



Inspection of secure training centres

Inspection of Oakhill Secure Training Centre: November 2014

Inspection dates: 4-14 November 2014
Lead inspector: Sheena Doyle HMI

Age group: 12-18

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SHORTENED METHODOLOGY.QA
2014 OAKHILL SUMMARY FOR PUBLICATION.QA
2014 OAKHILL MAIN COMPARATOR.QA

Inspection of secure training centres

The inspection judgements and what they mean

1. All inspection judgements are made using the following four-point scale.

Outstanding	There is substantial evidence that the cumulative requirements set out in the good and adequate grade descriptors are met or exceeded and also of highly effective or innovative practice that make a significant contribution to achieving the highest standards of care and outcomes for young people
Good	There is evidence that the cumulative requirements set out in both the good and adequate grade descriptors are met or exceeded and as a result outcomes for young people are good
Adequate	There is evidence that the cumulative requirements set out in the adequate grade descriptors are met and as a result outcomes for young people are adequate
Inadequate	There is evidence of a failure to meet the requirements of an adequate judgement and as a result outcomes for young people are inadequate.

Overall effectiveness

2. The overall effectiveness of Oakhill secure training centre (STC) to meet the needs of young people is judged to be **good**.

Areas for improvement

3. In order to improve the quality of practice at Oakhill STC, the Director should take the following action.

Immediately:

- Continue to reinforce with staff the importance of safe practice to protect young people and themselves
- work with Milton Keynes Local Safeguarding Children Board (MKSCB), the local authority designated officer (LADO), and Milton Keynes children's social care so that where young people may have suffered, or are at risk of suffering significant harm, section 47 enquiries are made by social workers in line with statutory guidance 'Working Together to Safeguard Children 2013'

- ensure there is a manager registered with the Care Quality Commission (CQC) who is responsible and accountable for the delivery of health care services at the centre
- ensure that the dental surgery and treatment rooms are clean to minimise risks of cross-infection
- ensure that all staff and relevant sub-contractors are aware of the location of defibrillators at the centre and these are easily accessible
- implement the recommendations of the review of practice in relation to suicide and self-harm (SASH)
- rename the tutorial room to accurately reflect its purpose and ensure it is appropriately furnished
- ensure all young people's meetings and reviews take place without avoidable interruptions from centre staff.

Within three months:

- ensure staff are trained to understand the indicators of child sexual exploitation (CSE) and that this is used to inform work with young people who are vulnerable or may be involved in exploitative behaviour
- ensure that tutors are clear about when movement between classes will take place, minimising any delays
- review the language used in outcome letters to young people who have made allegations, to ensure they are as understandable as possible
- undertake a detailed analysis of the management of behaviour during the summer months of 2014 which takes full account of centre, staffing and young people's factors into account, so that lessons can be learned
- implement an electronic patient record system in healthcare to facilitate secure data transfer and take better account of history in meeting young people's health needs
- undertake regular checks to ensure the residential units are free from defects that could cause health and /or safety concerns

- ensure that full health assessments, including psychological assessments, are completed on young people, including those on remand, in a timely manner
- ensure consistent attendance of representatives from all disciplines within the centre at the diversity meeting, including by protected characteristic 'leads' so that work can be progressed swiftly across all areas of the centre
- replace the premium rate telephone number for incoming family and friends' calls with a landline cost-equivalent, so that parents, carers and significant others are not prohibited from maintaining phone contact with their children because of excessive costs
- explore additional means by which children can keep in contact with their families
- ensure all looked after children and care leavers' files at the centre include essential documents relating to their status
- ensure all relevant staff have up-to-date knowledge of current statutory obligations for looked after children and care leavers. Develop processes and timescales for escalating concerns externally when young people's needs are not being addressed, for example, no appropriate accommodation upon release
- introduce a preparation programme for young people who are destined to transfer to other custodial settings such as YOIs to help prepare them for the transition.

Within six months:

- improve the amount of outstanding teaching and ensure that all teaching is at least good. Improve challenge in the weaker sessions
- ensure that young people can understand the practical application of mathematics
- develop more opportunities for vocational training at the centre
- provide more opportunities for young people to experience work experience linked to vocational training using mobility where appropriate

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- review the centre's arrangements for young people to spend time on their own
- ensure that key work packs are up to date and relevant to young people's needs
- improve the skills of unit staff in helping young people get the best out of the work packs.

About this inspection

4. This is a report following the unannounced inspection of Oakhill STC to the standards within the inspection framework published in October 2012. The report will be made public. The findings and recommendations should be used by the secure training centre to improve practice and outcomes for young people. Progress will be considered during the next inspection.
5. The inspection considered key aspects of young people's experiences of living in this secure training centre and the effectiveness of the support available to them. Inspectors scrutinised randomly selected case files, observed practice and met with young people. In addition, the inspection was informed by a survey of young people's views undertaken by researchers from Her Majesty's Inspectorate of Prisons. From the 66 young people in the centre 51 responded to the survey, a 77% response rate. Inspectors also spoke with former residents, their parents and carers, frontline staff, managers, the Youth Justice Board (YJB) monitor, the Local Authority Designated Officer (LADO) and other key stakeholders including the advocacy service provider. In addition, inspectors analysed performance data, reports and other management information held by the secure training centre to inform its work with young people.
6. This inspection judged how well young people are supported to be safe during their time in the secure training 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 for resettlement into the community, were also scrutinised.
7. The inspection team consisted of three Ofsted social care inspectors, two inspectors from Her Majesty's Inspectorate of Prisons (HMIP), one Ofsted HMI for learning and skills, and one inspector from the Care Quality Commission (CQC).
8. This inspection was carried out in accordance with Rule 43 of the Secure Training Centres 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.

9. Joint inspections involving Ofsted, Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) are permitted under paragraph 7 of Schedule 13 to the Education and Inspection Act 2006. This enables Ofsted's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of his functions.
10. All inspections carried out by Ofsted and Her Majesty's Inspectorate of Prisons 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. Her Majesty's Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

Service information

11. Oakhill is one of four purpose-built secure training centres (STCs) and is situated near the city of Milton Keynes. The centre is managed by G4S and is designed to accommodate up to 80 male young people aged 12 to 18 years who meet the criteria for a custodial sentence or who are remanded to a secure setting. At the time of inspection, 64 young men were in residence. Education is provided on site by G4S. Health services are also provided by G4S under a service level agreement with appropriate access to community based provision.

Overall effectiveness is good

12. The overall effectiveness of the centre is good. Behaviour at the centre is generally good and there is robust oversight of the use of 'minimising and managing physical restraint' (MMPR) techniques. Health care staff attend restraints at the earliest opportunity.
13. Progress has been made in extending external involvement in decision-making about potential child protection concerns. Strategy meetings are appropriately attended by specialist police and social workers from the local area.
14. Individual searches of young people who have accompanied short trips outside the centre have decreased since the last inspection.
15. Senior managers at the centre have addressed most of the recommendations from the last inspection although a few are repeated, as full resolution has

not yet been achieved. The use of 'time out' as distinctly different from 'single separation' has been clarified and both staff and young people confirmed they understood the difference, with proper use of both noted.

16. Inspectors were advised of a particularly turbulent period for the centre in July and August this year. This is attributed to a particularly difficult and disruptive cohort of young people, resulting in an increase during this period of fights and assaults between young people, assaults including serious assaults on staff, and as a consequence more restraints and sanctions. The admission of a young woman to the healthcare unit also led to significant behaviour management difficulties with staff having to work extremely hard to keep her safe. The combined effect resulted in a loss of confidence by staff and the highest staff resignation rate for many years. Due to these complex issues, inspectors scrutinised all available data and relevant CCTV footage particularly for this period. We are satisfied that the centre dealt with all young people appropriately and that all allegations made about staff and other complaints were investigated rigorously in line with the centre's policies and procedures. Good progress has been made in rebuilding the staffing complement at the centre. Other effective measures have been taken to bolster, remunerate and stabilise the workforce.
17. At the time of this inspection, the centre was orderly and generally relaxed. The Director set out the progress made since the summer months, but expressed a desire to improve further in terms of a settled status quo. The vast majority of young people were purposefully engaged in education or work-based learning through the day and given opportunities to participate in a wide range of leisure and enrichment activities in the evening. The small number of young people with highly complex needs who find it difficult to mix with their peers or require constant staff supervision are managed well by staff, with an emphasis of encouraging good behaviour rather than just punishing poor behaviour.
18. Inspectors observed mostly positive relationships between staff and young people in all parts of the centre. Appropriate boundaries are more evident than at the last inspection and the impact of messages given to staff about adhering to acceptable behaviour standards is clear. However, it is important that this continues to be reinforced and kept under close scrutiny as some slippage was observed during the inspection such as one staff member being alone in a young person's bedroom without anyone else observing.
19. It is clear that the Director takes robust action in terms of dealing with inappropriate staff behaviour and robust examples were seen where staff have received supervisory advice, been disciplined or dismissed. The recent

appointment to the Head of Care post fills a crucial vacancy providing leadership for the residential staff team. It is too early to see the impact of this appointment. Other changes within the senior leadership team have occurred relatively recently. Similarly, it is too early to assess the impact of these changes although the current smooth running of the centre despite the turnover is a positive sign.

20. Staff know the young people well and are consistent in encouraging good behaviour and quickly addressing poor behaviour. Young people say that staff help them to improve their behaviour and the centre's rewards and sanctions scheme effectively reinforces good behaviour. The scheme is very well understood and extremely important to most young people.
21. The physical fabric of the centre is adequately maintained. However, more regular attention needs to be paid to keeping areas in good order and quickly addressing matters that could constitute health and safety risks.
22. The centre's revised child protection policy and procedures continue to improve practice with regular multi-agency strategy meetings now being held. Arrangements for reporting and responding to child protection concerns are robust and partner agencies are positive about the quality and timeliness of referrals from the centre. However, there have not been any child protection enquiries or interviews undertaken by local authority social workers in the centre during the past year although the criteria for this have been met. Milton Keynes children's social care services and the MKSCB do not accept the need for social workers to interview children in the centre when a potential safeguarding issue has occurred and regard internal investigations as sufficient. External scrutiny is necessary to meet statutory obligations and provide additional transparency and would be welcomed by the centre. Current arrangements require extending further to ensure young people detained in the centre receive an equivalent safeguarding service to children and young people in the wider community.
23. The absence of a safeguarding lead manager at Oakhill has required this work to be overseen by another senior manager in the centre in addition to his core duties. Despite clear diligence by him in overseeing child protection matters, the lack of a dedicated post holder has led to other aspects of safeguarding, such as updating training, not being progressed sufficiently swiftly.
24. Core health care services in the centre currently lack a manager in post who is registered with the Care Quality Commission. This requires urgent rectification to ensure there is good oversight and accountability for the

delivery of health services. In general the mental, physical and other health needs of young people are met within the centre. There is good support from a GP, dentist and additional skills within the nursing team. Despite many good initiatives, such as tackling hay fever, supporting the self-administration of medication and a strong immunisation programme, health care is the weakest aspect of the centre. Shortfalls were found in the basic 'building blocks' of good practice such as properly completed and timely assessments as well as the cleanliness of treatment areas in the centre outside the healthcare suite.

25. Health staff are hampered by the lack of access to an electronic patient recording system. This increases the risk of human error, for example in not requesting previous health care records or resurrecting a referral when the young person's circumstances change. An electronic system would also allow analysis of the data to ensure that the services provided are appropriate to the needs of the young people and that their needs are being met. Despite this, there is good information exchange between health staff and other disciplines in the centre. This supports holistic consideration of young people's needs and helps the development of thorough plans.
26. The centre employs a wide range of effective ways of involving young people in the life of the centre, in their own planning arrangements and in expressing their views. Clear examples were seen of this impacting on service provision which is positive. Further improvements are planned so that involvement becomes increasingly meaningful and young people can see the outcome of their contributions.
27. Young people's attendance and achievement in education is good and the education services continue to develop well. Many young people have previously been out of school for long periods but learn to enjoy education while at the centre. Initial assessments are prompt and effective. Individualised programmes ensure young people make good progress from their starting points. Most achieve a good range of accredited qualifications appropriate to their level of ability and the range of qualifications has increased. Lessons are variable. Some are highly productive but others are insufficiently well planned and do not hold young people's attention.
28. The monitoring of young people's educational progress is very good and those who require more intensive support have individual and small group sessions. Behaviour in education is good overall and well-managed. Young people have good access to careers advice and guidance and have good opportunities to experience work-based learning opportunities.

29. Resettlement arrangements are constantly reviewed throughout a young person's stay in the centre and resettlement staff are energetic and proactive in their work for young people. Despite tenacious efforts from centre staff, there continues to be difficulties in securing appropriate services for young people promptly upon their release, often centring on a lack of suitable accommodation. This impacts on many aspects of a seamless approach to resettlement. Some young people experience rising anxiety as their release date approaches as there are too many 'unknowns' to make their transition to the community feel secure and supportive. It also negatively affects their enrolment in suitable education or training placements despite excellent co-ordination and liaison from the centre's staff. Further work is needed to devise escalation arrangements to notify the most senior managers in the community if significant blocks to successful resettlement for young people occur.
30. Good efforts are made to maintain contact between young people, their families and those professionals who have a role to play in supporting them in the community. This takes various forms but more contemporary methods should be considered with appropriate safeguards in order to achieve easier and cheaper contact. This would particularly benefit those young people who have family members at a distance, including asylum-seeking children, or those granted asylum, who have significant family members in their country of origin. The centre has a target to increase the use of engagement visits and this is regularly monitored to ensure it is on course to achieve this.
31. Performance monitoring arrangements are well embedded and improving, particularly with regard to more detailed analysis of behaviour management in relation to protected characteristics. Data analysis is being used increasingly well to inform service development and ensure that no individual or groups of young people are disadvantaged by reason of a protected characteristic.

The safety of young people is good

32. In a survey undertaken for this inspection 94% of young people felt they were looked after well by escort staff on their journey to the centre. In the large majority of cases young people are transported to and from the centre in non-stigmatising vehicles. Exceptions are supported by appropriate individualised risk assessments and only one young person has been transported in a cellular vehicle since the last inspection. When young people arrive at the centre late, this is reported to the YJB and the transport provider to assist with contract compliance. However despite the best efforts

of the centre, some young people continue to arrive in the evening and have spent a long time either waiting in cells for transport, or after a long journey. A member of the resettlement team meets the young people on arrival which is good practice.

33. The new referral form for young people destined for Oakhill improves the quality of information the centre receives prior to their arrival. This contributes to better initial assessments being completed. Assessments are completed promptly on arrival and take good account of young people's potential vulnerabilities such as self-harm or bullying. Since the last inspection the management plan completed on admission has also been improved and now records whether a young person has been offered a phone call, hot meal and shower, and whether this occurs. They are given clear information about the rules in the centre and how they are expected to behave. This is via a DVD, discussion with staff, leaflets and posters and meeting with peer mentors. The peer mentors are significant in terms of helping new arrivals settle in and understand routines and expectations.
34. Searches of young people are proportionate and based on individual risk assessments. Good efforts have been made to reduce these further and young people accompanied by G4S staff on 'mobilities' outside the centre are no longer routinely dignity searched upon their return. A full search is only completed where there is intelligence to suggest that this is necessary.
35. Some young people are covering their observation panel in their bedroom doors and this is not always quickly rectified by staff. This means that staff cannot observe young people without opening the door which creates unnecessary intrusion.
36. The use of handcuffs continues to be based on individual risk assessments, which is good practice. Since the last inspection, handcuffs have only been used twice out of 144 occasions when young people left the centre for non-medical reasons. The proportion of handcuff use is higher for those who left the centre for medical appointments with 28 out of 48 being handcuffed. However, appropriate individual risk assessments were completed in each case and provide good justification for their use.
37. Ninety-four per cent of young people who responded to the survey said that most staff treat them with respect. Inspectors saw examples of positive relationships between young people and staff which contributed to a calm and purposeful atmosphere. In interviews conducted by the centre with 17 young people who left in September and October this year, four rated their relationship with staff outstanding, 12 as good and one as adequate. None

reported feeling that they had been bullied or picked on by staff during their stay at the centre.

38. Sixteen young people interviewed on leaving the centre said that bullying was dealt with well. One young person said it was only adequately dealt with, but none said it was inadequately dealt with. No young people raised any concerns about bullying with inspectors. The 'safe zone' strategy, which identifies areas where young people feel less safe in order to promote staff vigilance, was reviewed in March 2014 and showed positive improvements across all settings with young people reporting feeling safer than in 2012. However this survey is a snapshot and was completed at a time of relative stability in the centre. The value of snapshots decreases with the passage of time. It would be useful for the centre to consider repeating the survey, particularly after the turbulent period experienced in the summer months.
39. There is a 10% increase since the last inspection in the number of young people reporting they had felt unsafe at some point during their time in the centre - 31% reported this was the case. Ninety-one per cent said they felt safe now, which is in line with the last inspection. This increase in the number of young people reporting feeling unsafe in the past coincides with the turbulence experienced within the centre during July and August. Young people who said they had felt unsafe were spoken to by inspectors during the inspection and did not express any current worries.
40. The resettlement team staff have attended multi-agency training on child sexual exploitation (CSE). The residential care staff have not yet been trained in spotting risk factors or best practice in working with young people who are at risk of exploitation or involved in exploitative activity. More training and awareness-raising is needed in order to support young people and reduce their vulnerability to CSE while at the centre and after their release.
41. Young people have good access to a range of expert and experienced independent persons who proactively check on their welfare, particularly the YJB monitor and Barnardos advocates, who visit the units regularly. They can also phone external services such as Childline and the Samaritans.
42. Staff understand the young people they care for well. Weekly safeguarding meetings are well-attended by staff from all departments in the centre. Risks are reviewed in detail and good consideration is given to factors such as changes in home circumstances or sentence status. Careful thought is given to how individual young people can be supported. Examples were seen of

young people being read to or allowed to get fresh air to help them settle at bedtime.

43. Thirteen full suicide and self-harm alerts (SASHs) were opened between February and October 2014 compared with 16 for the full year of 2013. Minor fluctuations are to be expected, as these are needs led. A sample reviewed showed detailed recording and good governance of practice. A multi-agency review of SASH policies and procedures completed in May 2014, supported well by a consultant psychiatrist from St Andrews hospital, identified areas for improvement. For example, recommending that the most vulnerable young people are reviewed more frequently than once a week, and that staff should have a phone consultation with a consultant psychiatrist when a full SASH is opened. While the review was rigorous and made clear recommendations, it is a shortfall that the recommendations have not yet been ratified or implemented.
44. Since the last inspection considerable work has been undertaken with staff in relation to improving safe practice and noticeable improvements have been achieved. However this has not been completely successfully and some staff continue to enter young people's bedrooms without being observed by other staff members. This potentially puts both young people and staff at avoidable risk and continues to require firm management oversight.
45. Allegations or concerns raised about staff are taken seriously. The changes to safeguarding procedures made after a previous inspection are now embedded. Referrals are always made to the local authority designated officer (LADO) and Milton Keynes multi-agency safeguarding hub using the agreed multi-agency referral form. Partner agencies are positive about the detail and timeliness of referrals from the centre. Multi-agency strategy meetings are convened when appropriate.
46. The centre has well established links with the Milton Keynes Safeguarding Children Board (MKSCB). The Director is a member of the Board and other staff contribute to sub-groups and multi-agency training provided by MKSCB. The Board exercises adequate scrutiny of restraint in the centre and conducts an annual review of safeguarding practice. This year the review considered records, CCTV, focus groups of young people who had experienced or had witnessed restraint, and a focus group of members of staff. Young people said restraint is used when needed and does not go on for longer than necessary.
47. During a turbulent period in July and August, the number of allegations against staff increased, peaking at seven in August. All of these were

investigated rigorously. A database, which records concerns about staff including allegations, complaints and practice issues, is used well to aggregate issues and informs decision-making about which staff may need additional support or oversight. Robust arrangements are put in place when investigations against staff commence. Staff may be re-deployed, suspended or, in the case of substantiated allegations, dismissed. When necessary referrals to the Disclosure and Barring Service (DBS) service are made. The degree of transparency and independence of investigations could be further enhanced by the involvement of Milton Keynes children's social care services who have not undertaken any child protection enquiries or assessments in the establishment in the last 12 months. Young people are informed of the outcomes of any allegations made, however the outcome letters sent to them are not always easy to understand.

48. Since the last inspection the centre has begun to complete assessments of young people involved in sexually harmful behaviour, including those serving short sentences. Consideration is given to what work can be completed on a case by case basis. Assessments are not always successfully completed due to the transfer or release of young people on community orders. In a small number of cases where young people are on short sentences, the centre has undertaken a joint specialist assessment with the community youth offending team (YOT) worker to enable continuity of assessments and interventions.
49. A comprehensive annual programme is in place to review a range of contingency plans to manage potential emergencies such as fire, hostage taking, escape or serious self-harm incidents. Good desktop and 'live' exercises are held involving a range of staff groups. An effective live multi-agency exercise was completed in June this year involving the fire service in a simulated fire on two units. A comprehensive debrief identified learning for both the centre and the fire service to improve the effectiveness of the response which has informed practice guidance.

The behaviour of young people is good

50. Staff have good relationships with young people. Many of the staff we spoke to had detailed knowledge about the individuals they were responsible for, and showed an interest and commitment towards their welfare. Staff maintain appropriate boundaries with young people and praise and challenge behaviour appropriately. Inspectors did not see any inappropriate horseplay or bad language which was seen on the previous inspection. Ninety two per cent of young people in our survey said that most members of staff treated them with respect. This positive view was reinforced by comments that we received from young people during the inspection.

51. Removal from association or 'single separation' is used as a response to more serious incidents, such as substantial physical aggression. Detailed recording logs of the use of single separation kept on each unit, were readily available for inspection. During a four-month period after the previous inspection, there was a slight increase in the use of single separation. This rose steeply in July and August when it was used 24 times. This corresponds with the higher levels of violence reported in the centre during that period.
52. Since the previous inspection, considerable efforts have been made to clarify the appropriate use of 'time out' as distinct from enforced separation through refreshed written guidance and staff briefings. Staff are now clearer about the voluntary nature of 'time out'. Inspectors are satisfied that it is not being inappropriately used as single separation 'by another name'.
53. Although clarity about 'time out' is better, the centre operates under a strong ethos of young people being encouraged to mix. This results in a generally negative perception of young people who might want to spend time in their bedrooms. Young people are actively persuaded by staff to join in everything that is going on, although the positive benefits for the young person are not clear on every occasion. It is good for young people to have the opportunity to participate in activities and learn better behaviour when mixing with other young people and positive adult role models. However, more flexibility is required so that a better balance to meet individual needs can be achieved. The centre needs to consider the benefits of young people learning to entertain themselves and have the opportunity for some time on their own.
54. The 'tutorial room' in the education unit is used sparingly although effectively for young people who need a short break from classroom activity. However it is inappropriately named as it is completely unfurnished and used solely to hold young people whose behaviour requires removal from the classroom. The lack of any furniture is not justified and creates an unnecessarily oppressive environment. This room needs a name that better reflects its current use.
55. The incentives and sanctions points-based system works well in reinforcing good behaviour. Although it appears complicated, young people quickly understand how it works. They told inspectors that the scheme matters and they find it motivational. Young people are regularly kept informed about their 'level' on the scheme and inspectors observed a group of young people receiving feedback which provoked an open and lively debate.

56. Although less young people responding to our survey regarded the scheme as fair compared with previous surveys, they also said that the scheme was flexible and not punitive. At the time of the inspection, most young people were on one of the higher levels, with six being on the lowest level. Individuals who cannot cope with standard arrangements are given additional help and their response is reviewed every day. This helps to prevent young people with difficulties staying 'stuck' on the lower levels.
57. Running alongside the incentives and sanctions scheme are motivational group activities and prizes being awarded for individuals who do well. These activities captured the interest of young people and foster healthy competition. There are appropriate plans to extend the range incentives to include opportunities to participate in cooking and youth club activities.
58. Staff are firm but patient when managing poor behaviour. For example, this was evident when observing staff dealing with a young person who refused to go to bed. Effective behaviour management plans are devised for young people whose conduct is particularly concerning and who are unresponsive to the rewards and sanctions scheme. These plans are developed in collaboration with the young person with additional support from the psychology assistants where needed.
59. Strong emphasis is placed on rewarding good behaviour and, wherever possible, on encouraging young people to try and make amends rather than simply imposing sanctions. This approach proved difficult to sustain during July and August and the volume of reparation and mediation reduced significantly. Appropriate sanctions are imposed for serious matters, primarily involving withdrawing privileges for 24, 48 or 72 hours. The imposition of sanctions has good governance, with all instances being recorded clearly on unit logs, authorised, and checked by managers each week. A tariff guide had just been produced to help staff impose sanctions in a more consistent way. It is as yet too early to see the impact of this development.
60. The 'do not mix' list, an arrangement to maintain safety by keeping individuals apart where the risk of conflict is high, is being used more extensively than previously. Managing the 'do not mix list' is complicated and has other impacts on life at the centre such as restricting the range of activities that young people can participate in and the length of time they can spend on them. However, given the risks present within the current population, the 'do not mix list' is necessary and is being used proportionately. Active efforts are being made to try to reduce conflicts between young people. For example, to carry out mediation with groups or

individuals, but this is restricted by staffing availability and young people's willingness to engage.

61. Detailed information about the management of behaviour continues to be gathered systematically and there is a comprehensive database. In line with previous recommendations, this has been extended to include young people who are travellers. There is good analysis of behaviour by protected characteristics to ensure particular groups are not being treated unfairly.
62. The unusually poor behaviour experienced at the centre during July and August ceased with the transfer out of ten young people. An analysis of the population trends at the centre confirms that these young people were not the oldest in the centre, with most of them being 16 years old. The number of 17 year olds within the centre during those months had actually reduced. Moreover, the sentence profile at the centre does not show a trend towards longer sentences and is remarkably similar to the profile a year ago. However the spate of serious behaviour in these months, leading to more fights, assaults, including assaults on staff and complaints, warrants further detailed analysis. This would help better understand the source of the difficulties so that lessons can be learned.
63. Since the last inspection, there have been four fights between young people and 11 assaults on young people on average each month. This is a slight increase in frequency since the previous inspection. On four occasions young people sustained injuries from fights or assaults that required hospital treatment. Previously no injuries of this severity had been reported. Since the last inspection there has also been an increase in the number of serious assaults on staff. This has had a significantly adverse impact on morale.
64. At the last inspection there was an average of 20 incidents involving the use of force and restraint each month. The average is now around 35 a month. The figures peaked in July and August when there were 48 and 61 incidents respectively. Despite the rise in the number of incidents, 40% of young people in our survey said they had been restrained while they were at the centre. This is slightly lower than our previous finding and supports centre staff's view that the regime is returning to normal and that the most prolific individuals involved have been removed.
65. The weekly unit trainee management meetings continue to provide a useful multi-disciplinary forum where all aspects of each young person's behaviour is considered. Follow up actions are identified and acted on quickly. Relevant information is passed directly to the safeguarding meeting within the centre

and close links are maintained between unit staff and the young people's 'home' youth offending teams (YOTs).

66. The governance of MMPR is thorough and the associated documentation detailed. There is a strong emphasis on de-escalation throughout incidents and good use is made of quality assurance processes to review and improve practice. Staff are given clear feedback when their practice is not in line with the relevant guidance. Young people attend the monthly MMPR review meeting and are encouraged to contribute. Inspectors saw a record of one young person sharing his opinion about why he thought incidents took place at a certain time of the day and this being considered carefully. No serious injuries have been reported as a result of use of force or restraint since the previous inspection and records show that pain compliance has not been used. More detailed guidance clarifying the authority required to use pain compliance is currently awaiting approval by the YJB.
67. Despite clear instructions from the Director, staff still sometimes enter bedrooms during incidents and are not being observed by other staff. The absence of CCTV coverage in these areas continues to be a problem and the Director advised inspectors that she is considering alternative measures to improve surveillance. Any improvements would help to protect staff and young people. Nurses are now notified immediately when a restraint incident occurs and they arrive on the scene as quickly as possible which will help to keep young people safer.

The well-being of young people is adequate

68. At the time of this inspection the name of the CQC registered health manager for the location was incorrect. The named person left the post on the 14 March 2014 and the service has yet to register a new manager with the post being held by a nurse who is 'acting up'. The registration of a manager with the Care Quality Commission (CQC) is a statutory requirement and is important as it helps to ensure that there is effective leadership of the service and appropriate accountability.
69. The vast majority of young people are seen for their initial Comprehensive Health Assessment Tool (CHAT) screening within two hours of arriving at the centre and this is confirmed by data held by the centre as well as our survey results in which 99% of young people reported that they saw a nurse or GP before they went to bed on their first night. Young people also have an initial appointment with the GP within 24 hours of arriving at the centre which is better than the STC comparator performance of 90%. If concerns are raised during the initial screening immediate care plans are put in place helping to

safeguard the young person. Additional sections of the CHAT are being completed to assess the full health needs of young people. However not all of the CHATs reviewed were completed in sufficient detail. Some sections that required further information were left blank. Further actions, such as contacting previous services, have not always been followed through. As a result vital information about the young person may not be available. Not all of the assessments were completed in a timely manner, for example, the neuro-disability section of one CHAT took eight weeks to complete instead of the recommended 10 days.

70. Health care plans are completed and reviewed regularly. However some need to be more specific, for example, replacing the word 'regularly' with specific time intervals to remove subjectivity and ensure young people's health needs are being met appropriately. Effective care plans are developed for specific conditions such as eczema. Health care plans are shared across the centre to maximise the awareness of staff about young people's health needs. This is supported by distribution of the daily 'diversity' sheet across the centre which highlights any concerns, specific needs or disabilities young people have. The diversity sheet also alerts staff to the presence of more detailed information if available, ensuring they are as informed of young people's individual needs as possible. Health care staff, including specialist substance misuse and psychology staff, routinely attend the reviews of young people to provide up to date information and progress reports.
71. Young people are appropriately encouraged to take responsibility for their own health and treatment, such as self-administering medication supported by good risk assessments and signed contracts of compliance. Timely treatment for minor ailments is facilitated by nurses being able to administer some medications. This is supported by clear, up-to-date guidelines and instructions for staff.
72. There is a gap in service provision for non-forensic psychological structured assessments for young people who are on remand. Two cases were found where young people had been recommended for specific assessments of Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorders (ASD). These had not been undertaken because they were on remand. This meant that their needs remained un-assessed and unmet. This is a significant shortfall given the high proportion of young people on remand, the lengthy periods of remand, and the known likelihood of subsequent custodial sentences for some.
73. Young people on shorter sentences, where there are concerns about sexually harmful behaviour, now benefit from assessments to help identify the risks

they pose prior to their release. This is an improvement since the last inspection. A specialist YOT worker was asked to complete assessments on two young people, with the centre's psychology assistant facilitating one of these. Psychology assistants should ensure that they have a copy of these reports to inform any plan of work for the young person at the centre.

74. Young people can see a GP and the optician promptly when required. Arrangements are made if a young person wishes to see a male health care worker as none are currently employed. The centre offers an effective immunisation programme with 269 immunisations given since March 2014. Other specialist services such as auricular acupuncture, the relaxation clinic, and a healthy lifestyles group are popular and encourage young people to address their health needs. These initiatives are appropriately supported by a multi-disciplinary team. Creative ways of addressing long-standing health problems are deployed. For example, 'Operation Bumble Bee' gave young people local honey to alleviate their hay fever symptoms during the summer and resulted in some ceasing or reducing medication.
75. Young people express mixed views about the food provided in the centre. Comments from our survey included 'food portions are small, I am hungry' and 'the food is too fatty'. Only 23% of respondents described it as good or very good which is 18% lower than the STC comparator. The centre's own survey of 45 young people in October showed that 14% described the overall catering service as bad or very bad compared to 54% who stated it was good or very good. The centre's recent survey included the ethnicity of respondents. However data has not been analysed further, which is a missed opportunity. This could identify correlations between issues raised and particular groups of young people and would help ensure that all preferences are adequately catered for. Young people are sensitively supported during the times of fasting in Ramadan and positive comments were received about the food provided to celebrate Eid.
76. A good range of other initiatives are underway to improve young people's experience of food and mealtimes. This includes a pilot scheme which avoids the need to pre-order specific meals and encourages young people to attend the dining room. There is also a four-week menu plan on display with symbols indicating which food is healthy, vegetarian and halal. A regular food forum attended by young people has led to an initiative to introduce 'takeaway' boxes. This seeks to ensure that food going back to the units remains well presented and hot.
77. Useful health promotion work occurs periodically including a 'health fayre' in September 2014. It was well attended by agencies such as the Brook

advisory centre, drug and alcohol services, and a Reiki healer. The Red Cross provided guidance on how to treat specific injuries such as those sustained from weapons. Newsletters are produced on relevant topics such as alcohol awareness week, men's health and 'legal highs' (new psychoactive substances). Ongoing awareness is promoted as these remain on display across the centre.

78. An infection control audit has been carried out in the dental surgery, in line with a previous inspection recommendation. However the dental room is not clean and dust is visible on surfaces. The clinical areas, such as the dental chair and surfaces, are cleaned on the day and between patients by dental staff. Thorough cleaning is essential to minimise the risk of cross infection. One of the treatment rooms in the centre is also visibly dirty despite the cleaning logs showing that they had been cleaned. This means that young people could have been at risk of infection if they required treatment in a sterile area.
79. Dentists are not issued with keys so rely on staff to escort them to the dental surgery. This contributes to delays in starting the surgery and reduces the number of young people that can be seen. At the time of the inspection 19 young people were waiting for appointments with one young person having been waiting 14 weeks for an initial examination. Delays are exacerbated by emergencies displacing routine treatment. In an attempt to manage appointments, the centre is implementing a triage system, but at the present time, access to the dentist is insufficient.
80. There is a lack of clarity about where the nearest automated defibrillator to the dental surgery is kept, with the immediate staff and the dentist being unaware of this. This has the potential to compromise the safety of young people who may be at a heightened risk while having dental treatment.
81. Young people are involved well in their dental treatment and are informed of consent issues, treatment options and choices. They are also given good advice about smoking, diet and oral care.
82. The centre's survey in September and October 2014 of 17 young people who were leaving the centre found that 94% of them rate the service from healthcare as either good or outstanding. Ninety four per cent rate the substance misuse service as good. This is more favourable than the survey conducted for this inspection in which 53% of young people said that health services are good. At the previous inspection in February 2014 this response was 80% which shows a significant decrease. Furthermore, 25% of respondents said that they had a health need which was not being met.

83. The healthcare service has recently introduced a feedback card to enhance the feedback they receive which is particularly necessary given the more negative survey findings. It is too early to judge the impact of this initiative on the services delivered to young people.
84. Young people who need community health care should receive this in local settings. However there have been delays in meeting their needs because of limited staff availability to undertake escort duties resulting in some appointments being cancelled and rescheduled.
85. Nurses now attend all restraints once they hear the 'first assist' call which is an improvement since the last inspection. Their presence contributes to young people's safety and wellbeing during restraints. A clinician is always present for planned responses.
86. Healthcare staff currently rely on paper files to record and monitor health information about young people. This method has limitations and there is an urgent need for an electronic patient recording system to be put in place. This would allow information to be shared across different healthcare departments, transfer information securely to the community and other settings. This would take account of patient history, ensure that outstanding needs of young people remain clearly visible and reduce the potential for human error in failing to trigger outstanding assessments or treatments. It would also allow analysis of the data to ensure that the services provided are appropriate to the needs of the young people at the centre.
87. There is a well-established multi-disciplinary health care team in the centre and all have up to date registrations with Nursing and Midwifery Council (MNC). Regular bank staff are also deployed, but these are also consistent, ensuring sufficient familiarity with the centre and the young people. There is good communication and support across the different disciplines of health, facilitated by the weekly specialist intervention meeting. Health care staff feel well supported by colleagues and managers. They receive debriefs after significant incidents. However staff are not currently receiving supervision in line with the provider's clinical supervision policy and they lack supervision contracts. Some have not been supervised for three months although information was given that supervision occurs every 6-8 weeks. In contrast, the psychology assistants receive good quality weekly clinical supervision.
88. The overall centre is kept clean and reasonably tidy although living areas are showing signs of wear and tear. Some of these present potential health and/or safety concerns, for example curled up floor mats and broken picture

frames. Despite the emphasis on young people spending their leisure time together in the living area on each unit, none had sufficient sofa spaces for all the young people to sit together. The living areas are small for up to eight young people and several staff to spend extended periods together.

89. Young people are expected to keep their rooms in good condition. The recently re-introduced weekly 'best unit' and 'best room' competitions help encourage this, as standards are high. The daily chores contribute to the unit's cleanliness and help develop independent living skills.
90. Information-sharing about young people remains effective via a series of meetings which are often multi-disciplinary. Staff know the young people well and encourage the young people to attend their own reviews and participate fully.
91. All young people have keyworkers and in the survey 92% said that their keyworker tries to help them. Young people spend regular time with their keyworkers, including working through work packs. However staff have varying levels of confidence and competence in delivering key work sessions and some young people do not think the work packs are very useful. The packs have not been reviewed for several years and would benefit from refreshing with additional training and support for the staff delivering these.
92. X-change meetings are the main forum through which young people can discuss their thoughts on how the centre is run. Prohibitions on some young people mixing with each other have reduced attendance at this monthly meeting, but the most recent meeting was better attended. Minutes are displayed on noticeboards, but there is doubt about the value of this as a means of publicising matters. The centre is in the process of improving how they share information about changes made as a result of the meetings so that young people can see how their views are acted upon. This will help improve confidence in the process.
93. Young people views and experiences are also shared via their attendance at diversity and MMPR meetings. There have been some positive changes as a result of this. For example, young people from traveller backgrounds being able to have more approved family members on their phone lists reflecting larger family connections. However, more thought needs to be given to young people's contribution to diversity meetings to make it routinely meaningful. The exit questionnaire young people complete when leaving the centre also provides useful feedback including areas for improvement.

94. The complaints arrangements are generally robust. Complaint boxes and blank complaint forms are available on the units out of sight of the main living area. One box did not have any blank forms. Fifty three per cent of young people thought complaints were dealt with fairly, which is worse than the overall STC comparator rate of 75%, but all the complaints reviewed by inspectors had been dealt with thoroughly and properly. There have been 172 complaints submitted so far in 2014, a slight increase on 2013. The management of complaints is efficient. Complaints which contain allegations about staff are identified quickly and dealt with appropriately as allegations rather than complaints.
95. Investigations into complaints are conducted well and there are examples of appropriate remedial action being taken. Young people are spoken to by the investigating officer to explain the outcome of their investigation prior to the formal response being written. The written responses are age-appropriate and include information on how to appeal the outcome. Staff also talk to young people about their complaint response to ensure they have understood the decision made. Independent Barnardos advocates offer good support to young people who require assistance in raising or appealing a complaint.
96. Four appeals against complaints responses have been submitted to the Director and the original decision was overturned in one case. Information about the prisons and probation ombudsman (PPO) is now available to young people following a visit from a representative of the PPO's office earlier this year. Quality assurance of completed complaints is undertaken by the local authority designated officer and a Barnardos advocate. In addition, the Director of another STC has undertaken dip sampling of complaints investigations to provide further independent scrutiny.
97. Grumbles books are available in the living area of many, but not all, of the units. Not all the young people we spoke to knew what they were for. The grumbles that had been made had been replied to appropriately. Weekly auditing ensures grumbles are dealt with promptly.
98. Cultural and religious needs are recorded on admission and generally met. Black and minority ethnic young people were more positive with 96% saying they could follow their religion compared with 64% of white young people. The Christian chaplain and the Imam provide good spiritual support. Pastoral care is offered to all young people irrespective of their religious beliefs or lack of. However some typical pastoral activities appear to be restricted without good reason. For example, chaplains are not able to walk young people around the centre without a member of staff being present. This limits and inhibits the support and interaction they can have with young people.

99. The chapel provides a pleasant area which is used well for a variety of religious and non-religious activities through the week. The provision of weekly group religious services has recently been adversely affected by the prohibitions on some young people mixing with each other. Despite good efforts by the chaplain, it has only very recently been possible to find a Catholic chaplain to attend the centre and there is some concern if this is sustainable.
100. Where the diverse needs of individual young people at Oakhill are identified they are generally met well, although there are shortfalls in specialist psychological assessment. This means that some young people with learning disabilities or mental health issues may not be properly identified or have their full needs met. Diversity monitoring continues to improve and young people's ethnicity, religion, disability and age is routinely recorded. Gypsy, Romany and Traveller young people are now identified for diversity monitoring purposes and good attention has been given to their needs.
101. The monthly diversity meeting provides a more strategic focus than was previously the case. Monitoring data is being analysed to identify areas where further work is required, which is then progressed. All protected characteristics are considered by the meeting, with 'leads' having been identified for each one; but some protected characteristics receive more attention than others. There remains an issue with consistency of attendance at this meeting by representatives across the centre. The racist investigation complaint form is being revised to incorporate other protected characteristics.
102. Support for young people for whom English is not their first language is variable. The welcome pack is still not written in child-friendly language and is only available in English. This has been identified as a shortfall in previous inspections. Translators have been used when needed for formal meetings and the centre maintains a list of staff who can assist with translation. However a recent report from the advocacy service indicated a matter could not be closed because of a delay in accessing a translation service. This meant the young person left the centre before the matter could be resolved. One example was seen where the information pack sent to families when a young person arrives at Oakhill had been translated, as the parents did not read English which is good practice.
103. In the survey, fewer young people than at other STCs, 76% compared with 91%, though it was easy to keep in touch with family or carers. All contacts outside the centre have to be approved by the child's YOT worker and one boy wrote in his survey 'it's a long procedure to get family onto the 'allowed'

list – to get approved.’ Best endeavours continued to be made to ensure a young person can call a family member or carer on his first night in custody and to enable him to have a visit during his first weekend in custody. Monitoring of young people who do not receive visits is in place. Between April and June this year over three quarters of young people received at least one visit each month. Despite caseworkers following up young people who do not receive a visit, one of the cases reviewed by inspectors showed little effort to foster family contact. The young person has few family members, his mother is overseas and he has infrequent contact with all of them. More creative means are required to enable young people to maintain contact with their families, for example through the use of computer video software or other methods of electronic communication. Engagement visits, which allow for more interaction and privacy during the visit, continue to be available to all young people. On average nine engagement visits per month have taken place so far in 2014.

104. Young people continue to be able to make and receive daily phone calls in private in their rooms. Despite a previous recommendation and some work having commenced to resolve the issue, families phoning into the centre to talk to their child still have to use an 0871 number. This is more expensive than a national number. It is also considerably more expensive when made from mobile phones, which is the only means of phone contact for many families.

The achievement of young people is good

105. Initial assessment of young people’s starting point is good and takes place soon after arrival. Young people access education quickly. The results from initial assessment are recorded on individual learning plans, which tutors use effectively to inform the planning of lessons. Where support needs are identified the learning support assistants work very effectively with young people to help them progress.
106. The education welfare officer identifies those young people who have statements of special educational needs and takes a pro-active approach with schools to obtain information to inform the planning of individuals’ learning. Good links between education and the psychology department helps inform strategies to support complex learning needs.
107. The curriculum provides a balanced range of courses, which include a good focus on English, mathematics and information communication technology. In addition, science, art, humanities, design technology, tourism, music, and

drama are also available. A good range of courses are available that focus on improving the social and personal development of young people.

108. The variety of vocational courses is limited and does not fully meet the needs of young people. The centre recognises this and plans are in place to extend the provision. Currently young people can access courses in construction multi-skills, hairdressing and beauty, catering, and hospitality. Since the last inspection, courses that focus on enterprise and employability have improved. For example, one group of young people on an enterprise course are designing, producing, and selling greetings cards.
109. Young people, in preparation for independent living, develop cooking skills linked to healthy living, money management, and budgeting skills. Young people attend a planned exercise programme that helps promote wellbeing and health promotion.
110. Most young people enjoy their learning and achieve their learning goals. The achievement of accredited qualifications is good. Learning support has improved since the last inspection and now is very effective in helping young people make significant progress in improving their English and mathematics. In English, they improve their reading age by three months for every month spent at the centre and by two months for mathematics. Young people make good progress in developing their personal and social skills gaining in self-confidence and self-esteem. Standards of behaviour are mainly good and young people and tutors share a good level of mutual respect. Young people receive good support in completing and achieving their GCSE and functional skills qualifications. Standards of work are generally good with the standard of work in art outstanding.
111. Good links with a local academy school help develop less able readers within the centre through peer support from older learners from the school. Speaking and listening skills quickly develop and interaction within the group is excellent, promoting positive aspirations. Teachers from the centre have the opportunity to observe teachers from the school as part of their continuing professional development.
112. The variety of enrichment and recreational programmes available to young people is extensive, increasing their personal development opportunities. A variety of clubs and activities are available to engage young people throughout the week. These include the Duke of Edinburgh Award scheme, which is well managed and monitored. Links with a local professional football team provide coaching for young people; this also supports the development of team building and personal skills.

113. The centre manages attendance well, with the number of young people refusing to attend education being small. When young people are removed from education, they are effectively managed back into class quickly. Time spent out of class is minimal. In the rare cases where de-escalation of inappropriate behaviour results in young people returning to their unit, plans are put into place to re-integrate them quickly back into learning. Punctuality and movement of groups between classes is generally good. However, in a few lessons, delays in movement by up to ten minutes resulted in young people becoming bored and disruptive.
114. The quality of teaching, learning, and assessment is generally good. The majority of sessions observed were good with some being outstanding. Coaching in vocational training is good which engages and motivates young people. Both in education and vocational sessions, care staff are, in most cases, very effectively utilised to support learning. In the best sessions they are included as part of the tutor's lesson plan. In most classes, young people receive appropriate challenge to progress. However, in weaker sessions challenge is insufficient and young people become bored and dis-engaged. In the weaker mathematics sessions, work is not sufficiently contextualised to employment and young people are unclear about its practical application.
115. Behaviour management was generally good and inappropriate behaviour is effectively challenged. Tutors are skilled at de-escalating disruptive behaviour. The focus on English and mathematics in vocational sessions was generally good, particularly in painting and decorating where complex calculations were needed to plan an integrated design. The tutorial programme helps young people develop their personal and social development skills. Individual tutorials focus on jointly agreeing and updating targets for progress.
116. Accommodation is good in education with spacious classrooms and good use of wall space to celebrate learners' work and promote learning. Resources to support learning are good and most classrooms have interactive screens. The workshop for painting and decorating, tiling and plumbing is small and does not provide a good learning environment. The accommodation for the library is good, providing a pleasant area with good access to tablet computers and an area for independent learning. The library stock is appropriate for young people. College prospectuses and books are available to enable young people to read about different career paths.
117. An external provider provides information, advice, and guidance with each young person benefitting from a clear action plan that focuses on their

longer-term resettlement objects. The advice worker researches prospective colleges for young people and helps them to complete applications. Access to information, advice, and guidance for young people throughout their time at the centre is good. The detailed analysis undertaken to identify the barriers to young people having a positive outcome in progressing into education training and employment on release is being applied well. The learning support team works effectively with schools and, wherever practical and appropriate, enables the young person to move back into their previous educational placement.

118. Community reparation projects are of a good quality and mobility is used well to enable young people to take part. The use of mobility to support education, training and employment is insufficient; opportunities to link vocational training to work experience are opportunities to link vocational training to work experience require more development.

The resettlement of young people is good

119. The resettlement needs of young people are considered well from the point of their admission to the centre. The degree of urgency is appropriate to the young person's circumstances and length of sentence. This helps ensure that young people focus on the most important presenting issues as well as looking to the future. All young people have allocated key workers in the centre's resettlement team. The resettlement team show a strong sense of responsibility for ensuring all professionals involved in the resettlement process fulfil their obligations. They routinely correspond and meet with YOT staff and social workers to promote a collaborative approach to preparing for young people to leave the centre. They also liaise with young people's families and do their best to encourage regular contact where this is in the young person's best interests.
120. Case workers help young people to prepare for, and think about, their future. This includes, from the earliest opportunity, considering the prospect of transferring to another secure facility. However, not all plans are successful and young people often transfer to other secure facilities without the intended preparation. This includes the inability of staff from the receiving institution visiting to speak to the young person in advance of their move. Building in some method of regularised advance induction for young people destined to spend time in YOIs would be helpful. This would also help dissipate some of the myths which are circulating in the centre that include significant inaccuracies.

121. Parents, carers, YOT staff and social workers are generally very positive about the efforts of centre staff in working toward the resettlement of young people. Files indicate good information exchange. One external YOT worker spoken to was negative about the centre. This was attributed to poor communication from the centre, specifically not advising her when the young person had made allegations about the centre. A subsequent review of the young person's file indicated the rapid making and retracting of allegations. This would have been difficult to convey in a timely manner to external parties. Despite the negative views of this worker, centre staff were extremely pleased that she was making direct contact with the young person in conjunction with a police officer from the public protection unit and facilitated this well.
122. The risks that young people may pose to themselves or others are swiftly identified. Contact between young people where, for example, gang affiliations are known or suspected, is considered well in their plans and restrictions appropriately applied. The centre continues to ensure that young people who require multi-agency public protection arrangements (MAPPA) when released into the community are referred in a timely manner.
123. Initial planning meetings take place promptly and include all relevant parties such as parents/carers, YOT staff, education staff and social workers. This ensures that plans for young people take full account of all relevant views and information. Plans are detailed and set out how the young person's needs are to be met by both the centre and external agencies. Young people confirmed they understood their sentence and resettlement plans.
124. Regular reviews ensure that young people's progress and resettlement plans are routinely updated. Reviews are generally well run, particularly in terms of centre staff coming prepared with up-to-date information about the young person. Chairs encourage young person to participate in a meaningful way and share their views. However, some reviews experience avoidable disruptions such as staff interrupting the meeting to check finishing times and taking radio calls in the same room. This distracts from the importance of reviews, gives a poor message to external staff and young people, and is an area of practice that requires improvement.
125. Files of looked after children seen by inspectors did not hold all relevant documents in relation to their looked after status. Minutes of looked after reviews and pathways plans were frequently absent. Although inspectors saw evidence in some cases from e-mail trails that looked after reviews were taking place, records of these meetings are not consistently held on files. These gaps could lead to shortfalls in the continuity of case planning and

support for young people and hampers the implementation of recommendations. It also makes it difficult for the resettlement team to ensure all of a young person's needs are being addressed by internal and external staff.

126. A key difficulty for the centre in terms of helping young people settle back into the community is the recurring problem of identifying suitable accommodation if they cannot return to their parents. When alternative accommodation is not identified until near the end of their stay in the centre, such as at their final discharge meeting, it creates many difficulties. This can include writing licence conditions, establishing suitable college or training placements; helping the young person prepare practically and mentally for the type of accommodation they will be placed in; and enabling them to be meaningfully involved in this fundamental issue. At the present time the centre does not have any formal processes or timescales for escalating concerns when accommodation has not been identified. This is particularly relevant for young people who are looked after or are care leavers, where their 'home' authority retains a statutory obligation.
127. Most young people benefit from interventions which match their previous offending behaviour with bespoke intervention programmes intended to reduce their risk of re-offending. Young people have individual and group work sessions on, for example, knife crime or offences associated with gang affiliation. The centre's post-release data gathering indicates the re-offending rate is approximately 50 per cent which is similar to the last inspection.
128. Young people have good opportunities to gain social, educational, vocational and self-care skills while at the centre. Work experience options include working in the on-site kitchen which can lead to industry-standard qualifications and employment opportunities in the community. Young people receive good careers information, advice and action planning for after their release. The education welfare officer works well in co-ordinating planned transition where young people are returning to school.
129. There is good liaison between the education and resettlement teams in the centre who join forces to attempt to improve the number of young people who have education, training or employment placements to attend upon release. Despite this, and primarily as a consequence of inadequate accommodation arrangements, 28% of young people released between January and November did not have any education or training in place to go to in the community.

130. Young people are encouraged to maintain or re-establish contact with their families/carers where this is in their best interests, although the high cost of telephone calls to young people acts as a disincentive for families. Centre staff understand the value of visits in promoting positive family relationships, and visits are considered regularly at reviews. The cost of visiting for some parents/carers is offset through travel warrants and reimbursement of expenses from the assisted visits scheme. The resettlement team currently report on the number of engagement visits held each month to check progress towards its goal of exceeding 100 visits in 2014 which is more ambitious than the performance of 2013 and has achieved 86 to date. However some of these relate to the same young person and the report does not include those young people who have not had any such visit, or the reasons for the absence of these. A more detailed ongoing analysis would identify those young people who are too isolated from their families and those where other options could be considered if engagement visits are not possible.
131. Young people are provided with good opportunities to experience life outside the centre to help prepare them for release. Individualised mobility plans enable young people to be given opportunities wherever possible, subject to risk assessment and sentence conditions. Well-established links are in place with a range of community-based projects and organisations that undertake activities such as a local food bank, charity fundraising events, clearing public pathways, and restoring historic buildings. These provide opportunities for young people to make reparation to the wider community as well as enabling them to experience work and see enthusiastic workers outside the centre.
132. The number of mobilities for the last quarter (July – September) shows good use in July and August but considerably fewer in September. The figures can be skewed by a few young people having many opportunities which can vary suddenly depending on discharge. However this significant drop needs to be kept under review to ensure previous good performance is achieved again. Overall, 34% of young people released in 2014 had mobility prior to discharge. The centre analyses mobilities by age and ethnicity to ensure young people are being treated fairly, which is good. Young people would benefit from a more flexible approach to the use of mobilities. At the present time, these are linked to the young person's high status on the rewards scheme but mobilities could be used to support resettlement goals such as entry into education, training or employment. This would require re-conceptualising the use and type of mobilities as they are currently entwined with the concept of 'rewards' and not resettlement.

133. There has been an improvement in the collection and analysis of data since that last inspection in order to determine areas to improve the centre's effectiveness. Data is collected on the individual characteristics and circumstances of young people returning to the centre because they breach licence conditions and those who are refused early release by the Youth Justice Board. Analysis of these cohorts is undertaken to determine if any action can be taken to improve outcomes. Given the relatively short time this data collection and analysis has been in place, trend information which would inform the analysis is not yet available, but will become available over time and be increasingly useful to the centre.

134. Since our last inspection all children and young people who have attended the 'fatherhood group' have completed the full course including being able to look after the electronic simulated baby. This is an improvement as it allows them to put the theoretical knowledge into practice. The course has been positively extended as a means of helping the young fathers explore their relationships with the mother of their children. Two single mothers were asked to speak about their experiences within the Centre. A grant from the YJB has enabled this to be extended further, and the centre is collaborating with the 'young dads' council' to provide peer mentors to work with young fathers before they leave custody and to provide ongoing support in the community. The centre is currently in the process of evaluating the impact of this initiative.

Record of main judgements

Oakhill secure training centre	
Overall effectiveness	Good
The safety of young people	Good
The behaviour of young people	Good
The well-being of young people	Adequate
The achievement of young people	Good
The resettlement of young people	Good



OAKHILL STC

SUMMARY OF QUESTIONNAIRES AND INTERVIEWS

04 NOVEMBER 2014

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 are used in inspections, where they are triangulated with inspectors' observations, discussions with young people and staff and documentation held in the establishment. More detail can be found in the inspection report.

Survey Methodology

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

Selecting the sample

At the time of the survey on 4 November 2014, the population of young people at Oakhill STC was 66. All young people at the time of the survey were aged between 14 and 17 years. Questionnaires were offered to all young people.

Completion of the questionnaire was voluntary and refusals were noted.

Interviews were routinely offered to all young people. In total, nine young people were interviewed.

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

In total, 51 young people completed and returned their questionnaires. The response rate was 77%.

Twelve young people refused to complete a questionnaire, one questionnaire was not returned and two were returned blank.

Unit	Number of completed survey returns
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Oak	6
Hazel	6
Ash	5
Sycamore	7
Beech	6
Elm	3
Willow	7
Maple	3
Cedar	2
Rowan	6

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 significant¹ 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 2014 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 three secure training centres since November 2013.
- The current survey responses from Oakhill in November 2014 compared with the responses of young peoples surveyed at Oakhill in February 2014.
- A comparison within the 2014 survey between the responses of white young people and those from a black and minority ethnic group.
- A comparison within the 2014 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 2014 survey between the responses of young people who had been in local authority care and those who had not been in local authority care.

¹ 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. Our significance level is set at 0.05 which means that there is only a 5% 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 1: Questions about you

		Male					Female	
Q1.1	Are you?	51 (100%)					0 (0%)	
Q1.2	How old are you?	12 (0%)	13 (0%)	14 (6%)	15 (30%)	16 (40%)	17 (24%)	18 (0%)
Q1.3	What is your ethnic origin?							
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>							22 (43%)
	<i>White - Irish</i>							3 (6%)
	<i>White - Other</i>							4 (8%)
	<i>Black or Black British - Caribbean</i>							5 (10%)
	<i>Black or Black British - African</i>							11 (22%)
	<i>Black or Black British - other</i>							0 (0%)
	<i>Asian or Asian British - Indian</i>							0 (0%)
	<i>Asian or Asian British - Pakistani</i>							0 (0%)
	<i>Asian or Asian British - Bangladeshi</i>							0 (0%)
	<i>Asian or Asian British - Chinese</i>							0 (0%)
	<i>Asian or Asian British - other</i>							1 (2%)
	<i>Mixed heritage - White and Black Caribbean</i>							2 (4%)
	<i>Mixed heritage - White and Black African</i>							1 (2%)
	<i>Mixed heritage - White and Asian</i>							0 (0%)
	<i>Mixed heritage - other</i>							1 (2%)
	<i>Arab</i>							0 (0%)
	<i>Other ethnic group</i>							1 (2%)
Q1.4	What is your religion?							
	<i>None</i>							15 (31%)
	<i>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</i>							26 (53%)
	<i>Buddhist</i>							0 (0%)
	<i>Hindu</i>							0 (0%)
	<i>Jewish</i>							0 (0%)
	<i>Muslim</i>							8 (16%)
	<i>Sikh</i>							0 (0%)
	<i>Other</i>							0 (0%)
Q1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes 8 (16%)					No 41 (84%)	
Q1.6	Are you a British citizen?	Yes 47 (96%)					No 2 (4%)	

Q1.7	Do you have a disability? Do you need help with any long term physical, mental or learning needs?	Yes 15 (30%)	No 35 (70%)
Q1.8	Have you ever been in local authority care (looked after)?	Yes 29 (57%)	No 22 (43%)

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 47 (94%)	No 3 (6%)
Q2.2	When you arrived at the centre were you searched?	Yes 50 (98%)	No 1 (2%) Don't remember / Not applicable 0 (0%)
Q2.3	Did staff explain to you why you were being searched?	Yes 40 (78%)	No 9 (18%) Don't remember / Not applicable 2 (4%)
Q2.4	When you were searched, did staff treat you with respect?	Yes 48 (94%)	No 2 (4%) Don't remember / Not applicable 1 (2%)
Q2.5	Did you see a doctor or nurse before you went to bed on your first night here?	Yes 50 (98%)	No 1 (2%)
Q2.6	On your first night here, did anybody talk to you about how you were feeling?	Yes 35 (69%)	No 16 (31%)
Q2.7	Did you feel safe on your first night here?	Yes 47 (92%)	No 4 (8%)

Section 3: Daily life

	Yes	No	I don't know
Q3.1 In your first few days here were you told everything you needed to know about life at the centre?	38 (76%)	9 (18%)	3 (6%)
Q3.2 If you had a problem, who would you turn to? (<i>Please tick all that apply</i>)			
<i>No-one</i>			8 (17%)
<i>Teacher/ Education staff</i>			2 (4%)
<i>Key worker</i>			13 (27%)
<i>Case worker</i>			13 (27%)
<i>Staff on your unit</i>			15 (31%)
<i>Another young person here</i>			8 (17%)
<i>Family</i>			33 (69%)
<i>Advocate</i>			5 (10%)
<i>Other</i>			3 (6%)
Q3.3 Do you have a key worker on your unit?	Yes 42 (88%)	No 6 (13%)	
Q3.4 Does your key worker help you?	I don't have a key worker 6 (13%)	Yes 36 (80%)	No 3 (7%)
Q3.5 Do most staff treat you with respect?	Yes 45 (94%)	No 3 (6%)	
Q3.6 Can you follow your religion if you want to?	Yes 37 (77%)	No 2 (4%)	I don't want to / I have no religion 9 (19%)
Q3.7 What is the food like here?			
<i>Very good</i>			2 (4%)
<i>Good</i>			9 (19%)
<i>Neither</i>			15 (32%)
<i>Bad</i>			11 (23%)
<i>Very bad</i>			10 (21%)
Q3.8 Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	Yes 37 (76%)	No 12 (24%)	
Q3.9 How often do you have visits from family, carers and friends?			
<i>I don't get visits</i>			10 (21%)

<i>Less than once a week</i>	14 (29%)
<i>About once a week</i>	22 (46%)
<i>More than once a week</i>	2 (4%)

Section 4: Behaviour

	I don't know what the scheme is	Yes	No
Q4.1 Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	0 (0%)	34 (71%)	14 (29%)
Q4.2 Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	0 (0%)	27 (59%)	19 (41%)
Q4.3 If you get in trouble, do staff explain what you have done wrong?		Yes 38 (83%)	No 8 (17%)
Q4.4 Do most staff let you know when your behaviour is good?		Yes 32 (68%)	No 15 (32%)
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 28 (58%)	No 20 (42%)
Q4.6 Have you been physically restrained since you have been here? (you may have heard it called MMPR)		Yes 19 (40%)	No 29 (60%)
Q4.7 Were you given a chance to talk to somebody about the restraint afterwards?	Not been restrained 29 (64%)	Yes 9 (20%)	No 7 (16%)

Section 5: Health Services

	Yes	No	I don't know
Q5.1 If you feel ill are you able to see a doctor or nurse?	40 (85%)	6 (13%)	1 (2%)

Q5.2	What are the health services like here?	Good 24 (53%)	Bad 14 (31%)	I don't know 7 (16%)
Q5.3	Do you have any health needs which are not being met?	Yes 12 (26%)		No 35 (74%)

Section 6: Complaints

Q6.1	Do you know how to make a complaint?		Yes 47 (98%)	No 1 (2%)
Q6.2	Are complaints dealt with fairly?	I have not made one 16 (34)	Yes 16 (34%)	No 15 (32%)
Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?		Yes 8 (17%)	No 39 (83%)

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 21 (45%)	No 18 (38%)	I don't know 8 (17%)
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 26 (54%)		No 22 (46%)
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?		Yes 26 (54%)		No 22 (46%)
Q7.4	Do you think your education/ training here will help you once you leave the centre?		Yes 24 (53%)		No 21 (47%)
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?		Yes 33 (70%)		No 14 (30%)

Q7.6	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	Yes 36 (77%)	No 11 (23%)
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 26 (62%)	No 16 (38%)
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 12 (27%)	Yes 10 (23%) No 22 (50%)

Section 8: Questions about safety

Q8.1	Have you ever felt unsafe here?	Yes 14 (30%)	No 32 (70%)
Q8.2	Do you feel unsafe at the moment?	Yes 4 (9%)	No 41 (91%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe		32 (71%)
	<i>Everywhere</i>		8 (18%)
	<i>Admissions room</i>		2 (4%)
	<i>In single separation</i>		1 (2%)
	<i>At the gym</i>		3 (7%)
	<i>Outside areas/ grounds</i>		5 (11%)
	<i>Corridors</i>		5 (11%)
	<i>Dining room</i>		4 (9%)
	<i>At education/ training</i>		5 (11%)
	<i>At religious services</i>		2 (4%)
	<i>At health services</i>		1 (2%)
	<i>In the visits area</i>		1 (2%)
	<i>On your unit</i>		6 (13%)
	<i>In your room</i>		3 (7%)
	<i>Other</i>		2 (4%)
Q8.4	Have you experienced any of the following from young people here? (Please tick all that apply)		
	<i>Insulting remarks about you</i>		13 (33%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>		9 (23%)
	<i>Sexual abuse</i>		2 (5%)
	<i>Feeling threatened or intimidated</i>		6 (15%)
	<i>Shout outs/ yelling through windows about you</i>		12 (30%)
	<i>Having your property taken</i>		5 (13%)
	<i>Other</i>		3 (8%)

	Not experienced any of these things	20 (50%)
Q8.5	If yes, what was it about? (Please tick all that apply)	
	<i>Your race or ethnic origin</i>	3 (8%)
	<i>Your religion/religious beliefs</i>	1 (3%)
	<i>Your nationality</i>	2 (5%)
	<i>Being from a different part of the country to others</i>	3 (8%)
	<i>Being from a traveller community</i>	1 (3%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	3 (8%)
	<i>Having a disability</i>	1 (3%)
	<i>You being new here</i>	5 (13%)
	<i>Your offence/ crime</i>	3 (8%)
	<i>Gang related issues/ people you know or mix with</i>	5 (13%)
	<i>About your family or friends</i>	3 (8%)
	<i>Drugs</i>	4 (10%)
	<i>Medication you receive</i>	1 (3%)
	<i>Your gender</i>	1 (3%)
	<i>Other</i>	4 (10%)
Q8.7	Have you experienced any of the following from staff here? (Please tick all that apply)	
	<i>Insulting remarks about you</i>	7 (20%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (9%)
	<i>Sexual abuse</i>	2 (6%)
	<i>Feeling threatened or intimidated</i>	3 (9%)
	<i>Having your property taken</i>	6 (17%)
	<i>Other</i>	1 (3%)
	Not experienced any of these things	26 (74%)
Q8.8	If yes, what was it about? (Please tick all that apply)	
	<i>Your race or ethnic origin</i>	2 (6%)
	<i>Your religion/religious beliefs</i>	2 (6%)
	<i>Your nationality</i>	1 (3%)
	<i>Being from a different part of the country to others</i>	1 (3%)
	<i>Being from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	4 (11%)
	<i>Having a disability</i>	2 (6%)
	<i>You being new here</i>	1 (3%)
	<i>Your offence/ crime</i>	2 (6%)
	<i>Gang related issues/ people you know or mix with</i>	1 (3%)
	<i>About your family or friends</i>	1 (3%)
	<i>Drugs</i>	2 (6%)
	<i>Medication you receive</i>	1 (3%)
	<i>Your gender</i>	0 (0%)
	<i>Because you made a complaint</i>	1 (3%)
	<i>Other</i>	1 (3%)

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	Yes	No
Q8.10 If you were being bullied or 'picked on', would you tell a member of staff?	20 (43%)	26 (57%)



Survey responses from children and young people: Oakhill STC 2014 (November)

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.

		2014 (November) Oakhill STC	STC comparator	2014 (November) Oakhill STC	2014 (February) Oakhill STC
	Any percentage highlighted in green is significantly better				
	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		51	166	51	66
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	36%	28%	36%	43%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	43%	37%	43%	51%
1.4	Are you Muslim?	16%	13%	16%	14%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	16%	14%	16%	10%
1.6	Are you a British citizen?	95%	94%	95%	99%
1.7	Do you have a disability?	30%	21%	30%	24%
1.8	Have you ever been in local authority care?	57%	45%	57%	
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?	94%	93%	94%	91%
2.2	When you arrived at the centre were you searched?	99%	97%	99%	99%

2.3	Did staff explain why you were being searched?	79%	86%	79%	92%
2.4	When you were searched, did staff treat you with respect?	94%	93%	94%	91%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	99%	90%	99%	99%
2.6	Did anybody talk to you about how you were feeling?	68%	81%	68%	73%
2.7	Did you feel safe?	92%	85%	92%	89%
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?	77%	82%	77%	
If you had a problem, who you would turn to?					
3.2a	No-one	16%	10%	16%	28%
3.2b	Teacher/Education staff	5%	6%	5%	1%
3.2c	Key worker	27%	23%	27%	42%
3.2d	Case worker	27%	30%	27%	24%
3.2e	Staff on the unit	31%	49%	31%	28%
3.2f	Another young person here	16%	18%	16%	8%
3.2g	Family	69%	57%	69%	49%
3.2h	Advocate	10%	9%	10%	8%
3.3	Do you have a key worker on your unit?	87%	84%	87%	97%
For those who said they had a key worker:					
3.4	Does your key worker help you?	92%	86%	92%	
3.5	Do most staff treat you with respect?	94%	91%	94%	91%
3.6	Can you follow your religion if you want to?	77%	71%	77%	90%
3.7	Is the food here good/ very good?	23%	41%	23%	35%
3.8	Is it easy to keep in touch with family or carer outside the centre?	76%	91%	76%	83%
3.9	Do you have visits from family, carers or friends at least once a week?	50%	53%	50%	

SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	71%	79%	71%	
4.2	Do you think the incentives and sanctions scheme is fair?	58%	66%	58%	75%
4.3	If you get in trouble, do staff explain what you have done wrong?	83%	88%	83%	90%
4.4	Do most staff let you know when your behaviour is good?	68%	83%	68%	81%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	58%	46%	58%	
4.6	Have you been physically restrained since you have been here?	40%	34%	40%	45%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	57%	70%	57%	73%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	85%	90%	85%	90%
5.2	Do you think that the health services are good here?	53%	57%	53%	80%
5.3	Do you have any health needs which are not being met?	25%	31%	25%	
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	98%	96%	98%	97%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	53%	75%	53%	67%
6.3	Have you ever wanted to make a complaint but did not because you were worried what would happen to you?	17%	14%	17%	14%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	44%	55%	44%	67%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	55%	70%	55%	75%

7.3	Have you been able to learn skills for jobs that you might like to do in the future?	55%	72%	55%	80%
7.4	Do you think your education here will help you once you leave?	53%	71%	53%	80%
7.5	Have you been able to learn any 'life skills' here?	71%	86%	71%	92%
7.6	Are you encouraged to take part in activities outside education/ training hours?	77%	89%	77%	97%
7.8	Do you know where you will be living when you leave the centre?	62%	72%	62%	77%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	32%	68%	32%	71%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	31%	23%	31%	21%
8.2	Do you feel unsafe at the moment?	9%	8%	9%	8%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	33%	32%	33%	
8.4b	Physical abuse?	23%	18%	23%	
8.4c	Sexual abuse?	6%	0%	6%	
8.4d	Feeling threatened or intimidated?	15%	12%	15%	
8.4e	Shout outs/yelling through windows?	29%	27%	29%	
8.4f	Having your canteen/property taken?	12%	3%	12%	
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	8%	9%	8%	
8.5b	Your religion or religious beliefs?	2%	1%	2%	
8.5c	Your nationality?	6%	2%	6%	
8.5d	Your being from a different part of the country than others?	8%	2%	8%	
8.5e	Your being from a Traveller community?	2%	2%	2%	
8.5f	Your sexual orientation?	0%	1%	0%	

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8.5g	Your age?	8%	1%	8%	
8.5h	You having a disability?	2%	2%	2%	
8.5i	You being new here?	12%	10%	12%	
8.5j	Your offence or crime?	8%	10%	8%	
8.5k	Gang related issues or people you know or mix with?	12%	4%	12%	
8.5l	About your family or friends?	8%	12%	8%	
8.5m	Drugs?	10%	3%	10%	
8.5n	Medications you receive?	2%	0%	2%	
8.5	Your gender?	2%	0%	2%	
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	20%	15%	20%	
8.7b	Physical abuse?	9%	1%	9%	
8.7c	Sexual abuse?	7%	1%	7%	
8.7d	Feeling threatened or intimidated?	9%	9%	9%	
8.7e	Having your canteen/property taken?	18%	3%	18%	
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	7%	6%	7%	
8.8b	Your religion or religious beliefs?	7%	5%	7%	
8.8c	Your nationality?	2%	1%	2%	
8.8d	Your being from a different part of the country than others?	2%	1%	2%	
8.8e	Your being from a Traveller community?	0%	1%	0%	
8.8f	Your sexual orientation?	0%	2%	0%	
8.8g	Your age?	11%	1%	11%	
8.8h	You having a disability?	7%	1%	7%	

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8.8i	You being new here?	2%	2%	2%	
8.8j	Your offence or crime?	7%	3%	7%	
8.8k	Gang related issues or people you know or mix with?	2%	1%	2%	
8.8l	About your family or friends?	2%	3%	2%	
8.8m	Drugs?	7%	1%	7%	
8.8n	Medications you receive?	2%	2%	2%	
8.8o	Your gender?	0%	1%	0%	
8.8p	Because you made a complaint?	2%	3%	2%	
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	43%	57%	43%	39%