

Inspections of secure training centres

Inspection of Oakhill Secure Training Centre

Report published: Tuesday 7 March 2017

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

Inspection dates: 16 to 20 January 2017

Lead inspector: Sean Tarpey, SHMI

Age group: 12–18

Contents

Contents.....	2
Overall effectiveness	3
Requires improvement.....	3
Recommendations:.....	4
Immediately:	4
Within three months:.....	5
Within six months:	6
Service information	6
Inspection findings.....	7
The safety of young people.....	7
Promoting positive behaviour	11
The care of young people	12
The achievement of young people.....	16
The resettlement of young people	19
The health of young people	22
The effectiveness of leaders and managers.....	24
About this inspection	27
Summary of questionnaires and interviews	29

Overall effectiveness	Requires improvement
<p>Oakhill secure training centre requires improvement to be good. Several aspects of the service have deteriorated since the last inspection and the promotion of positive behaviour is inadequate. The achievement of young people has improved and is good. Given the age profile of young people within the centre, with over half aged between 16 and 18, this achievement is commendable.</p> <p>Since the previous inspection, the centre has had significant challenges because of difficulties in recruiting and retaining staff. The reasons for this are complex and include aspects of local demographics. More tellingly has been the significant impact of the Panorama programme about Medway secure training centre and the subsequent decision of the parent company G4S to sell the children's services sector in its entirety.</p> <p>Staffing pressures have been heightened by rising levels of violence within the centre. Some staff are less resilient or confident in working with a cohort of older, more challenging young people, and staffing support from other G4S secure training centres is no longer possible. In order to ensure that the centre could continue to operate safely and effectively while recovery plans were implemented, with the agreement of the Youth Justice Board (YJB), a temporary reduction of numbers from 80 places to a maximum of 55 was in place during the summer. During the period of the inspection the centre had returned to full bed availability and was declaring 80 available beds.</p> <p>Halfway through last year, a new permanent director was appointed and the centre was transferred to the management of the custodial and detention arm of the parent company. Since this time, there has been purposeful change and improvement from a low base. The recruitment of staff has been prioritised and an assertive recruitment campaign undertaken. This has been highly successful in attracting staff to work within the centre. However, the relative inexperience of a significant proportion of staff has led to inconsistency and variability across the centre both in terms of practice and recording. Some first tier managers across the centre do not sufficiently support, advise, and, where necessary reproach some new and existing staff to drive up the quality of care.</p> <p>The centre was generally calm during the inspection. In a survey of young people resident at the time of inspection, 93% of those who responded reported that they felt safe at the centre. These findings are further supported by structured interviews with 10 young people that were undertaken by HMIP researchers. Arrangements for the first night are good and young people are supported sensitively to settle in. Safeguarding arrangements have improved since the last inspection and almost all referrals to the local authority were timely, appropriate and well recorded.</p> <p>The application of rewards and sanctions is inconsistent and characterised by poor oversight and governance. Inspectors saw a number of examples where young people had items in their room that were not consistent with the level of the</p>	

incentive scheme they were on. This undermines the effectiveness of the system as well as those staff who apply the scheme consistently. Since the last inspection, the number of assaults has risen significantly. Although a violence reduction strategy has recently been produced, it has had limited impact to date. There are good arrangements for the oversight of restraint, sanction and the use of force.

The residential units are undergoing much-needed refurbishment and redecoration. They are currently too bare, with pictures and information displays having been removed. There are plans to address this once the redecoration is completed. Young people know how to make complaints, and these are generally managed well. Young people's views are sought through meetings, surveys and focus groups. As a result, changes to some practices in the centre have been made or are planned, for example the introduction of the new rewards and sanctions scheme.

There is a high level of mutual respect between teachers and young people, which helps promote and maintain a positive learning environment. The headteacher and her staff have worked hard to improve teaching and learning. The achievement of learning objectives is good, with most young people making significant progress from their starting points. The majority of teaching and learning is good. Inspectors saw young people positively engaged in classes. The management of behaviour in the classroom is good, assisted by care staff support. Attendance is very good and punctuality is improving, following fewer restrictions on young people mixing.

Resettlement arrangements are prioritised from the point of the young person's admission, through to the time of leaving the centre. The resettlement team are proactive in ensuring they remain involved with young people when they return to their communities. Inspectors spoke with a number of external professionals, including social workers and youth offending workers who were either on-site during the inspection or contacted by telephone. All reported well on their communication with the resettlement team and the child-centred approach to planning.

Young people have access to a good range of health services and generally are positive about the care they are given. A number of recommendations are repeated from the previous inspection, including the need to implement an electronic patient recording system. This shortfall has an adverse impact on individual young people's healthcare arrangements, as it limits the ability of health services to monitor their overall impact.

Recommendations:

Immediately:

- Staff should ensure that the centre's rules are enforced. The centre should review its system of rewards and sanctions and implement a system that adequately incentivises positive behaviour. Managers must ensure that any new scheme is implemented consistently and fairly.
- Improve the recording and quality assurance of records relating to the use of handcuffs during mobility outside of the centre.

- Ensure that disruption is kept to a minimum when young people are moved between classes, or to attend meetings or appointments away from education.
- Ensure that the views of mental health professionals are incorporated into documented plans about young people's vulnerability including the risk of suicide and self-harm.
- Ensure that systems are in place so that young people receive safe dental care and that this provision is monitored.
- Ensure that care plans are clear, detailed and in place where specific health needs are identified. These should be individualised and reviewed on a regular basis. Daily records should be legible and consistent.
- Review all aspects of food provision, including portion size, to ensure that they are adequate for all young people within the centre.
- Ensure that all information pertaining to children looked after is sought and considered at the point of admission and is routinely updated as a function of the sentence planning and review process.
- Ensure that all staff are briefed and trained as appropriate about security matters, specifically in how to identify prohibited and restricted items and the actions required around this.

Within three months:

- Ensure that a review of searching practices of young people is carried out so that procedures balance young people's emotional well-being and dignity with safety and security requirements. Improve the recording and quality assurance of search records.
- Senior managers should ensure that the security intelligence reporting system is fit for purpose. Reports should be confidential, auditable and incorporate mechanisms that ensure that they are reviewed and monitored in a timely manner by senior managers.
- Develop and implement a specific programme for young people convicted of sexual offences.
- Ensure that young people receive consistently delivered purposeful programmes of intervention that address their offending behaviour, and in particular work that relates to index offences.
- Further consider introducing a suitable electronic system for recording and monitoring health information.
- Ensure that young people are provided with a process and arena in which they are able to give confidential feedback to healthcare.

- Provide improved opportunities for young people to develop basic life skills through the delivery of the centre's life-skills programme.
- Improve and then maintain the condition of the residential units, with the active involvement of young people.

Within six months:

- The Youth Justice Board (YJB) should consider actions to minimise the number of young people who are admitted late to the centre.
- Carry out a review of closed circuit television coverage across the centre and explore with the Youth Justice Board whether gaps in coverage can be addressed.
- Further enhance and develop the vocational pathways programme and, to keep this on track, ensure that staff are kept skilled and updated in the more practical/vocational accreditation areas (especially for the 14 to 17 age group).
- Increase opportunities for better links between education and the residential units by increasing enrichment, work experience and mobility in-house and externally, particularly after school and at weekends.
- Formalise the procedures for escalating concerns and challenging external agencies to ensure that they uphold their responsibilities in identifying the necessary resettlement resources, notably accommodation, in a timely manner, to ensure good resettlement planning.
- Review the appropriateness of the number of young people on the residential units given the size of the units and the communal space available.
- Build capacity and support within the staff team to consistently apply the expected standards of behaviour when managing young people.
- Develop ways in which young people are informed about Xchange meetings and the outcomes of these and similar meetings involving young people.
- As part of the management of diversity, use the data collected on admission to develop monitoring of outcomes for different protected characteristic groups within the centre's population to inform the care of young people.

Service information

Oakhill Secure Training Centre (STC) is one of three purpose-built secure training centres and is situated near Milton Keynes. It is currently managed by G4S Care and Justice Services Limited. The STC offers secure accommodation for up to 80 young men aged between 12 and 18 years who have been sentenced or remanded to custody. Healthcare is provided by G4S under a service level agreement, with appropriate access to community-based services. Education is provided on-site by G4S. At the time of the survey of young people during the first week of the inspection, 62 young men were resident.

Inspection findings

The safety of young people	Requires improvement
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1. In a survey of young people resident at the time of inspection, 93% of those who responded reported that they felt safe at the centre. Nineteen per cent reported that they had felt unsafe at some point during their stay. The areas in which they felt unsafe varied, although they included areas where closed circuit television (CCTV) footage is not available.
2. Eighty-nine percent of those who responded in the survey reported that they felt they were well looked after on their journey to the centre. The centre keeps records and monitors the times of young people's arrival. From March 2016 to the end of December 2016, 58 young people were admitted to the centre after 9pm. Two young people were admitted after midnight. Late arrivals are a continuing cause for concern and the centre appropriately escalates their concerns to the YJB. There appears to be limited progress made by the YJB in addressing this practice.
3. CCTV coverage is lacking in some areas, with some existing coverage not being of good quality. Areas not covered by CCTV include, for example, kitchens, classrooms and stairwells. Body-worn cameras have been introduced, and this addresses this deficit to some degree, although they are only turned on by staff during incidents or when there are known concerns.
4. The centre has a well-established admissions procedure. Young people are given the opportunity to spend time with staff, who talk with them about what to expect within the centre. They also benefit from meeting other young people who are peer mentors. Young people watch a brief DVD about the centre and the routines. This provides satisfactory information although it is a little dated.
5. Vulnerability and risk of suicide and self-harm is thoroughly assessed at the point of admission. Plans are developed and promptly shared with staff across the centre to guide them in managing risks. The centre reports that three full suicide and self-harm (SASH) logs have been opened since April 2016. The SASH logs contain relevant details to support staff in helping to keep young people safe. Managers stated that assistant psychologists are consulted about these plans, though there is no written evidence that this is the case. It is also not clear whether advice had been sought and considered from relevant mental health professionals to fully inform plans.
6. The room used for searching young people is appropriate for the task. The centre's standard practice is that all young people undergo a search on admission. This standard approach to searching means an appropriate balance between safety and security, and promoting young people's dignity is not realised. At the time of the inspection, senior managers are engaged in discussions with the YJB about this area of practice. In the survey, 83% of young people felt they were treated with respect when searched and 78% said that staff explained why they were being searched.

7. Intelligence or information about safety and security may determine that a 'full' search is considered. Since August 2016, 13 full searches have taken place. The quality of recording in seven of these searches was variable and inconsistent. Four searches did not contain the duty director's authorisation, as required by centre policy. One search lacked sufficient detail to show the rationale for such a search, and the recording of another did not indicate actions that were taken to ensure that safety and security matters were fully followed through.
8. The centre has appointed a new head of safeguarding, who has been in post for approximately five months. In this short period of time, she has established a very good understanding of the centre's systems, processes and practices. She has been effective in introducing and expanding auditing and evaluation processes in order to promote positive change and develop clear plans to improve service provision.
9. As part of formal admission processes, young people are offered a meal and a telephone call to someone important to them. Staff assess what it is appropriate for young people to have in their rooms on their first night. Records show this process in detail, but what is not clear is what young people actually have in their rooms as opposed to what has been assessed as appropriate. The head of safeguarding has identified this as an area for improvement and work is being undertaken to address this deficit.
10. The centre is undertaking a review of its child protection policy and procedure. The current procedure lacks clarity regarding when referrals are to be made to the designated officer in the local authority and child protection services. The head of safeguarding has already recognised this shortfall and is in the process of updating the documents ready for discussion and agreement with the YJB and the local safeguarding children board (LSCB). Eighty-three percent of staff have been trained in safeguarding, including in the centre's own child protection procedures, as of December 2016. Further courses are planned to ensure that all staff receive this training.
11. Recent child protection matters have been managed appropriately. There are new and clear processes that have been introduced by the head of safeguarding, for consultation with the local authority multi-agency safeguarding hub (MASH) and the designated officer. Of seven recent cases sampled by inspectors, all had timely and well recorded consultation processes. Most were formally referred to the local authority as required. Records showed clearly the actions taken from receiving a concern, progress and, where relevant, the outcomes.
12. Two other cases reviewed were less recent. In one case, the centre referred the matter to the designated officer instead of the MASH, and in awaiting a response, relevant processes were delayed. It is not clear, as recorded evidence is lacking, whether child protection procedures were subsequently fully adhered to. In another case, records lack sufficient detail to demonstrate that procedures were robustly followed. Both cases were noted to have had limited impact on outcomes for the young people and have been assessed and identified as requiring actions in a recent audit by the head of safeguarding.

13. The centre has good links with the local authority and LSCB. The centre director is a member of the board and attends regular meetings to contribute to safeguarding practice in the local authority area. Quarterly meetings have been established between the designated officer, police, MASH and centre managers to review safeguarding matters and practices at the centre. This includes the review of any cases, improving professional working relationships and processes, and provides for discussion and consultation about any matters.
14. The centre undertakes limited work with young people at risk of, or who have been subject of, sexual exploitation. An external provider has been commissioned to undertake direct work with young people regarding healthy relationships and further sessions are planned. Some staff have received training in awareness of child sexual exploitation, with more training planned for March 2017. The head of safeguarding has recently established quarterly meetings to oversee and develop work in this area. There are plans to ensure that a co-ordinated programme is made available to young people to promote their safety and well-being, and enable them to develop knowledge and strategies to stay safe.
15. The centre has changed how young people are allowed to mix, with movements of young people around the centre being far less restrictive. This is a recently introduced initiative and the director and senior managers believe it will promote a more positive regime. There remains some mixing restrictions in line with appropriate risk assessment.
16. The centre has a well-established anti-bullying procedure. Bullying incidents do occur. From March 2016 to December 2016, the centre has opened and recorded 57 initial concerns. This is where young people and/or staff have identified or raised a concern that a young person may be being bullied. Twenty tracking logs have been opened. This is where managers and staff feel more evidence is needed to establish whether there is a bullying issue. This enables staff to record and monitor interactions and gather evidence. Six full bullying logs have been opened. This is where there is clear evidence of bullying and actions are required and then taken. This can include a range of measures individualised in each case and dependent on circumstances and young people's needs, for example providing support to the victims and undertaking interventions with the perpetrators and imposing sanctions.
17. Given the reported high levels of assaults and incidents at the centre, the data showing the number of bullying concerns appears low. Although the centre's processes indicate monitoring and actions to address bullying, there is lack of clarity on how effective this is. Thirty-two percent of young people stated in the survey that they would not tell a staff member if they were being bullied or 'picked on'.
18. The use of handcuffs is governed through a formal policy. Handcuffs may be used with young people when they need to go out of the centre on mobility, for example to an emergency or other medical appointment. Handcuff use is risk assessed and recorded, with each decision on their use being made by a duty director. Data recorded by the centre shows that between March 2016 and December 2016, handcuffs were used in 74% of cases. This related to 83 medical and 44 emergency mobility events.

19. Eight recent records of when handcuffs were used were reviewed, and these were inconsistently completed. Plans are written to guide staff regarding the use of handcuffs, but records of risk assessments are not always sufficiently detailed or clear. The duty director's authorisation was not recorded in two cases. Recording by staff to demonstrate how the policy was applied was found to be blank or, when completed, did not evidence that the planned rationale was followed. This included whether handcuffs were removed while young people were being seen by a health professional. Managers could not clarify whether handcuffs had been removed when young people had medical appointments, and although there is no evidence to indicate handcuff use is inappropriate, auditing and quality assurance of these records is insufficiently robust. Aeriated
20. Searching of centre staff and visiting professionals in order to promote safety and security is very regular, though somewhat inconsistent. Inspectors observed searches that were thorough, though in contrast some appeared hurried and insufficiently robust. There has been an increase in prohibited items found in the centre, including makeshift weapons and non-authorized USB sticks. Some USB sticks found in young people's rooms contain music, but others contained 18-rated films and pornography. The source of these items is unknown.
21. The centre's own findings demonstrate that staff are not identifying and appropriately dealing with prohibited or restricted items in their daily work when some of these items are obviously present in communal areas or bedrooms. Security audits that identify these matters show that the same issues are repeated month on month, demonstrating limited improvement. The head of security stated that senior and middle managers are briefed on these issues regularly in order that they brief all relevant people in all departments. Staff lacking in experience and the need for further staff training appear to be key issues.
22. A security intelligence reporting system (SIRs) is well established. Any staff member can immediately report to a senior manager any concern that effects the security of the centre and the safety of those living and working there. Staff complete reports on 'loose-leaf' records. This system is not 'tamper-proof', meaning there is no assurance that all matters come to the attention of a manager at an appropriate level. The head of security recently began to analyse SIRs to identify any trends, themes or patterns that require wider or strategic actions.
23. The centre has a range of contingency plans. These identify the procedures to be followed for any security or safety matter. Records are kept that show that live and desk top exercises are carried out to ensure that plans are appropriate and fit for purpose. Any shortfalls or learning are identified in debriefs and actioned.
24. The head of security and other senior managers take seriously the duties set out in the Counter-Terrorism and Security Act 2015 and the government's 'Prevent' agenda. The centre has good links with the regional police counter-terrorism team and regular meetings take place to review any concerns or matters that require action. There are clearly established processes and procedures to address any concerns that arise.

Promoting positive behaviour	Inadequate
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25. The centre does not have an effective or consistent approach to managing young people's behaviour. This has led to a concerning rise in inappropriate behaviour. Inspectors witnessed some staff on some units struggling to maintain order and control. As a consequence, there was an escalation of poor behaviour and an over-reliance on more extreme measures to address this, including a high level of use of force by staff. This was often in response to assaults by young people. This was in stark contrast to the effective behaviour management in education, where most children were engaged purposefully, resulting in generally good behaviour.
26. On arrival, young people are given clear guidance about centre rules and expectations. The various tools that staff have to manage behaviour are appropriate and give the staff the opportunity to tailor their approach to meets individual need. However, the promotion of positive behaviour is fundamentally undermined by poor implementation by staff who do not implement or effectively enforce rules and standards.
27. The incentive scheme is not operated effectively. Staff and young people are confused about what individuals were entitled to. Inspectors found young people who had displayed poor behaviour had access to incentives, including games consoles and televisions that are meant to be reserved for those on the higher levels of the scheme. Perversely, in too many cases, poor behaviour was seemingly rewarded.
28. Staff have a range of appropriate sanctions to use in response to poor behaviour, including the loss of all privileges for up to 72 hours. However, inspectors found examples of young people getting different sanctions for very similar behaviours, and both young people and staff reported that some staff would not implement sanctions in order to avoid conflict. The behaviour of a small number of young people has a disproportionate impact on life at Oakhill. It was of particular concern that none of the incentive plans designed to support these particularly complex young people had been properly implemented by unit staff.
29. There was a review into the incentives and sanctions scheme at Oakhill and a new scheme is planned to improve the situation. However, without a change in culture and improved oversight of its implementation from managers, the current problems will remain.
30. Levels of violence were very high. There had been over 200 assaults on staff and young people between July and December 2016. This is a significant increase since the previous inspection. Fights were relatively rare, with only four reported during the same period. Violent incidents had resulted in 54 injuries to young people and staff, seven of which were serious in nature and required hospital treatment. The inconsistent approach to violent incidents meant some perpetrators of violence faced little or no consequences. Victims of assault are given the opportunity to refer incidents to the police, although in practice few young people take up this offer.

31. The number of incidents when staff had used force has doubled since the last inspection. There were more than 70 incidents every month between July and December 2016, despite a reduction in the number of young people in the centre during much of this period. Levels of force used in the two weeks immediately prior to the inspection were particularly high.
32. Body Worn Video Cameras and CCTV footage reviewed by inspectors demonstrated that force was generally used appropriately, with evidence of staff putting themselves at risk to protect children from harm. However, during some incidents, staff spoke disrespectfully to young people. Many incidents could be avoided if there was a more effective approach to behaviour management, including consistent and proportionate sanctions and rewards. Incident footage and records also demonstrate that healthcare staff respond to all incidents when force is used and provide medical checks of young people following restraints.
33. Oversight of individual incidents of use of force and restraint continues to be relatively good. All incidents are reviewed by several members of staff and referred for external oversight if necessary. Poor practice and learning points are identified and addressed, both with individuals, and where patterns emerge, with the whole staff group. Weekly 'use of force' meetings are effective at identifying good and poor practice, but there is little evidence of a co-ordinated approach to reduce levels of violence and force.
34. Minimising and managing physical restraint (MMPR) handling plans were in place to inform staff about how a child could be safely restrained based on any known medical conditions that could be adversely affected by the use of force. It is of significant concern that some residential staff caring for young people with MMPR handling plans were unaware of them.
35. In our survey, 50% of young people reported that staff had made them stay in their room away from other young people because of something they did. Use of single separation had also increased and was used an average of 15 times a month over the previous six months. This is generally used appropriately and the increase is a symptom of the high number of violent incidents.
36. In addition, young people who need to be protected from their peers are sometimes separated for periods of time. Oversight of this practice is not sufficient to ensure that all young people who are separated receive access to education, meaningful interaction with staff and more than an hour in the open air every day. Inspectors were particularly concerned about arrangements in place for one young person who was living in the healthcare unit at the time of the inspection; they had little interaction with others and less than 15 minutes in the open air each day.

The care of young people	Requires improvement
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37. In several areas, the care of young people at Oakhill requires improvement. Managers know what needs to be done, there are some signs of progress and there are examples of age appropriate care, for example the recognition of each young person's birthday.

Overall though, the implementation of plans that inspectors were told about during the inspection needs to be expedited to ensure that the necessary improvements are made.

38. Young people are given some information about the centre when they arrive, as are their parents or carers, although some updating of the content is required. The concerns inspectors have raised repeatedly in the past about the non-child friendly language used in the information pack have now been addressed. Young people have been involved in designing a new age-appropriate and up-to-date information pack and posters for use around the centre. The designation of one unit as an induction unit gives scope to extend the current use made of peer mentors to support young people when they first arrive and to ensure that all new arrivals receive a consistent introduction to the centre. The availability of peer mentors is not, however, advertised around the centre.
39. Residential units are in a poor condition. They are stark, poorly maintained and institutional. They do not provide an environment that encourages young people to take a pride in their surroundings or contribute to their maintenance. Levels of cleanliness are variable and in some areas poor. While inspectors saw young people carrying out their daily chores, this lacked active supervision to ensure that the work was completed thoroughly. The lack of pictures and furnishings draws more attention to the poorly decorated walls and scratched glass panels. The lack of information about the centre on some of the units is disappointing. Inspectors are aware that work is planned to improve the fabric and decoration of the units, and this work needs to be expedited.
40. In no sense are the units 'homely' and they do not provide sufficient space for up to eight young people and four members of staff to interact in comfort. This is exacerbated by the re-conversion to offices of small rooms in the communal areas that young people previously had use of during communal time. The windows do not open and little fresh air gets onto the units. The centre has however provided the end rooms on each house floor as designated pool room and play station rooms, so that all young people have a chance to meet off the unit in an alternative space. A possible link between the lack of space and the high level of fights and assaults at the centre would be worth considering with a view to determining the optimum number of young people who can be accommodated appropriately on each unit.
41. Some graffiti is evident in bedrooms. Inspectors saw some scratched into glass door panels and written under cushion seats on sofas in the communal areas. In some cases, it is unclear how young people would have had the opportunity to write or etch the graffiti if staff supervision was in place in communal areas. Bedrooms are a reasonable size and each bedroom has an integral shower, toilet and telephone point. Some young people keep their rooms very clean and tidy, but others are less interested and staff are not robust in applying consistent standards. Some rooms lack personalisation, while others reflect more about the young person, his interests and achievements. Managers intend to introduce a weekly 'best room' competition. This could help to encourage more young people to take an interest in their rooms while developing some basic independent living skills. It is a concern that many young men cover their observation panels with makeshift curtains, particularly at night.

42. Complaints arrangements are broadly appropriate. New complaints, grumbles and transfer request forms were introduced shortly before the inspection and were available on all the units. Completed forms are collected daily from the locked complaints boxes by a member of the safeguards team and then investigated by a unit manager or relevant functional head. On average, 28 complaints were submitted each month in 2016. Recently introduced quality assurance processes are starting to improve the quality of investigations and final responses to young people. Training has been provided for managers undertaking investigation of complaints. Young people spoken to during the inspection did not express any concerns about making complaints, although some had more positive experiences of the system than others. Although young people are provided with information about how to appeal against the outcome of complaints they make, no appeals were made in 2016. This was despite some young people having indicated to their caseworkers that they were not satisfied with the outcome of their complaints.
43. Over 30 complaints made by young people in 2016 had been re-designated as grumbles. Many of these issues raised by young people should have been subject to the governance and quality assurance assigned to complaints rather than the more informal approach taken at that time to responding to grumbles. It is not possible to be assured that all of these complaints were responded to. The practice of re-designating complaints as grumbles ceased some months ago.
44. Young people can access advice and support from independent advocates from Barnardo's for any issue they wish to raise. The contact details of the advocates are advertised on each unit, they visit the units regularly and young people have a free telephone number they can use to contact an advocate at other times. New arrivals meet an advocate as part of their induction and every young person who is subject to restraint is spoken to by an advocate, although they rarely accept the offer of a debrief discussion. Advocates also attend meetings with young people, during which the young people's care in and out of custody is discussed to help them make the points they want to. The advocates also provide support with complaints and raise safeguarding referrals to the centre when they feel the care of a young person is not appropriate.
45. In our survey, 85% of young people reported feeling respected by staff. During the inspection, inspectors saw generally appropriate interactions between staff and young people, although we did hear some swearing from members of staff. In one-to-one interviews carried out with young people, they were generally positive about their relationships with staff and their helpfulness, but drew some distinction between those who had worked at the centre for some time and newer staff. The view was that the newer staff were more serious and strict than those who had been there longer. This suggests that newer staff are adhering to the rules and setting appropriate boundaries, which is a positive.
46. It is positive that young people now have more opportunities to mix. As many young people as possible go to and from activities as one group, and eat communally in the dining hall. This practice both aids normal relationship building and emphasises the importance of tolerance of those peers they do not like. Young people appeared comfortable interacting with staff as they walked to and from education and during these times that young people mixed, supervision was organised well.

47. The keyworker scheme in place at the previous inspection is acknowledged by managers to have become ineffective. Only 71% of young people compared to 91% at the previous inspection knew they had a keyworker, and regular key-work sessions, including interventions to address needs related to offending behaviour, have not been happening. Responsibility for delivering interventions has recently moved to the resettlement team, which offers the opportunity to develop the impact of this work. Alongside this, residential staff have been identified as personal officers, with each having one young person with whom he or she is personally responsible for maintaining meaningful, regular contact. The personal officer will also be expected to provide regular updates on the young person's progress and well-being to his parents or carers. This change in role may not be fully understood by young people yet and it is too soon to say how effective it will be.
48. Consultation with young people happens through X-change meetings. These are held monthly but minutes show that attendance by functional areas within the centre, such as the education centre, is irregular. At recent meetings there has been a focus on the revision of the rewards and sanctions scheme but, as with other issues raised by young people, it is not clear what has been done to follow up their ideas, suggestions and concerns. Minutes of the meetings are not readily available to young people and more feedback to the whole site about the things discussed and what changes as a result of the meetings does not take place.
49. The management of diversity has started to improve in the last couple of months. However, there still needs to be more work to ensure a centre-wide approach to the promotion of equality and diversity. Diversity meetings are now taking place monthly and attendance has been generally appropriate, but there are no representatives who are young people, and minutes show little discussion of substance at some meetings. This has improved recently and the introduction of a diversity questionnaire as part of the arrival process is helping to give a centre-wide picture of the diversity needs of the population. This data capture, which is being incorporated into a database, gives the potential for improved monitoring of outcomes for different groups. Young people do not have access to racist incident report forms, but there was evidence of a complaint of racism made on an ordinary complaint form that was being dealt with in line with the racist incident report form. This practice needs to be extended so that all complaints related to protected characteristics are afforded the same level of scrutiny.
50. Regular multi-disciplinary meetings enable the centre to focus on the individual needs of young people and to share information. These meetings inform care plans dependent on the individual needs of and the regular training planning and remand management meetings that take place for each young person. Families are encouraged to attend these meetings, with resettlement workers currently being the main point of contact for families and carers. Each young person has a remand or training plan with agreed targets, but less than half of the young people who completed the survey knew they had targets to meet while in custody. The practice of giving each young people a poster for his room with his targets on has not been used for some time, although inspectors were informed by the resettlement team that they intend to reinstate this.
51. People outside the centre with whom young people have contact have to be approved by the young people's youth offending team. Once a contact is approved, young

people continue to have access to make and receive phone calls in private and are able to send letters when they want. Although it is early days, the introduction of Skype for contact with family and friends is a creditable step. It is good that this facility is available in addition to weekly on-site visits, which can be made to all young people at the centre. Transport for friends and family to and from the local train station is available. Most visits take place in the dining hall, but engagement visits are also promoted and 89 young people participated in these visits in 2016. Engagement visits take place in the youth club and more activities are provided for the young people and their visitors. It is also a better environment for small children who visit. The coffee bar is open during some of these visits, and young people who have received barista training prepare the drinks.

52. Monitoring of young people who do not receive visits takes place monthly and the volunteer visiting scheme is being reinvigorated, with one initial visit taking place during the inspection week. The centre can provide facilities for external partners to carry out family mediation work but does not undertake any itself. There is good support for young people who are fathers.
53. There was a period of several months in 2016 when there was no Christian chaplain, and this had a negative impact on the spiritual support available. The newly appointed chaplain is on-site five days each week and they work in small chaplaincy team with a Muslim Imam who is on-site two days each week. The chaplaincy team provide appropriate support for young people's spiritual and pastoral needs, and there are links to other faith leaders should a young person require one. The chaplains meet new arrivals and are available to any young person who wishes to see them. They have a designated faith area in which to conduct group worship and the peace garden has been used to help young people dealing with bereavement or other personal crises.

The achievement of young people	Good
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54. The achievement of young people at Oakhill is good. All young people make some progress and in most cases make significant gains in English and mathematics. Those who arrive with low ability make the best progress over time. This is because of the good attention given to improving their basic skills during their stay. Focus on developing employability and functional skills has been well positioned for those young people aged 16 years and over and nearly all achieve improved learning in line with the vocational programmes they attend.
55. The variety and range of programmes has increased, particularly regarding vocational pathways, and give opportunities for young people to gain an increasingly broad range of accredited programmes, matched to their length of stay. This has been an important development given the rise of numbers in the older, post-16, age group. The vocational offer remains limited because of the nature of the building, but staff continue to seek new opportunities through internal and external partnership working to extend the programme. A popular and successful sports programme delivered by a local premier league rugby club has motivated a large number of young people to meet the relatively high entry requirements, and the development of the bike workshop and

multi-skills vocational programme has enabled larger numbers of post-16 young people to achieve accreditation that holds value when they move on.

56. Hairdressing, which is a popular activity, is currently unavailable pending the arrival a new tutor. A new music tutor starts imminently and this will further enhance the vocational offer. Food technology continues to be very popular and well delivered. However, the area is not well enough equipped to offer industrial-style provision; surfaces are difficult to keep clean and equipment is worn and unreliable. A refurbishment of the area is due in February 2017 and as a valuable and well used resource, is overdue. Currently, food technology within education is not linked to the catering programme delivered in the kitchens. This is unfortunate and misses an important opportunity for learners to extend their knowledge and experience of catering in a working environment.
57. Achievement continues to be strong for the majority of learners and most make some, and often good, progress during their stay. A total of 54 GCSE/IGCSE examinations were taken in 2016, the highest number to date. Thirty-five learners took GCSE mathematics, and six of these learners achieved B and C grades. Nineteen learners achieved GCSE English, five at grades B, C and D. Sixty-seven learners achieved level 1 and level 2 functional skills awards in English and mathematics. It is expected that all young people leave the centre with at least two awards in English and mathematics and in most instances this is surpassed. Last year, a young person completed his studies at a local school and is now attending university. Due to a shortage in education staff, limited opportunities have been had for staff to visit the school cluster which has proved to be very effective. However, the working relationship has continued in the form of young people attending.
58. The centre continues to collate and refine statistical data about achievement and this helps staff to track improvements for individual learners. It also ensures that different groups of learners are achieving to their potential and do not fall behind. There is still work to do to improve the systems for tracking individual progress so that learners can review what is expected of them as well as how well they are doing. Few could clearly describe what they had to do to improve further in a given subject. Individual learning plans are comprehensive and successfully build on the initial assessment work, which is completed during the first 24 hours of a young person's arrival. Information provided on the e-Asset is generally incomplete, so work undertaken by the education welfare officer (EWO) to track back to previous educational backgrounds, although time consuming, is valuable. Work to deliver objectives on individual special educational needs (SEN) statements or in education and healthcare (EHC) plans is robustly prioritised by the special educational needs coordinator (SENCo). All plans are updated and formally presented at personal reviews and every learner receives a comprehensive education report prior to moving on.
59. Teaching, learning and assessment are good overall. In nearly all lessons, there was evidence of good planning and a range of resources used effectively to motivate and engage learners. In the majority of lessons, teachers demonstrated good classroom management skills and sound techniques to keep learners focused and on track. Many learners have short concentration spans and teachers had successfully adapted materials to hold their interest and encourage them to participate. Question and

answer tasks were used well to develop discussions and extend speaking and listening skills. In most classes, teachers were mindful of the range of learning needs within the groups and had prepared materials accordingly. Activities usually ensured sufficient stretch and challenge within tasks for the more able learners. Residential staff who escort young people to education generally work well in the classrooms and support both the teacher and the learners to engage and keep on track.

60. Teaching resources are of good quality and are used well to motivate learners and enhance the learning environment. Teachers plan work carefully and resources are generally well designed, attractive and accessible. Electronic and white boards are used effectively to stimulate learning and provide interest. Information and communication technology (ICT) is well supported by a technician who also ensures that learning materials can be readily accessed electronically when required. The use of tablets is slowly being introduced to further extend young people's safe access to resources through technology.
61. The quality of learners' work was variable and it was not always clear how well they were progressing in a given subject. Case studies were shown to demonstrate the learning journey in a number of subject areas, though learner files lacked sufficient work to show development in subjects. Teachers explained that they generally held work for marking and for safety so that it was available for accreditation purposes. Work is regularly reviewed with learners during tutorial periods prior to assessment. Marking of work when seen was constructive and provided helpful learning points so that work could be improved. Classrooms are used well to display learners' work but this is not replaced often enough in some areas. Art work continues to be of a good quality and most young people are encouraged to submit completed work to the national Koestler Awards.
62. The attention to special educational needs and learning support has continued to improve and is of a high standard. This means that all learners, as well as the more able, have very good opportunities to develop and improve their knowledge, skills and understanding. The SENCo, the EWO and the two learning support assistants work diligently as a team to provide a coherent and highly effective programme of learning to support those young people who need it. They continue to maintain effective links with previous education placements and services to ensure that this is sustained when a young person leaves the centre. Learners attending one-to-one sessions and group support were identified with very low skills levels or more complex learning needs at their initial assessment and young people clearly valued the bespoke time provided; learners were especially keen to improve their reading skills. The SENCo has identified the need for more intensive speech and language support for a number of learners and once achieved, this will be an important development to ensure those learners with additional and more complex learning needs receive bespoke interventions to meet their needs.
63. Enrichment activities now operate from the education department and work is developing well to ensure better coherence and cross centre collaboration. The enrichment team and the EWO are working effectively to extend the range of learning experiences through mobility and work experience. The Duke of Edinburgh's Award continues to be offered as an after school activity and four young people have recently

achieved their bronze award. In-school experiences have been extended, including the HITZ programme run by the local premier league rugby club, external mobility sessions at, for example, the local professional football club and with community organisations such as local food banks, local borough councils and retail organisations..

64. Impressive links have been established by the EWO with other establishments across the secure estate and externally with colleges, schools and training providers to which young people will eventually move. The EWO and the education manager have undertaken many visits to other secure placements and have established effective working arrangements with a wide range of alternative providers in, for example, construction, retail and in both the public and private sector. There is still work to do to increase the enrichment programme so that more trainees can access experiences that will improve confidence, extend their knowledge and build their employability skills.
65. Behaviour was generally good during education time, and teachers, officers and young people were mutually respectful and trusting. Low level disruption was mostly generated when individuals were moved out of class to attend other appointments. Attendance is good overall, although the high percentages recorded every month do not reflect the large number of authorised absences to attend planning reviews, medical appointment and visits. For those refusing to attend education, work set for completion on the units is not closely monitored or sufficiently valued. Staff on the residential units do not usually provide a good level of support for this or more generally to help individuals with reading or writing skills.
66. Managers have worked hard to extend and improve the work of teachers and the curriculum offer for young people. Progress has been slow but steady. Learning walks and lesson observations continue to focus on quality of teaching and progress for learners. New staff have been successfully inducted and the few vacancies currently existing will be filled in the next few weeks. In-house training continues to be implemented to good effect, with a strong focus on special educational needs and behavioural issues. Mandatory training in safeguarding, British Values and 'Prevent' has been implemented, but there was little evidence of this work in lessons taught or in displays. Work with local school clusters has faltered over the last few months and teaching staff have received fewer opportunities to attend specialist subject training because of staffing pressures.

The resettlement of young people	Requires improvement
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67. Each young person is assessed at the point of admission. They spend a designated period of time in the recently opened assessment unit before being placed within the general populous of the centre. This provides staff with the opportunity to support their admission and get to know them, while observing and completing a range of risk, behaviour, education and health assessments that are used to inform their individual sentence plan.

68. Information captured at the point of arrival, including pre-sentence reports and electronic data held by youth offending teams, is used to inform the sentence planning and review process. However, inspectors found several examples where young people's files were missing key documents relating to children looked after by the placing authority. Some effort had been made to acquire this statutory documentation, but this is not systematically pursued or effectively challenged. This shortfall was identified at the previous inspection and means that sentence planning and review may fail to take account of crucial information because assessments cannot provide an accurate picture of the needs of young people.
69. The centre has adopted a 'team around the child' approach to care planning. Representatives from a range of disciplines, including unit staff, education, health, psychology and resettlement meet on a weekly basis. They review each young person's care plan and consider how this is translated into practice. Resettlement is an integral part of this process, which provides a good vehicle for sharing information that can be fed into the formal sentence planning and review process.
70. Inspectors observed a number of sentence planning meetings. These are chaired by representatives of the resettlement team who demonstrate a comprehensive understanding of the young people in their care. All meetings were well organised, notably child-focused and ensured that key people such as social workers, youth offending workers and young people's families are fully involved and aware of their responsibilities in supporting the resettlement process.
71. The views of young people are central to the process of planning for release or transfer. Staff support and enable young people to participate in making decisions which may affect them and their futures. Inspectors spoke to a number of young people who demonstrated a knowledge and understanding of their plans and expressed confidence in their resettlement workers' abilities to ensure that these plans are brought to fruition. Feedback gathered as part of the inspection confirmed that parents/carers and external professionals are mainly complimentary about the support, guidance and expertise of the resettlement team and resettlement keyworkers and the importance of their work with young people during their stay as well as post release.
72. Good systems are in place to highlight when there are any shortfalls in planning for release. A traffic light system is used to reflect effectively each young person's resettlement status and identify any specific concerns that may negatively affect their return to the community. For example, 'looked after children' are automatically categorised as 'amber' status. This is in recognition of the fact that there is often a delay in sourcing appropriate accommodation for this group of young people, an issue that is commonplace throughout the secure estate.
73. Staff make sure that social workers and others entrusted with the care and welfare of young people are clear about their role and responsibility in facilitating a smooth resettlement transition. Good levels of communication are maintained with external professionals, ensuring that resettlement remains a primary focus throughout the duration of each young person's sentence. When necessary, there is some level of challenge of partner agencies, although the effectiveness of this challenge is lessened because there is no formal process that identifies timescales for escalating concerns to

more senior managers within the placing authority. This means that there is a significant number of children looked after who do not have their release accommodation confirmed until very close to, or on their actual discharge date. This limits the extent to which other factors such as education placements and community support can be considered.

74. Shortfalls in staffing as well as a number of key staff leaving, including the head of resettlement and the two intervention workers, mean that the delivery of the interventions programme has lacked cohesion, scrutiny and oversight. Previously, this work was facilitated by unit staff, intervention workers and casework managers, who delivered a range of programmes through key working, group work and one-to-one sessions. Inspectors found that the quality of this work was extremely variable. In most cases seen it did not relate to the young person's index offence, and rates of refusal without challenge were extremely high. Positively, centre managers have recognised these shortfalls and have started to change the way the interventions programme is delivered. For example, a dedicated team of resettlement keyworkers, under the supervision of resettlement practice managers, now take responsibility for the implementation and delivery of sentence plans, including specific and general intervention programmes. Training for these staff is ongoing. This has started to bring about an improved focus to how young peoples' individual needs are met and how their index offence is addressed. However, this is a relatively new concept and is not yet fully embedded into practice, although initial signs of improvement were noted.
75. Specialist interventions programmes are not readily available to all young people who require them. An absence of a specific programme for young people convicted of sexual offences has resulted in a shortfall in interventions. The majority of these offenders meet health criteria and receive clinical interventions from one of the two assistant psychologists. Centre managers have recognised that this shortfall needs urgent rectification and plans are in place to strengthen practice in this area. The centre is in the process of recruiting a qualified forensic psychologist who will take responsibility for developing specialisms of this type.
76. The use of mobility and release on temporary licence (ROTL) has increased significantly. Resettlement managers understand the importance of providing young people with opportunities to support their reintegration into the community. They work closely with education colleagues to promote needs-led opportunities for young people to engage in community-based activities. These have included attending future education placements, completing reparation work and engaging in fund raising activities. However, the best examples are seen in the support one young person has received to attend mainstream school and gain qualifications that will enable him to go to university, and more recently in the use of mobility to enable one young person be involved in the preparation for the imminent birth of his baby by supporting him to attend key pre-natal appointments.
77. The risks that young people pose to themselves and others are consistently monitored throughout their time at the centre. Relevant information is shared with partner agencies who play a role in providing specialist support in the community. For example, close liaison and participation in multi-agency public protection arrangements (MAPPA).

This ensures that additional support can be considered and arranged for when young people leave the centre.

78. The outcomes for young people after release are monitored. The resettlement team gathers a range of information at regular intervals following each young person's release. This information is analysed in an attempt to identify the reasons why young people reoffend and their findings used to inform the delivery of services in an effort to reduce the likelihood of re-offending. Data gathered throughout 2016 has yet to be analysed, although initial figures indicate that reoffending rates are below the national average.
79. The enrichment programme is of variable quality. Some aspects of the programme are extremely beneficial to helping young people to develop their social, educational, recreational and vocational skills. For example, partnerships with a range of organisations, including a professional football club and a professional rugby club, balance physical activity and professional training with providing an insight into team-work, channelling aggression and respect. In contrast, a failure to deliver the life skills programme is a missed opportunity for young people to develop basic skills, such as cooking, on the units.

The health of young people	Requires improvement
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80. Young people have access to a range of age-appropriate services, which are delivered by a core team of staff, including regular bank staff. However, no health needs assessments have been completed since 2011 to support this, and this was highlighted at the last inspection. This means that the service cannot be sure that they are meeting the needs of all the young people. Inspectors found that they had access to a range of services such as substance misuse, psychology, immunisation clinics, optician, dental and sexual health services. Sixty four percent of young people in the survey stated that healthcare services are good, which is similar to the comparator of all other secure centres and 86% stated that they can see a nurse or GP if they are ill which is lower than in the last inspection (92%).
81. Young people have an initial health assessment completed upon their arrival by means of a nationally recognised assessment called the Comprehensive Health Assessment Tool (CHAT). Inspectors saw evidence of immediate care plans being put in place when issues were identified. Further sections of the CHAT, covering physical and mental health, neuro-disability and substance misuse are also completed and generally within the expected timescales. Staff ensure that they record when a young person refuses to engage to complete the assessments. Inspectors saw good contact with families and other agencies, such as nurse specialists to obtain further information about the needs of the young people. Inspectors did, however, find most care plans were generic and not tailor-made for the individual. Record keeping was variable, with some detailed recording, and some were sparse or incomprehensible, due to poor writing. The absence of an electronic patient record system impacts on clinical activity and these records are not effectively used to measure the effectiveness of the health service. Although implementation has been promised, there is no start date. The absence of a

universal clinical records system also constrains effective information sharing and partnership working. This was a recommendation from the last inspection.

82. Inspectors did not find excessive waits for clinics or the dentist or GP. Both the GP and dentist provide a responsive and flexible service. When a new young person is admitted, they are immediately referred to substance misuse services and the dentist for an initial assessment. Contact is also made with the GP, who attends within 24 hours. If the young person requires medication, the GP can authorise the nurse to administer it.
83. The position of the defibrillator nearest the dentist is still cause for concern, despite a recommendation from the inspection in November 2015. However there is a plan in place to purchase three additional defibrillators.
84. The floor in the dental suite is not adequate as its seal has been compromised over time. This, too, was a recommendation from the inspection in November 2015. However, once again, a plan has recently been put in place to replace it.
85. Inventories are not completed and policies are not signed in the dental suite, therefore it was not possible to measure when these were last completed and updated, and indeed whether there is dental equipment which needs disposing of.
86. There are delays in accessing psychology services and there are currently four young people waiting for interventions. One of these young people has been waiting since August 2016 because his sexually harmful behaviour requires the intervention of both assistant psychologists. The assistant psychologists are fully engaged in multi-disciplinary meetings, both internally and externally when capacity allows, and provide the centre with training for new centre staff. They receive regular clinical supervision from St. Andrews Healthcare and all mandatory training is up to date. St. Andrews have given notice and will end their contract soon. However, they have agreed to continue with clinical supervision until a full-time clinical psychologist is in post.
87. A locum psychiatrist attends the centre as needed and is currently working with eight young people. She is supported by two registered mental health nurses (RMHN), who are working with three young people.
88. Substance misuse interventions are good and a comprehensive referral pathway is in place. Quarterly reports are being produced that show that interventions are timely. Substance misuse workers employ psychosocial interventions in one-to-one and voluntary group sessions. Auricular acupuncture is also available to young people who receive substance misuse and/or psychology services.
89. Managerial and clinical supervision is occurring on a regular basis for nursing staff. Employment Development Reviews (EDR) are also up to date as are disclosure and barring service checks and professional registrations. Mandatory training is up to date and it is positive to see that nurses are supported to develop in areas of work such as the non-medical prescribing course and the continued good work around the fatherhood group.

90. The correct levels of governance are in place to support attendance of the national standards for children and young people insecure settings, clinical managers and medicines management meetings. Internal and external audits are completed regularly for health and safety, mobility (the movement of young people to external hospital appointments), admissions (time of arrival to the STC), sexual health, immunisations and complaints.
91. Inspectors observed good interactions across the wider healthcare department and also with centre staff. This included attending relevant meetings, such as team around the child (TAC) and the specialist intervention meetings.
92. There is no separate complaints/compliment form for healthcare, which compromises confidentiality. The current form is collected by the centre complaints clerk who then distributes any completed forms to the necessary department within the centre once they have been read.
93. There is no separate health forum for young people and methods of gathering feedback are ad hoc. The young people are part of the X-change forum, which seeks to gather opinions about centre activities. However, minutes from this forum were not readily available. A health fair is held every six months and young people are also questioned. However, regular feedback is lacking.
94. Only 15% of young people felt the food was good or very good and the 12 young people spoken to all said that the portion sizes were inadequate despite there being sufficient choice. The young people attend the dining area twice daily on a unit-by-unit basis. Only after the final sitting are second portions available to the last unit to be fed. Although attendance is rotated, the young people were very vocal about needing bigger portions. Many of them also said that they would benefit from being able to cook on their units. Food was being provided by the catering manager to allow staff to cook at the weekends but it was often left unused and became inedible.
95. Menus are on display and they indicate foods which are halal or vegetarian. Healthier options and other special diets are also catered for. There is also literature on display involving health promotion around nutrition. The coffee shop is well established and young people are able to obtain relevant qualifications and practical experience as baristas.

The effectiveness of leaders and managers	Requires improvement
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96. It is disappointing that the majority of the recommendations from the previous inspection have not been acted on until very recently. For this reason, a number of recommendations from the previous inspection report are repeated within this inspection report.
97. The centre has experienced significant change within the senior leadership team including the appointment of a new permanent director. During the early part of 2016,

these changes contributed to a period of instability, which was further fuelled by the impact of the 'Panorama' programme regarding Medway. This combination of factors led to significant staff attrition and high rates of staff sickness. The likely impact of this staffing shortfall was not recognised quickly enough, and led to an inability on the part of the centre to work safely and effectively with trainees. Such was the level of concern to achieve minimal staffing levels that the centre and the YJB agreed to reduce temporarily the number of trainee places within the centre.

98. The appointment of the current director and the transfer of the management of the centre to the custodial and detention arm of the parent company G4S occurred in June 2016. These changes prompted the introduction of an assertive recruitment and retention strategy that has been highly successful in attracting staff and reducing high rates of staff sickness. The centre has now returned to full capacity and the rectification notice issued by the YJB has been lifted. The recruitment strategy demonstrated innovation and investment. This included providing incentives to existing staff to manageably increase their work hours, engaging the services of external recruitment specialists and securing the services of staff from within the wider G4S establishment to support the centre, particularly at weekends. Issues of retention are being addressed through recruitment above establishment levels, more family-friendly rosters, greater flexibilities in employment contracts, as well as training and career progression opportunities.
99. Although the ongoing recruitment campaign has been successful, a consequence is that roughly a third of the staff are new and lack experience in working within the secure estate. Many managers and staff spoken to or observed by inspectors demonstrated commendable commitment and enthusiasm to working with the young people. However, it was also evident that too many lacked confidence to address lower level behavioural issues such as foul or abusive language. Similarly, not all staff, either new or experienced, are applying the existing sanctions and rewards scheme consistently, in order to avoid confrontation with the young people. This issue is exacerbated by ineffective oversight and governance of the arrangements, particularly by some first line managers. As the rewards and sanctions scheme is fitfully applied, the majority of young people have little faith in its fairness or effectiveness.
100. The new director is suitably experienced and qualified to manage the centre. During her short tenure, she has developed a purposeful vision to deliver high quality care and education to young people. She demonstrates drive and commitment to improve the functioning of the centre, drawing on the findings of an externally commissioned survey to confirm areas of strength and vulnerability. These have been incorporated within a risk register and a consolidated action plan that is effectively monitored to ensure that progress is maintained. Innovation is also evident, as exemplified by the decision to minimise the use of any mixing list to normalise, as far as possible, the movements of young people around the centre. This was found to be especially effective in education and the dining room, where the atmosphere was found to be relaxed and pleasant.
101. The senior management team benefit from support from G4S, including specialist assistance for bespoke projects such as training and recruitment. A number of external appointments, including that of the deputy director and safeguarding director, has

increased managerial capacity, while bringing fresh perspectives and challenge. Effective working relationships are in place between the centre and external agencies, including children's social care, the police, the designated officer (DO) and the local safeguarding children board (LSCB). The establishment of a professional forum that meets quarterly is effective in engaging the centre with external agencies, providing opportunities for consideration of practice issues and external training. The centre contributes well to joint STC meetings organised by the YJB, contributing to share learning to improve outcomes to enhance young people's experience while detained.

102. Safeguarding arrangements are increasingly secure and robust. The new head of safeguarding has been purposeful in driving improvements in this area, including the extension of external involvement in decision making about potential child protection concerns. Strategy meetings, when required, are timely and appropriately attended by specialist police and social workers from the local area. Senior managers have demonstrated a willingness to take action against staff if standards of behaviour fall below those required. There are some missed opportunities at operational level for managers to improve standards of care through appropriate challenge or advice to custody officers. Too many are unclear or not sufficiently confident in their ability to manage the complex behaviours of young people and are therefore unable to de-escalate matters and 'nip them in the bud'. This ineffectiveness contributes to the high level of disruptive incidents.
103. Quality assurance processes across the centre demonstrate variability and are insufficiently robust in some key areas, including the records kept on the living units and those authorising the use of handcuffs. There is more recent evidence of a higher regard for the use of audits to improve the quality of work and compliance with existing policies and procedures. Recent audits undertaken in relation to child protection and allegations against staff involved external agencies and provided reassurance as well as learning points for work in this area. Inspectors saw some good examples of quality assurance being used effectively when reviewing CCTV footage of restraint. Staff involved receive individual feedback, training or guidance to improve their practice and develop their skills.
104. A new quality assurance framework has very recently been developed that includes a comprehensive auditing programme. Additional resources have been secured to support this work. Work in this area is informed through the development of increasingly sophisticated managerial data that helps identify patterns and trends pertaining to, for example, the use of restraint and single separation. Data is also used well to determine if there is any disproportionality in outcomes for young people from minority groups.
105. Work is ongoing to develop a comprehensive learning and development strategy. This has included revisions to the initial training courses to involve more managers and young people, and enables candidates to have a realistic vision of work within the centre and consider their suitability for it. Once employed, they are supported by a range of internal and external courses, some of which are mandatory, for example the use of managing and minimising physical restraint (MMPR). All staff are encouraged and supported to undertake level 2 qualifications in mental health, autistic spectrum disorder and working with young people, delivered by Milton Keynes College. There are

also opportunities to undertake level 3 diploma awards. Attention has also been given to the training of managers, with a number of recent away days arranged to promote leadership and accountability. The opportunities presented through apprenticeships are recognised by the centre, though meaningful progress in this area has yet to materialise. More work is required to ensure that staff receive regular and reflective supervision.

106. The physical condition of residential areas in the centre requires attention. At the start of the inspection, there was some damaged furniture within the centre and graffiti in some bedrooms. The damaged furniture could present both a safety and security risk. Cleanliness expectations of the young people need strengthening. Some observation panels in doors were partially, or wholly, covered over at different times during the inspection. This raises the possibility that they were inappropriately left over observation panels overnight. This presents risk if observations cannot be made regularly.
107. The views of young people at the centre are sought in a variety of ways, although the 'X-change' meetings need to be revitalised: key departments such as education only attend sporadically. It is of note that a schools council has very recently been set up. To date, it has met only once and it is therefore too early to measure any impact. Focus groups and surveys are used well to inform planning, and young people have contributed to the proposed revision of the rewards and sanctions scheme. Communication both with staff and the young people is recognised by centre managers as an area for improvement. Newsletters are now regularly produced, both for the young people and for staff. Planned improvements to information communication technology are planned for staff, to assist in promoting communication as well as providing further opportunities for online training and to reduce reliance on paper records.
108. Current practice and legislative priorities, including around child sexual exploitation and the 'Prevent' duty, are increasingly well understood by senior managers in the centre and training has been delivered accordingly. The initial training course for new staff has been reviewed and now incorporates the risks relating to radicalisation. A number of concerning incidents have been shared with the appropriate authorities as a result.

About this inspection

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspection Act 2006.

Joint inspections involving Ofsted, HM Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) are permitted under paragraph 7 of schedule 13 to the Education and Inspections Act 2006. The CQC is also obliged to regulate registered healthcare providers under the Health and Social Care Act 2008. This enables Ofsted's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of his functions.

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

The inspection was unannounced. Eight inspectors, comprising two from HMIP, five from Ofsted and one from the CQC carried it out. The inspection was informed by a survey of young people's views undertaken in January 2017 by researchers from HMIP. At the time of the survey, the population at Oakhill STC was 62 young people. Questionnaires were distributed to 60 young people, and 47 were completed, a response rate of 78%. Twelve young people refused to complete a questionnaire and one questionnaire was not returned. In addition, 10 young people were randomly selected for individual interviews with researchers, and these findings were considered alongside all other evidence.

All inspectors drew keys and accessed all parts of the centre. The inspection team considered key aspects of young people's experience of living in the centre and the effectiveness of the support available to them. Inspectors observed practice and spoke with young people. Inspectors also spoke with former residents, their parents and carers, frontline staff, managers, the YJB monitor, the designated officer and other key stakeholders, including the advocacy service provider. In addition, inspectors analysed performance data, reports and other management information available within the centre.

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

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



Oakhill STC

Summary of questionnaires and interviews

09 January 2017

Introduction

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

The data collected is used in inspections, during which it is triangulated with inspectors' observations, discussions with young people and staff as well as documentation held in the establishment. More detail can be found in the inspection report.

Survey Methodology

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

Selecting the sample

Questionnaires were offered to all young people who were present in the centre at the time of the survey. All young people at the time of the survey were aged between 14 and 18 years.

Completion of the questionnaire was voluntary and refusals were noted.

Interviews were routinely offered to all young people.

Methodology

Every attempt was made to distribute the questionnaires to each young person on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, young people were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable, or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Young people were not asked to put their names on their questionnaire, although their responses could be identified back to them in line with child protection requirements.

If a young person indicated child protection concerns in the survey, these were followed up with the young person before we left the establishment, to ensure their safety. This occasionally resulted in allegations being refuted or withdrawn. However, in these circumstances, we do not amend the original survey responses on the basis that the responses given reflected the young person's perceptions at the time when it was initially completed. The survey provides a valid and confidential route for the young person to volunteer information.

Response rates

At the time of the survey on 9 January 2017, the population at Oakhill STC was 62. Using the method described above, questionnaires were distributed to 60 young people¹.

We received a total of 47 completed questionnaires, a response rate of 78%. Twelve young people refused to complete a questionnaire and one questionnaire was not returned.

Unit	Number of completed survey returns
Oak 1	3
Oak 2	4

¹ Surveys were not distributed to two young people who were at court on the day of the survey.

Ash 1	6
Ash 2	5
Ash 3	4
Ash 4	6
Willow 2	6
Willow 3	6
Willow 4	7

Comparisons

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant² differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant, there is no shading. Orange shading has been used to show a statistically significant difference in young peoples' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from Oakhill in 2017 compared with responses from young people surveyed in all other secure training centres. This comparator is based on all responses from young people surveys carried out in two secure training centres since April 2016.
- The current survey responses from Oakhill in 2017 compared with the responses of young people surveyed at Oakhill in 2015.
- A comparison within the 2017 survey between the responses of white young people and those from a black and minority ethnic group.
- A comparison within the 2017 survey between the responses of young people who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2017 survey between the responses of young people who reported that they had been in local authority care and those who did not.

² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Summary

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

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

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

Secure Training Centre Survey

Section I: Questions about you

Q1.1	Are you?	Male 47 (100%)				Female 0 (0%)		
Q1.2	How old are you?	12 0 (0%)	13 0 (0%)	14 3 (6%)	15 14 (30%)	16 16 (34%)	17 13 (28%)	18 1 (2%)
Q1.3	What is your ethnic origin?							
	White - British (English/Welsh/Scottish/Northern Irish).....	16 (34%)						
	White - Irish.....	2 (4%)						
	White - Other.....	3 (6%)						
	Black or Black British - Caribbean.....	6 (13%)						
	Black or Black British - African.....	10 (21%)						
	Black or Black British - other.....	1 (2%)						
	Asian or Asian British - Indian.....	0 (0%)						
	Asian or Asian British - Pakistani.....	1 (2%)						
	Asian or Asian British - Bangladeshi.....	0 (0%)						
	Asian or Asian British - Chinese.....	0 (0%)						
	Asian or Asian British - other.....	0 (0%)						
	Mixed heritage - White and Black Caribbean.....	6 (13%)						
	Mixed heritage - White and Black African.....	0 (0%)						
	Mixed heritage - White and Asian.....	0 (0%)						
	Mixed heritage - other.....	2 (4%)						
	Arab.....	0 (0%)						
	Other ethnic group.....	0 (0%)						
Q1.4	What is your religion?							
	None.....	16 (36%)						
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	21 (48%)						
	Buddhist.....	0 (0%)						
	Hindu.....	0 (0%)						
	Jewish.....	0 (0%)						
	Muslim.....	5 (11%)						
	Sikh.....	0 (0%)						
	Other.....	2 (5%)						
Q1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes 3 (7%)				No 41 (93%)		
Q1.6	Are you a British citizen?	Yes 43 (91%)				No 4 (9%)		
		Yes				No		

Q1.7 Do you have a disability? Do you need help with any long term physical, mental or learning needs? 10 (22%) 35 (78%)

Q1.8 Have you ever been in local authority care (looked after)? Yes 18 (39%) No 28 (61%)

Section 2: Questions about your trip here and first 24 hours in this centre

Q2.1 On your most recent journey to this centre, did you feel that staff looked after you well? Yes 40 (89%) No 5 (11%)

Q2.2 When you arrived at the centre were you searched? Yes 44 (94%) No 1 (2%) Don't remember/ Not applicable 2 (4%)

Q2.3 Did staff explain to you why you were being searched? Yes 35 (78%) No 5 (11%) Don't remember/ Not applicable 5 (11%)

Q2.4 When you were searched, did staff treat you with respect? Yes 39 (83%) No 4 (9%) Don't remember/ Not Applicable 4 (9%)

Q2.5 Did you see a doctor or nurse before you went to bed on your first night here? Yes 43 (93%) No 3 (7%)

Q2.6 On your first night here, did anybody talk to you about how you were feeling? Yes 36 (78%) No 10 (22%)

Q2.7 Did you feel safe on your first night here? Yes 40 (93%) No 3 (7%)

Section 3: Daily life

Q3.1 In your first few days here were you told everything you needed to know about life at the centre? Yes 32 (70%) No 8 (17%) I don't know 6 (13%)

Q3.2 If you had a problem, who would you turn to? (Please tick all that apply)
 No-one..... 9 (20%)
 Teacher/ Education staff..... 1 (2%)
 Key worker..... 10 (22%)

Case worker.....	14 (31%)
Staff on your unit	16 (36%)
Another young person here.....	3 (7%)
Family	19 (42%)
Advocate.....	3 (7%)
Other	0 (0%)

Q3.3	Do you have a key worker on your unit?	Yes 31 (70%)	No 13 (30%)
Q3.4	Does your key worker help you?	I don't have a key worker 13 (32%)	Yes 20 (49%) No 8 (20%)
Q3.5	Do most staff treat you with respect?	Yes 35 (85%)	No 6 (15%)
Q3.6	Can you follow your religion if you want to?	Yes 30 (70%)	No 2 (5%) I don't want to/ I have no religion 11 (26%)
Q3.7	What is the food like here?		
	Very good	0 (0%)	
	Good	7 (15%)	
	Neither	8 (17%)	
	Bad.....	13 (28%)	
	Very bad.....	18 (39%)	
Q3.8	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	Yes 40 (89%)	No 5 (11%)
Q3.9	How often do you have visits from family, carers and friends?		
	I don't get visits.....	9 (20%)	
	Less than once a week	11 (25%)	
	About once a week	20 (45%)	
	More than once a week	4 (9%)	

Section 4: Behaviour

Q4.1	Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	I don't know what the scheme is 1 (2%)	Yes 34 (77%)	No 9 (20%)
		I don't know what the scheme is	Yes	No

Q4.2	Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	1 (2%)	31 (72%)	11 (26%)
Q4.3	If you get in trouble, do staff explain what you have done wrong?	Yes 33 (80%)		No 8 (20%)
Q4.4	Do most staff let you know when your behaviour is good?	Yes 31 (70%)		No 13 (30%)
Q4.5	Have staff ever made you stay in your room away from the other young people because of something you did? (this could include having things removed from your room such as pictures or bedding)	Yes 22 (50%)		No 22 (50%)
Q4.6	Have you been physically restrained since you have been here? (you may have heard it called MMPR)	Yes 17 (38%)		No 28 (62%)
Q4.7	Were you given a chance to talk to somebody about the restraint afterwards?	Not been restrained 28 (64%)	Yes 11 (25%)	No 5 (11%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a doctor or nurse?	Yes 37 (86%)	No 4 (9%)	I don't know 2 (5%)
Q5.2	What are the health services like here?	Good 27 (64%)	Bad 13 (31%)	I don't know 2 (5%)
Q5.3	Do you have any health needs which are not being met?	Yes 9 (21%)		No 34 (79%)

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 41 (98%)		No 1 (2%)
Q6.2	Are complaints dealt with fairly?	I have not made one 21 (50%)	Yes 11 (26%)	No 10 (24%)

Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	Yes 3 (8%)	No 37 (93%)
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Section 7: Questions about education, training and activities

Q7.1	Do you have a care plan that sets out targets for you to achieve while in custody? (this might be called a training, sentence or remand plan)	Yes 16 (41%)	No 11 (28%)	I don't know 12 (31%)
Q7.2	Since you have been here have you been given any advice about training or jobs that you might like to do in the future?	Yes 28 (68%)	No 13 (32%)	
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying / hairdressing)?	Yes 23 (56%)	No 18 (44%)	
Q7.4	Do you think your education/ training here will help you once you leave the centre?	Yes 22 (59%)	No 15 (41%)	
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 38 (93%)	No 3 (7%)	
Q7.6	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	Yes 38 (93%)	No 3 (7%)	
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 29 (81%)	No 7 (19%)	
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 14 (33%)	Yes 19 (45%)	No 9 (21%)

Section 8: Questions about safety

Yes No

Q8.1	Have you ever felt unsafe here?	8 (19%)	35 (81%)
Q8.2	Do you feel unsafe at the moment?	Yes 3 (7%)	No 41 (93%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe	35 (85%)	
	Everywhere.....	1 (2%)	
	Admissions room	0 (0%)	
	In single separation	0 (0%)	
	At the gym.....	0 (0%)	
	Outside areas / grounds	1 (2%)	
	Corridors.....	1 (2%)	
	Dining room	1 (2%)	
	At education / training	2 (5%)	
	At religious services	0 (0%)	
	At health services	0 (0%)	
	In the visits area	0 (0%)	
	On your unit.....	2 (5%)	
	In your room	0 (0%)	
	Other	1 (2%)	
Q8.4	Have you experienced any of the following from young people here? (Please tick all that apply)		
	Insulting remarks about you	9 (26%)	
	Physical abuse (being hit, kicked or assaulted)	6 (17%)	
	Sexual abuse.....	1 (3%)	
	Feeling threatened or intimidated	7 (20%)	
	Shout outs / yelling through windows about you	6 (17%)	
	Having your property taken	3 (9%)	
	Other	2 (6%)	
	Not experienced any of these things	19 (54%)	
Q8.5	If yes, what was it about? (Please tick all that apply)		
	Your race or ethnic origin	4 (11%)	
	Your religion/religious beliefs.....	0 (0%)	
	Your nationality.....	2 (6%)	
	Being from a different part of the country to others.....	0 (0%)	
	Being from a traveller community	0 (0%)	
	Your sexual orientation.....	0 (0%)	
	Your age	0 (0%)	
	Having a disability	1 (3%)	
	You being new here	5 (14%)	
	Your offence/ crime.....	3 (9%)	
	Gang related issues / people you know or mix with	2 (6%)	
	About your family or friends.....	2 (6%)	
	Drugs	1 (3%)	
	Medication you receive	0 (0%)	
	Your gender	0 (0%)	
	Other	1 (3%)	
Q8.7	Have you experienced any of the following from staff here? (Please tick all that apply)		
	Insulting remarks about you	3 (8%)	
	Physical abuse (being hit, kicked or assaulted)	0 (0%)	
	Sexual abuse.....	0 (0%)	
	Feeling threatened or intimidated	2 (5%)	

Having your property taken 1 (3%)
 Other 2 (5%)
Not experienced any of these things 30 (81%)

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

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

	Yes	No
Q8.10 If you were being bullied or 'picked on', would you tell a member of staff?	30 (68%)	14 (32%)



Survey responses from children and young people: Oakhill STC 2017

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

NB: This document shows a comparison between the responses from all young people surveyed in this establishment with all young people surveyed for the comparator.

Key to tables

	Any percentage highlighted in green is significantly better	Oakill STC 2017	STC comparator		Oakhill STC 2017	Oakhill STC 2015
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in young people's background details					
	Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		47	82		47	51
SECTION 1: ABOUT YOU						
1.2	Are you aged under 16?	36%	35%		36%	42%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	55%	48%		55%	33%
1.4	Are you Muslim?	12%	13%		12%	12%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	10%		7%	8%
1.6	Are you a British citizen?	92%	94%		92%	95%
1.7	Do you have a disability?	22%	27%		22%	25%
1.8	Have you ever been in local authority care?	39%	36%		39%	34%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS						
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	88%	95%		88%	86%

2.2	When you arrived at the centre were you searched?	94%	94%	94%	95%
2.3	Did staff explain why you were being searched?	78%	82%	78%	67%
2.4	When you were searched, did staff treat you with respect?	82%	87%	82%	80%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	93%	93%	93%	87%
2.6	Did anybody talk to you about how you were feeling?	79%	77%	79%	50%
2.7	Did you feel safe?	93%	88%	93%	88%
SECTION 3: DAILY LIFE					
3.1	In your first few days here were you told everything you needed to know about life at the centre?	70%	73%	70%	63%
If you had a problem, who you would turn to?					
3.2a	No-one	20%	20%	20%	18%
3.2b	Teacher/Education staff	2%	17%	2%	8%
3.2c	Key worker	22%	29%	22%	26%
3.2d	Case worker	31%	38%	31%	41%
3.2e	Staff on the unit	36%	57%	36%	33%
3.2f	Another young person here	7%	28%	7%	10%
3.2g	Family	42%	46%	42%	53%
3.2h	Advocate	7%	12%	7%	8%
3.3	Do you have a key worker on your unit?	71%	68%	71%	91%
For those who said they had a key worker:					
3.4	Does your key worker help you?	70%	85%	70%	83%
3.5	Do most staff treat you with respect?	85%	94%	85%	80%
3.6	Can you follow your religion if you want to?	70%	78%	70%	59%
3.7	Is the food here good/ very good?	15%	25%	15%	25%
3.8	Is it easy to keep in touch with family or carer outside the centre?	88%	95%	88%	80%

3.9	Do you have visits from family, carers or friends at least once a week?	55%	53%	55%	55%
SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	78%	72%	78%	75%
4.2	Do you think the incentives and sanctions scheme is fair?	72%	61%	72%	62%
4.3	If you get in trouble, do staff explain what you have done wrong?	80%	81%	80%	75%
4.4	Do most staff let you know when your behaviour is good?	71%	78%	71%	62%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	50%	33%	50%	63%
4.6	Have you been physically restrained since you have been here?	37%	31%	37%	36%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	68%	74%	68%	50%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	86%	83%	86%	92%
5.2	Do you think that the health services are good here?	64%	67%	64%	54%
5.3	Do you have any health needs which are not being met?	21%	25%	21%	16%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	98%	94%	98%	99%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	54%	65%	54%	55%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	8%	11%	8%	14%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in	41%	38%	41%	50%

	custody?				
7.2	Have you been given advice about training or jobs that you might like to do in the future?	69%	65%	69%	64%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	56%	51%	56%	60%
7.4	Do you think your education here will help you once you leave?	59%	60%	59%	58%
7.5	Have you been able to learn any 'life skills' here?	93%	75%	93%	84%
7.6	Are you encouraged to take part in activities outside education/ training hours?	93%	84%	93%	84%
7.8	Do you know where you will be living when you leave the centre?	81%	73%	81%	72%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	68%	58%	68%	57%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	19%	24%	19%	25%
8.2	Do you feel unsafe at the moment?	7%	6%	7%	10%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	26%	29%	26%	40%
8.4b	Physical abuse?	17%	24%	17%	28%
8.4c	Sexual abuse?	2%	0%	2%	2%
8.4d	Feeling threatened or intimidated?	20%	16%	20%	27%
8.4e	Shout outs/yelling through windows?	17%	28%	17%	36%
8.4f	Having your canteen/property taken?	9%	5%	9%	15%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	11%	16%	11%	6%
8.5b	Your religion or religious beliefs?	0%	6%	0%	5%

8.5c	Your nationality?	6%	5%		6%	6%
8.5d	Your being from a different part of the country than others?	0%	6%		0%	5%
8.5e	Your being from a Traveller community?	0%	5%		0%	0%
8.5f	Your sexual orientation?	0%	0%		0%	2%
8.5g	Your age?	0%	2%		0%	5%
8.5h	You having a disability?	2%	2%		2%	0%
8.5i	You being new here?	15%	12%		15%	9%
8.5j	Your offence or crime?	9%	11%		9%	9%
8.5k	Gang related issues or people you know or mix with?	6%	10%		6%	9%
8.5l	About your family or friends?	6%	7%		6%	10%
8.5m	Drugs?	2%	2%		2%	9%
8.5n	Medications you receive?	0%	2%		0%	0%
8.5	Your gender?	0%	1%		0%	0%
Have you experienced any of the following from staff here?						
8.7a	Insulting remarks?	8%	15%		8%	10%
8.7b	Physical abuse?	0%	8%		0%	13%
8.7c	Sexual abuse?	0%	1%		0%	0%
8.7d	Feeling threatened or intimidated?	6%	9%		6%	10%
8.7e	Having your canteen/property taken?	2%	6%		2%	13%
For those who have indicated any of the above, what did it relate to?						
8.8a	Your race or ethnic origin?	0%	6%		0%	5%
8.8b	Your religion or religious beliefs?	0%	4%		0%	0%
8.8c	Your nationality?	0%	8%		0%	0%
8.8d	Your being from a different part of the country than others?	0%	4%		0%	0%

8.8e	Your being from a Traveller community?	0%	1%		0%	2%
8.8f	Your sexual orientation?	0%	3%		0%	0%
8.8g	Your age?	0%	4%		0%	0%
8.8h	You having a disability?	0%	0%		0%	0%
8.8i	You being new here?	2%	6%		2%	2%
8.8j	Your offence or crime?	0%	6%		0%	2%
8.8k	Gang related issues or people you know or mix with?	0%	4%		0%	0%
8.8l	About your family or friends?	0%	4%		0%	2%
8.8m	Drugs?	0%	5%		0%	2%
8.8n	Medications you receive?	0%	3%		0%	0%
8.8o	Your gender?	0%	4%		0%	0%
8.8p	Because you made a complaint?	0%	4%		0%	2%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	69%	56%		69%	67%



Diversity comparator (ethnicity) Oakhill STC 2017

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic young people	White young people
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		26	21
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	47%	25%
1.4	Are you Muslim?	21%	0%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	15%
1.6	Are you a British citizen?	91%	89%
1.7	Do you have a disability?	3%	43%
1.8	Have you ever been in local authority care?	33%	46%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS			
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	79%	100%
2.2	When you arrived at the centre were you searched?	97%	89%
2.3	Did staff explain why you were being searched?	85%	69%
2.4	When you were searched, did staff treat you with respect?	77%	89%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	80%	86%
2.6	Did anybody talk to you about how you were feeling?	79%	75%
2.7	Did you feel safe?	91%	96%
SECTION 3: DAILY LIFE			
3.1	In your first few days here were you told everything you needed to know about life at the centre?	61%	82%
If you had a problem, who you would turn to?			
3.2a	No-one	27%	11%
3.2b	Teacher/Education staff	0%	4%
3.2c	Key worker	21%	26%
3.2d	Case worker	27%	35%
3.2e	Staff on the unit	24%	50%
3.2f	Another young person here	3%	11%
3.2g	Family	36%	50%
3.2h	Advocate	3%	11%
3.3	Do you have a key worker on your unit?	66%	74%
3.5	Do most staff treat you with respect?	83%	88%
3.6	Can you follow your religion if you want to?	83%	56%
3.7	Is the food here good/ very good?	9%	25%
3.8	Is it easy to keep in touch with family or carer outside the centre?	88%	89%
3.9	Do you have visits from family, carers or friends at least once a week?	42%	69%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	71%	85%
4.2	Do you think the incentives and sanctions scheme is fair?	58%	88%
4.3	If you get in trouble, do staff explain what you have done wrong?	78%	82%

4.4	Do most staff let you know when your behaviour is good?	66%	74%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	49%	52%
4.6	Have you been physically restrained since you have been here?	27%	50%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	84%	88%
5.2	Do you think that the health services are good here?	60%	68%
5.3	Do you have any health needs which are not being met?	16%	28%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	97%	100%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	3%	13%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	39%	46%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	69%	68%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	62%	48%
7.4	Do you think your education here will help you once you leave?	54%	68%
7.5	Have you been able to learn any 'life skills' here?	90%	96%
7.6	Are you encouraged to take part in activities outside education/ training hours?	86%	100%
7.8	Do you know where you will be living when you leave the centre?	81%	81%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	17%	19%
8.2	Do you feel unsafe at the moment?	10%	4%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	23%	29%

8.4b	Physical abuse?	18%	17%
8.4c	Sexual abuse?	5%	0%
8.4d	Feeling threatened or intimidated?	13%	29%
8.4e	Shout outs/yelling through windows?	5%	29%
8.4f	Having your canteen/property taken?	5%	13%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	23%	0%
8.5b	Your religion or religious beliefs?	0%	0%
8.5c	Your nationality?	5%	4%
8.5d	Your being from a different part of the country than others?	0%	0%
8.5e	Your being from a Traveller community?	0%	0%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	0%	0%
8.5h	You having a disability?	0%	4%
8.5i	You being new here?	13%	17%
8.5j	Your offence or crime?	13%	4%
8.5k	Gang related issues or people you know or mix with?	5%	4%
8.5l	About your family or friends?	5%	4%
8.5m	Drugs?	0%	4%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	0%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	4%	12%
8.7b	Physical abuse?	0%	0%
8.7c	Sexual abuse?	0%	0%

8.7d	Feeling threatened or intimidated?	0%	12%
8.7e	Having your canteen/property taken?	0%	4%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	0%
8.8b	Your religion or religious beliefs?	0%	0%
8.8c	Your nationality?	0%	0%
8.8d	Your being from a different part of the country than others?	0%	0%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	4%	0%
8.8j	Your offence or crime?	0%	0%
8.8k	Gang related issues or people you know or mix with?	0%	0%
8.8l	About your family or friends?	0%	0%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	63%	74%



Diversity comparator (local authority care) Oakhill STC 2017

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Young people who have been in local authority care	Young people who have not been in local authority care
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		18	28
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	29%	41%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	46%	60%
1.4	Are you Muslim?	4%	15%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	14%	3%
1.6	Are you a British citizen?	96%	89%
1.7	Do you have a disability?	35%	14%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS			
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	96%	85%
2.2	When you arrived at the centre were you searched?	88%	97%
2.3	Did staff explain why you were being searched?	76%	78%

2.4	When you were searched, did staff treat you with respect?	83%	81%
On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	83%	100%
2.6	Did anybody talk to you about how you were feeling?	78%	78%
2.7	Did you feel safe?	100%	88%
SECTION 3: DAILY LIFE			
3.1	In your first few days here were you told everything you needed to know about life at the centre?	71%	67%
If you had a problem, who you would turn to?			
3.2a	No-one	18%	22%
3.2b	Teacher/Education staff	5%	0%
3.2c	Key worker	41%	11%
3.2d	Case worker	41%	26%
3.2e	Staff on the unit	30%	37%
3.2f	Another young person here	0%	11%
3.2g	Family	48%	42%
3.2h	Advocate	5%	8%
3.3	Do you have a key worker on your unit?	78%	67%
3.5	Do most staff treat you with respect?	95%	79%
3.6	Can you follow your religion if you want to?	50%	85%
3.7	Is the food here good/ very good?	17%	14%
3.8	Is it easy to keep in touch with family or carer outside the centre?	87%	89%
3.9	Do you have visits from family, carers or friends at least once a week?	48%	62%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	81%	74%
4.2	Do you think the incentives and sanctions scheme is fair?	82%	64%

4.3	If you get in trouble, do staff explain what you have done wrong?	76%	84%
4.4	Do most staff let you know when your behaviour is good?	82%	62%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	52%	47%
4.6	Have you been physically restrained since you have been here?	35%	42%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	82%	91%
5.2	Do you think that the health services are good here?	65%	63%
5.3	Do you have any health needs which are not being met?	30%	15%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	96%	100%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	5%	9%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	25%	52%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	75%	67%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	60%	52%
7.4	Do you think your education here will help you once you leave?	71%	52%
7.5	Have you been able to learn any 'life skills' here?	95%	91%
7.6	Are you encouraged to take part in activities outside education/ training hours?	95%	91%
7.8	Do you know where you will be living when you leave the centre?	53%	91%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	13%	21%
8.2	Do you feel unsafe at the moment?	0%	12%

Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	24%	28%
8.4b	Physical abuse?	17%	17%
8.4c	Sexual abuse?	0%	3%
8.4d	Feeling threatened or intimidated?	24%	17%
8.4e	Shout outs/yelling through windows?	17%	17%
8.4f	Having your canteen/property taken?	17%	3%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	6%	14%
8.5b	Your religion or religious beliefs?	0%	0%
8.5c	Your nationality?	0%	10%
8.5d	Your being from a different part of the country than others?	0%	0%
8.5e	Your being from a Traveller community?	0%	0%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	0%	0%
8.5h	You having a disability?	0%	3%
8.5i	You being new here?	6%	17%
8.5j	Your offence or crime?	17%	3%
8.5k	Gang related issues or people you know or mix with?	6%	3%
8.5l	About your family or friends?	17%	0%
8.5m	Drugs?	6%	0%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	0%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	5%	11%
8.7b	Physical abuse?	0%	0%

8.7c	Sexual abuse?	0%	0%
8.7d	Feeling threatened or intimidated?	0%	11%
8.7e	Having your canteen/property taken?	5%	0%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	0%
8.8b	Your religion or religious beliefs?	0%	0%
8.8c	Your nationality?	0%	0%
8.8d	Your being from a different part of the country than others?	0%	0%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	4%
8.8j	Your offence or crime?	0%	0%
8.8k	Gang related issues or people you know or mix with?	0%	0%
8.8l	About your family or friends?	0%	0%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	65%	74%



Diversity comparator (disability) Oakhill STC 2017

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		10	35
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	20%	39%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	20%	65%
1.4	Are you Muslim?	7%	12%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	31%	0%
1.6	Are you a British citizen?	100%	89%
1.8	Have you ever been in local authority care?	64%	32%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS			
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	100%	84%
2.2	When you arrived at the centre were you searched?	93%	94%
2.3	Did staff explain why you were being searched?	64%	82%
2.4	When you were searched, did staff treat you with respect?	93%	80%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	80%	98%
2.6	Did anybody talk to you about how you were feeling?	80%	76%
2.7	Did you feel safe?	93%	93%
SECTION 3: DAILY LIFE			
3.1	In your first few days here were you told everything you needed to know about life at the centre?	53%	73%
If you had a problem, who you would turn to?			
3.2a	No-one	21%	20%
3.2b	Teacher/Education staff	0%	2%
3.2c	Key worker	31%	20%
3.2d	Case worker	31%	33%
3.2e	Staff on the unit	39%	33%
3.2f	Another young person here	0%	9%
3.2g	Family	31%	47%
3.2h	Advocate	0%	9%
3.3	Do you have a key worker on your unit?	64%	74%
3.5	Do most staff treat you with respect?	67%	90%
3.6	Can you follow your religion if you want to?	31%	84%
3.7	Is the food here good/ very good?	7%	18%
3.8	Is it easy to keep in touch with family or carer outside the centre?	73%	93%
3.9	Do you have visits from family, carers or friends at least once a week?	53%	57%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	92%	73%
4.2	Do you think the incentives and sanctions scheme is fair?	93%	63%
4.3	If you get in trouble, do staff explain what you have done wrong?	92%	78%
4.4	Do most staff let you know when your behaviour is good?	93%	62%

4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	27%	57%
4.6	Have you been physically restrained since you have been here?	47%	36%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	79%	91%
5.2	Do you think that the health services are good here?	62%	63%
5.3	Do you have any health needs which are not being met?	31%	19%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	98%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	25%	3%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	50%	41%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	62%	73%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	50%	56%
7.4	Do you think your education here will help you once you leave?	89%	53%
7.5	Have you been able to learn any 'life skills' here?	100%	90%
7.6	Are you encouraged to take part in activities outside education/ training hours?	92%	93%
7.8	Do you know where you will be living when you leave the centre?	58%	88%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	20%	17%
8.2	Do you feel unsafe at the moment?	7%	7%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	21%	27%
8.4b	Physical abuse?	8%	21%
8.4c	Sexual abuse?	0%	3%
8.4d	Feeling threatened or intimidated?	31%	15%
8.4e	Shout outs/yelling through windows?	31%	12%

8.4f	Having your canteen/property taken?	21%	3%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	8%	12%
8.5b	Your religion or religious beliefs?	0%	0%
8.5c	Your nationality?	0%	9%
8.5d	Your being from a different part of the country than others?	0%	0%
8.5e	Your being from a Traveller community?	0%	0%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	0%	0%
8.5h	You having a disability?	8%	0%
8.5i	You being new here?	21%	12%
8.5j	Your offence or crime?	8%	9%
8.5k	Gang related issues or people you know or mix with?	0%	9%
8.5l	About your family or friends?	0%	9%
8.5m	Drugs?	8%	0%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	0%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	7%	9%
8.7b	Physical abuse?	0%	0%
8.7c	Sexual abuse?	0%	0%
8.7d	Feeling threatened or intimidated?	20%	0%
8.7e	Having your canteen/property taken?	7%	0%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	0%
8.8b	Your religion or religious beliefs?	0%	0%
8.8c	Your nationality?	0%	0%

8.8d	Your being from a different part of the country than others?	0%	0%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	3%
8.8j	Your offence or crime?	0%	0%
8.8k	Gang related issues or people you know or mix with?	0%	0%
8.8l	About your family or friends?	0%	0%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	69%	70%

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