damaged and unfit for use.
- 11.5** The bedrooms seen by inspectors were dull, poorly maintained, in some cases unclean, and did not meet the standard required for vulnerable young people. The investment and enthusiasm that had gone into the overall improvement of the centre should now, as a priority, be applied to the bedrooms. It was clearly beyond the scope of the decorators on the maintenance team, as it is currently resourced, to keep pace with the level of damage caused by young people.
- 11.6** There was scope for reviewing the prioritises and resourcing of the on-site maintenance operation. The team redecorating the house units currently consisted of two staff plus the assistance of a young person undergoing supervised employment experience.
- 11.7** The Facilities Team was responsible for the maintenance of the fabric and equipment at Hassockfield, which was central to security and safety on the site.
- 11.8** This was a well-resourced function with experienced competent staff who had a clear brief for their responsibilities. There was a regular reporting system and a schedule for the routine testing of equipment, emergency power supply, electronic locks, surveillance cameras etc. Providing a swift
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response to the concerns of staff who identified damage to the fabric of the building was a key task. The team operated in what was described as a “demanding environment” and it was evident that the systems and process underpinning the work of the Facilities Team were effective and well managed.

- 11.9** The responsibility for the security of the Hassockfield site rested with the Assistant Director Residential Care/Security. A Security Manager was responsible for external and internal security on the site. The approach to security was thorough and systematic. There were effective working arrangements between the Health and Safety Functions, the Facilities Team and Security staff which had proved successful. With no reported major disruption, contraband at a low level and only two recorded instances of a young person gaining access to the roof.
- 11.10** Security checks were conducted on a daily, weekly and monthly basis to a prescribed schedule, and reporting was by exception.
- 11.11** The site was generally clean and well ordered at the time of the inspection, with two exceptions. The area to which vehicles were allowed access to the site in order to admit young people was also used as a storage area for building material and a specialist vehicle, a “cherry picker” used to gain access to the roof and upper floor of the building. A porta cabin had been installed in this area and was in use as an office for teaching staff. The rear entrance to the kitchen opened onto this area and was used to remove rubbish and deliver stores.
- 11.12** The potential security risks inherent in the use of this area for admissions required a thorough audit to ensure the security of the site and the safety of staff involved in the admission of young people to the centre.
- 11.13** The area immediately outside the secure perimeter was inspected and found to contain a surprising amount of rubbish, wire, wood etc including a large pile of volatile material, which was stacked against an outer wall. This area should be subject to the same degree of checks as the internal site as the CCTV coverage did not extend to an area of the perimeter most exposed to the possibility of intrusion by the public.
- 11.14** The weakness in the CCTV coverage was known to managers and the security staff who reported that it had not to date, presented any problems.
- 11.15** Young people were generally well informed about the rules governing searches. There was evidence that staff were sensitive to the need to preserve the privacy and dignity of young people, regardless of the seriousness of the circumstances, that resulted in the searching of rooms, common areas or the individuals themselves.
- 11.16** The management of Health and Safety was a key function in the operation of the centre. The manager responsible held a wide brief which included the technical elements, equipment, fire safety etc and was also responsible

for collecting data on the outcomes for young people of the systems and processes designed to protect them. These included the risk assessment process, (HRAT) incidents analysis of restraints used, and the material generated by the CCTV recording system.

11.17 The quality of data collected afforded a valuable insight into the centre's operation. There was scope to use the data more effectively to better inform the reporting systems, as they currently existed.

11.18 Fire safety was a priority area in the management of the centre. Staff were trained during their induction period and received regular updates and refresher training. All staff were first aid trained. Young people were also briefed as part of the admissions process on the rules and expectations of them in relation to fire safety.

11.19 There were established arrangements with the local fire service. There had been a programme of tactical exercises involving the fire service. Local brigades had been encouraged to test out their evacuation equipment and processes as part of these arrangements. The most recent of these exercises had been in November 2003 when a simulated fire and rescue scenario was acted out and de-briefed. The contingency plan for responding to a major incident requiring the partial or complete evacuation of the site was in place and subject to routine review. There had not been a practical test of the major incident plan since the centre opened. There was scope for establishing, in concert with key partners, a programme for evaluating what is a critical area of the centre's safety and security arrangements.

11.20 The centre fire alarm system was tested in line with a prescribed schedule. The records showed that the last evacuation drill in response to a fire alarm test was in mid-February 2005. There had been a high turnover of both young people and staff in the period up to the inspection and this indicated a need to review the schedule for fire alarm tests and evacuations across the site, particularly in the house units. The review should consider an effective means of programming tests and evacuations of staff and young people across the 24-hour day, as at present when they do take place it is during a natural break in the school day.

11.21 An issue identified by the Health and Safety Manager emerging as an area of high risk was the location of pool tables on the living units. There had been a rise in the number of recorded incidents where pool balls and fewer occasions, pool cues, had been used as weapons by young people. Staff were understandably concerned at the potential for serious injury from these devices, particularly the cue balls, which, if thrown with force, are particularly lethal.

11.22 Location of the pool tables on the units should be reviewed as soon as possible and thought given to situating them more appropriately with other sports equipment away from the living areas.

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- 11.23** Plans were at an early stage to develop and extend the dining area situated in the kitchen block. Mealtimes taken in the dining room, at present on a rota basis due to limited seating, were reported as popular with young people. The food served on the units was stored in heated trolleys, which resulted in complaints from young people about “soggy food”. The catering staff were enthusiastic about the possibilities of providing an improved level of service to young people at the centre. It was reported that there had been no incidents of misbehaviour in the dining room since the current dining arrangements were agreed.
- 11.24** It was not clear how far the proposals to extend and improve the kitchen facilities had been progressed. It would be useful to set the proposals within the overall improvement plan for the centre.
- 11.25** The emphasis at the centre was on ball games and contact sports which did not adequately address the needs of young women, some of whom were likely to be resident for a lengthy period.
- 11.26** The education and residential care staff worked hard within the resources available to devise activities suited to the social and personal needs of young women. Despite these admirable efforts it was evident that a significant shift in policy and resourcing was needed to redress the imbalance in provision for young women at the centre. This was starkly illustrated by the fact that a reported £50,000 had been spent on the installation of a second astro-turf pitch, while at the same time there were notices around the centre asking staff to donate unwanted nail polish and cosmetics for a planned “health and beauty” project for the female residents.
- 11.27** Consideration should be given to the development of a programme, supported by facilities, dedicated to the recreational needs of young women. Given the high consumption of food and the limited access to exercise, Inspectors considered that establishing a fitness suite for the exclusive use of young women would be a commendable first step.

Standards and Criteria

A

STANDARD 1: PURPOSE AND FUNCTION

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

Criteria

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

STANDARD 2: MANAGEMENT AND STAFFING

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

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

Criteria

- 2.1** The number of staff on duty at the STC at any time is sufficient to ensure that all aspects of the regime 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.

- 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 would 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)

- 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)

- 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.

- 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 key worker 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)